

Crisis Pregnancy Policies in a Post-Dobbs Climate: Infant Abandonment Devices & Confidential Birth

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Children's & Public Health

Research Area:
Policy Responses to Crisis Pregnancies

Prepared By:

Lori Bruce, Doctorate in Bioethics, HEC-C
Associate Director, Interdisciplinary Center for Bioethics,
Yale University
Key Researcher, Oxford-NUS Centre for Neuroethics and Society
Lori.Bruce@Yale.edu

Impact to Connecticut: In at least 13 states, birth rates are [rising](#).

Reproductive and maternity care for these populations has already spilled into several other states, including Connecticut. In 2024, there was a sharp [increase](#) in people coming to Connecticut for contraception and other reproductive care. People also visit Connecticut for crisis-pregnancy care. A small number of Massachusetts parents already [visit Connecticut](#) each year to surrender their infant under Safe Haven laws because Connecticut's law permits surrender 30 days post-birth; MA's limit is 7 days. If national [access to birth control](#) is curbed under the new federal administration, it would likely contribute to higher rates of unintended births and crisis pregnancies. Connecticut is not immune to national reproductive policy changes and is therefore likely to see rising numbers of births from crisis pregnancies, sometimes from out-of-state residents.

Overview: Policies most effective in addressing crisis pregnancies & infant abandonment include affordable & accessible options for contraception, prenatal care, and childcare, yet these are limited in many US states. We should therefore examine three other policies: abandonment boxes, face-to-face surrender, & [confidential birth](#).

Abandonment Boxes/Devices: Policymakers across the US are concerned about perceived or anticipated increases in crisis pregnancies and infant abandonment. While rates of abandonment are hard to track, some cities report [500% increases](#) from 2022 to 2024. In response, new state laws allow the rental of costly, unregulated infant abandonment devices. Also called "[baby boxes](#)," they are a high-tech version of the ancient foundling wheel, and a fast-track option to existing [Safe Haven](#) laws. They allow parents to deposit their infant into the device, often installed in fire stations or medical centers, and walk away. As articulated in a recent [open letter](#) to US Dept Health & Human Services by 100 clinicians & scholars, the devices pose serious legal and medical risks, including a lack of informed consent, risks of malfunction (as they are unregulated), and co-opting roles of Child & Family Services. [Two deaths](#) have been associated with these devices over the last 9 months. The devices are not labeled, "You have choices." Instead, training from the device manufacturer [discourages providers](#) from discussing options with at-risk parents.

Do Abandonment Devices Decrease Unsafe Abandonment?

- *No evidence* supports their efficacy. [Analysis](#) from countries with a longer history of abandonment devices finds **they do not reduce the rates of unsafe abandonments or infanticides**.¹ While the devices may be used, those parents would have otherwise participated in a face-to-face surrender. The devices therefore likely *redirect parents from options that would otherwise safeguard their health & promote informed consent*.

Face-to-face surrender, through CT’s existing Safe Haven law, *potentially* supports crisis counseling & informed consent. When parents learn about other options (e.g., temporary placement, kinship care, adoption, & assistance for family preservation), some choose one of these other options. The main reason for parental relinquishment (including to adoption) is due to financial difficulties, and “even just enough for a [car seat](#)” would have been enough to keep many families together. Relinquishment causes unabated grief in parents. Face-to-face surrender & boxes have a *major flaw*: only provide a *location* to receive the infant; they do not provide *the means* to safely deliver the child. This is despite common knowledge that these parents usually give birth alone, outside a hospital.

Confidential Birth safeguards the health of the parent & infant by permitting a parent to give birth in a hospital without providing their name. It provides crisis counseling & informed consent. No US hospitals are known to have an official confidential birth policy, but it is similar to existing policies (e.g., policies for survivors of violence & sexual assault).

	Confidential Birth	Abandonment Devices (“Baby Boxes”)	In-Person Surrender (existing Safe Haven law)
Reduces infant abandonment?	Yes	Possibly, but unlikely	Yes
Ethical approach to a birth in crisis?	Yes	No	No
Safeguards health of the birthing person?	Yes	No	No
Safeguards infant health?	Yes	Only in part	Only in part
Promotes informed consent?	Yes	No	Partially

Key Policy Takeaways: Infant abandonment devices are unregulated, costly, and likely ineffective in reducing infant abandonment. They increase medical and legal risks and likely increase family separation. Confidential birth is a tested, effective, and empathic policy response to crisis pregnancies and infant abandonment. [Connecticut should sponsor a bill in support of confidential birth](#). Any policy is dependent on public awareness campaigns so that at-risk populations are aware of their choices.

¹ There will always be a certain number of infanticides; parents who commit infanticide are exceedingly unlikely to have the psychological ability to use an abandonment box ([Rohde 2008](#)). In rare circumstances, boxes may be better for parents (e.g., Safe Haven laws in states like [Virginia](#) don’t provide legal immunity to parents; these parents may prefer anonymity of a box to reduce legal risks & costs, despite increased medical risks).