The language we use to talk about adoption can have significant positive or negative impacts on children and their families. Physicians and office staff members who speak respectfully and supportively about adoption not only nurture the self-esteem of their patients, but also win the respect of parents and receive word-of-mouth referrals of other adoptive families to the practice. Carefully worded office forms and publications provide further support for adoptive families.

The list below presents respectful ways to talk about adoption with families, as well as language and phrases to avoid.

**DO**
- Use the words “birth child” and “adopted child” **only** when they are relevant to the discussion (e.g., in discussing family medical history); otherwise simply use “child.”

**DON’T**
- Refer to a child born to his parents as the parents’ “real child,” “own child,” or “natural child.” A child who was adopted is very real and not at all unnatural; she is very much her parents’ “own child.”

**DO**
- Use the words “birth parents” or “biologic parents” **only** when asking about them is relevant (e.g., in discussing family medical history).

**DON’T**
- Refer to the child’s birth parents as his “real parents” or “natural parents.” Adoptive parents are very real and not at all unnatural.
Treat siblings who joined families by birth or adoption equally. They are loved equally by their parents and experience all of the joys and trials of any sibling relationship.

Distinguish between children who were adopted into the family and children who were born into the family unless it’s relevant.

Describe birth parents as choosing “to make an adoption plan for the child” or “to place the child for adoption.”

Refer to a child as being “put up” or “given up” for adoption. Most birth parents have thought long and hard about their decision to place a child for adoption. It is very important to a child’s self-esteem to know that her birth parents loved her and worked hard to reach a decision that they felt to be in her best interest. Even when birth parent rights are terminated involuntarily, the child needs to know that it wasn’t her fault that her birth parents could not take care of her at the time and that other adults are looking out for her best interests.

Recognize that families come in all shapes and sizes. Create forms, policies, and other office materials that refer to “parent or guardian” not “mother or father.” Some families may have a single adoptive parent or permanent legal guardian and no other legal parent. Others families have same-sex parents. Forms that ask for information from a parent or guardian acknowledge that families of all varieties are welcome.

Assume that the child has two opposite-sex parents.

Refer to birth parents as “choosing not to parent” their child. This implies to the child who was adopted that birth parents made their decisions based on what they felt was in the best interest of each child when they made their decision.

Refer to birth parents as “choosing not to keep” their child. This implies to a child who was adopted that he was “not worth keeping.”
Talk with a family about how it celebrates the intercultural and/or interracial nature of the family. Many families make special efforts to include their children’s culture and heritage in daily routines and traditions. Available research shows that children clearly benefit from this practice.

Ignore a child’s birth country, race, or genetic heritage. Especially in communities where there is limited ethnic diversity, children from racial or ethnic minorities need family and physician support to overcome racism and develop a strong, positive racial identity.

Recognize that a child understands adoption gradually as she grows, just as with all other developmental tasks. Ask the family whether it is dealing with any difficult adoption-related issues and be familiar with common issues of different developmental stages so that the family feels comfortable using office staff members as resources for information.

Ask, “Are you going to tell your son that he’s adopted?” Adoptive parents are encouraged to talk freely and honestly about adoption from the time their child is very young so that there is never a time in the child’s life when this information comes as shocking news.

Be sympathetic with the long and sometimes arduous path that parents have traveled to become parents. Some may be experiencing significant financial stresses after the adoption, some may still be grieving infertility losses, and some may be coping with extended family members who do not accept the new member of the family. Recognize that even though the child may not be a newborn, the adults may be new parents. Recognize that post-adoption depression exists and is similar to post-partum depression.

Ask, “How much did you pay for your daughter?” Children are not bought. Fees go to pay social workers and attorneys, to complete court and government paperwork, to cover travel, medical, foster/orphanage care, and other expenses, not to “buy children.”

This resource has been developed by the American Academy of Pediatrics (AAP). It is provided only as a reference for practices developing their own materials and may be adapted to local needs; however, the AAP does not review or endorse any modifications made to this document and in no event shall the AAP be liable for any such changes. An attorney knowledgeable about the laws of the jurisdiction in which you practice should be consulted prior to creating or using any legal documents. The recommendations in this publication do not indicate an exclusive course of treatment. Variations, taking into account individual circumstances, may be appropriate. For more information, please visit the American Academy of Pediatrics Council on Foster Care, Adoption, & Kinship Care Web site (www.aap.org/cofcakc).