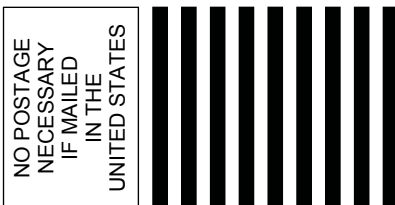


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STATE OF IL DEPT OF CHILDREN & FAMILY SERVICES  
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SPRINGFIELD IL 62703-9903



### Additional Resources

#### Illinois Department of Children and Family Services

[www.DCFS.illinois.gov](http://www.DCFS.illinois.gov)

Advocacy Office for Children and Family Services: 800-232-3798 (weekdays 8:30 a.m. - 5 p.m.)

Hotline: 800-252-2873 (24-hours)

#### Save Abandoned Babies Foundation

[www.saveabandonedbabies.org](http://www.saveabandonedbabies.org)  
312-440-0229

#### Illinois Department of Human Services

[www.dhs.state.il.us](http://www.dhs.state.il.us)  
Help Line: 800-843-6154 (TTY 800-447-6404)

#### Midwest Adoption Center

[www.macadopt.org](http://www.macadopt.org)  
847-298-9096

#### Illinois Adoption Registry and Medical Information Exchange (IARMIE) Program

[www.idph.state.il.us/vitalrecords/index.htm](http://www.idph.state.il.us/vitalrecords/index.htm)  
877-323-5299 (toll-free) or 217-557-5159

The IARMIE program allows birth parents to authorize or prohibit the release of identifying information. Confidential facts may be released to registrants only after at least two parties to the adoption have filed explicit mutual consents for the exchange of this information. If you register with the IARMIE, you must provide your name and a photocopy of a State-issued ID, but this information will be kept confidential if you wish. The Department of Public Health also provides application forms to register with IARMIE.

Vital medical information may be exchanged anonymously through the Medical Information Exchange. This information can only be exchanged if you and your adult adopted child (or your child's adoptive parent, if the child is under age 21) voluntarily register and agree to exchange these facts.

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# help is here.

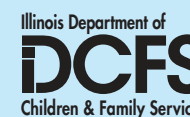


and "here" is anywhere you see this sign.

You're scared and alone, but you're not out of options.

You have come to the right place to get help!

This brochure explains your rights and what happens next.



**T**hank you for bringing your baby to a Safe Haven. You have made a difficult but responsible decision. Your baby will be adopted by a family that is waiting for the opportunity to love and care for a child. Please provide some background information to us now. It will help your baby have a healthy future. You can do this anonymously. It's OK if you don't know all the answers, but whatever you do know will be a big help to both your baby and his or her adoptive family.

Illinois law (325 ILCS 2/1-70) says:

- You can leave your unharmed baby, who can be up to 30 days old, and
- You can walk away with no questions asked, and
- Remain anonymous and protected from prosecution.
- You must hand the baby to a staff person at a hospital, staffed fire station, police station, or sheriff's office, and
- If you leave the baby with someone at a staffed fire, police, or sheriff station, the baby will be transported to a nearby hospital and seen by a doctor.
- If you leave your baby with a person at a Safe Haven, there is a legal presumption that you are the baby's biological parent, that you consent to the termination of your parental rights and you are relinquishing your baby for adoption.

A check will be done to make sure the baby has not been reported missing. The Illinois Department of Children and Family Services (DCFS) will contact an Illinois adoption agency, which will place the baby with an adoptive family. The adoption agency will go to court to be appointed the baby's legal guardian until the adoption is finalized. During the adoption proceeding, the birthparents' legal rights to the baby will be terminated.

If you leave your baby at a fire, police, or sheriff station and return within 72 hours, the facility must inform you of the name and location of the hospital the baby was taken to. If you change your mind after leaving your baby at a Safe Haven, call DCFS at 800-252-2873.

- When you call DCFS, request the name of the adoption agency your baby was placed with and find out where the adoption proceeding is taking place.
- If you want to try to get your baby back, you must petition the court for a return of custody. This must be done before your parental rights are terminated by the court.
- You have a limited time before your parental rights are terminated. The court can terminate your parental rights 60 days after you abandon your baby.
- If you do petition the court to get your baby back before your parental rights have been terminated, the court may put the adoption on hold for up to 60 more days and require:
  - o genetic testing to see if the baby is yours, and
  - o that DCFS conduct an investigation and home study with recommendations for the court
- If you don't try to get your baby back before your parental rights are terminated, you are barred from any future attempts to get your baby back or assert your rights as a parent.

Please answer these questions and return this form by mail to the DCFS State Central Register, 406 East Monroe Street, Station 30, Springfield, IL 62701. You do not need to give your name unless you wish to do so. It's okay to answer some of the questions and leave others blank. Any information you are able to provide will be helpful. If you do provide identifying information, it will remain confidential. This is an anonymous, safe and legal process. In the future, you and your child (or your child's adoptive parents, if the child is under age 21) may want to exchange information anonymously or have contact. If you do provide identifying information here, it will not be given to anyone else without your consent first.

Date you brought your baby to the Safe Haven: \_\_\_\_\_

Location of Safe Haven: \_\_\_\_\_

Mother's age: \_\_\_\_\_ Father's age: \_\_\_\_\_

Mother's race and ethnicity: \_\_\_\_\_

Father's race and ethnicity: \_\_\_\_\_

Date baby was born: \_\_\_\_\_

Was the baby premature?  Yes  No

Describe any problems with the pregnancy or delivery \_\_\_\_\_

Where was the baby born (city/state)? \_\_\_\_\_

**During the pregnancy did you use any of the following?**

Cigarettes: How much and at what point in the pregnancy? \_\_\_\_\_

Alcohol: How much and at what point in the pregnancy? \_\_\_\_\_

Drugs/Medications: Which and at what point in the pregnancy? \_\_\_\_\_

Did you receive any prenatal care? If so, please describe: \_\_\_\_\_

Do you have any other children?  Yes  No  
If so, how old are they? \_\_\_\_\_

**Blood Relatives:** This means the baby's mother, father, sister, brother, grandparents, aunts, uncles, nieces, nephews, or cousins. Please circle if any blood relative has any of these medical conditions:

- |            |                     |                    |
|------------|---------------------|--------------------|
| Allergies  | Diabetes            | Mental Illness     |
| Asthma     | Down Syndrome       | Muscular Dystrophy |
| Cancer     | Heart Disease       | Seizures           |
| Depression | High Blood Pressure |                    |
| Other:     | _____               |                    |

If you would like to write your child and/or your child's adoptive family a note, please use the space below or attach a separate page. **You may do so even if you do not want to provide your identifying information.** \_\_\_\_\_

**Optional identifying information:**

Today's Date: \_\_\_\_\_

Mother's name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Mother's Date of Birth: \_\_\_\_\_

Father's name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Father's Date of Birth: \_\_\_\_\_



## Additional Resources

### Mayo Clinic

*Postpartum Care: What to Expect After a Vaginal Birth*

[www.mayoclinic.org](http://www.mayoclinic.org)

### Association of Women's Health, Obstetric and Neonatal Nurses

*Patient Education: Postpartum Changes  
and Postpartum Self Care*

[www.awhonn.org](http://www.awhonn.org)

### American Pregnancy Association

[www.americanpregnancy.org](http://www.americanpregnancy.org)

### Postpartum Support International

[www.postpartum.net](http://www.postpartum.net)

The information provided in this brochure is not medical advice. You should seek IMMEDIATE medical attention by calling your health care provider or going to an emergency room if you experience any of the signs described.



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A stylized illustration of several flowers on thin green stems. The flowers are in various colors: a large pink one at the top, a large light pink one in the middle, and several smaller ones in shades of green and yellow. The background is a light yellow-green gradient.

# Taking Care of Yourself After Giving Birth

***Giving birth is very hard work and takes a toll on your body. You will need time and rest to be yourself again. This brochure explains physical and emotional changes that may happen after you give birth.***

**Physical and emotional changes you may experience after delivery:**

Bleeding from your vagina will be bright red, like a period. Over a few days, the blood will lessen and fade to brown then pink, finally becoming clear in about 4 to 6 weeks. If bleeding continues to be heavy (filling more than one sanitary pad in 1 hour), turns bright red, contains clots bigger than a quarter, or produces a foul odor, then you need to call a doctor or go to the emergency room. This could be a sign of infection or that the placenta was not fully discharged.

When you go to the bathroom, it may sting when your urine comes out or it may come out in small trickles until you regain full bladder control. It is important to urinate at least once every 6 hours. When your bladder is empty, your uterus (womb) can return to its normal position in your body. If you have difficulty urinating, experience pain or burning when urinating, or feel a need to urinate often but only a small amount comes out, then you need to drink more fluids and notify a doctor. You could have a urinary tract infection.

Some women have cramps after the birth. These "afterpains" can last 2-5 days and mean that your uterus is contracting normally.

About 5 days after giving birth, if you have pain in your lower abdomen, then you need to call a health care provider. This could be a sign that you did not completely discharge the placenta.

It is normal to have a temperature between 97 to 100 degrees Fahrenheit. At any time following delivery, if your temperature goes over 100.4 degrees Fahrenheit, then call a health care provider. This could be a sign of infection.

Severe headache, blurred vision, or swelling of the face, ankles, or fingers could be a sign of toxemia or pre-eclampsia. Go to the emergency room to see a doctor.

Sharp pain in your chest, shortness of breath, concentrated pain, or redness/swelling in your thigh or calf might indicate a blood clot. Call a doctor. If you are unable to reach a doctor, have someone take you to the emergency room or call 911 for an ambulance.

Your breasts will stop producing milk about 7-10 days after you give birth. Using cold compresses, wearing a supportive bra 24 hours/day, not touching the breasts, and taking a pain reliever, such as ibuprofen, may help with the discomfort.

If you have pain, swelling, tenderness, redness, heat, or a lump in your breast, you may have an infection called "mastitis." Call a doctor as soon as possible to get treatment before the infection gets worse.

You may feel hemorrhoids on your bottom and may have itching, bleeding, or pain while having a bowel movement. Hemorrhoids are common during pregnancy. The strain of pushing during birth may cause more swelling. These hemorrhoids are usually most painful the first few days after giving birth. There are several ways you can make yourself more comfortable:

- Use a donut-shaped pillow to sit on,
- Sit in a few inches of cool water in a clean bathtub,
- Use Tucks pads,
- Drink 8 glasses of water a day, and
- Eat foods containing fiber, such as whole grain products, raw fruits, and vegetables, and avoid sweets and cheese.

Many women experience changes in their moods following childbirth. You may feel happy one moment and weepy the next. If these moods last more than 2 weeks and you feel depressed most of the time, have thoughts of harming yourself, or are unable to cope with everyday stresses, you should talk to a health care professional immediately. You may have postpartum depression, which can be treated.

## Can my medical information be shared anonymously?

Yes, persons who wish to exchange medical information without revealing their identity may do so by indicating it on their application. In order to receive medical information through the registry, the adopted or surrendered person, birth parent or sibling, adoptive parent or legal guardian must complete the medical questionnaire and agree to exchange this information with other eligible registrants.



## Is there a fee for registering with the Adoption Registry?

Yes. There is a \$15 filing fee. However, the fee will be waived if the registrant completes the Medical Information Exchange Questionnaire at the time of the initial application and agrees to the release of the medical questionnaire to at least one other party to the adoption.

The \$15 fee also is waived for adoptive parents who register with the IARMIE within 12 months of the finalization of their child's adoption.

## May I update or amend my registration in the future?

Yes. Any registrant (including those who registered with the Illinois Adoption Registry prior to January 1, 2000) may update or amend information on file free of charge. However, updates and amendments must be accompanied by proof of identification (a photocopy of the registrant's driver's license or other state- or government-issued ID).

## Where can I find additional resources?

To protect the rights and well-being of children, birth parents and adoptive families, the Department of Children and Family Services (DCFS) ensures that all Illinois agencies providing adoptions services are licensed. For more information about adoptions in Illinois and for a list of licensed adoption agencies in Illinois, visit [www.state.il.us/dcf/adooption](http://www.state.il.us/dcf/adooption) or call the Adoption Support Line at 888-96-ADOPT (888-962-3678).

### I A R M I E registration forms are available a number of ways.

- Download the forms from the Department's website: [www.idph.state.il.us](http://www.idph.state.il.us).
- E-mail a request for forms to [dph.vitals@illinois.gov](mailto:dph.vitals@illinois.gov).
- Call the registry at 877-323-5299, TTY (hearing impaired use only) 800-547-0466.
- Mail a request for forms to the Illinois Department of Public Health, Illinois Adoption Registry and Medical Information Exchange, Division of Vital Records, 925 E. Ridgely Ave., Springfield, IL 62702-2737.

For more information, contact  
**Illinois Department of Public Health**  
Illinois Adoption Registry and Medical  
Information Exchange

925 E. Ridgely Ave., Springfield, IL 62702-2737  
217-557-5159 • TTY (hearing impaired use only) 800-547-0466



State of Illinois  
Illinois Department of Public Health

## Illinois Adoption Registry and Medical Information Exchange

Illinois  
has  
new  
options



for  
adoption  
and  
post adoption

Illinois Department of Public Health

## The Illinois Adoption Registry and Medical Information Exchange offers Illinois adoptees and their birth and adoptive families post-adoption options.



## What is the Illinois Adoption Registry and Medical Information Exchange?

Through changes to the adoption registry law, the Illinois Adoption Registry and Medical Information Exchange (IARMIE) allows mutually consenting adopted and surrendered persons and members of their birth and adoptive families to voluntarily exchange a wealth of information without petitioning the courts. Individuals can remain anonymous and still share valuable personal and medical information.

## What information can be exchanged or released?

- the identity and last known address of other birth and adoptive family members who have registered with the IARMIE
- medical background information filed with the registry
- pictures and written statements filed with the registry
- the adoptee's original birth certificate (*providing he or she was born in Illinois*)

## Who may register?



Registration is open to –

- Birth parents
- Adopted or surrendered persons 21 years of age or older who were born, adopted or surrendered in Illinois
- Non-surrendered brothers and sisters over age 21 of those who were adopted or surrendered and a common parent is deceased
- Adoptive parents of eligible adopted persons under age 21 or any age if the adopted person is deceased
- Legal guardians of adopted or surrendered persons
- Surviving sister or brother of a deceased birth parent
- Surviving adult child of a deceased adopted person
- Surviving spouse of a deceased adopted person with a minor child

## What is required for the release of information?

Registrants must initially provide sufficient information about their identities and the circumstances surrounding the adoption or surrender to enable registry staff to locate the Illinois Department of Public Health's file on the adopted person. All registry applications must be accompanied by proof of the registrant's identity (photocopy of the registrant's driver's license or other state-or government-issued ID). Non-adopted birth siblings also are required to provide proof of death for the birth parent they have in common with the adopted person.

## May I submit written statements and photographs?

Yes. The Illinois Adoption Registry and Medical Information Exchange application includes two pages for submitting an optional written statement. Written statements filed with the registry cannot include identifying information regarding anyone other than the registrant.

Photographs can be submitted by enclosing them in an unsealed envelope no larger than 8.5" x 11." Photographs filed with the registry may not identify anyone other than the registrant who submits them. Photographs and statements that do not meet these requirements will be returned to the applicant.

## How is the medical information filed?

Medical information may be filed with the registry by registrants completing the Medical Information Exchange Questionnaire. The questionnaire includes a list of diseases and conditions that medical professionals believe may be inherited or genetically linked. Each applicant is asked to indicate on the questionnaire the diseases and conditions with which he/she or other biological relatives have been diagnosed. Knowing about the existence of certain inherited conditions and diseases can give clues to medical conditions that may run in a birth family.

