

# INFORMATION PACKAGE



## THE CHILDREN'S BRIDGE

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# THE CHILDREN'S BRIDGE ORGANIZATION

The Children's Bridge is a non-profit international adoption agency that was federally incorporated in 1994. To date the organization has assisted over 4,500 families to successfully adopt children internationally.

The Children's Bridge takes its ethical practice very seriously. Our organizational goal is to provide adoption services with a mission to work in the best interests of the children we serve, by creating a sustainable and ethical adoption practice.

The Children's Bridge organization has widespread knowledge of provincial legislation and adoption procedures. As well, the agency has facilitated adoptions for families in all provinces across Canada, except for Quebec. It has the expertise to help Canadian families, in and outside of Canada, to adopt internationally.

In considering the addition of a child to a family through adoption, several decisions must be made. The first, and most obvious, is if adoption is right for your family. Discussion with other adoptive families, professionals and adoption agencies as well as personal research should help in this task.

Once a family has made the crucial decision to adopt, the next steps are completing the intake process with the Program Manager, arranging for the completion of a home study and completion of an adoption file in province and of an adoption dossier to be sent overseas.

This detailed information package is designed to help families determine the best options for them.

## The Children's Bridge Team

For a complete listing of staff including Program Managers, please visit our website at [www.childrensbridge.com](http://www.childrensbridge.com).

The Children's Bridge receives its legal counsel from CCY Family Law in Ottawa.

## Board of Directors

Our Board of Directors is comprised of volunteer adoptees, parents who have adopted through The Children's Bridge, and experts across a range of professional fields. The Board of Directors provides The Children's Bridge with a solid business framework as well as managerial expertise that ensures the highest standard of adoption programs.

## **SELECTION OF AN ADOPTION AGENCY**

With few exceptions, Canadian families who undertake an adoption from another country must work through an adoption organization/agency. The Children's Bridge is committed to providing our families with quality service focusing upon meeting their needs at every stage of the process.

Given the very nature of international adoption, it is essential that you receive a high level of support and quality service from the agency that you choose. Adoption agencies vary greatly in the number, availability and quality of pre and post adoption services that are offered. Each family has its own individual needs, and it is important that the agency you choose meets these needs during the adoption process and throughout your child's life.

The agency assists you with paperwork, travel arrangements and, more importantly, pre and post adoption support services. There are significant differences in the process and facilitation of international adoptions that have an

impact on how smoothly and efficiently your adoption proceeds. We encourage families to explore each adoption agency carefully.

### Experience, Credentials and Support Services

We recommend that you explore the levels of staffing in the agency, availability of help and support before, during and after your adoption, the experience of the agency in terms of number of adoptions completed and the potential for interaction with other families past and present.

### Adoption Logistics

It is important that you are clear on anticipated costs as well as how the agency manages its resources. Check timelines for your chosen program and keep in mind that timelines do not vary by agency, but by program. It is also wise to check on the agency's legal, cultural and support services.

### Travel

The arrangements made for you to receive your child are crucial. Please investigate all aspects of this part of the process including information you receive on the child, preparation for the trip, accommodation, costs and in-country support services. We encourage families to attend the country-specific information session for the program they are considering.

## **PRE AND POST ADOPTION SERVICES**

The Children's Bridge is committed to providing quality pre and post adoption services that are focused on assisting families throughout the entire adoption process. These services range from helping you choose a program to providing post-adoption services for your family after the adoption is completed. The following are some of the support services currently offered at various locations throughout Canada:

*Information Sessions* (general and country-specific) – designed to address specific questions or concerns regarding the adoption process. These detailed sessions are organized in a presentation format with a question period and are intended to help you assess the agency's services and decide on the most appropriate program for you. We recommend a family attend the country specific information session for the country they are interested in.

*Family Gatherings, Playgroups, Kids and Teens Clubs* – offered to provide an opportunity for children to get together in a child friendly environment and interact with other children whose families are similar to their own. They also allow adoptive parents to network with other families and share information and stories. For prospective adoptive parents, these events are a great chance to meet and learn from the experiences of other families who have adopted using The Children's Bridge.

*Guest Speakers and Special Events* – The Children's Bridge endeavours to hold several special events each year at various locations. These events include:

Networking, Picnics and Special Events:

What Your Family and Friends Need to Know about Adoption

Educational Seminars/Conferences:

Adoption/Adoptee Panel

Keynote Speakers

*On-line Services* - The Children's Bridge has an excellent website ([www.childrensbridge.com](http://www.childrensbridge.com)) that contains detailed

information on programs as well as dates and information on upcoming events and information sessions.

*After Hours Consultation Service* - If a family requests an in-take outside of the Program Manager's posted working hours, an after-hours fee of \$75.00/hour will be charged. A minimum appointment time of one hour applies and will be accrued for every 30 minutes after the first hour. This fee is to be paid by e-transfer. Contact your Program Manager to book an appointment.

*Information Services* - The Children's Bridge is pleased to provide our clients with comprehensive information kits and workshops to help guide you through the adoption process. Some of the information we provide includes:

- Adoption Package - Upon completion of the intake process and acceptance into a program, along with the Retainer agreement, we will send you a detailed package about the country that you have chosen. This package includes all the documentation necessary to compile your adoption dossier, a cost breakdown as well as references to resource materials.
- AdoptTALK – An Adoption Parenting Workshop – This is a mandatory workshop that all applicants MUST attend (applicable for EVERY adoption), in person, in either Toronto, Ontario or Ottawa, Ontario or via Zoom. Designed to prepare adoptive parents to manage the challenges of becoming adoptive parents and to increase their ability to parent proactively and positively, this workshop will include the following components: The First Year – Putting the Pieces Together, Health Matters, Early Trauma and Neuro-development, Transracial and Transcultural Issues in Adoptive Families, Talking to Your Child about Adoption and Trip Preparation.
- Immigration Information – At the relevant point in your adoption journey, your Program Manager will send you instructions on how to complete the immigration portion of the process.
- Travel Guide – This is a detailed guide outlining the travel portion of the adoption process. Information ranging from costs, accommodations and detailed itineraries to restaurant and shopping recommendations are contained in this package.
- Welcome Home Booklet – This document provides information on obtaining provincial medical coverage, parental leave, post placement reporting, immigration steps, citizenship and general information to assist during the first months home.

## THE HOME STUDY

No matter where a family live in Canada, or from where they adopt, locally or internationally, a home study is required. The home study will follow the S.A.F.E. (Structured Analysis Family Evaluation) format.

A home study consists of a series of interviews (4-5 sessions), a written report by an Adoption Practitioner (social worker) and supporting documentation such as references, police checks and medical reports. Your Practitioner will advise you of all required paperwork, usually at your first meeting. He/she will meet with you a minimum of four times with at least one visit taking place in your home (in most provinces). While it may feel a bit intrusive, the home study is not a process to fear. The Practitioner's primary role is to inform and educate you about adoption.

In Ontario (and some other provinces) families must also complete PRIDE (Parent Resources for Information Development and Education) training as part of the home study. Some provinces also have other adoption training requirements. Please check with your provincial authority for their particular requirements. A list of approved Adoption Practitioners in Ontario can be found here: <https://www.ontario.ca/page/adoption-practitioners#section-3>

Visit <http://www.adoptontario.ca/home> for a complete listing of upcoming PRIDE workshops in Ontario or contact your local provincial government for a schedule. As well, PRIDE is now offered on-line through OACAS.

Arranging a home study varies from one province to another. In Ontario you can begin with the agency or with an approved Adoption Practitioner (there is a link on our website of approved Practitioners). In most other provinces

begin by contacting your provincial adoption authority listed below.

Upon completion of the home study, the Practitioner will forward the report (in Ontario, the completed report is forwarded to the agency for review and then on to the Ministry of Children, Community and Social Services for their approval. This approval process takes anywhere from a week in some provinces to 16 weeks in others (this timeline is an approximation only).

There is a fee charged for the home study. Clarify costs and to whom monies are owed at the outset of the home study. This too varies from one jurisdiction to another.

## PROVINCIAL CONTACTS FOR SOCIAL SERVICES

**Alberta** Community and Social Services

<https://www.alberta.ca/ministry-childrens-services.aspx>

**British Columbia**, Ministry of Children & Family Development

<https://www2.gov.bc.ca/gov/content/life-events>

**Manitoba** Child and Family Services

<https://www.gov.mb.ca/fs/childfam/adoption.html>

Government of **New Brunswick**

[https://www2.gnb.ca/content/gnb/en/departments/social\\_development/adoption.html](https://www2.gnb.ca/content/gnb/en/departments/social_development/adoption.html)

**Newfoundland/Labrador** Department of Child, Youth and Family Services

<https://www.cssd.gov.nl.ca/adoption/index.html>

**Nova Scotia**, Department of Community Services

<https://novascotia.ca/coms/families/index.html>

**N.W.T.** Adoption Coordinator

<https://www.hss.gov.nt.ca/en/services/adoption>

**Ontario** Ministry of Children, Community & Social Services

<https://www.ontario.ca/page/adoption>

**Prince Edward Island**, Department of Community and Social Services

<https://www.princeedwardisland.ca/en/topic/adoption>

Government of **Saskatchewan**, Adoption Services

<https://www.saskatchewan.ca/government/directory?ou=9febab46-a7c0-48a6-8623-8d3ec9b19a4d>

# INTAKE

**Before** being accepted into a program, prospective adoptive applicants are first required to complete the intake process with the relevant Program Manager. It is recommended to complete the intake process as early in the process as possible. The fee to complete this process is \$250 plus tax.

To begin the intake process:

- Ensure you meet the requirements of the country you are planning to adopt from. All requirements are listed in this package.
- Complete the Intake Application (including Consent to Exchange document) and Membership (provided to you by the Program Manager) and pay the relevant fees. One year's membership is included.
- Contact the Program Manager to schedule your intake appointment.

The intake meeting will touch on motivation to adopt, applicant's skills and education, race, identity and culture, potential health issues and openness and connection to first family. This is also an opportunity for applicants to ask their questions about the agency, processes or program.

If applying to adopt as a couple, **BOTH** applicants must take part in the entire intake appointment that will take approximately 60- 90 minutes. Currently all intake appointments are completed via Zoom.

## IMPORTANT ITEMS TO CONSIDER

1. How similar is your family's race and culture to the child you hope to adopt?
2. Does the city or town you live in have a sizable population of families from the country your child will be adopted from? If not, do you have a plan for connecting your adopted child in authentic ways to their birth culture?
3. Do you currently live in a racially diverse area or neighbourhood, or live within driving distance of a more racially diverse area? If not, would you consider moving to a more diverse location?
4. Does the country you are considering have a strong religious faith (Buddhism, Christianity, Hinduism, etc.) and will you continue this faith with your child?
5. Will you be happy to travel back to your child's country of birth as he or she grows up?
6. What cultural mirroring do you have in your family and/or community?
7. Do you have family/friend connections to your child's birth culture?
8. Does your family speak your child's language?

# PROGRAMS

The Children's Bridge is pleased to offer you information on the programs that we are currently licensed to facilitate adoptions from.

Please review the outline of each of the programs on the following pages to determine the country that best suits your situation and family. You may want to refer to the chart "Countries at a Glance" (in this package) for further consideration.

Each program outline also includes estimated costs intended to reflect the total anticipated cost of the adoption process. Our approach incorporates core services within our program fees, providing families with a clear and comprehensive understanding of overall costs when comparing across programs and providers.

Also, we suggest you check out our website, [www.childrensbridge.com](http://www.childrensbridge.com) regularly for updates on existing programs and information on exciting new programs.

## NEW COUNTRY LICENSE APPLICATIONS

The Children's Bridge research's new possible international adoption programs and once a license is completed, new programs will be announced on our web site.

## GENERAL INFORMATION

Health issues must be researched as the health of the children cannot be guaranteed in any of our adoption programs. All our families are required to attend our AdopTALK parenting series that includes a workshop on health issues. However, these issues should be properly researched and considered before embarking on an international adoption. Potential health issues that are covered and that you should also research include: malnourishment, effects of institutionalization, Hepatitis, HIV, developmental delays, learning disabilities, fetal alcohol spectrum disorders, physical and sexual abuse and sleep and emotional issues. Health information provided in a proposal is a snapshot of the child's health at that time and can change. Based on the age of a child, some health issues cannot yet be determined.

**Please refer to the Acceptance Factors Information booklet in this package beginning on Page 26.**

**Timelines** – Every program has a different timeline, but all families should be prepared for a minimum of 2 years. **Timelines can change at any time and those in this package are estimates only.** As well, families are not always matched in the order a dossier is sent to country as matching timelines depend on many factors (i.e. age, health, sex).

**Pregnancy/Multiple Adoptions/Fertility Treatments** - The Children's Bridge discourages families from applying for more than one international adoption, trying to conceive, pursuing fertility treatments, and/or exploring domestic adoption while also going through an international adoption process. Most provincial ministries will not allow a family to have more than one international file open at a time. Our agency takes our commitment to work in the best interest of the child very seriously, and in most cases pursuing pregnancy/domestic/multiple international adoptions often does not place the child at the center of the process. It also poses several risks for your family financially and with the adoption authorities overseas.

Families are asked to commit to their decision to adopt internationally for some of the following reasons:

- The process of adoption is a time of learning and education for individuals and families. It is our experience that families who have their time and attention in several places are much less prepared than those who have used the time to take courses, read adoption related materials, and prepare for this life-changing transition. This directly benefits the children who are placed, as well as the adoptive families who are better prepared to meet their children's needs.
- Oftentimes our in-country partners prepare a child's file for many months before being matched with a TCB family. Should a family receive a proposal and need to decline the match due to pregnancy, domestic or another international placement, means the child's file goes back into the system, and the child waits in care for a much longer time.
- Families should be aware of the following restrictions that may apply should they choose to pursue pregnancy/domestic/multiple international adoptions, some of which are provincial Ministry regulations while others are in place by in-country adoption authorities:
  - The Ontario Ministry requires an 18-month gap between the chronological ages of children in the home and the child placed for adoption as well as 18 months between placements. In other provinces, the guideline is 12 months between ages and placements. Adoption files are placed on hold until this requirement is satisfied, and annual administration fees will apply.
  - In some cases, other country's adoption authorities want to see full commitment from the adoptive family to adopt a child from that particular country/culture. This means a family who has not demonstrated full commitment may be viewed unfavourably by the country they plan to adopt from. In some cases, the country automatically closes an adoption file upon news of pregnancy or domestic placement.
  - In some countries, upon notifying the authorities that a waiting family has been placed domestically or recently given birth, that file will be moved to the bottom of the list and families will have lengthy waits for a second proposal, or their file could be withdrawn.
  - Families should review their retainer agreement for fees that are non-refundable at various points in the adoption process. This applies to files that are withdrawn due to notice of pregnancy, birth, one international adoption or a domestic adoption placement.

If you are placed with a child internationally (other than the international file you have with TCB), domestically or become pregnant during the process, please contact us as soon as possible. Some provincial ministries will not allow an adoption placement if the adoptive applicants are pregnant or have recently given birth.

**Concurrent adoptions** - Few provinces will allow two international adoptions to be completed simultaneously. Check with your provincial ministry for further information. Even if allowed by your provincial authority, in most cases, the foreign country will not accept this, so please check with your Program Manager.

**Placement of Children/Out of Birth Order** – Every provincial ministry has a guideline on the ages and placement of children (i.e., if your birth child is 18 months old, you cannot accept the placement of a child who is more than 6 months old). Please check with your ministry prior to proceeding with an adoption if you are unsure of these guidelines. In Ontario, there must be 18 months difference in the ages and placement of children.

**Fostering while in the process** of adopting is generally acceptable by most provincial ministries and some countries. Families should speak with their provincial coordinator **and** their Program Manager BEFORE proceeding with the foster care program. Please note that this refers to temporary foster placements and not foster-to-adopt programs or long-term placements.

**Second Adoptions:** If you are adopting for a second time, you must ensure that the placement guidelines are followed (see above) and the new child to be adopted does not disrupt birth order. In Ontario, you can begin the adoption process 9 months after coming home with your first child.

**Requirements** listed for each country are established by the individual countries and are not those of provincial Ministries or The Children's Bridge. All requirements must be met, or a file cannot be submitted.

Please contact the Program Manager of the program you are interested in **prior to proceeding** with any program to schedule your intake meeting, obtain updated information, costs and a current timeline.

**Hold Policy:** After consultation with The Children's Bridge and providing written notice, a family may choose to place their adoption file on hold with The Children's Bridge. The maximum amount of time a file can be placed on hold is 24 months (situation dependent and upon consultation with and approval from the Program Manager). A family may wish to put their file on hold for many reasons (i.e., pregnancy, change in family circumstance, financial, etc.).

If a file is already in country, it is likely that the file will have to be withdrawn and applicants re-apply if they choose. Consult with the Program Manager for specific details.

**The administration fee will apply when a file is on hold.** If your file is withdrawn from the country you have applied to and you wish to re-apply, all fees will apply.

# U.S.A. ADOPTION PROGRAM (IAN)

*Program Manager:* Lindsay Brown, 905-836-6776  
E-mail: [lindsay.brown@childrensbridge.com](mailto:lindsay.brown@childrensbridge.com)

## General Information:

- The Children's Bridge work in partnership with Hague accredited, non-profit agency International Adoption Net (IAN) based in Centennial, Colorado. You and IAN will work with a supervised third-party agency (AdoptHelp, Courageous Hearts) that you will choose. The supervised agencies work with child placing agencies in most states in the US.
- Adoptive family is chosen by an expectant mother/father who wishes to make an adoption plan for their child.
- Families should be open to accepting a child of any racial background and any sex.
- Applicants must be open to a semi-open or open adoption.
- Most expectant mothers will want the adoptive family either present at the hospital or in the state at time of birth.
- Adoption is finalized in the local state approximately 6 months after placement (family do not have to stay in the US). In most cases, family does not need to travel to the state for finalization but must be present for the hearing by phone.
- Children will maintain dual citizenship and annual tax returns must be filed annually by the family on behalf of the child.
- Applicants will complete a comprehensive checklist outlining various situations they are open to (i.e. some in-utero exposure to drugs/alcohol, familial history of mental illness, unknown birth father, etc.). Please review the Acceptance Factors Information beginning on Page 26.
- In most cases, the adoptive family will have the opportunity to meet the birth mother/father before travelling to the US for the birth.
- 3 – 5 post-placement reports completed by an Adoption Practitioner are required in order to finalize the adoption. Varies depending on state.
- **Paperwork for IAN must be updated every year (home study, medicals, police checks).**
- The failed match rate is approximately 15 - 20%.
- Estimated time for a proposed match is 1 – 3 years.

## Requirements:

- This program is open to all provinces except Quebec and Alberta.
- This program is open to same-sex and heterosexual married and common-law couples (except Michigan), as well as single applicants.
- At least one applicant **MUST** be a Canadian citizen.
- Family must possess a stable financial portfolio. Please note that the total cost for most adoptions from the USA will be \$110,000 CAD and up.
- Applicants must live in an area where they can provide racial mirrors for their child and have access to cultural and racial diversity in their everyday life and communities.
- Applicants must be in sound physical and emotional health. Adoptive applicants must be free of major mental illness such as bipolar disorder, schizophrenia and obsessive-compulsive disorder.
- Applicants must be open, at a minimum, to a semi-open adoption. A semi-open adoption refers to an adoption in which letters and pictures will be exchanged and available to birth family until the child has reached the age of 18.

- Prospective applicants must be free from criminal record. You will NOT be eligible if you have a history of arrest by law enforcement, charged with a criminal offence or have a list of occurrences. This includes a child welfare record check (i.e. Children’s Aid Society).

Process:

- Attend a Children’s Bridge Information Session and/or a USA Information Session.  
(<http://www.childrensbridge.com>)
- Complete the intake application and schedule the intake appointment with the Program Manager.
- Complete IAN’s application and consultation as well as the consultation with your 3<sup>rd</sup> party provider
- Sign TCB’s retainer agreement.
- Complete home study, PRIDE training and approval in province.
- Compile dossier and family profile booklets.
- Once home study approval is received and dossier has been compiled and processed (notarized & authenticated), documents will be submitted to IAN and file is considered “active”.
- Attend AdopTALK as soon as possible.
- Open IRCC application.
- Proposed match received and reviewed.
- Family travels to the local state (either before birth or at time of birth).
- Baby is born and referral documents received and submitted to provincial ministry for approval.

Timelines:

- Completion of home study (average time 3 – 6 months).
- Approval in province varies from 4 – 16 weeks.
- Processing of adoption dossier (Canada and USA) averages 4 – 6 weeks.
- Wait for proposal approximately 1 – 3 years.
- Travel to local state prior to birth or at time of birth (unless prior agreement has been reached).
- **One trip of up to 45 days is required.**

# ESTIMATED ADOPTION COSTS – USA – IAN

## (SUBJECT TO CHANGE)

\*Please note that the 3 fees outlined below and the annual Administration Fee are the only TCB fees. The balance of fees are payable to 3<sup>rd</sup> parties.

### **TCB AGENCY FEES (CAD, TAX INCLUDED)**

1. Retainer Fee	\$ 6,215.00
2. Adoption Facilitation Fee	15,966.90
3. File Completion Fee	1,000.00

An annual Administration Fee (once the adoption process exceeds one year from retainer date) of \$1,700CAD plus tax will be invoiced and each year thereafter until home with child.

### **INTERNATIONAL ADOPTION NET (IAN) FEES (USD)**

(all fees are *estimated* third-party provider fees)

Application Fee (paid by family directly to IAN)	\$ 400.00
CEAS Monitoring and IAN 1 <sup>st</sup> Agency Fees	7,831.00
Dossier Review & IAN 2 <sup>nd</sup> Agency Fees	6,516.00
Placement Coordination & Post Placement Services	6,816.00
Third Party Fees (estimated)	42,000.00
Birth Mother Living Expenses	4,000.00 - \$12,000.00
State Fees (attorney, court, agency)	6,000.00 - \$16,000.00

\*An additional \$16USD wire fee will be added to each USD payment

### **3<sup>RD</sup> PARTY FEES (CAD - ESTIMATES ONLY)**

Adoption Practitioner/Social Worker – Home Study (fees fluctuate)	\$3,000.00
Adoption Practitioner Referral/Post Placement Reports (estimate)	1,500.00
Ministry Mandated PRIDE Training (Ontario families only – approx. cost for 2 people)	1,500.00
Immigration Sponsorship	150.00
Police Clearances (Interpol, local, BRC (Ontario))	300.00

**Additional Sibling Fee:** At the time of proposal acceptance, a fee of \$3,000CAD plus tax will be invoiced to client for each additional child adopted.

**Please note:** There will be other costs that will vary (i.e. travel costs such as airfare and accommodation, profile booklet, dossier updating). All fees are set and charged by third parties and must be paid at the current rate at the time they are due.

# FEE SCHEDULE – USA

(PLEASE NOTE THAT THIS SCHEDULE MAY NOT INCLUDE ALL 3<sup>RD</sup> PARTY FEES)

Your Program Manager will provide you with the e-transfer, mailing address (cheque, money order) and/or wire information you will require.			
	Fee	Due Date	Payment Method
Retainer Fee (non-refundable)	\$6,215.00CAD tax included	Submitted with signed Retainer.	E-transfer, wire or cheque payable to <i>The Children's Bridge in Trust</i> .
Adoption Facilitation Fee	\$15,966.90CAD tax included	Sent with completed country dossier.	E-transfer, wire or cheque payable to <i>The Children's Bridge in Trust</i> .
File Completion Fee	\$1,000.00CAD	As above.	As above.
IAN CEAS Monitoring and 1 <sup>st</sup> Agency Fees	\$7,831.00USD (including wire fee)	With submission of Policy Packet.	USD Bank draft money order or wire payable to <i>The Children's Bridge In Trust</i> .
Dossier Review and IAN 2 <sup>nd</sup> Agency Fees	\$6,516.00USD (including wire fee)	Sent with completed country dossier.	As above.
IAN Placement Coordination and Post Placement Services	\$5,810.00USD (including wire fee)	Payable to TCB upon acceptance of proposed match.	As above.
*3 <sup>rd</sup> Party Provider Fees (estimated)	\$40,000.00USD	Due per schedule as outlined in signed contract.	As above.
*State Legal Fees	TBA	Due per schedule as outlined in signed contract.	As above.
Annual Admin. Fee	\$1,700CAD plus applicable taxes	Invoiced annually once the adoption process exceeds one year from retainer date until home with child. Payable upon receipt of invoice.	E-transfer, wire or cheque payable to <i>The Children's Bridge in Trust</i> .

\*Fees payable to 3<sup>rd</sup> party service provider (i.e. AdoptHelp/Courageous Hearts, legal, court fees, State agency) will be outlined in an agreement between the 3<sup>rd</sup> party provider and client. All fees must be paid to The Children's Bridge for furtherance to US providers.

\*Each wire sent to the US will incur a \$16USD wire fee.

**Please Note:** As fees charged by third-party supervised providers will vary according to provider, state and the individual match, some fees may **not** be included in this retainer agreement. All fees will be paid to *The Children's Bridge in Trust* for third-party Supervised Providers.

# India

Adoption Program Manager: Lenore Cork-Lemay, 613-226-2112

Email: [Lenore.cork-lemay@childrensbridge.com](mailto:Lenore.cork-lemay@childrensbridge.com)

## General Information:

- Program opened in 2005.
- Open to residents in all provinces except Quebec.
- Open to those of Indian descent, overseas citizens of India and non-Indians. Those with NRI or OCI status are given priority.
- Families are matched through two streams: Mainstream and Special Needs.
- Families with 2 or more children in the home are only eligible to be matched through the Special Needs stream.

## Considerations:

- Applicants should be open to a child of either sex. Children are generally 18 months or older at time of referral but may be younger if matched from the special needs stream.
- Common special needs include (but are not limited to):
  - Hearing impairment, visual impairment, missing limbs, ambiguous genitalia, development delays, sickle cell anemia, facial and/or limb deformities. HIV, Hepatitis B or C, cerebral palsy, and Down syndrome.
  - Please review the Acceptance Factors Information beginning on Page 26.
- Applicants who want to adopt siblings must be open to children up to age 8 (minimum).
- Healthy sibling groups under age 8 are matched through the Mainstream program.
- Healthy, older children and/or older sibling groups waiting to be adopted (aged 8+) are matched through the Special Needs stream.
- Most families are required to make one trip to India of approximately 3 – 4 weeks.
- Children are waiting to be adopted due to poverty and single parenthood.
- The majority of the children reside in orphanages with voluntary and professional staff.
- Both boys and girls are waiting for families.
- Family cannot specify sex unless in exceptional circumstances. Please consult with the Program Manager.
- Brief child study and medical report are provided with proposal.

## Requirements (all must be met when dossier is uploaded to CARA):

- Age requirements: Adoptive parent's composite age must be *under 85 years* to be eligible to apply to adopt a child who is 0- 2 years of age; *under 90 years* to adopt a child 2-4 years of age; *under 100 years* to adopt a child 4 - 8 years of age and *under 110 years* to adopt a child over 8 years of age.
- Single men or women: Single adoptive parents are eligible to adopt. The parent must be *over 30 and under 40 years* to adopt a child 0- 2 years of age; *under 45 years* to adopt a child 2-4 years of age; *under 50 years* to adopt a child 4 – 8 years of age and *less than 55 years* to adopt a child over 8 years of age.
- Single male applicants can only adopt a male child.
- The minimum age difference between the child and either of the prospective adoptive parents should not be less than 25 years.
- We are unable to accept files from applicants from Pakistan.
- Married couples must have a minimum two-year stable marital relationship (no common-law and no same sex couples).

- Families must maintain an adequate financial portfolio to provide a good upbringing for the child.
- Applicants should be physically, mentally, and emotionally stable; financially capable; motivated to adopt a child; and should not have any life-threatening medical conditions.
- Both applicants must be free from criminal records.
- One of a couple (or a single) must be a Canadian citizen or permanent resident of Canada.

#### Process:

- Attend a Children’s Bridge Information Session (<http://www.childrensbridge.com>) and/or an India Information Session.
- Complete the intake application and schedule your intake appointment with the Program Manager.
- Complete a home study and obtain approval in the province.
- Complete India dossier per instructions provided.
- Dossier is sent by TCB for notarization and to be apostilled.
- Completed dossier is uploaded to the CARINGS database where it will be reviewed and approved by the Central Adoption Resource Authority (CARA) in New Delhi.
- Family will complete the immigration/citizenship application.
- Attend AdopTALK.
- Following approval, the family will wait to be matched with a child by CARA. Families with NRI or OCI status must choose to adopt from state or zone. Families without Indian status will adopt from all of India.
- Healthy child referrals from the Mainstream program are sent to TCB by India’s central authority (CARA). Children with special needs are matched to families by TCB through the Special Needs stream.
- Both parents are required to travel to India only once the adoption order has been issued, along with all travel documents and Part Two IRCC approval. The timeline from child proposal to travel is approximately 9 – 14 months.
- Post placement reports are required for 2 years after the adoption is complete (at 3, 6, 9, 12, 18 and 24 months) with Adoption Practitioner.

#### Timelines:

- Home study completion and Ministry approval varies (average time 4 – 8 months).
- Timelines from dossier approval to receipt of child proposal:
  - Families with OCI or NRI status are prioritized and receive proposals in approximately 4+ years. If open to minor/moderate special needs, 1 – 3 years.
  - Non-Indian families receive proposals in approximately 5+ years. If open to minor/moderate special needs, 2-5 years.
  - Timeline will also vary depending on openness to age range, sex, etc.
- The timeline from child proposal to travel is approximately 9 – 14 months.
- Most families are required to make one trip to India of 3 – 4 weeks in duration.

The above timelines are an estimate only and many factors will impact this timeline. Every family’s timeline will be unique.

# ESTIMATED ADOPTION COSTS – INDIA (SUBJECT TO CHANGE)

\*Please note that the 4 fees outlined below and the annual administration fee are the only TCB fees. The balance of fees are payable to 3<sup>rd</sup> parties.

## TCB FEES (CAD, TAX INCLUDED WHERE APPLICABLE)

1. Retainer Fee	\$ 6,215.00
2. Adoption Facilitation Fee	15,966.90
3. File Completion Fee	1,000.00
4. Dossier Administration Fee	2,260.00

An annual Administration Fee (once the adoption process exceeds one year from retainer date) of \$1,700CAD plus tax will be invoiced each year thereafter until home with child.

## INDIA FEES (ESTIMATES ONLY - USD)

India Coordinators Fee	\$3,500.00
Specialized Adoption Agency (SAA) Fee (including disbursements)	5,500.00
Custody Fee	1,500.00 - 3,500.00

For conversion to Canadian dollars go to [www.xe.com/ucc/convert.cgi](http://www.xe.com/ucc/convert.cgi)

## 3<sup>RD</sup> PARTY FEES (CAD - ESTIMATES ONLY)

Adoption Practitioner/Social Worker – Home Study (fees fluctuate across Canada)	\$3,000.00
Adoption Practitioner Referral/Post Placement Reports (estimated)	1,700.00
Ministry Mandated PRIDE Training (Ontario families only – approx. cost for 2 people)	1,500.00
Notarization of Proposal Acceptance Dossier	500 – 1,000.00
Immigration Sponsorship	150.00
Police Clearances (Interpol, local, BRC (Ontario))	300.00
Travel Visas (for 2 adults)	200.00

Additional Sibling Fee: At time of proposal acceptance, a fee of \$3,000CAD plus tax and \$1,000USD will be invoiced to client for each additional child adopted.

**Please note:** There may be other costs that will vary (i.e. travel costs such as airfare and accommodation). All fees are set and charged by third parties and must be paid at the current rate at the time they are due.

# FEE SCHEDULE – INDIA

(PLEASE NOTE THAT THIS SCHEDULE MAY NOT INCLUDE ALL INDIA OR ALL 3<sup>RD</sup> PARTY FEES)

Your Program Manager will provide you with the e-transfer, mailing address (cheque, money order) and/or wire information you will require.

	<b>Fee</b>	<b>Due Date</b>	<b>Payment Method</b>
Retainer Fee	\$6,215.00CAD tax included	Submitted with signed Retainer.	E-transfer, wire or cheque payable to <i>The Children's Bridge in Trust</i> .
Adoption Facilitation Fee	\$15,966.90CAD tax included	Sent with completed country dossier.	As above.
File Completion Fee	\$1,000.00CAD	As above.	As above.
Dossier Administration Fee	\$2,260.00CAD tax included	As above.	As above.
India Coordinators Fee	\$3,500USD	As above.	Wire or money order in USD payable to <i>The Children's Bridge in Trust</i> .
Specialized Adoption Agency (SAA) Fee (including disbursements)	\$5,500USD	Submitted with accepted child proposal.	Wire or money order in USD payable to <i>The Children's Bridge in Trust</i> .
Annual Admin. Fee	\$1,700CAD plus applicable taxes	Invoiced annually once the adoption process exceeds one year from retainer date until home with child. Payable upon receipt of invoice.	E-transfer, wire or cheque payable to <i>The Children's Bridge in Trust</i> .

# Thailand

Program Manager: Jennifer Stairs, 613-255-1874

Email: [jennifer.stairs@childrensbridge.com](mailto:jennifer.stairs@childrensbridge.com)

*Please note: Thailand (DCY) has advised that we are not able to send files in 2026 for those adopting from the mainstream program. However, we can accept and submit files for those open to adopting a child over the age of 4 ½ and/or with mild to moderate special medical needs (mostly in-utero exposure to drugs).*

*Kindly refer to the Acceptance Factors Information beginning on Page 26.*

*Consult with Program Manager before proceeding.*

## General Information:

- Adoption is finalized in Thailand in conjunction with the Royal Thai Embassy in Ottawa or the Royal Thai Consulate-General in Vancouver and both parents along with their child must travel to one of these places to register the adoption.
- Preference is given to families with fertility issues or those with only one child.
- Both parents **must** attend the mandatory AdoptTALK training. AdoptTALK is currently being offered via Zoom.
- We work with the Department of Children and Youth (DCY) who facilitate all adoptions in Thailand.
- We can no longer accept applications from single applicants.
- Open to all provinces except Quebec.

## Considerations:

- Trip is up to 3 weeks in length.
- Children waiting for families due to socio-economic conditions and reside in children's homes (orphanages).
- Both boys and girls are in need of families (mostly boys). Families may request sex but must be prepared for a significantly longer wait for a girl. May request twins or siblings but this is rare.
- Older children and children with special medical needs are also waiting for families.
- Children will be approximately 16 months and up at proposal depending on openness to special needs.
- It can take up to 5 years to be matched with a healthy child.
- Most children are born to mothers who used drugs/alcohol while pregnant.

## Requirements:

- Minimum age 25 years and up to a maximum age of 48. Some exceptions will apply. Consult with Program Manager.
- Couples with more than a 10-year age gap may not be eligible. Consult Program Manager.
- Families with 3 or more children in the home will **not** be considered for this program.
- Families who have fertility issues should provide proof of same with a letter from their doctor.
- No same sex or common law couples eligible.
- Must be married for a minimum of 2 years and have no more than 2 previous marriages.
- Must have a minimum of high school education.
- Must be in excellent physical and emotional health – some exceptions – consult Program Manager.
- Must not be taking any prescribed medication for anxiety or depression.
- Must be 5 years cancer free.
- Should not be notably overweight.
- Sound financial position.
- One of a couple must be a Canadian citizen.

- Prospective applicants must be free from criminal record. You will NOT be eligible if you have a history of arrest by law enforcement, charged with a criminal offence or have a list of occurrences. This includes a child welfare record check (i.e. Children's Aid Society).
- No morticians may apply.

Process:

- Attend a Children's Bridge Information Session and/or Thailand Info Session.  
(<http://www.childrensbridge.com>)
- Complete the intake application and schedule your intake appointment (via Zoom) with the Program Manager.
- Completion of a home study and approval in province.
- Families must compile the Thailand dossier that includes a medical and psychological assessment.
- File sent for notarization at CCY Law, authentication at Global Affairs and legalization at the Royal Thai Embassy (Ottawa).
- Submission of IRCC application.
- Families receive their referral approximately 3 - 5 years after their file is logged in at the DCY – this is an estimate only – proposals can come at any time and out of order and families must be prepared.
- Both parents must travel to Thailand to complete the adoption process (including an official interview) and will be in country for up to 3 weeks.
- Three post placement reports must be completed by a social worker/Adoption Practitioner, translated (by family) and sent to TCB for furtherance to Thailand. Additional reports (at least 3) are required after registration but do not need to be translated.
- Once all post placement reports have been received, Thailand informs family that they can attend the Royal Thai Embassy in Ottawa or the Royal Thai Consulate-General in Vancouver to register the adoption (approximately 1 – 2 years after arrival home).
- Once registered, families can then commence paperwork to obtain permanent residency, legal name change and finally, citizenship.

Timeline:

- Completion of home study (average time 3 – 6 months).
- Approval in province varies from 4 – 16 weeks.
- Family submits their Thailand dossier to the Program Manager at The Children's Bridge for processing that can take up to 8 weeks.
- The family's adoption dossier is then sent to the Department of Children and Youth (DCY) in Thailand.
- Families should begin their immigration paperwork approximately 2 years after their dossier has been received in Thailand. Instructions are provided.
- Attend AdopTALK.
- Wait for referral is approximately 3 - 5 years (once file is received in Thailand). This timeline depends on a family's openness to age and special needs.
- A copy of the referral along with acceptance documents is sent to the provincial ministry who issue the appropriate documents which are then sent to Thailand.
- Families MUST consult with a physician or international clinic for an assessment on the proposal information.
- Families must prepare a letter of acceptance, accepting the child offered (sample letter will be supplied) which is sent to Thailand with a care package.
- Travel to Thailand occurs approximately 10 – 12 weeks after referral acceptance.
- Timelines do fluctuate. These are estimates only.

# ESTIMATED ADOPTION COSTS – THAILAND

(SUBJECT TO CHANGE)

\*Please note that the 4 fees outlined below and the annual administration fee are the only TCB fees. The balance of fees are payable to 3<sup>rd</sup> parties.

## TCB FEES (CAD, TAX INCLUDED WHERE APPLICABLE)

1. Retainer Fee	\$ 6,215.00
2. Adoption Facilitation Fee	15,966.90
3. File Completion Fee	1,000.00
4. In-country Services, Translations, Coordinator's Disb.	6,220.00

An annual Administration Fee (once the adoption process exceeds one year from retainer date) of \$1,700CAD plus tax will be invoiced each year thereafter until home with child.

## THAILAND FEES (CAD, ESTIMATE ONLY)

Child's Embassy medical, photographs, registration, etc.	\$300.00
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## 3<sup>RD</sup> PARTY FEES (CAD, ESTIMATES ONLY)

Adoption Practitioner/Social Worker – Home Study (fees fluctuate across Canada)	\$ 3,000.00
Adoption Practitioner Referral/Post Placement Reports (estimated)	1,700.00
Ministry Mandated PRIDE Training (Ontario families only – approx. cost for 2 people)	1,500.00
Psychological Assessment (estimate)	800.00
Immigration Sponsorship	150.00
Police Clearances (Interpol, local, BRC (Ontario))	300.00
Royal Thai Embassy	90.00
Translation of Post Placement Reports (3) (estimate)	1,000.00

**Additional Sibling Fee:** At time of proposal acceptance, a fee of \$3,000CAD plus tax will be invoiced to client for each additional child adopted.

**Please note:** There will be other costs that will vary (i.e. travel costs such as airfare and accommodation) including the cost for both parents and their child to travel to the Royal Thai Embassy in Ottawa or Vancouver for a mandatory meeting to register the adoption. All fees are set and charged by third parties and must be paid at the current rate at the time they are due.

## FEE SCHEDULE – THAILAND

( PLEASE NOTE THAT THIS SCHEDULE MAY NOT INCLUDE ALL OF THE THAILAND OR 3<sup>RD</sup> PARTY FEES )

Your Program Manager will provide you with the e-transfer, mailing address (cheque, money order) and/or wire information you will require.			
	Fee	Due Date	Payment Method
Retainer Fee	\$6,215.00CAD tax included	Submitted with signed Retainer.	E-transfer, wire or cheque payable to <i>The Children's Bridge in Trust</i> .
Adoption Facilitation Fee	\$15,966.90CAD tax included	Sent with completed country dossier.	As above.
File Completion Fee	\$1,000.00CAD	As above.	As above.
In Country Fees, Translation, Coordinators Disbursements	\$6,220.00CAD	As above.	As above.
Embassy of Thailand	\$90CAD	As above.	Money order payable to " <i>Royal Thai Embassy, Ottawa</i> ".
Annual Admin. Fee	\$1,700CAD plus applicable taxes	Invoiced annually once the adoption process exceeds one year from retainer date until home with child. Payable upon receipt of invoice.	E-transfer, wire or cheque payable to <i>The Children's Bridge in Trust</i> .

# COUNTRIES AT A GLANCE

## FACTS TO CONSIDER WHEN CHOOSING YOUR ADOPTION PROGRAM

	THAILAND	INDIA	USA
<b>Age of Child</b>	16 months and up at referral (dependent on range of acceptance)	18 months & up (or younger in special needs stream)	0 – 7 days at time of placement
<b>Sex</b>	Both boys and girls	Both boys and girls	Male and Female
<b>Time to Referral (approx.)</b>	3 - 5 years	Inconsistent (12 months - 5 years – depending on stream & openness)	1 – 3 years
<b>Health Info Received with Referral</b>	Limited	Limited	Varies but can be comprehensive (child and familial)
<b>Familial History</b>	Some history may be included	Some history may be provided	Birth family history will be provided, if available.
<b>Marital Status</b>	Married min. 2 years.	Single men and women and married couples (2 years).	Single, same sex, heterosexual married and common-law couples (except Michigan).
<b>Trip</b>	1 trip, approx. 3 weeks.	One trip of 3 – 4 weeks.	Varies but should expect up to 45 days in country
<b>*Estimated Cost</b>	\$40,000 - \$42,000CAD	\$48,500 – 50,000CAD	\$110,000CAD and up

*\*Estimated costs above are intended to reflect the total anticipated cost of the adoption process, including TCB fees and estimated third-party costs (e.g., home study, in-country fees, and post-placement requirements). Travel (airfare, accommodation, meals, and incidentals) and other variable expenses are not included. Please confirm all costs with the Program Manager prior to submission of fees.*

# NEXT STEPS

## Review

- ❖ Review the information provided to ensure you meet all requirements of the country you wish to adopt from.

## Research

- ❖ It is very important that you research possible health (physical AND emotional) conditions of adopted children, specifically from the country you are interested in. In the Member's section of our website you will find an entire section devoted to health issues.

## Schedule an Intake (1-Year Membership included)

- ❖ The purpose of the intake is to ensure applicants meet all program requirements and assess the applicant's openness to learning and understanding adoption and to raising a child of a different race (if applicable) and culture. The intake will take 60 – 90 minutes and both applicants must participate. Contact the Program Manager of the program you wish to adopt from to obtain an intake application. Once submitted and reviewed, the Program Manager will contact you to schedule your intake meeting.

## Begin Your Home Study & PRIDE Training (if applicable)

- ❖ The first step with any adoption is to begin the home study process. A link to a complete list of approved Adoption Practitioners can be found here: <https://www.ontario.ca/page/adoption-practitioners#section-3> . Now is also a good time to enquire about PRIDE Training dates.

## Retain the Services of an Agency

- ❖ Once you have decided on a country and have chosen your Adoption Practitioner, you will need to retain the services of a licensed adoption agency. This process requires filling out the Retainer Agreement (sent to you from your Program Manager upon request) and sending it, along with the appropriate fees to The Children's Bridge.



# MEMBERSHIP FORM

Tel: (613) 226-2112  
 Email: [info@childrensbridge.com](mailto:info@childrensbridge.com)  
[www.childrensbridge.com](http://www.childrensbridge.com)

**Note: If completing the intake process, a membership is included in the fee.**

To ensure that The Children's Bridge provides you with optimal service and information, please complete this membership form in its entirety. Once you have completed this form, email it to [info@childrensbridge.com](mailto:info@childrensbridge.com) and we will provide you with payment details. If you are missing some information (i.e. Adoption Practitioner), you can still submit this form to become a member and forward us missing information when available.

Please be advised that all information provided in this application shall be for the exclusive and confidential use of The Children's Bridge. No information provided herein shall be released, transmitted or transferred in any way to any third party without the member's express written consent.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

## MEMBER INFORMATION:

Marital Status: Married  How long? \_\_\_\_\_  
 Single

	APPLICANT 1 INFORMATION	APPLICANT 2 INFORMATION
First Name:		
Last Name:		
Date of Birth:		
Address: (Courier address if P.O. Box)		
Phone # (Home):		
Phone # (Business):		
Cell Phone #:		
Email Address:		

Adoption Practitioner: (include address, phone # and e-mail address)	
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**YOUR CHILDREN:**

*Details (Please include all children in your family.):*

First Name	Last Name	Date of Birth

**STATUS**

Please select one of the following options:

- Membership for services only or renewing member.
- Have not yet chosen our country; please contact us to discuss options.
- Have chosen country and require a detailed package for (select **one** only):
  - India/India Waiting Children
  - Thailand
  - USA

**PAYMENT INFORMATION**

- Subscription:     1-year membership @ \$50.00 plus tax (\$56.50)  
                            3-year membership @ \$130.00 plus tax (\$146.90)

Payment Method:

- E-transfer       Cheque

# Acceptance Factors Information

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This information booklet was designed to give you a brief overview of some of the risk factors in adopting internationally and specifically from the USA program where more information on the expectant mother is provided. It is very important to take the time to research and carefully consider all the factors involved in this decision. Parenting a child with special needs is not a decision that should be taken lightly. It is a decision that could impact many facets of your family's life – for the rest of your life. The adoption of *any* child should be carefully considered whether that child has identified special medical needs.

This booklet is meant to be used as a general guide and to offer you additional resources and therefore is by no means an exhaustive resource. Also, the information compiled here has been taken from sources that offer, to the best of our knowledge, reliable and accurate information and advice (see *Resource List* at the end of this booklet). It is also recommended that families consider consulting with medical professionals, additional resources, and/or use their own judgment and knowledge to make a fully informed decision.

The booklet is divided into two sections. The first section is devoted to drug and alcohol consumption during pregnancy, while the second section focuses on “other circumstances”. The sections are further divided into each risk factor, where a basic description is offered, along with *potential* effects on the baby/child's short and long-term development. The last two pages of this booklet offer additional resources for further information and reading and contain the list of references consulted in compiling this information.

## LIST OF ACCEPTANCE FACTORS

It is very important for all prospective adoptive families to consider the following when completing an acceptance factors document.

- In any given pregnancy, the chance of a woman giving birth to a baby with a birth defect is 3% - 5%.
- Prospective adoptive parents will only be aware of whether a substance was consumed and the amount a substance was consumed through disclosure of the expectant mother. Therefore, it is possible that *more* or *less* of the substance was consumed than what was reported.
- The actual composition of most illicit drugs can vary widely, and therefore the effects on a developing fetus can be very difficult to predict. For example, marijuana has been found to contain a mixture of up to 400 different chemicals, as well as other drugs (i.e. cocaine) and herbicides/pesticides.
- The short and long-term effects on a developing baby of *any* drug and/or alcohol consumed by his/her mother can vary greatly and is dependent on *many* factors. Some of these factors might include (but are not limited to): stage of the pregnancy the substance was consumed, how much was consumed, how the mother's body metabolizes alcohol/drugs, and whether the mother was combining these drugs with other medication/prescription drugs, etc.
- Several other factors may contribute to the severity of the effects such as lack of prenatal care, socio-economic status, general maternal health and nutrition, pre-existing conditions such as sexually transmitted infections (STI's), auto-immune diseases, etc.

- Few long-term, comprehensive studies have been completed on the long-term effects of pre-natal exposure to illicit drugs.

It is very important to remember that studies in neurodevelopment continue to demonstrate the incredible reparation ability and elasticity of the human brain. “Elasticity” refers to the brain’s unique ability to constantly change and grow – most predominantly in the first few years of life. The human brain develops partly in-utero, but also does much of its growth in the first three years of life. This means a baby’s experiences in the first three years are crucial to his or her long-term development. A family’s commitment and ability to provide age-appropriate stimulation, positive experiences, emotional stability, and high-quality attachment and attunement to the baby’s physical and emotional needs will impact his or long-term brain development.

## PART ONE – DRUGS AND ALCOHOL

**DRUGS AND ALCOHOL** – this section refers to some of the short and long-term effects that some commonly consumed drugs (illicit and prescription) and alcohol may have on a developing fetus. As a reference, the phrase “short term” refers to birth to 4 weeks of life and generally includes complications that often resolve themselves within this period, such as the infant’s withdrawal symptoms. The phrase “long-term” refers to effects seen in drug/alcohol exposed infants that 4-weeks and older and can be issues that continue to affect the child throughout his/her lifetime.

<http://pediatrics.aappublications.org/content/131/3/e1009.figures-only>

### MARIJUANA

POSSIBLE EFFECTS ON DEVELOPING FETUS	POSSIBLE SHORT-TERM EFFECTS	POSSIBLE LONG TERM EFFECTS
<ul style="list-style-type: none"> <li>- Increased risk of premature birth (resulting in lower birth weight/length/head circumference)</li> <li>- Premature babies (in general) are at higher risk of being diagnosed with various learning disabilities, health issues and developmental delays later in life</li> </ul>	<ul style="list-style-type: none"> <li>- Short-term (3-5 days) withdrawal symptoms such as shaking, tremors and increased crying</li> </ul>	<ul style="list-style-type: none"> <li>- Children born to "heavy use" mothers may have challenges with inattention, impulsive behavior, academic performance and short-term memory.</li> </ul>

### PRESCRIPTION OPIOIDS (i.e. Codeine, Oxycodone and derivatives, Hydromorphone)

Opioids are often prescribed by a physician as a pain reliever, anti-inflammatory, and/or to relieve severe diarrhea. Some commonly prescribed opioids include Tylenol 3, Demerol, OxyContin/Oxycodone and/or Percocet. The section below covers *prescription use* of opioids, and not consumption due to addiction and/or abuse issues, which is covered in a separate section below.

POSSIBLE EFFECTS ON DEVELOPING FETUS	POSSIBLE SHORT-TERM EFFECTS	POSSIBLE LONG TERM EFFECTS
<ul style="list-style-type: none"> <li>- High risk of miscarriage if drug suddenly stopped</li> <li>- Reduction of drug usage must be supervised by medical professionals and completed gradually/incrementally</li> <li>- Some studies show very small risk of heart defects and/or other birth defects when consumed in first trimester</li> </ul>	<ul style="list-style-type: none"> <li>- Withdrawal symptoms can begin anywhere from 24 hours up until 14 days following birth</li> <li>- Symptoms can include: difficulty breathing, extreme drowsiness, poor feeding, irritability, sweating, tremors, vomiting &amp; diarrhea</li> <li>- The infants withdrawal symptoms will be managed and supported in the Neonatal Intensive Care Unit (NICU)</li> </ul>	<ul style="list-style-type: none"> <li>- None noted, however families should be aware that very few comprehensive long-term studies have been completed</li> </ul>

#### **ILLICIT OPIATE USE (i.e. Heroin, Oxycodone abuse)**

Opioids are highly effective pain relievers but are also known to be *highly* addictive. In some cases, women who began taking an opioid as a pain reliever for a legitimate purpose (following surgery, chronic pain, car accident, etc.) struggle with addiction to the substance once it is no longer medically necessary. The effects of illicit opiate consumption, as opposed to prescription use, on the mother and the developing baby are often more pronounced and/or severe, due to the drug being consumed in much greater quantities than when taken by prescription under medical supervision.

Heroin (illicit form of an opioid) is a street drug and therefore may contain several impurities. It is most often injected, putting the mother at additional risk of contracting HIV and/or Hepatitis. Most physicians will prescribe methadone to a pregnant woman who is struggling with a heroin and/or prescription opiate addiction. The methadone will be consumed daily under medical supervision, and helps the mother to manage her withdrawal symptoms, and is also understood to be less harmful to the developing fetus. The daily use of methadone also helps to prevent spontaneous miscarriage, which can result if heroin or other opioids are discontinued abruptly.

POSSIBLE EFFECTS ON DEVELOPING FETUS	POSSIBLE SHORT-TERM EFFECTS	POSSIBLE LONG TERM EFFECTS
<ul style="list-style-type: none"> <li>- Risk of miscarriage, preterm labour and/or extreme fetal distress if drug suddenly discontinued</li> <li>- Medically supervised reduction or use of opiate reduction therapy (methadone) during pregnancy may be recommended by a physician</li> </ul>	<ul style="list-style-type: none"> <li>- Withdrawal symptoms often begin 48- 72 hours following birth and are often resolved within the 3 weeks of life.</li> <li>- Symptoms can include: uncoordinated sucking reflexes (poor feeding),</li> </ul>	<ul style="list-style-type: none"> <li>- Limited data due to few long-term studies having been completed</li> <li>- Some early studies show no cognitive differences in exposed and non-exposed children up to 5 years of age</li> </ul>

<ul style="list-style-type: none"> <li>- Some studies show very small risk of heart defects and/or other birth defects when opiates are consumed in the first trimester</li> <li>- Risk of premature birth, which can result in under-developed lungs, low birth weight/length, small head circumference</li> </ul>	<ul style="list-style-type: none"> <li>irritability, high-pitched crying, sweating, hyperventilation</li> <li>- The infants withdrawal symptoms will be managed and supported in the Neonatal Intensive Care Unit (NICU)</li> </ul>	<ul style="list-style-type: none"> <li>- Parents should focus on enriching an exposed child’s early experiences and improving the quality of the home environment for best possible outcomes</li> </ul>
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**METHADONE/SUBOXONE (Opiate reduction therapy)**

As stated above, methadone may be prescribed and medically supervised by a physician if it is known that an expectant mother is struggling with an addiction to opioids (heroin, OxyContin, etc.). The expectant mother would visit a treatment centre daily to receive her prescribed dose of methadone. Methadone is widely considered to be safer for the developing baby, as well as helps the expectant mother in managing her withdrawal symptoms.

POSSIBLE EFFECTS ON DEVELOPING FETUS	POSSIBLE SHORT-TERM EFFECTS	POSSIBLE LONG TERM EFFECTS
<ul style="list-style-type: none"> <li>- Lower birth weight and possible pre-term birth (although less pronounced than with heroin exposed to babies)</li> </ul>	<ul style="list-style-type: none"> <li>- Withdrawal symptoms will start later and last longer than a newborn experiencing heroin or opiate withdrawal</li> <li>- Symptoms can include: uncoordinated sucking reflexes leading to poor feeding, irritability, high-pitched crying, sweating, hyperventilation</li> <li>- The infant’s withdrawal symptoms will be managed and supported in the Neonatal Intensive Care Unit (NICU)</li> </ul>	<ul style="list-style-type: none"> <li>- Long-term follow up studies are incomplete</li> <li>- In general, infants have performed within the normal range for their age, and no major neurologic or developmental disabilities have been reported.</li> </ul>

**ILLICIT AMPHETAMINES**

This category includes the abuse of illicit drugs that are commonly prescribed to manage symptoms of ADD and ADHD (i.e. Dexedrine, Adderall, etc.).

POSSIBLE EFFECTS ON DEVELOPING FETUS	POSSIBLE SHORT-TERM EFFECTS	POSSIBLE LONG-TERM EFFECTS
<ul style="list-style-type: none"> <li>- Risk of preterm labour and/or premature birth which can increase risk of breathing, hearing, vision, and learning problems</li> </ul>	<ul style="list-style-type: none"> <li>- Withdrawal symptoms can include: jitteriness, trouble sleeping or sleeping too much, trouble eating, poor sucking reflexes, poor muscle tone resulting in infant being very floppy or very tight, extreme jitters, inconsolable crying and irritability.</li> <li>- Neurological effects can last for several months and might include tremors and too much or too little muscle tone.</li> <li>- Some studies indicate an increased risk of Sudden Infant Death Syndrome (SIDS)</li> <li>- The infant’s withdrawal symptoms will be managed and supported in the Neonatal Intensive Care Unit (NICU)</li> </ul>	<ul style="list-style-type: none"> <li>- Limited data due to few long-terms studies having been completed</li> <li>- Possible increased risk for learning disabilities, and/or behaviour problems such as poor impulse control, or lack of predicting consequences of actions.</li> </ul>

## BARBITURATES

Sometimes used as a “downer” to counter the “upper” effects of drugs such as methamphetamine, cocaine, etc. barbiturates can be used as a sedative, and create a hypnotic, anxiety reducing affect.

POSSIBLE EFFECTS ON DEVELOPING FETUS	POSSIBLE SHORT-TERM EFFECTS	POSSIBLE LONG TERM EFFECTS
<ul style="list-style-type: none"> <li>- Due to the nature of its composition, this drug travels quite easily through placental wall</li> <li>- Some risk of birth defects such as: small head circumference, low birth weight, bleeding disorders in neonate, early cognition problems resulting in poor Apgar scores.</li> </ul>	<ul style="list-style-type: none"> <li>- Babies born to women who have abused barbiturates <i>may</i> experience life-threatening internal bleeding within the first 1-2 days of life</li> <li>- Withdrawal symptoms usually begin 5-7 days after birth and can continue for several weeks</li> <li>- Symptoms can include: severe irritability, seizures, jitteriness, extreme and prolonged crying</li> </ul>	<ul style="list-style-type: none"> <li>- Limited data due to few long-terms studies having been completed</li> </ul>

	<ul style="list-style-type: none"> <li>- The infant's withdrawal symptoms will be managed and supported in the Neonatal Intensive Care Unit (NICU)</li> </ul>	
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## COCAINE

POSSIBLE EFFECTS ON DEVELOPING FETUS	POSSIBLE SHORT-TERM EFFECTS	POSSIBLE LONG TERM EFFECTS
<ul style="list-style-type: none"> <li>- Cocaine easily crosses the placental wall and can be detected in the urine, meconium (stool), umbilical cord and hair of an exposed newborn</li> <li>- Risk of miscarriage, placental abruption (placenta separates from uterine wall), and/or premature birth</li> <li>- Heavy use of cocaine <i>may</i> cause birth defects (studies are inconclusive) such as: abnormalities in the brain, skull, face, eyes, heart, limbs, intestines, genitals, and urinary tract.</li> <li>- Cocaine reduces the amount of nutrients and oxygen available to the growing fetus; therefore, even full-term babies may have low birth weights, breathing difficulties, and/or experience intracranial hemorrhaging early in life</li> </ul>	<ul style="list-style-type: none"> <li>- Cocaine is cleared more slowly in a newborn's body than an adult.</li> <li>- Withdrawal symptoms may include: irritability, tremors, jitters, interrupted sleep patterns, muscle stiffness, poor feeding, visual disturbances, and problems with sensory stimulation.</li> <li>- These symptoms begin 1-2 days following birth and are often most severe on day 2-3.</li> <li>- Withdrawal symptoms can sometimes last 8 to 10+ weeks following birth.</li> <li>- The infant's withdrawal symptoms will be managed and supported in the Neonatal Intensive Care Unit (NICU)</li> </ul>	<ul style="list-style-type: none"> <li>- Cocaine exposed children are at higher risk for being diagnosed later in life with: attention deficit disorders (ADD/ADHD), behavioral issues, decreased self-control (increased aggression), emotional regulation issues, learning disabilities/delays, abnormal muscle tone, slower growth rates, vision and hearing problems, language difficulties and an increased need for special education in school-aged children.</li> </ul>

## CRYSTAL METHAMPHETAMINE

POSSIBLE EFFECTS ON DEVELOPING FETUS	POSSIBLE SHORT-TERM EFFECTS	POSSIBLE LONG TERM EFFECTS
<ul style="list-style-type: none"> <li>- Studies have shown this drug can easily travel through the placental wall</li> <li>- In one study, most women (85%) who tested positive for</li> </ul>	<ul style="list-style-type: none"> <li>- If the mother has used the drug recently before giving birth, withdrawal signs in the newborn may include: rapid heart rate and high</li> </ul>	<ul style="list-style-type: none"> <li>- Limited data due to few long-terms studies having been completed</li> <li>- Some studies have shown a higher risk for</li> </ul>

<p>crystal meth also tested positive for other illicit drug consumption (most commonly, cocaine)</p> <ul style="list-style-type: none"> <li>- Some risk of baby being born with small head circumference, and/or low birth weight and length</li> <li>- Use of crystal meth affects the blood flow through the placenta, which restricts the amount of oxygen and nutrients the baby can receive</li> </ul>	<p>blood pressure, irritability and rigidity, seizures/stroke</p> <ul style="list-style-type: none"> <li>- If the baby has not been exposed immediately before birth, withdrawal symptoms may include: lethargy, poor muscle tone, poor feeding, irritability, seizures, and prolonged crying</li> <li>- The infants withdrawal symptoms will be managed and supported in the Neonatal Intensive Care Unit (NICU)</li> </ul>	<p>developing problems with information processing, memory, hand eye coordination, visual-motor integration (hand – eye coordination), attention, verbal memory and long term spatial memory.</p>
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## ALCOHOL

POSSIBLE EFFECTS ON DEVELOPING FETUS	POSSIBLE SHORT-TERM EFFECTS	POSSIBLE LONG-TERM EFFECTS
<ul style="list-style-type: none"> <li>- Alcohol readily crosses the placental wall</li> <li>- Many factors influence the outcome of in-utero alcohol consumption</li> <li>- Due to the fetus’s small size, it cannot break down alcohol as quickly as an adult’s body; therefore the blood/alcohol level in a fetus is much higher than the pregnant mothers’.</li> <li>- Additionally, alcohol remains in the fetus's blood longer, which can exacerbate the developmental effects.</li> <li>- No amount of alcohol use is considered to be safe, but women who drink heavily (3 to 5+ drinks/day) are at the greatest risk for harming their unborn children.</li> <li>- Prenatal alcohol consumption can lead to miscarriage and stillbirth</li> </ul>	<ul style="list-style-type: none"> <li>- Decreased birth weight, small head circumference and microcephaly (small brain size), failure to thrive</li> <li>- Facial features of Fetal Alcohol Syndrome (FAS) can include (but are not limited to): small head and/or body size, thin upper lip, flat cheeks/mid-face, flattened or indistinct philtrum, short and/or upturned nose, flat/low nasal bridge, low-set ears and mild ear abnormalities, epicanthal folds on eyelids, small eye openings, underdeveloped jaw.</li> <li>- Other physical features of FAS <i>may</i> include: joint deformity, heart defects, epilepsy.</li> </ul>	<ul style="list-style-type: none"> <li>- <i>Fetal Alcohol Syndrome</i> (FAS) is the most severe outcome of in-utero consumption of alcohol</li> <li>- <i>Fetal Alcohol Spectrum Disorder</i> (FASD) is diagnosed when some to several features of FAS are observed, but none of the physical/facial features are present</li> <li>- Signs of FAS/FASD can include central nervous system complications such as: intellectual delays, learning disabilities, hyperactivity, delayed development of gross motor skills such as rolling over, sitting up, crawling and walking, delayed development of fine motor skills (grasping objects, transferring objects from</li> </ul>

		<p>one hand to the other), impaired language development, memory problems, poor judgment, distractibility, impulsiveness, difficulty forming and maintaining relationships.</p> <ul style="list-style-type: none"> <li>- Secondary conditions (see resource link below)</li> </ul>
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**\*Please Note:** The facial features commonly associated with fetal alcohol syndrome may also occur in non-exposed children. This is also true for other physical characteristics such as low birth weight, heart defects and small head circumference. Distinguishing “normal” facial features from those relating to fetal alcohol syndrome requires trained expertise. If you suspect your child may be affected by pre-natal exposure to alcohol, it is best to seek the advice of medical professionals as soon as possible, as diagnosis and early interventions can have a large impact on long-term outcomes.

## PART TWO – OTHER CIRCUMSTANCES

**OTHER CIRCUMSTANCES** – this section refers to some of the short and long-terms effects associated with circumstances such as sickle cell trait in both birth parents, family history of mental illness, smoking while pregnant, etc.

### **SICKLE CELL TRAIT IN BOTH BIRTH PARENTS**

*Sickle cell disease* is a group of blood related disorders that affect a person’s red blood cells, specifically a molecule present in these cells called hemoglobin. Hemoglobin is responsible for delivering oxygen from the lungs to the rest of the body; those with sickle cell disease have atypical hemoglobin molecules that are shaped like a crescent (sickle). Symptoms and features of sickle cell disease become problematic in two ways: they cause the red blood cells to become misshapen, and they cause the cells to harden and block the flow of blood. Some symptoms include: anemia, wide-spread generalized pain as the red blood cells harden, joint damage and pain, repeated infections, organ damage and high blood pressure. These symptoms become present as the cells begin to sickle and therefore can be mild or quite severe depending on the type of disease present and how fast the cells break down.

*Sickle cell trait* means that a person is a carrier of sickle *cell disease*. This means the individual’s body produces both hemoglobin A (healthy) *and* hemoglobin S (unhealthy) molecules in their red blood cells. Because the body produces greater quantities of hemoglobin A than S, the person with *sickle cell trait* will not develop *sickle cell disease*. However, should two people who carry the *sickle cell trait* have a child together, the chance of the baby being born with *sickle cell disease* becomes 1 in 4.

The *Sickle Cell Awareness Group of Ontario* states that:

When both parents are carriers (of the sickle cell trait), each pregnancy they have has:

- 1 in 4 (25%) chance of having sickle cell disease;
- 1 in 2 (50%) chance of being a carrier (but not having sickle cell disease);
- 1 in 4 (25%) chance of not having sickle cell disease or being a carrier.

Sickle cell disease is passed genetically, and there is no cure. While sickle cell disease occurs in all populations, it is more common amongst African, Caribbean and Middle Eastern populations.

### **SCHIZOPHRENIA (IN EITHER BIRTH PARENT HISTORY)**

Schizophrenia is a complex mental illness that comprises of symptoms defined by professionals as “positive, negative and/or cognitive”. “Positive” symptoms refer to experiences that are “added on” to an individual’s usual perception of life – these most commonly refer to delusions and/or hallucinations. “Negative” symptoms refer to the lessening of an individual’s capacity to function in daily life – these symptoms often include a lack of motivation, emotional “flatness”, and/or a decreased ability to perceive social cues and maintain relationships. Cognitive issues associated with schizophrenia often include difficulty with executive functioning (ability to mentally organize daily living tasks, strategizing, paying attention to and remembering details, managing time and space, etc.), memory issues, difficulty with organizing thoughts, and a general lack of personal insight.

Schizophrenia is a mental illness that involves both brain chemistry and brain structure, and is understood to result from genetic, environmental and experiential/developmental factors. It is diagnosed in approximately 1/100 people and is most often identified between the ages of 16 – 40 (later onset amongst women). The risk of a child who is born to a schizophrenic parent being later diagnosed with the disorder is approximately 13%, and the sibling risk is estimated to be 16% (see reference 4 and 5 below for further information).

There is no cure for schizophrenia, but the symptoms are best managed holistically, and a treatment plan should be tailored to the individual’s needs. This can include medication, cognitive-behavioural therapy, support groups, psycho-social rehabilitation (home and community support for everyday living), supplements, diet management, etc.

### **HEPATITIS C (BIRTH MOTHER)**

Hepatitis C is a virus and can only be contracted through contact with blood or body fluids of an infected person. Hepatitis is inflammation of the liver and has an acute and chronic phase. Hepatitis is not often transmitted from an infected mother to an unborn child in utero, or during the labour/birth process. There is only about a 1 in 20 chance the baby will be born with Hepatitis, with the risk being greater should the mother’s viral level be very high or there is co-infection of Hepatitis and HIV. Children that are born to an infected mother should be tested for the virus at about 12 months of age.

## SMOKING DURING PREGNANCY

There are many risks to the baby if the expectant mother smokes during her pregnancy. These include, but are not limited to, premature birth, low birth weight, damage to developing lungs and brain (that can last into teen years), and an increased risk in birth defects. For more detailed information, review the link below.

<https://www.cdc.gov/tobacco/campaign/tips/diseases/pregnancy.html>

### PART ONE: REFERENCES/RESOURCES

1. Organization of Teratology Information Specialists: Mother to Baby Program; March 2011. Source: <https://mothertobaby.org/?s=marijuana>
2. Ibid. <https://mothertobaby.org/?s=opioids>
3. The American College of Obstetricians and Gynecologists: Committee on Health Care for Underserved Women and the American Society of Addiction Medicine; *Opioid Use Disorder*, Source: [https://journals.lww.com/greenjournal/fulltext/2017/08000/committee\\_opinion\\_no\\_711\\_opioid\\_use\\_and\\_opioid.57.aspx?\\_gl=1\\*12zl43q\\*\\_ga\\*NzI0MzUxNzY5LjE3Njg4MzU5Nzg.\\*\\_ga\\_XGMFVCJ7KJ\\*czE3Njg4MzU5NzgkbzEkZzEkdDE3Njg4MzYwMDckajYwJGwwJGgw](https://journals.lww.com/greenjournal/fulltext/2017/08000/committee_opinion_no_711_opioid_use_and_opioid.57.aspx?_gl=1*12zl43q*_ga*NzI0MzUxNzY5LjE3Njg4MzU5Nzg.*_ga_XGMFVCJ7KJ*czE3Njg4MzU5NzgkbzEkZzEkdDE3Njg4MzYwMDckajYwJGwwJGgw)
4. Methadone and Pregnancy, Source: <https://www.ncbi.nlm.nih.gov/books/NBK582830/>
5. Organization of Teratology Information Specialists: Mother to Baby Program; July 2010. Source: <https://www.mothertobaby.org/files/methamphetamine.pdf>
6. The Merck Manual for Health Care Professionals: Prenatal Drug Exposure; December 2024; Dr. Kevin C. Dysart. Source: <https://www.merckmanuals.com/professional/pediatrics/metabolic-electrolyte-and-toxic-disorders-in-neonates/prenatal-drug-exposure?query=prenatal%20drug%20exposure>
7. Organization of Teratology Information Specialists: Mother to Baby Program; November 2010. Source: <https://www.mothertobaby.org/files/cocaine.pdf>
8. Web MD: What is Fetal Alcohol Syndrome? Source: <https://www.webmd.com/baby/fetal-alcohol-syndrome>
9. Organization of Teratology Information Specialists: Mother to Baby Program; September 2010. Source: <https://www.mothertobaby.org/files/alcohol.pdf>

### PART TWO: REFERENCES/RESOURCES

1. Genetics Home Reference: Sickle Cell Disease. Source: <http://ghr.nlm.nih.gov/condition/sickle-cell-disease>
2. Schizophrenia Society of Canada. Source: <https://schizophrenia.ca/about-schizophrenia/>
3. Baby Center UK. Hepatitis C in Pregnancy: <http://www.babycentre.co.uk/a1041321/hepatitis-c-in->

## RELIABLE HEALTH AND MEDICAL WEBSITES

1. MedlinePlus: <http://medlineplus.gov/>

This website from the US National Library of Medicine provides health information from current, reliable sources. Click “health topics” and then select disease, test, procedure, etc. from drop-down menu, or search by disease or disorder.

2. Caring for Kids: <http://www.caringforkids.cps.ca/>

This website contains information provided by the Canadian Pediatric Society; topics include childhood illnesses, teen health, immunization, behaviour, nutrition, safety and more.

3. About Kids Health: <https://www.aboutkidshealth.ca/>

From the Hospital for Sick Kids in Toronto, this website allows you to browse by health topic and/or disease by clicking on “Health A-Z”.

4. Montreal Children’s Hospital Family Resource Library: <http://www.mchfamilylibrary.ca/page.asp>

This is a very useful and thorough website containing information on a wide-range of medical conditions, parenting, pain management and more.

5. Genetics Home Reference: <http://ghr.nlm.nih.gov/>

This website is hosted by the National Library of Medicine and provides information about genetic conditions and genes and/or chromosomes responsible for those conditions.

6. Lab Tests Online: <http://labtestsonline.org/>

From the American Association for Clinical Chemistry and allows you to search for information by test, medical condition, disease or age group.

7. Centers for Disease Control and Prevention <https://www.cdc.gov/>