I saw her crying, and it caught my attention. It was family night at a local restaurant, and while my kids played, I was people watching.

Next to her was a baby carrier with an infant inside. He was a different race than the family, and I wondered what their story was. I slipped into the play area where her husband was keeping company with their toddler, and after a brief introduction, the story began spilling out. They were foster parents who wanted to adopt. A few months ago, they had been called about their very first foster placement—a newborn. The mom had struggled with substance use and poverty and had lost several other kids to the state; this one was likely to be the same, according to the social worker.
They were over the moon about welcoming a baby into their lives. They went shopping and bought baby furniture. Their friends threw them a shower. They took family pictures and visited grandparents. Then, a call came. Can you bring the baby to the office tomorrow? There is an aunt, and the baby is going to live with relatives. This was their last dinner together – family night at a local restaurant, where grief, anger, loss, and exhaustion were on display to the strangers sitting nearby.

During medical school, I fell in love with kids in foster care. But not just them. I also admire their foster parents – it’s incredible that they welcome extra kids into their home. And case workers, who step into dark, difficult family situations that many of us can barely imagine. And I especially fell in love with birth families; I could see myself in them.

One or two different life circumstances or decisions and any one of us could find ourselves in the same dire situation, attached to a drug or a bottle or an unhealthy relationship. That love for foster families worked its way into a career, moving me toward pediatrics and eventually into a clinic setting that was full of kids in foster care and the adults who love them.

I sat next to the couple for a long time, talking about foster care. About the goal of healing and reunifying families, and the value of connections to a child’s relatives and community. About the need for foster families to bridge the gap between a safety concern and the opportunity to heal, loving a child as if their own, but always remembering they are a steward of someone else’s child. It’s an incredible sacrifice to ask of someone – we agreed on that for sure – and they weren’t sure they could keep fostering. I understood. Eventually the tears stopped, the questions were answered, and we gathered our children and parted ways.

Six weeks later I ran into them again at another restaurant. This time with a different child. “We’re still in! We’re still fostering!” I was surprised, and she began filling me in. The evening after our tear-filled encounter they had packed some things: outfits, bottles, a favorite blanket, and pictures – the best ones of the baby and one of them all together.

They were sad as they drove to the social worker’s office the next day. It was awkward – they met the aunt and the baby’s mom. She was younger than they imagined, and older too somehow. Both were amazed they had brought the baby items and pictures, and as they were leaving, the mom threw her arms around the foster mom, hugging her tightly.

It was a reminder that moms love their children, even when they aren’t always able to take care of them. That they are grateful for others who come along and take care of them too, even when they aren’t quite able to express it. That even in the face of grief and loss, love wins.

I don’t know the rest of the story for that baby or his aunt or mom, but a few years later I ran into that foster family again. This time they had a whole herd of kids tagging along with them – some theirs by birth or adoption and others who had come to them through foster care. They were in contact with a dozen more who had returned home to their families or had spent time with them on their way to a
relative. Holidays at their house are lively and full of people related, and not, coming together as a family.

“You can raise awareness in your community about foster care and the need for more foster parents.”

While May is National Foster Care month, the truth is we should notice, recognize, recruit, and support foster parents all year long. There are many ways pediatricians can help. You can be intentional about opening your practice to foster parents. There is even awesome guidance from the AAP on how to do it well.

You can raise awareness in your community about foster care and the need for more foster parents. You can serve as a foster parent. And, you can keep your eyes open as you move through your own life, when you are with your kids at a local family restaurant, noticing those around you who seem to be carrying a different burden, and sitting with them on the days when it seems too great to bear.

*The views expressed in this article are those of the author, and not necessarily those of the American Academy of Pediatrics.*

About the Author

Deborah Shropshire, MD, MHA, FAAP

Deborah Shropshire, MD, MHA, FAAP is the director of child welfare services for the Oklahoma Department of Human Services. She is also an associate professor of pediatrics at the University of Oklahoma College of Medicine and the founder of the Fostering Hope clinic, a medical home for children in foster care that also serves as a continuity clinic for pediatric resident training. She is a member of the executive team of the AAP Council on Foster Care, Adoption, and Kinship Care.