# A Journey from Foster to Biological Mom

## *A Case Study of Tina*

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## AT A GLANCE

### CHALLENGES

- Incomplete screening and lack of follow-up
- Limited spousal leave
- Gender-based stigma
- Lack of practical supports

### RECOMMENDATIONS

- Expand mental health screening and services for non-birthing partners
- Increase access to partner doulas
- Extend parental leave for non-birthing caregivers
- Rewrite the narrative about non-birthing caregivers
- Distribute resources for developing connections with non-biological children

### ABOUT THE STUDY

This research is based on in-depth interviews with 17 caregivers across the U.S. who experienced perinatal mood and anxiety disorders.

**"We were alone in the world. We both fell into depression."**

Despite being seasoned foster parents, Tina and her husband faced many unknowns after welcoming their first biological child during COVID-19.

Tess participated in our recent study on perinatal mental health and brought a wealth of insight into the experiences of non-birthing parents, foster caregivers and biological fathers. With her permission, we highlight her story.

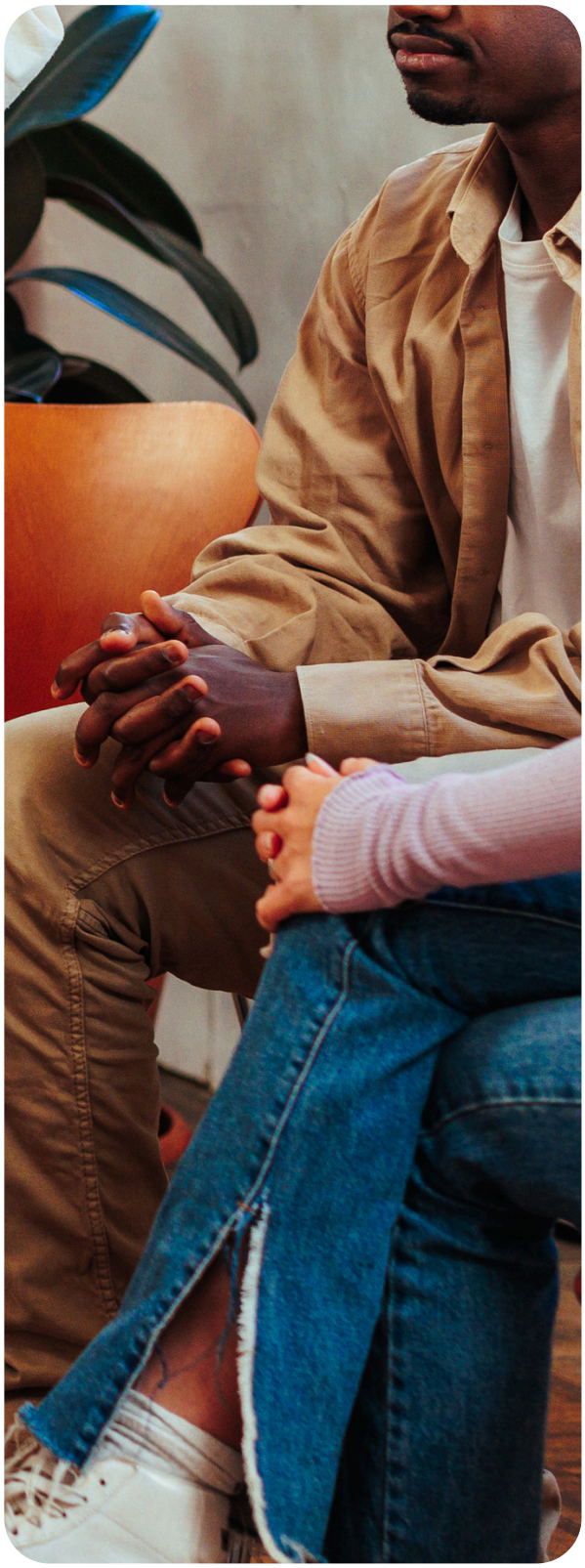
## Tina's Story

Tina is a caregiver extraordinaire. She has been a foster mother to 20 children and a biological mother of two, each role profoundly shaping her parenting journey. Her experiences, especially during the perinatal period, underscore the importance of equitable support systems for birthing and non-birthing caregivers.

Tina initially pursued fostering due to concerns about pregnancy's impact on her health. Her foster journey began with twin boys and evolved into parenting 20 children before welcoming her own biological children during the COVID-19 pandemic. **"Foster kids are very difficult,"** Tina says, reflecting on their challenges and the rewarding dynamics they bring.

When Tina became pregnant with her first biological child, the pandemic disrupted every aspect of her care. After testing positive for COVID-19 two weeks before delivery, Tina faced an isolating and traumatic birth experience. **"They told my husband there was a high chance I could pass away,"** Tina recalls, emphasizing how the lack of clear guidance amplified stress for both parents.

Her husband's involvement in parenting (usually overlooked in healthcare) was central to their experience. Yet, inadequate support left him feeling unprepared and overwhelmed. **"We were alone in the world,"** Tina shares about the early postpartum months. **"We both fell into depression."**



## Supports & Gaps

Tina reported that she was able to utilize the following supports during the perinatal period:

- Partner doula services for her husband during their second child's birth.
- Emotional connections with foster and biological children.
- Informal peer and community support.

Tina described postpartum depression as a lingering "cloud" that only lifted eight months later. Initial screenings identified her depression, but medical staff failed to follow up or offer meaningful interventions. "**They gave me mounds of instructions when I left the hospital but never checked if I followed them,**" she explained. Such lapses are common for new parents, leaving gaps in maternal and partner mental health care.

Navigating foster care while raising biological children presented unique challenges. Tina's commitment to fostering paused temporarily when her children began showing signs of distress. She reflected, **"My husband couldn't mentally do it anymore. Worrying about a one-year-old and a 13-year-old was too much."** By prioritizing her family's well-being, Tina adapted her caregiving approach while maintaining bonds with past foster children.

***"Support isn't just for birthing parents. Non-birthing partners need it, too."***

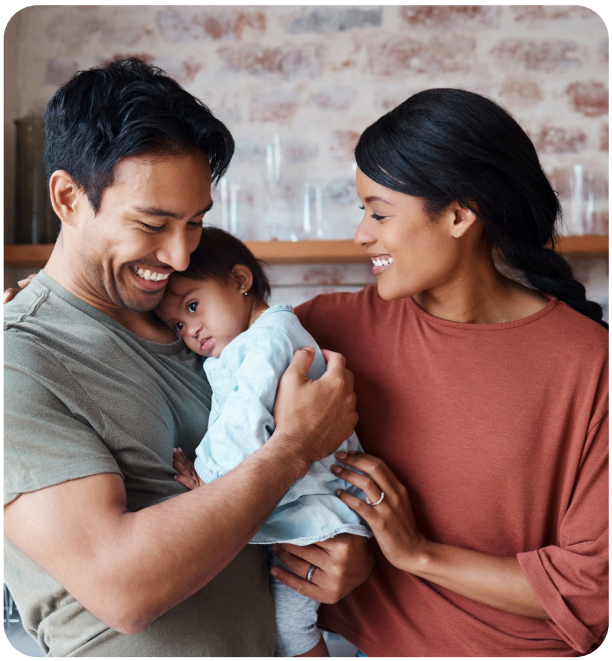
Tina's second pregnancy marked a turning point. Her husband's trauma from their first birth led to their hiring of a partner doula for support. **"He would call her all the time,"** Tina noted. **"Barb [the doula] helped him understand what I was going through and gave him tools to cope."** Such resources bridged gaps in traditional perinatal care by recognizing the mental health needs of non-birthing partners.

## Future Directions

Tina's experiences reveal systemic inequities in healthcare and workplace support. Doula services for non-birthing partners, better postpartum follow-ups, and inclusive perinatal mental health care can alleviate many challenges parents face. Her journey underscores the value of fostering family stability through comprehensive and equitable resources. **"When the cloud of postpartum depression went away, it was freeing,"** Tina reflects. This sense of renewal fueled her return to fostering and inspired her advocacy for mental health resources.

**By investing in inclusive perinatal care, we can build healthier families and communities while honoring the resilience of parents like Tina. In turn, we may see:**

- **Reduced parental stress**
- **Improved marital stability**
- **Enhanced outcomes for children in foster and biological families**

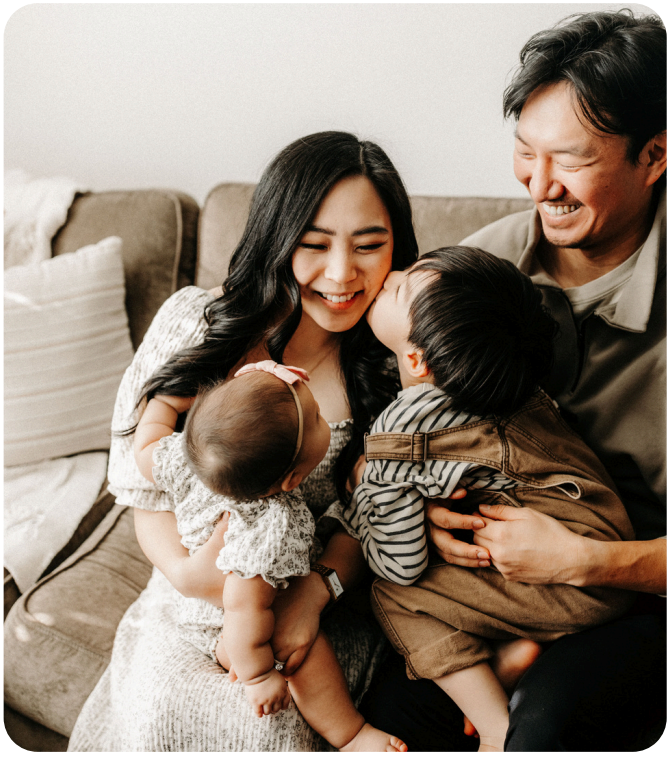


## The Bottom Line

Caregiving, whether foster or biological, demands systemic change. By investing in inclusive perinatal care, we can build healthier families and communities while honoring the resilience of parents like Tina and her husband.

## About Nested

At Nested, we're committed to advancing family well-being through rigorous, impactful research. As a specialized 501(c)(3) nonprofit institute with deep expertise in child development, perinatal mental health, and parenting, **we are accelerating the research-to-action pipeline.**



## Methodology

This case study is part of *Missed Screenings, Missed Support*, a national study on perinatal mental health. As part of the research, we conducted one-on-one interviews with caregivers across the United States, each lasting up to two hours. These conversations explored their personal experiences with perinatal mood and anxiety disorders, capturing the challenges, support systems, and moments that shaped their journeys.

All names used in this case study are pseudonyms. Any identifying information has also been changed to protect caregiver privacy.

*This study was made possible by the generous support of our founding partners, who share our commitment to improving family well-being.*

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