



# Adoption Medicine

The number of families choosing to adopt internationally is growing, and with it is an increasing need for doctors with experience in the medical issues of internationally adopted children. Today there are more than a dozen physicians in the United States and Canada who are considered specialists in the emerging field of adoption medicine, and with approximately 20,000 children adopted from abroad last year alone, many more are becoming familiar with the unique issues and needs of adoptive families.

This new breed of doctors offers families opportunities for pre-adoption counseling and assessments, post-adoption consultations, and even ongoing primary care. When adopting internationally, most families receive only a brief medical report or video of a child before traveling to bring their child home. Adoptive families can consult with an adoption specialist to evaluate the available information about a child and to discuss health risks and resources parents might later find helpful. Post-adoption, adoption specialists can evaluate the child for infections, illnesses, and conditions not commonly seen with U.S. born children and can assess children for signs of conditions such as malnutrition, fetal alcohol effects, or emotional problems that can impair growth and motor skills. Most often, identified conditions are minor and treatable problems and with proper care children are able to "catch up" at a rapid pace.

According to the American Academy of Pediatrics, adopted children should be assessed by having a complete physical exam, a review of medical records and diagnostic testing, all taking into account the child's past living circumstances. Pediatricians inexperienced in medical issues of internationally adopted children can and do provide excellent medical care to international adoptees. However, it is important for adoptive families to be aware that some conditions may be missed or misdiagnosed by doctors not familiar with an adoption population. For example many physicians make the mistake of accepting results of screening tests performed in the child's country of birth, even though the laboratories there may be unreliable or the child may have been infected after testing.

## RECOMMENDED EVALUATIONS

- 1) Disease Screenings: Review risks of sexually transmitted diseases, as well as blood-borne pathogens. Test for syphilis, hepatitis C, hepatitis B, surface antigen, surface antibody and core antibody, and HIV.
- 2) Stool Examination: For all children adopted internationally. Stool should be checked for ova and parasites, giardia antigen and bacterial cultural. Three specimens obtained 48 hours apart are strongly recommended.
- 3) Immunizations: Most immunizations can be repeated without harm. Blood testing can be done to validate immunity.
- 4) Metabolic Screen: Foreign born children may not have been tested for Phenylketonuria, thyroid problems and sickle cell disease. These tests should be done promptly if indicated by the child's age or assessment.
- 5) TB Testing: All children should have a TB skin test done. Many foreign born children receive BCG vaccinations at birth which induce a positive TB skin test by 6 weeks. Therefore, BCG vaccination history is important.
- 6) Lead Level Testing
- 7) Vision and Hearing tests
- 8) Evaluation of Development: a careful assessment of development should be obtained. Since some children have no accurate proof of age this assessment may take several months to complete. If there is still uncertainty about age after 3 or 4 months, a bone age or dental age assessment may be necessary.
- 9) Repeat Testing: Six months after initial US testing, internationally adopted children should have repeat testing for Hepatitis B & C, HIV and a TB skin test.

For more detailed information on recommended screenings and evaluations, please visit the American Academy of Pediatrics website, [www.aap.org](http://www.aap.org).