

APPENDIX: ADOPTION MEDICINE FACTSHEET

While many families choose to grow their family through adoption, most pediatric care providers have not been trained in adoption medicine. This handout includes a list of resources and materials to help support a child's primary care provider in the care of an adopted child.

General Resources:

American Academy of Pediatrics: Council on Foster Care, Adoption & Kinship Care. Available online: www2.aap.org/sections/adoption/index.html

Adoption Medicine: Caring for Children and Families Published 2014 by American Academy of Pediatrics. Available online: shop.aap.org

Jones VF et al. The pediatrician's role in supporting adoptive families. *Pediatr.* 2012 130(4) e1040-9. doi: 10.1542/peds.2012-2261.

CDC Yellow Book. Chapter 7 International adoption. Available online at: www.nc.cdc.gov/travel/yellowbook/2016/international-travel-with-infants-children/international-adoption

American Academy of Pediatrics. Medical Evaluation of Internationally Adopted Children for Infectious Diseases. In: Pickering LK, Baker CJ, Kimberlin DW, Long SS, eds. Red Book: Report of the Committee on Infectious Diseases, 29th ed. Elk Grove Village, IL: American Academy of Pediatrics; 2012:191-199.

American Academy of Pediatrics. Helping Foster and Adoptive Families Cope with Trauma. Available online at: aap.org/en-us/advocacy-and-policy/aap-health-initiatives/healthy-foster-care-america/Documents/Guide.pdf

Immunizations:

The CDC provides a catch-up immunization schedule for individuals aged 4 months through 18 years who are more than a month behind or are getting a late start. A chart can be found online at: cdc.gov/vaccines/schedules/hcp/imz/catchup.html

Accurate Adoption Language

Words can convey emotions and values as well as facts. By using the most accurate adoption language we can not only correctly identify the person or situation, we can do so with respect for all parties involved.

More Accurate	Less Accurate
Parent (when specificity is required: birth parent, adoptive parent)	Real parent
Siblings, sisters, brothers, biological siblings (when specificity is helpful)	Real siblings

More Accurate	Less Accurate
Birth child, biological child	Own, real, natural child
Person/individual who was adopted	Adoptee
Born to unmarried parents or a single mother	Illegitimate, born out of wedlock
Make an adoption plan, choose adoption	Give away, adopt out, give up/put up for adoption
To parent the baby/child	To keep the baby
Child in need of a family	Unadopted, unwanted child
Parent	Adoptive parent
Child who has special or atypical needs	Hard to place child, handicapped/disabled child
Finding a family to parent your child	Giving away your child
Parenting the baby/child	Keeping the baby/child
Unintended pregnancy	Unwanted/problem/crisis pregnancy
Where was he/she born?	Where did you get him/her?

Medical Evaluation Following International Adoption:

The following information is compiled from recommendations by the CDC and the AAP for all internationally adopted children. *Laboratory tests* should be completed at the 2-week post-adoption visit (and repeated as indicated), along with a comprehensive physical and developmental examination. For children adopted internationally, all testing completed prior to the adoption should be repeated upon arrival in the United States.

Laboratory test	2 weeks post-adoption	6 months post-adoption
Hepatitis B serology	X	X
Hepatitis C serology	X	X
HIV 1&2 serology	X	X
Syphilis serology	X	X
GC & Chlamydia (if concern exists)	X	
PPD (even if history of BCG administration)	X	X
Hepatitis A serology (if from a developing nation or institution)	X	
Stool examination for ova and parasites (3 specimens)	X	Repeat after treatment
Stool examination for Giardia intestinalis and Cryptosporidium antigen (1 specimen)	X	Repeat after treatment
Consider stool culture if diarrhea is present	X	

Micronutrient deficiency/metabolic condition	Laboratory test
Anemia	CBC
Lead poisoning	Lead level

Micronutrient deficiency/metabolic condition	Laboratory test
Hemoglobinopathies/blood disorders (children of African, Asian, Hispanic or Mediterranean ethnicity)	Hemoglobin electrophoresis,
G6PD screening	
Inborn errors of metabolism	Newborn screening panel (up to 2 years of age)
Rickets	Calcium, phosphorous, alkaline phosphatase

A *comprehensive physical examination* is recommended for all internationally adopted children within 2 weeks of their arrival in the United States. The following items are recommended:

- Temperature (fever requires further investigation)
- Anthropometric measurements: height/age, weight/age, weight/height, head circumference/age – plotted on WHO scale (refer if no catch-up growth by 6 months post-adoption)
- Facial features: dysmorphism, signs of FASD
- Eyes: strabismus, jaundice, visual acuity screen
- Ears: otitis media, hearing screen
- Mouth: palate, teeth (dental referral)
- Neck: thyroid
- Heart: murmurs
- Chest: symmetry, Tanner stage breasts
- Abdomen: liver or spleen enlargement
- Skin: scars, Bacillus Calmette-Guérin (BCG) scar, hyper/hypopigmentation, birth marks, tinea infection, scabies, molluscum contagiosum
- Lymph nodes: enlargement suggestive of TB or other infection
- Back: scoliosis and hair tufts
- Genitalia: Tanner stage, presence of both testicles, female genital mutilation, sexual abuse

A thorough *age-appropriate developmental screening* should also be performed at the 2-week post-adoption visit. If a child is found to have developmental delays, they should be closely monitored. Referral should be considered if there is not significant skills acquisition in the first 6 months post-adoption.

Further evaluation of the child will depend on their country of origin, their age, previous living conditions, their nutritional status, their developmental status, and specific questions that may have arisen from the pre-adoption medical review.