The primary care physician's role in caring for internationally adopted children

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The rate of international adoption in the United States has been increasing. Internationally adopted children have various medical, psychological, and developmental issues that need to be evaluated and addressed by primary care physicians. Full histories and physical examinations, developmental assessments, and screening tests are necessary for such children. Family concerns and cultural differences between the child and the adoptive family need to be addressed as well.

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A patient's mother calls my office requesting to interview me as a prospective pediatrician for her daughter. During the interview, the mother reveals that the daughter has a list of medical problems, having been adopted from Russia a few years earlier.

This scenario would have been rare not so many years ago. But as domestic adoptions become more difficult and costly, many people who wish to become parents are choosing international adoption. In recent years, the number of children adopted into families in the United States from other countries has increased from approximately 7000 in 1990 to more than 11,000 in 1996.

Many countries participate in international adoption, but most of the children in the United States originate from China, Russia, and Korea. As the number of foreign adoptions increase, many physicians will be caring for these children in their practices. These physicians would benefit immensely from a greater familiarity with some of the medical and behavioral issues specific to internationally adopted children. To lack such familiarity could inhibit effective evaluation and care of these children.

It is beneficial if a physician can become involved early in the process of international adoption, as the exercise can be lengthy and complex for parents and because regulations vary from country to country and agency to agency. Physicians who become involved early on may be able to help the parents figure out what information they need to request before taking custody of the child. For example, the parents should be advised to request all information about the child and obtain photographs and videotapes if possible. The physician may be able to interpret such information to gain important medical information.

For example, photographs may yield clues to dysmorphic features and undiagnosed syndromes. In a child with birth defects, photographs may help note the severity of the defect and possibilities for repair. Videotapes may help in developmental and language assessment. Physicians need to be aware, however, that information from the child's country of origin may not always clearly demonstrate the child's true medical condition or even the true chronological age. Albers and others compared the health of adopted children from Russia and Eastern Europe on arrival to the United States with their preadoptive medical records and found that many of the foreign medical records had suggested severe neurologic impairment. However, when children were reevaluated in the United States, these previous diagnoses were not confirmed. Many children were, however, found to have significant growth and developmental delay. In some cases of international adoption, the birth date of the child may also be uncertain, and the physician may be asked to help determine the child's chronological age.

Assessing the child's height, weight, head circumference, physical development, bone age, and dentition may aid in determining the age. Many times, a child will grow rapidly and make great strides in development postadoption because of access to better nutrition and stimulation in the United States. Therefore, the physician should reevaluate the child 4 to 6 months postadoption to obtain a more accurate chronological age.

The living conditions and care a child receives prior to adoption will vary. Some children live in busy orphanages where they received little attention or stimulation. Others live in foster homes in a family environment. Many international adoption agencies require adoptive parents to travel to the child's country of origin to complete part of the adoption proceedings. During such visits, potential parents have an opportunity to observe the conditions in which their adoptee lives and to gather health and other information from previous caregivers. These visits also allow parents to gain an understanding of the country's culture.

Health concerns with regard to internationally adopted children include both medical and behavioral issues. After the child arrives in the United States, it is imperative that he or she receive a full history and physical examination. Some pediatricians advise waiting 4 to 6 weeks postadoption before conducting an initial evaluation so that the new parents will have time to learn more about the child and address their own concerns. However, if the child is acutely ill or has signs...
of other medical issues on arrival, an earlier appointment may be necessary.

Physicians should carefully assess height and weight; head circumference (especially for infants and toddlers); nutritional and immunization status; and developmental status, including gross motor, fine motor, language and social development. When examining the adopted child, it is important that the physician not overlook such issues as the possibility of parasitic infections, anemia, hemoglobinopathies, lead poisoning, congenital syphilis, and exposure to tuberculosis and hepatitis B. During the adopted child’s evaluation, screening tests such as stool examination for ova and parasites, purified protein derivative, complete blood count with differential urinalysis, rapid plasma reagin, lead level, newborn screening tests (in infants), hemoglobin electrophoresis, and vision/dental/hearing evaluations may be warranted—even if there are no clinical findings on history and physical examination.

Holstetter and colleagues found that 81% of medical illnesses among international adoptees were discovered through screening tests and were not evident from the medical history or physical examination. Also, although some countries now screen for human immunodeficiency virus status, it may be worthwhile for the physician to repeat these studies to confirm the previous test results and to alleviate fears the parents might have regarding HIV. The child’s immunization status may also be questionable. The 1997 Red Book states that “only written documentation of persons vaccinated in other countries should be accepted as evidence of prior immunization. If uncertainty exists, the person should be considered susceptible and given appropriate immunizations.”

Many adopted children may have social, cognitive, and developmental delays after having been institutionalized in an orphanage. Some children’s biological parents may have had histories of drug or alcohol abuse, and the children may continue to manifest behavioral or developmental sequelae of prenatal exposure. Developmental delay, language delay, failure to thrive, and fetal alcohol syndrome may be present. Such children may benefit from referrals to early intervention programs. Older adopted children may find it difficult to suddenly adjust to a new family, new home, new culture, and new language. Just as the physician must keep an eye out for physical disease, these factors also need to be addressed to maintain the overall health of the adopted child.

As the rate of international adoption continues to increase, the probability of caring for an adopted child in a primary care practice increases. By understanding the long, complicated process of international adoption and addressing the various medical and psychological issues of the adopted child and his or her new family, the physician may greatly facilitate the care of the child.

The patient mentioned in the opening paragraph is a real patient; she is now 8 years old. She has been mainstreamed into a regular classroom at her school despite her birth mother’s history of frequent alcohol use during the pregnancy. The patient’s other medical diagnoses, such as visual problems and a history of “frequent soiling,” are being addressed and are improving. More important, the young girl and her single adoptive mother are happy to have found each other and to have become a family.

References