

# Finding a Pediatrician for Your Adopted Child

By Arleta James, PCC

Selecting a [pediatrician](#) for your adopted child includes asking about appointment hours, length of appointment times, emergency coverage, wait time once at the office, hospital affiliation, assessing “bedside manner”, credentials – [American Academy of Pediatrics](#) or [American Board of Family Practice](#) and etc.



However, and of greater importance, is understanding that adoptees—domestic and international—have special medical issues. For example, if adopting a child from the foster care system please know that,

- Children who enter foster care in the U.S. are often in poor health. What’s more, the healthcare these children receive while in placement is often compromised by insufficient funding, poor planning, lack of access, prolonged waits for community services, and lack of coordination among health and child welfare professionals (Pediatrics, 2002).
- Information about health care services children received prior to placement in foster care is often hard to obtain. For example, Peter resided with his birthmother and then birth grandmother for 4 ½ years. When Peter was ill, these care givers utilized the nearest emergency room. There was no family physician. Gathering Peter’s medical history was an arduous task. This undertaking was made more complicated because Peter moved four additional times once in foster care. Each of these residences was in a different city, and so a new physician was utilized with each move.

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- Foster care parents often have been given limited training in health care issues or in assessing the health care system. Social workers frequently lack information about the type of health care services that children in foster care receive and are, therefore, unable to effectively oversee the amount or quality of care delivered (Pediatrics, 2002).
- Children entering foster care are likely to be incompletely immunized, and determining the types and number of immunizations that a particular child has received in the past may be difficult. Young children entering foster care come from settings in which substance abuse and sexual promiscuity are common. They should be considered at high risk for HIV infection, hepatitis, and other sexually transmitted diseases (Pediatrics, 2002).

So, in placing domestic children in adoptive families, it is not uncommon to learn of their asthma, allergies, dental needs, hearing problems, vision problems, and physical, occupational and speech therapy needs, after placement in the adoptive family.

International adoptees also may present with a host of medical concerns. Following are some of their medical issues for consideration ([University of Minnesota, International Adoption Clinic](#))

- An orphanage is a terrible place to raise an infant or young child. Lack of stimulation and consistent caregivers, suboptimal nutrition and abuse all conspire to delay and sometimes preclude normal development, speech acquisition and attainment of necessary social skills. Physical growth is impaired. Children lose one month of linear growth for every three months in an orphanage. Weight gain and head growth are also depressed. Finally, congregate living conditions foster the spread of multiple infectious agents. Intestinal parasites, tuberculosis, hepatitis B, measles, chickenpox, middle ear infections, etc. are all found more commonly in institutional care settings.
- A number of Chinese children arrive with bone fractures. Rickets is a common diagnosis on Chinese medical forms. Our studies have confirmed that the older a Chinese child is on arrival, the greater the risk of rickets. Thus, fractures may be due to this nutritional disorder as well as abuse. Any child who arrives with bone deformities, swelling or tenderness should be evaluated for fractures and rickets. Not only is this important in terms of the child's well-being, it is important for the adoptive family's safety to document that these fractures occurred prior to the child's arrival in their home.
- Ninety percent of the information received by prospective international adoptive families contains specific medical diagnoses. However, many of these diagnoses are obscure, utilize arcane terminology, or have terrifying prognoses. The use of medical terminology differs among countries. Complicating this matter is that a diagnosis may also be applied in situations in which the orphanage director does not want to appear to be placing too many 'normal' children abroad or if the institution wants to be eligible for additional funding. The indiscriminate and non-medical use of these and other terms has led many adoption professionals to advise their clients to ignore the medical diagnoses listed in their child's medical history.
- 60% of children who were reported to have received three or more Diphtheria, Pertussis, Tetanus (DPT)/oral polio (OPV) vaccines in China, Russia or Eastern Europe have no antibodies for these diseases. This means that the vaccines used were outdated or improperly stored, the child lacked an appropriate immunologic response after vaccination, or the vaccination certificate is fraudulent.

Clearly, adoptive families must determine who will provide medical care to their adoptee. Neither international nor domestic adoption is well-addressed during medical training (Johnson, 2005). The family physician, closest to home or referred by your most trusted friend, may not be the best qualified care provider for a child born in another country or adopted from the child welfare system. There are now over 50 [adoption medical clinics](#) in the United States. These clinics, even if they require a lengthy trip, may prove an invaluable resource. Their broad knowledge of the health concerns of international adoptees as well as their country-specific familiarity will ensure early identification of any health related matters. Many of these clinics provide services to domestic adoptees as well. Most offer pre- and post-adoption services to families, and are ready and willing to assist local care providers as requested.

*“If you have health, you probably will be happy, and if you have health and happiness, you have all the wealth you need, even if it is not all you want”* by Elbert Hubbard

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