

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 adoptee.

Resources:

[American Academy of Pediatrics' Council on Foster Care, Adoption & Kinship Care](#)

The AAP Council on Foster Care, Adoption, and Kinship Care supports and educates healthcare and child welfare communities with the goal of improving the health and well-being of children and youth in foster care, kinship care, and those who have been adopted.

[Adoption Medicine: Caring for Children and Families](#)

Published by the AAP in 2014, this book provides adoption-specific healthcare information and insight, from pre-adoption considerations to the long-term and ongoing health and well-being of adoptees.

[CDC Yellow Book 2024: International Adoption](#)

This section of the CDC Yellow Book's seventh chapter discusses a variety of topics relevant to healthcare professionals treating international adoptees, including preparing prospective adoptive parents, screening for infectious diseases, vaccinations, and more.

[Helping Foster and Adoptive Families Cope with Trauma](#)

This guide published by the AAP was designed to help pediatricians support adoptive and foster families as they care for a child who has experienced trauma. A version of this guide [also available in Spanish](#).

[The Pediatrician's Role in Supporting Adoptive Families](#)

This article published in *Pediatrics* in 2012 highlights the differences in pediatric care for families formed through birth versus those formed through adoption, as well as the challenges that adoptive families may face and how pediatricians can support them.

[Red Book: 2024–2027 Report of the Committee on Infectious Diseases \(33rd Edition\) - section on Internationally Adopted Children](#)

The 33rd edition of the AAP's Red Book, published in 2024, provides guidance on the prevention, management, and control of infectious diseases in children. This section focuses on international adoptees.

[CDC Catch-Up Immunization Schedule for Children and Adolescents](#)

The CDC provides a catch-up immunization schedule for children and adolescents ages 4 months through 18 years whose vaccination is delayed.



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Accurate Adoption Language

Words can convey emotions and values as well as facts. By using accurate adoption language, we can show respect for all parties involved.

More accurate	Less accurate
Parent (if specificity is required: birth parent, adoptive parent)	Real parent
Siblings, sisters, brothers (if specificity is helpful: biological siblings)	Real siblings
Biological child	Own, real, natural child
Child, adoptee, came to their family through adoption	Not their own/real child
Born to unmarried parents or a single parent	Illegitimate, born out of wedlock
Make an adoption plan, place for adoption	Give away, adopt out, give up/put up for adoption
Child in need of a family	Unadopted, unwanted child
Parent	Adoptive parent
Child with a disability, disabled child (take your cue for person-first vs. identity-first from the parent[s] until the child is old enough to decide on preferred terms)	Hard-to-place child, handicapped child
Parenting the baby/child	Keeping the baby/child
Unintended/unplanned pregnancy	Unwanted/problem/crisis pregnancy
Where was your child born?	Where did you get your child?



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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	
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

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



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Medical Evaluations (continued)

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: dysmorphology, 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 no 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.

