

when issues of peer acceptance, sexual identity, and separation from one's parents are especially strong.

### Adoption

Adoption is a legal and social process that provides full family membership to a child not born to the adoptive parents. Approximately 2% of children in the United States are adopted. A significant proportion of legal and informal adoptions are by stepparents or relatives of the child. Most adoptions in the United States involve U.S. parents adopting U.S. children, but shifting cultural trends have increased the diversity in the ways in which adoptions occur (e.g., international adoptions, single-parent adoptions, privately arranged adoptions, and the use of a surrogate parent). These types of adoption each raise unique issues for families and health care providers. *Open adoptions* in which the biologic parents and birth parents agree to interact are occurring with increased frequency and create new issues for the adoption triad (biologic parent, adoptive parent, and child).

Pediatricians are in an ideal position to help adoptive parents obtain and evaluate medical information, consider the unique medical needs of the adopted child, and provide a source of advice and counseling from the preadoption period through the issues that may arise when the child is an adolescent. A *preadoption visit* may allow discussion of medical information that the prospective parents have received about the child and identify important missing information such as the medical history of the biologic family and the educational and social history of the biologic parents. The preadoption period is the time that families are most likely to be able to obtain this information. Depending on the preadoption history, there may be risks of infections, in utero substance exposure, poor nutrition, or inadequate infant care that should be discussed with adoptive parents.

When the adopted child is first seen, screening for medical disorders beyond the typical age-appropriate screening tests should be considered. If the child has not had the standard newborn screening tests, the pediatrician may need to obtain these tests. Documented immunizations should be reviewed and, if needed, a plan developed to complete the needed immunizations (see Chapter 94). Children may be at high risk for infection based on the biologic mother's social history or the country from which the child was adopted, including infection with human immunodeficiency virus, hepatitis B, cytomegalovirus, tuberculosis, syphilis, and parasites. A complete blood count may be needed to screen for iron deficiency.

A knowledgeable pediatrician also can be a valuable source of support and advice about psychosocial issues. The pediatrician should help the adoptive parents think about how they will raise the child while helping the child to understand the fact that he or she is adopted. Neither denial of nor intense focus on the adoption is healthy. Parents should use the term *adoption* around their children during the toddler years and explain the simplest facts first. Children's questions should be answered honestly. Parents should expect the same or similar questions repeatedly, and that during the preschool period the child's cognitive limitations make it likely the child will not fully understand the meaning of adoption. As children get older, they may have fantasies of being reunited with their biologic parents, and there may be new challenges

as the child begins to interact more with individuals outside of the family. Families may want advice about difficulties created by school assignments such as creating a genealogical chart or teasing by peers. During the teenage years, the child may have questions about his or her identity and a desire to find his or her biologic parents. Adoptive parents may need reassurance that these desires do not represent rejection of the adoptive family but the child's desire to understand more about his or her life. In general adopted adolescents should be supported in efforts to learn about their past, but most experts recommend encouraging children to wait until late adolescence before deciding to search actively for the biologic parents.

Although adopted children have a higher rate of school, learning, and behavioral problems, much of this increase is likely to be related to biologic and social influences before the adoption. The pediatrician can play an important role in helping families distinguish developmental and behavioral variations from problems that may require recommendations for early intervention, counseling, or other services.

### Foster Care

Foster care is a means of providing protection for children who require out-of-home placement, most commonly because of homelessness, parental inability to care for the child, parental substance abuse, or child neglect or abuse. From the late 1990s through 2005, over half a million children were in foster care, but between 2005 and 2010, the number of children living in foster care decreased by about 20%. These decreases were associated with changes in federal and state policies that have emphasized shortened stays in foster care, promoted more rapid adoptions, and expanded efforts to support troubled families.

The 400,000 children in foster care are at extremely high risk for medical, nutritional, developmental, behavioral, and mental health problems. At the time of placement in foster care, most of these children have received incomplete medical care and have had multiple detrimental life experiences. Comprehensive assessments at the time of placement reveal many untreated acute medical problems, and nearly half of the children have a chronic illness. Developmental delays and serious behavioral or emotional disorders are common.

Ideally foster care provides a healing service for these children and families, leading to reunification or adoption. Too often children experience multiple changes in placement within the foster care system, further exacerbating the problems foster children may have in forming a secure relationship with adult caregivers. Children may manifest this difficulty by resisting foster parents' attempts to develop a close relationship. This detachment from the foster parent may be difficult for the foster parent to endure, which may perpetuate a cycle of placement failures. The trauma or neglect experienced that led to the need for foster care in combination with instability of placements causes enduring long-term difficulties. Foster care alumni report rates of anxiety disorders, depression, substance abuse, and posttraumatic stress disorder that are two to six times higher than in the general population. Furthermore although the *protections* of the foster care system often end at 18 years of age, these adolescents rarely have the skills and maturity needed to allow them to be successful living independently. Thus the Fostering Connections to Success