



Preparing to Travel to Adopt Your Child: Health Issues Every Adoptive Parent Needs to Know

Traveling internationally to adopt your child can be a daunting proposition, especially if you haven't traveled internationally before. With a little bit of planning and preparation, though, it can be a safe and healthy trip for all, and can be a wonderful part of the overall experience of welcoming your new child into your family.

Most of the countries from which children are adopted are still plagued by a myriad of infectious diseases uncommon here in the U.S., so using common sense and good general travel precautions are paramount. In addition, it can sometimes be difficult or impossible to find reliable medical care for your self or your child during your trip, so planning ahead is essential.

As soon as you decide to adopt internationally, it's a good idea to see your own doctor to begin planning for your travel and updating your immunizations. If you have any chronic medical conditions, you'll need to plan for any special needs, and make sure you have an ample supply of your prescription medications, in their original packaging, packed in both your carry-on and checked luggage. If you need syringes (for diabetes care, for example), pack these on the top of your bag, and carry a note from your doctor explaining your medical need to have them. If another child is traveling with you, check with your child's doctor about his or her travel needs. *For at least two years after you return from your trip, be sure to remind your doctor of your travels should you experience any unusual symptoms, since infections can show up months or years later.*

There are a number preventable infections about which travelers should be aware, since at best, they can make your trip rather unpleasant, and at worst can be life-threatening.

Hepatitis A is a very contagious virus spread through contaminated water or food, or through the oral or fecal excretions of an infected person. Children who have lived in high-risk circumstances have often been infected with this virus, and newly adopted children can frequently infect their new families, if proper precautions are not taken. Hepatitis A vaccine is safe, very effective, and highly recommended for all people traveling, as well as for all who will live in the household with a newly adopted child.

A first dose administered as soon as you know you will travel will provide good immunity for 6-12 months, and a second dose six months after the first should provide full, life-long immunity. This vaccine is now part of the routine series for young children, but older children and adults may not have received it yet.

Hepatitis B virus is spread through blood or body fluid contact, and can also be prevented with a safe and effective vaccine. Since in-country testing of children for Hepatitis B is not always reliable, it is recommended that all adoptive parents receive the Hepatitis B vaccine before travelling to meet their child.

The vaccine is a three-dose series, with the second dose given 1-2 months after the first, and the third 4-6 months after the second. As with Hepatitis A, even one dose of the vaccine is better than none, so it's never too late to start the series before your travel. Children throughout the US already receive the Hepatitis B vaccine as part of their routine immunization series, and children in some regions routinely receive the Hepatitis A vaccine. If you have another child traveling with you, check with your child's pediatrician about what vaccines are needed.

Hepatitis C virus is transmitted, like Hepatitis B, through blood or body fluids. Unlike Hepatitis A and B, however, Hepatitis C has no vaccine. Good hand washing and caution when handling your new child's blood or body fluids are prudent until your child has been tested for Hepatitis C.

Tetanus boosters are recommended every 10 years, as well as after a tetanus-prone wound if it's been more than 5 years since your last vaccine. Because this disease can still be found in many countries, most adults will need **tetanus** booster. Since you may not have access to medical care after an injury, it's a good idea to have a tetanus booster if it's been more than 5 years since your last one.

Measles, mumps, rubella (German measles), and **chickenpox** are still widespread in many areas of the world, and confirmed immunity to these, either by documented history of disease in childhood, blood work, or immunization, is recommended. Children in the US receive vaccines for these diseases as part of their routine immunizations. Parents should check with their child's pediatrician to confirm that the child is up-to-date before siblings travel.

Finally, it is always a good idea to check with the Traveler's Health website at the Centers for Disease Control and Prevention (Go to www.cdc.gov, then follow the links to "Traveler's Health") to learn of any specific regional health risks – for example: whether or not you will need to take preventative medicine for malaria – or current outbreaks of which you should be aware.

Once you have prepared yourself, it's time to begin preparing to care for your child's health needs. An infant/child CPR and First Aid course is worthwhile for all new parents, and a small child health and first aid book is worth packing to take with you. You will need to add your child to your health insurance, so that he or she will be covered as soon as you arrive home.

You'll also want to assemble a small medical kit for your child before you go. You can buy prepared kits, but assembling your own allows you to customize for your child's needs, and costs significantly less. Pack your supplies in a small box together, so they are readily available should you need them. Consult with your child's doctor or your adoption medical specialist about specific needs of your child, but the following list is helpful for all families.

Don't forget to pack our phone numbers, fax number, & e-mail address!:

Kid Plus Pediatrics Contact Info

Squirrel Hill/Greenfield phone: 412.521.6511

Squirrel Hill/Greenfield fax: 412.521.6512

Dr. Springer email: sarah@kidspluspgh.com

Basic wound care supplies such as adhesive bandages, sterile gauze and swabs, bandage tape, and an elastic bandage are always good to have on hand.

An **over-the-counter triple antibiotic cream** can be very helpful for minor skin infections or to prevent cuts and scrapes from becoming infected.

A **calibrated medicine dropper or cup** can be used to dose most medications, although some (notably infant acetaminophen drops) come with their own appropriately calibrated dropper, which should be used instead when provided.

A **thermometer** is also a must. A glass or digital rectal thermometer works best for infants and toddlers, and a glass or digital oral model for older children. Ear thermometers are accurate when used correctly, but far more costly, and they take up much more room in your suitcase!

Acetaminophen drops (for young infants), liquid (for toddlers), or chewable tablets (for older children) are helpful for pain or the irritability that comes with fever. Carry the dosing chart with

you, so that you can adjust the dose to your child's weight at the time.

Fever itself (defined as a rectal temperature of 101 degrees or higher) is not harmful to children, but it lets you know that you should watch your child for other signs of infection. We treat fever to make the child more comfortable, and Acetaminophen (Tylenol and other brands) will not always bring the temperature down to normal, but reducing it by a few degrees will help the child to be more comfortable. High fevers (greater than 104 degrees) are not in and of themselves serious, but the reason for the fever can sometimes be. If your child has a persistently high fever, it is worth seeking medical care.

Ibuprofen can also help to reduce pain and fever, but can be hard on an empty stomach. Since most children decrease their intake when not feeling well, Acetaminophen is often better tolerated.

Children's liquid **Benadryl** can be helpful for treating allergic reactions and insect bites. Benadryl is also sometimes used to make children sleepy for travel, although many young children become very agitated instead of sleepy. If you think your child will have a difficult time with the flight home, try a dose of Benadryl in your hotel room before traveling, to see what your child's reaction is to the medication. Most children will do well on the flight with frequent feedings and a frequent exchange of small toys, without needing any medications.

Oral rehydrating solution (Pedialyte, KaoLyte, and others) can be helpful for children with vomiting or diarrhea. You can also make your own rehydrating solution by mixing 1 level teaspoon of salt, 8 level teaspoons of sugar, & 1 liter of clean (boiled or bottled) water. The most important thing in this situation is to keep children from becoming dehydrated, usually by offering small volumes of fluids very frequently.

Infants and toddlers with diarrhea but not vomiting can continue to drink infant formula, but older children may benefit from being off of dairy products or fruit juices until the diarrhea subsides. Children who are vomiting may need to be spoon fed very small volumes of rehydrating solutions until the vomiting subsides. If you think your child is becoming dehydrated (dry mouth, no tears, little or no urine output), then you must seek medical attention.

On the opposite end of the gastrointestinal scale, children who are constipated (struggling to pass a very hard, painful stool) can be helped with a **glycerin suppository**, and in the longer term, by increasing fiber in their diet.

Whether or not to take **antibiotics** with you remains controversial. It is always better to have a child seen by a physician prior to using antibiotics, yet in some adoption travel circumstances, this will not be possible. It is always advisable to check with your agency about the medical resources available in the country and region to which you will be traveling. When there will be reliable health services accessible to you, taking antibiotics will not be necessary. On the other hand, when you will be far from any healthcare providers, having an antibiotic that will treat both respiratory and skin germs (the most likely infections you will encounter in your child) can be extremely helpful for your child.

Talk with us about the specifics of your travel plans, and if indicated, we can prescribe the antibiotics and write out a dosing plan based on the weight range that you are expecting for your child, and under what circumstances you should use the antibiotic. Common reasons to use an antibiotic include a child with a fever who is pulling on her ear, or who has pus draining from the ear, a child with a fever for several days and a severe cough, or a child with a badly infected skin rash. Once you are home with your child, we will want to see your child before prescribing an antibiotic.

Skin rashes are a common problem among newly-adopted children. Skin that is dry and scaly may simply be irritated due to harsh soaps, and will usually begin to improve with an unscented **mild moisturizing soap** (Dove and other brands) and liberal use of a good unscented **moisturizer**.

1% Hydrocortisone cream, used twice daily for two or three days, can also help to calm down very irritated areas.

Diaper rashes are also common, and can be treated with a **zinc oxide diaper cream** (Desitin and Balmex are common brands).

A very red, bumpy, itchy diaper rash that spreads continuously across the diaper area is likely a yeast diaper rash, which can be treated with **Clotrimazole cream** (Lotrimin AF and others), often found in the athlete's foot section of pharmacies. Use the cream three to four times daily until a week after the rash has cleared, and avoid using any powder or cornstarch. Also, wash your hands carefully, as this is the same yeast that can give a woman a vaginal yeast infection – another way to ruin a great trip!

A red rash that is extremely itchy may be scabies, which will require the **prescription Elimate cream** to treat. Scabies is a rash caused by a microscopic skin mite, and is typically worst in the crease areas (armpits, behind knees, between fingers), but in severe infestations, can be all over the body. You can sometimes see small burrow lines where the mite has tunneled beneath the skin. Again, you should talk with us if you will be far from a medical facility, and get a prescription to take with you.

After a bath, gently rub the cream into your child's skin from head to toe (not just on the rash), being careful to avoid the eyes and mouth. Leave it on for 8 - 10 hours (overnight works well), then rinse it thoroughly. The rash may take several weeks to clear, but the itching should improve within a day or so. If you do believe that your child has scabies, close all of her clothes, blankets, etc (and your clothes that came in contact with these), in a plastic bag. Either wash them in hot water once you return home, or leave them sealed for six weeks, in order to kill all of the mites.

Permethrin lice shampoo (Nix and others) is a safe treatment for head lice for children of all ages. Lice are small bugs that infest the hair, creating severe itching. Often all you can see in a child's hair are the nits, or eggs, which look like small white knots at the base of the hair shafts. They are often concentrated at the hairline and behind the ears. After washing your child's hair, rub in the cream, leave it for ten minutes, then rinse it out. Then use the comb provided with the cream to comb out the nits. Many children require a second treatment two weeks later, so if you'll be gone that long, it's wise to take two bottles. Be sure to wash clothes, brushes, etc in hot soapy water, or bag them as for scabies.

Once you know your travel dates, then call to schedule your child's first visit to the doctor.

Here at **Kids Plus Pediatrics**, we do a very thorough, detailed assessment for the first few visits, addressing medical needs, growth, development, attachment, bonding, laboratory evaluations, screening for infectious diseases, vaccines, etc.

Call our office to schedule this visit (412-521-6511), usually about 7-14 days after you return home. If your child is ill when you arrive home, call us, and we'll see him or her immediately for a sick visit, but still plan to keep the scheduled long visit, after all of you have benefited from a little sleep. Kids Plus Pediatrics would be happy to be your child's long-term pediatrician, but if you already have another doctor for your children, or live far from our offices, we are also happy to serve as consultants for just a few visits, to work through all of the new-arrival evaluation and adjustment issues with you, and then transition your child's care on to your regular doctor.

Traveling to adopt your child can and should be a wonderful experience. With advanced preparation, most illnesses or injuries will be little more than bumps in the road, and you can spend your time enjoying your child's country and culture, and falling in love with your child.