EDITORIAL

International adoption in Spain: Current situation

Adopción internacional en España: situación actual

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In 2004, 5541 international adoptions were recorded in Spain, making it the leading country in the European Union and the second in the world, after the United States, in the numbers of adoptions of foreign children. A decade later, the figures have fallen, and in 2012, the latest year for which records are available, 1669 international adoptions took place in this country, 3872 fewer than 8 years before, according to the Ministry of Health, Social Services and Equality figures, supplied by Spanish Consulates abroad.1

According to data from Newcastle University, international adoptions worldwide decreased from 45299 in 2004 to 23500 in 2011, a drop of 52%. The reasons for this fall include the following: (a) most countries have changed their legislation to limit the profile of adoptive parents and others have simply put an end to foreign adoptions; (b) the Spanish authorities have also suspended or limited the processing of adoptions with some countries until there are guarantees that the process is completed correctly; and (c) the profile of adoptable children has changed.

Adoption of Ethiopian children by Spanish families goes back to the 1990s, and it was the first African country to receive adoption requests from Spain. Ethiopia is the third most important country of origin of international adoptions in Spain, after the Russian Federation and China, and the African country with the largest number of adoptions; nevertheless, the number of children reaching our country has also fallen considerably in the last few years, with a total of 302 Ethiopian children adopted in 2012, followed by Mali with 66 adoptions by Spanish families.

We currently find ourselves facing a series of obstacles of every kind, which do not make the process of initially assigning the child easy for parents, and delay final adoption or prevent it from being completed. These can essentially be summed up as follows:

Legal problems

Nowadays adoption processes in some countries, such as Ethiopia, must always be carried out through an approved International Adoption Agency, and there is no possibility of adopting freely by a public protocol. A meeting of the Ministry of Health, Social Services and Equality Committee of Autonomous Community Child Services Directors, held on 16 October 2012, agreed, as a precautionary measure, not to accept new applications to adopt children from Ethiopia, a decision motivated by the large number of cases processed in that country, for fear of aggravating the lack of guarantees and legal uncertainty over the adoptions that are granted, although all those already submitted would continue to be processed normally. This has led to a significant slowing of the process of adopting children from these countries, and the legal procedures can take a long time. As a result
of this situation, there has been an increase in Spain over
the last 2 years in the number of international adoptions
of children with some associated condition, “adoptions of
children with special needs” or “green passage” adoption,
as it is known in China. These children have physical or
intellectual disabilities, a delay in growth or psychomotor
development or a need for preferential medical or surgical
treatment/followup. The legal procedures for adopting
these children with associated conditions are quicker, as
they are given priority because of the need for suitable early
treatment.

Parents who undertake adoption via the special needs
route often need advice from a paediatrician specialising
in “preadoption consultations” who can carry out a careful
assessment of the reports received in advance, with the par-
ticular characteristics of each country of origin, explain the
severity of the associated illness to the family before they
go and collect the child, and recommend how to act with the
child when they receive him or her: hazards, precautions,
special care, etc. It is also advisable, if the adoption is from
a tropical country, for both the parents and the siblings, if
they are going to travel, to attend an “international travel
consultation” to bring their vaccination calendar up to date
and receive advice and precise recommendations before the
journey and/or a travel first-aid kit.

General medical problems and specific
tropical infection problems

All children from international adoption, whether they have
special needs or not, must be assessed upon arrival in Spain
in multidisciplinary units with previous experience in the
disease that they usually bring into the country, ideally in
a specialised International Adoption Unit. The recommend-
adion with these children is to compile a thorough and
complete clinical history and perform an exhaustive physical
examination and an analysis designed to screen for preva-
lent and/or serious bacterial infections such as tuberculosis
and syphilis, viral infections such as hepatitis A, B and C
and HIV, and parasitic infections such as malaria, intestinal
helminthiasis, schistosomiasis and other parasitic diseases
specific to the country in question. In these children it is
advisable to carry out as complete an evaluation of immu-
nisations as possible, reviewing the records supplied using
internationally established criteria so as to match the orig-
inal calendar to the one used in Spain, scheduling those
vaccines that have not been administered and are avail-
able in Spain, such as the meningitis C and pneumococcal
vaccines. It is also vital to screen for metabolopathies in
those children for whom there was no opportunity to do so
in the neonatal period in their countries of origin, as is now
done in Spain with all newborns, at the same time as the
analysis performed on arrival.

Of particular importance is the opportunity these spe-
cialised units provide to diagnose conditions that are
common in such children, including malnutrition and/or
severe anaemia, congenital infections, tuberculosis, chronic
HBV hepatitis, etc., and other much more specific diseases
that are endemic to particular tropical areas and much more
difficult to diagnose, as they need a specialised laboratory,
such as malaria, schistosomiasis and filariasis in regions of
Africa such as Ethiopia; strongyloidiasis, teniasis and toxii-
cariasis in Asian countries and Chagas disease and dengue
in parts of America and the Caribbean.

Final comments

On arrival, children adopted from developing countries need
an exhaustive assessment in multidisciplinary units with expertises in international adoption capable of diagnosing
the general paediatric condition associated with special
needs adoption but also, more importantly, performing an
expert screening for specific tropical infectious disease. It
is also advisable to rule out possible undetected metabolic
conditions, provide appropriate protection with the vac-
cines available in Spain and finally refer the families, if
necessary, to a paediatric specialist or Early Intervention
Unit if the children show problems of development and
adaptation.

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