



EDITORIAL

International adoption in Spain: Current situation[☆]



Adopción internacional en España: situación actual

M. García López Hortelano^{a,*}, M.J. Mellado Peña^b

^a Servicio de Pediatría Hospitalaria, Enfermedades Infecciosas, Patología Tropical, Adopción Internacional y Consulta del Niño Viajero, Hospital Universitario Infantil La Paz – Hospital Carlos III, Madrid, Spain

^b Servicio de Pediatría Hospitalaria, Enfermedades Infecciosas, Patología Tropical, Adopción Internacional y Consulta del Niño Viajero, Hospital Universitario Infantil La Paz – Hospital Carlos III, Madrid, Spain

Available online 4 June 2015

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 45 299 in 2004 to 23 500 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

[☆] Please cite this article as: García López Hortelano M, Mellado Peña MJ. Adopción internacional en España: situación actual. An Pediatr (Barc). 2015;82:291–292.

* Corresponding author.

E-mail address: mghortelano@salud.madrid.org (M. García López Hortelano).

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.² 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 particular 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.³ 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 recommendation 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 prevalent 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.^{4,5} In these children it is advisable to carry out as complete an evaluation of immunisations as possible, reviewing the records supplied using internationally established criteria so as to match the original calendar to the one used in Spain, scheduling those vaccines that have not been administered and are available 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 specialised 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 toxocarosis 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 expertise 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 vaccines 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.

References

1. Ministerio de Sanidad, Servicios Sociales e Igualdad. Estadísticas de adopción internacional; 2008–2012. Available from: http://www.msssi.gob.es/ssi/familiasInfancia/adopciones/pdf/Datos_adopcion_internacional_2008-2012.pdf [accessed 12.01.15].
2. Oliván Gonzalvo G. Adopción en China de niños con necesidades especiales: el "pasaje verde". *An Pediatr (Barc)*. 2007;67:374–7.
3. Alberola López S, Berastegui Pedro-Viejo A, de Aranzabal Agudo M, Cortés Lozano A, Fumado Pérez V, García López-Hortelano M, et al. *Adopción Internacional. Guía para pediatras y otros profesionales sanitarios*. Madrid: CORA; 2008.
4. Eckerle JK, Howard CR, John CC. Infections in internationally adopted children. *Pediatr Clin North Am*. 2013;60:487–505.
5. Ampofo K. Infectious disease issues in adoption of young children. *Curr Opin Pediatr*. 2013;25:78–87.