



Yale International  
Adoption Clinic

## **Information for Traveling Families**

**Yale International Adoption Clinic**

**Carol Weitzman, M.D.**

### **Questions to ask:**

1. When was s/he placed for adoption
2. If not at birth, what prompted the placement
3. How many placements has the child had (hospital, different orphanages, home, etc.)
4. Are there any known medical problems currently?
5. Was the child hospitalized ever? For what? What was the treatment?
6. What information is available about the birth? Apgars? Pre-natal care?
7. Did the mother have any illnesses around the time of pregnancy, such as syphilis?
8. Did the mother or father have a history of drug or alcohol abuse, mental illness, or mental retardation?
9. Was the child full term or premature? If premature, how many weeks? Were there complications of prematurity?
10. Are there any scars or birthmarks of note?
11. What laboratory testing has been done? Was this child tested for syphilis, hepatitis, HIV?
12. Has the child received BCG and when? Was the child tested for TB and what were the results?

### **What to observe:**

1. First, observe the child with a known caregiver in a familiar space if possible.
2. How does the child interact with the caregiver? How does s/he let the caregiver know what they want or need? (Gestures, pointing, vocalizations, crying, eye contact)
3. How does s/he play with materials? Does s/he involve others in play?
4. How is his/her attention to materials? Can s/he focus attention for any length of time on a particular task or interaction?
5. Is s/he able to sustain interactive play such as rolling a ball back and forth? Does s/he take pleasure in these activities?
6. What kind of emotions does s/he express – pleasure, sadness, excitement, sadness? Does s/he share these emotions with others?

7. How does this child manage frustrating moments?
8. Are there any self-stimulating behaviors present? (Rocking, head banging, staring at hands for long periods)
9. Are there any signs of self-injurious behaviors? (Picking at self, hitting self, scratching self, etc.)
10. How do the child's movements appear? Smooth and coordinated or unsteady and lacking balance. What motor skills does the child have?
11. How would you describe the child's personality on first look?
12. Does s/he play interactive games like peek-a-boo or a culturally similar type of activity. Does s/he initiate this? Is s/he an active participant?
13. Observe the child's movements – are they fluid and seamless or do they appear stiff or unusual. Is there asymmetry in movements or any unusual positions or postures that the child assumes?
14. Are there any unusual physical features that stand out? Birthmarks, scars, deformities, lesions, etc.
15. How does the child use his hands and fingers to manipulate and pick things up? Can s/he stack toys/blocks, pick up small objects?
16. If possible, examine the child fully without clothing on, looking for anything that looks unusual. Only do this if it can be done without traumatizing the child. Describe it and ask about it.

### **Measuring the head.**

1. Bring a tape measure to measure head circumference and length if possible.
2. Position the tape just above the eyebrows, above the ears, and around the biggest part on the back of the head.
3. Pull tape snugly to compress the hair.
4. Read the measurement to the nearest 0.1 cm or 1/8 inch
5. Reposition tape and remeasure the head circumference.
6. Measures should agree within 0.2 cm or 1/4 inch.
7. If the difference between the measures exceeds 1/4 inch, the infant should be repositioned and remeasured a third time. The average of the two measures in closest agreement should be reported.
8. Obtain as many historical growth points as you can. The more the better to assess patterns and consistency between measurements.



## Taking picture to Assess for Fetal Alcohol Syndrome

Fetal Alcohol Syndrome is a significant concern due to the large amount of alcohol consumption that is seen particularly in Russia and Eastern Europe. Most children we see with FAS come from these regions of the world but FAS can occur in any country and should be evaluated when the mother's history of alcohol consumption is unknown. The 3 key facial features that we assess are the eye size, philtrum (the dimpled area between the mouth and the nose) and the upper lip. There is software that is now available to help to characterize FAS better and to take some of the guesswork out of making the diagnosis. However, it all starts with having a good quality photograph to work with. Following is some advice on how to get a quality photograph that will facilitate the most accurate evaluation of the child for the facial features of FAS.

1. Try to get a good headshot. It is important to get a frontal shot and an off-center shot (this is between a frontal and a side photograph.)
2. The child should have a relaxed, closed-mouth position. If the child is smiling (something we usually do when a camera is pointed at us, the features will not be available to assess for FAS.)
3. Try to take the photo so the head is not rotated from side to side or up and down.
4. Place a sticker on the center of the child's forehead just at the eyebrows. Make sure you tell me the dimensions of the stickers you are using. (I recommend using a label that is anywhere between  $\frac{1}{2}$  - 1 inch long.) There is a picture at the bottom of this page that illustrates sticker placement.
5. Do NOT use homemade stickers that you cut to a particular length. Go to Staples or Office Max and get labels. The very small differences that can exist with homemade stickers will affect the ability to get an accurate scale and can make a difference or make results difficult to interpret.
6. Try to minimize glare because this can wash out the features I am looking for. Using a flash should be ok but you may want to take a picture with and without a flash.
7. It is advisable to take more than one picture in each view.

