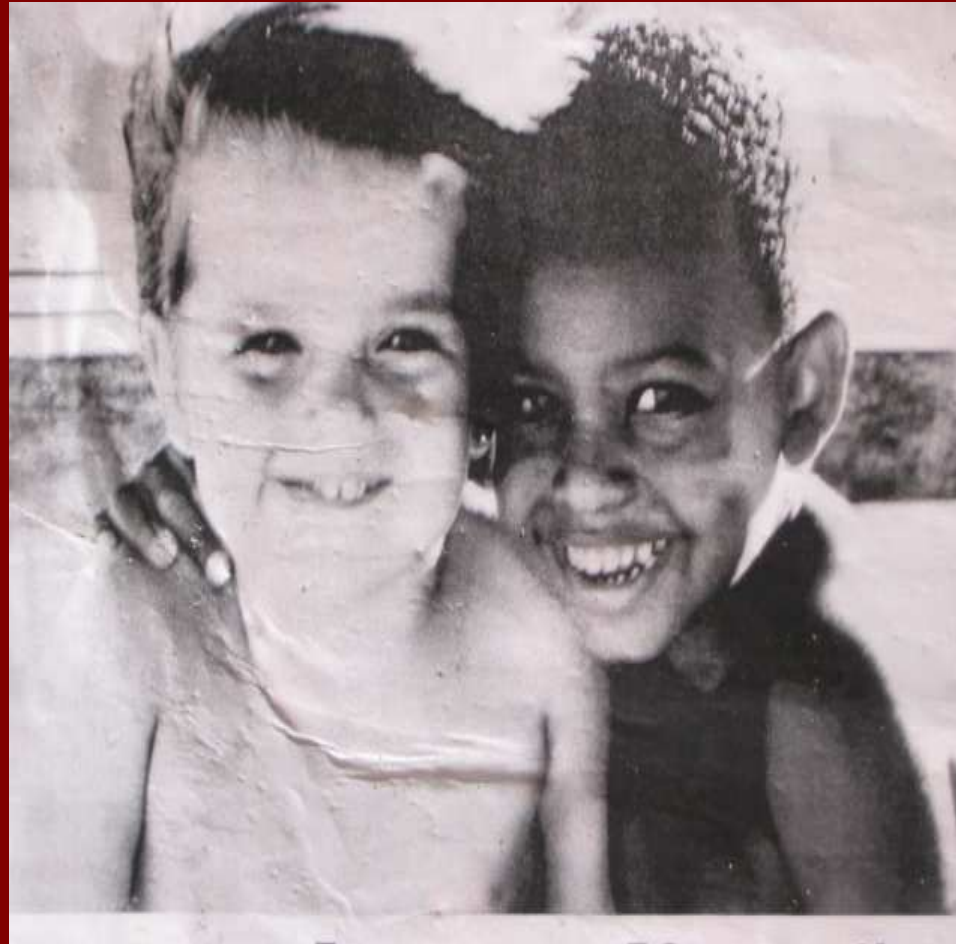


Santé des enfants adoptés en Afrique

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17/12/2013

Plan

Enfants adoptés d'Afrique

- Particularités démographiques et épidémiologiques:
étude nationale 2007-8
- Particularités psycho-socio-culturelles
- Discussion

Tendances en adoption internationale

- Les pays " émergents " sont conscients que leur enfants adoptables sont une richesse :
Chine, Vietnam, Brésil, Colombie, Russie, Afrique du Sud ...
- Ils privilégient
 - l'adoption nationale pour les enfants en " bonne santé "
 - l'adoption internationale pour les enfants malades
 - = " à besoins spéciaux "
 - = " à particularité " ...

6 FRIDAY OCTOBER 11 2013 The Star

BABIES ABANDONED IN SOME GAUTENG HOSPITALS

Hospital name	Year 2011	Year 2012	Jan-Aug 2013
Chris Hani Bar	12	4	1
Charlotte Maxeke	9	3	10
Tembisa	14	15	6
Rahima Moosa	1	2	7
Far East Rand	11	15	9
Pholeong	27	8	5
Netobruyt	3	4	2
Carletonville	7	31	17

Graphic: Siphesile Mvoto

The number of abandoned babies is still on the rise

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WHILE the Gauteng Department of Health has lauded the decrease in the number of abandoned babies in the province's hospitals, welfare organisations say it's a different story on the ground.

According to Health MEC Hope Papo, there are currently 10 babies born in various hospitals waiting to be claimed.

In a reply to DA MPF Jack Bloom's questions at the Gauteng legislature, Papo said there were three babies at Tembisa Hospital, while Chris Hani Baragwanath Academic Hospital, Rahima Moosa Mother and Child Hospital, Pholeong Hospital, De Yusuf Dadoo Hospital, Kopanong Hospital, Odi and Carletonville Hospital had one baby each waiting for placement.

Further more, Papo said there were no babies unaccounted for in hospitals in the Tshwane health district this year. However, the numbers haven't always been this low.

In 2011, a total of 136 babies were abandoned, in 2012 the number stood at 135, and 85 were abandoned from January to August this year.

During the period, Carletonville was worst affected with 31 abandoned babies, while Pholeong had 41 abandoned babies, and Tembisa and Far East Rand hospitals each had 35 abandoned babies.

Papo said it was difficult to provide a reason for why babies were abandoned, as the babies' mothers could not be traced and interviewed. "It is assumed that this could be due to unplanned pregnancies," he said.

Cheryl Allen, director at Door of Hope - a home for abandoned and orphaned babies - said yesterday that their organisation hadn't noticed a decrease in the number of babies who were abandoned.

"We got 12 babies last month. We get some of the babies in our 'hole in the wall', some through community members, and some through mothers themselves or the police. The numbers may be down in hospitals but it may be because hospital staff are hard on mothers and some mothers just abort babies," Allen said that according to her sources, one clinic in May had 670 abortion requests.

"Hospitals should have safe places where mothers can leave their babies if they do not want them," Allen continued.

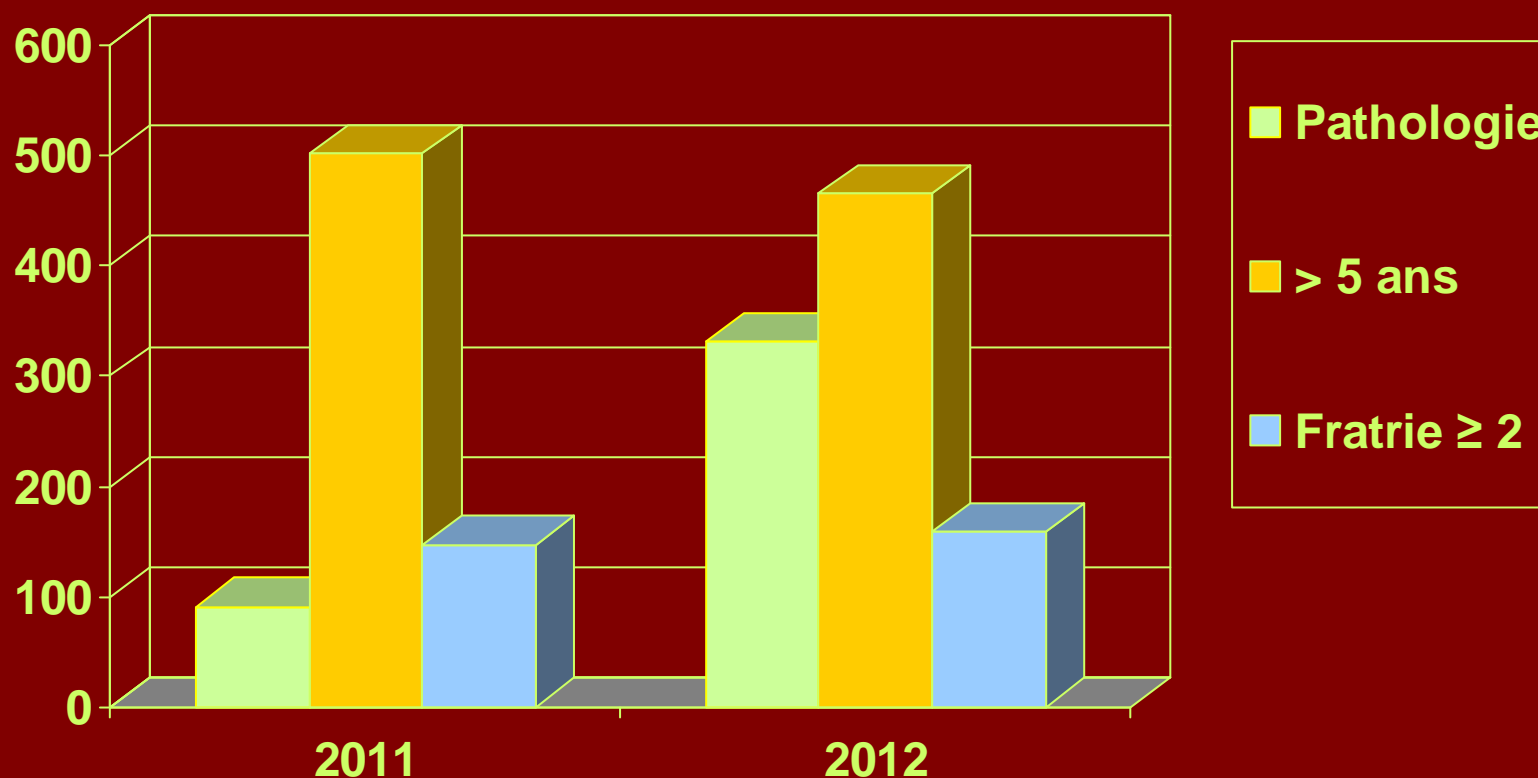
Since the organisation started in 1999, Allen said 153 babies had been abandoned and left to their care. Currently, there are 57 babies were placed in child welfare organisations by the hospitals after all efforts to trace their parents had failed, and that most were born prematurely.

Nomvuyo Shabangu, manager of the child and family unit at Johannesburg Child Welfare, said they worked with three hospitals in the Joburg area, and that they were still getting many abandoned babies from police and community members. But the good news was that the babies were getting adopted - Shabangu said that in the past two years, 96 children had been adopted.

"Currently, 26 children who had been abandoned and went through our processes for placement are ready to be adopted, and 97 still have to undergo medical assessments and clearing processes before they can be ready for adoption," she added.

Hospital statistics do not reflect reality on ground

↑ enfants adoptables « à besoins spéciaux »



[4,5%]



[21 %]

MAI France

La santé de l'enfant adopté

Question de + en + importante

→ Nécessité de connaître l'épidémiologie et la démographie des enfants adoptés dans le monde

→ Nécessité de centres de référence
pour coordonner l'accompagnement
et la prise en charge multidisciplinaire
des enfants adoptés malades

Morbidité des enfants adoptés en France 2007 - 2008

J.V. de MOLEON, JJ. CHOULOT, F.SORGE

D. MUNCK, A. de TRUCHIS, D. COMBE,

...

& médecins des Consultations d'adoption

S. HEMAR , C DARTIGUENAVE

Agence Française de l'Adoption

Etude descriptive + prospective des enfants consultants les Cs Coca . 2007-8

Coca: Consultation d'Orientation et de Conseil pour l'Adoption

Objectifs

- 1. déterminer les motifs de consultation
- 2. décrire la morbidité des enfants adoptés
- 3. identifier les orientations données aux familles

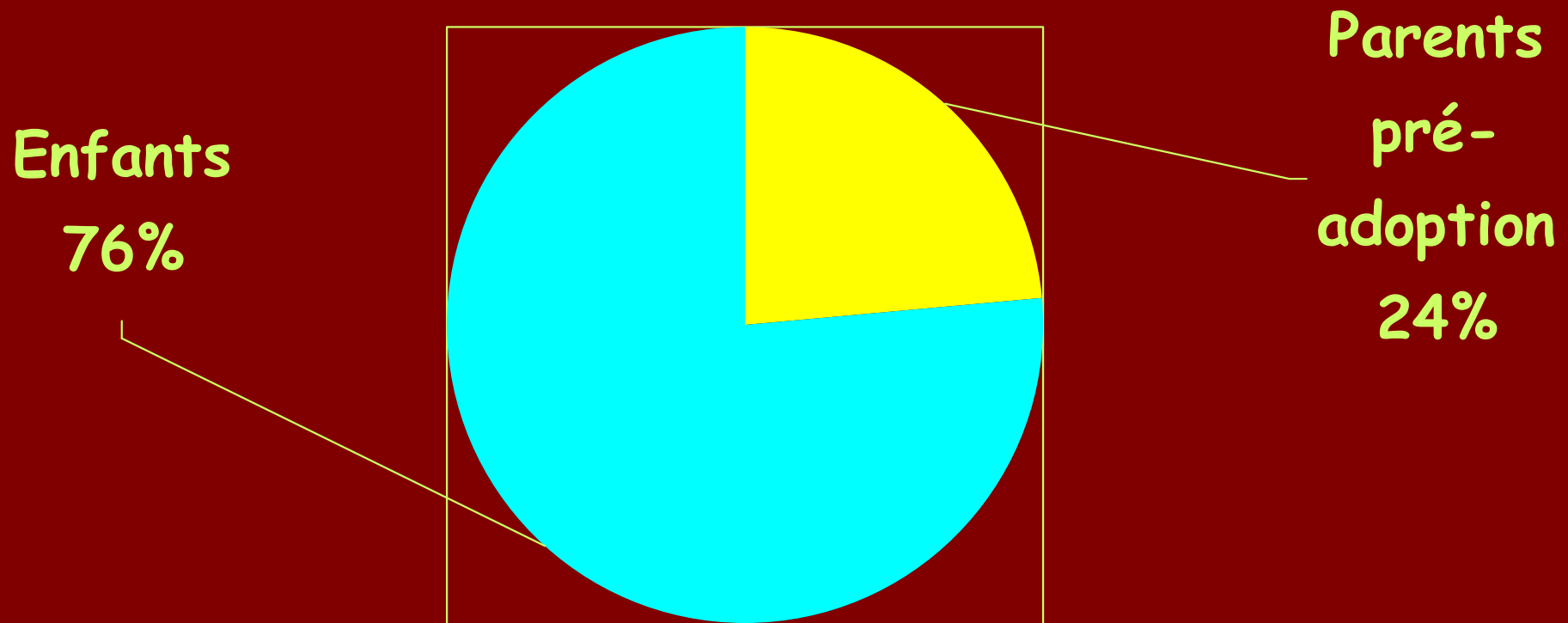
indicateurs du Bilan

- ATCD et examen clinique (Poids, Taille, Périmètre Crânien ...)
- Evaluation psychomotrice
- NFS (Ht, Hb...)
- ± Dépistages: TSH, Hbpathies (drépanocytose)
- Plombémie
- Ag Hbs , Ac Hbs, Ac HBc
- Ac HVC
- Ac HVA
- Ac HIV 1+2
- Syphilis
- Examen selles: parasito, bacterio
- IDR tuberculine ± Rx Thorax
- ± Age osseux

Cocas N = 13



Résultats : - Consultations n = 1395
- Enfants adoptés : n = 1064



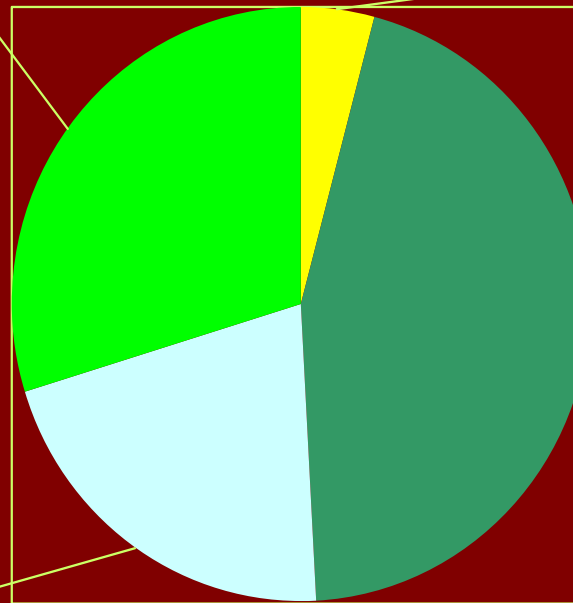
Chronologie consultation enfant (n = 1064)

Suivi
antérieur à
l'étude
30%

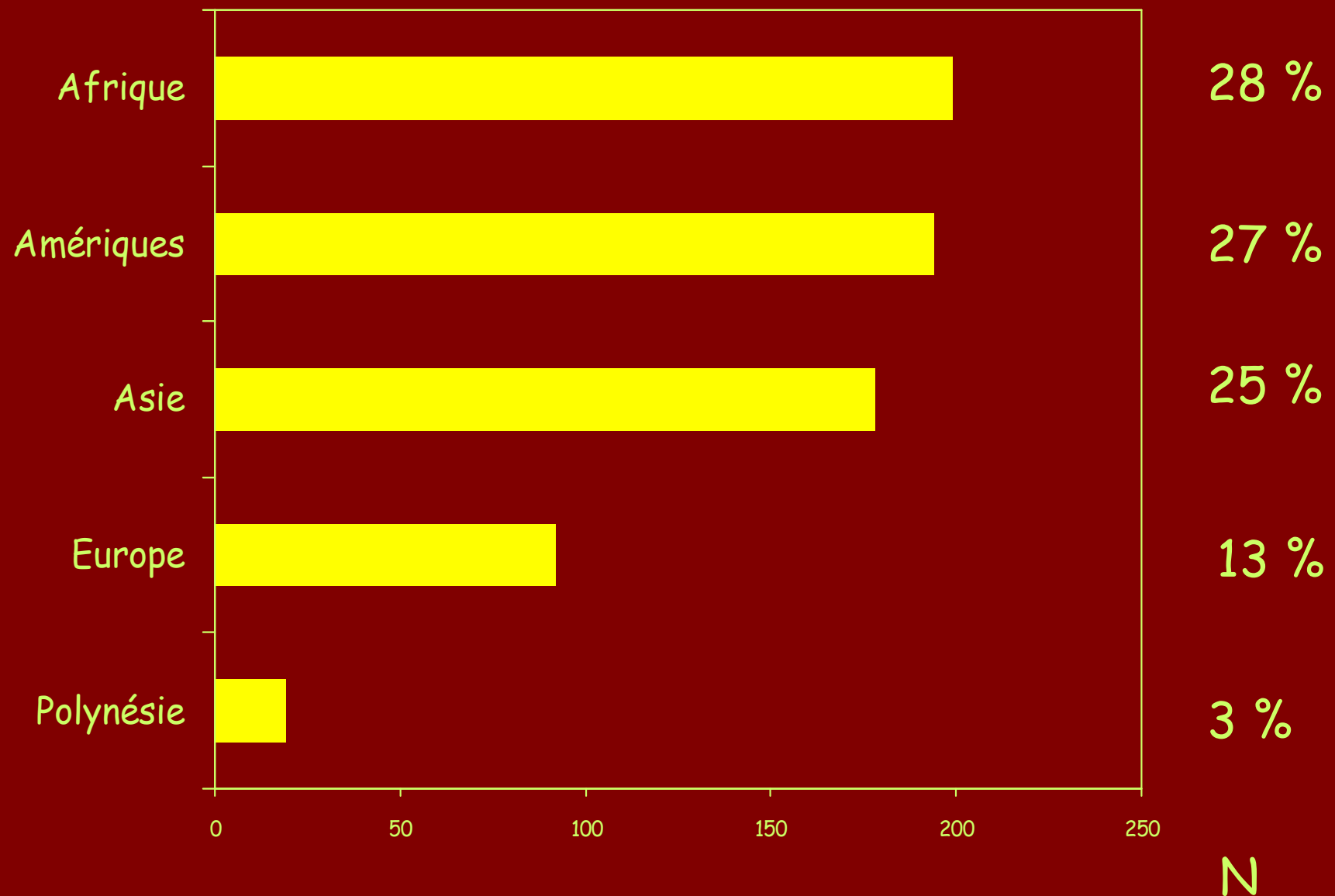
Dossier
pré-
adoption
4%

> 3 mois
post
arrivée
21 %

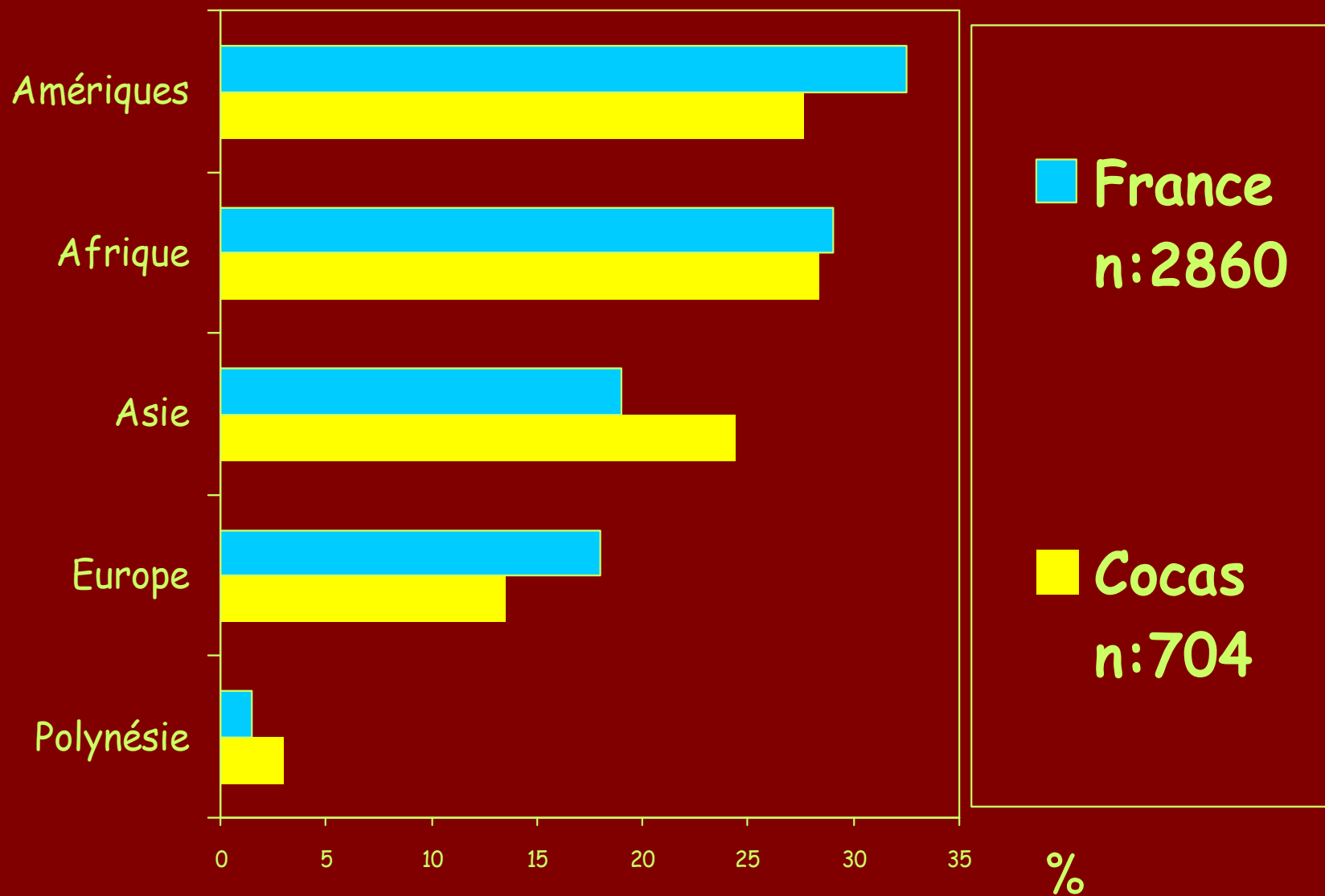
Arrivée
45%



Continent d'origine des enfants (n= 704)

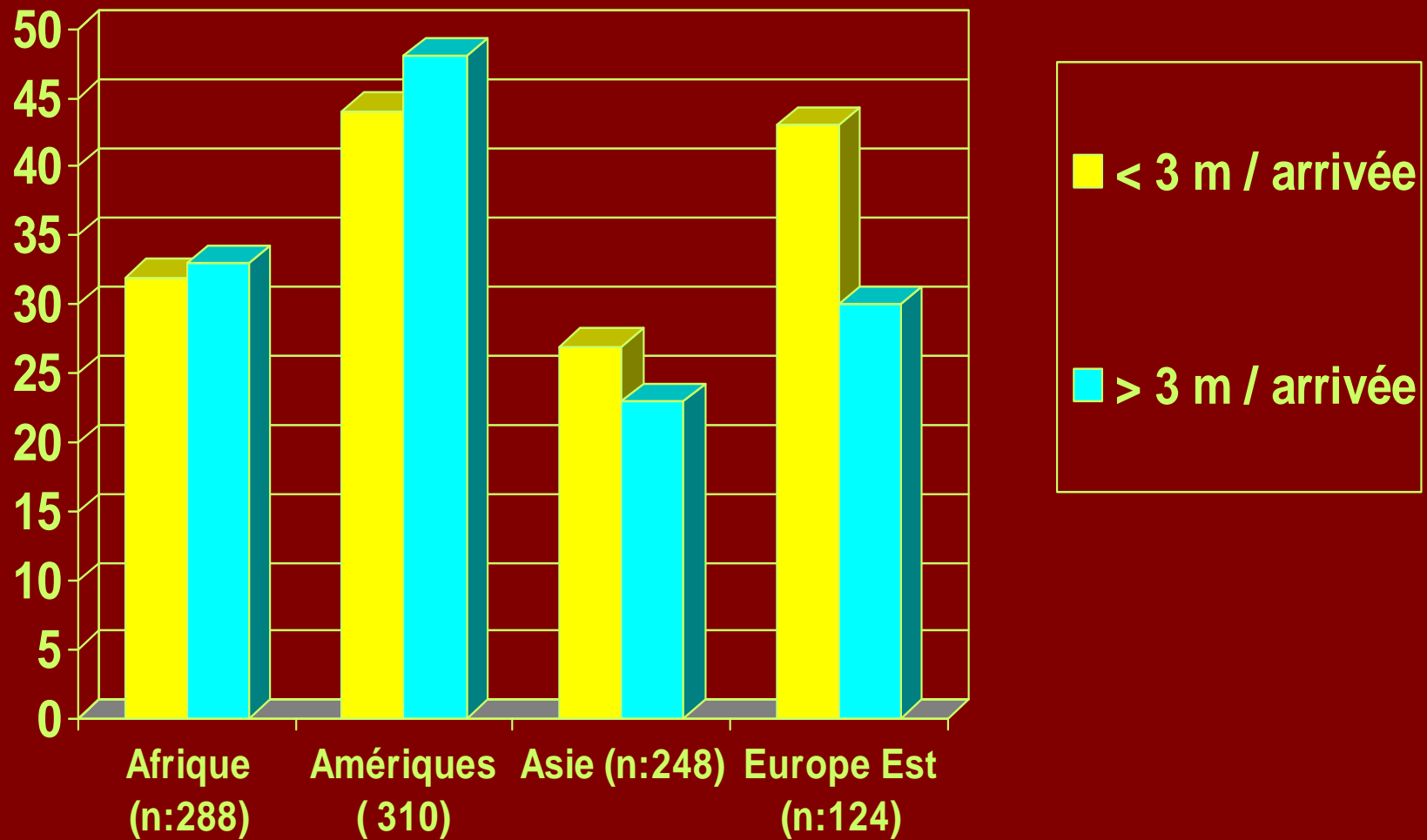


Continent d'origine: représentativité nationale



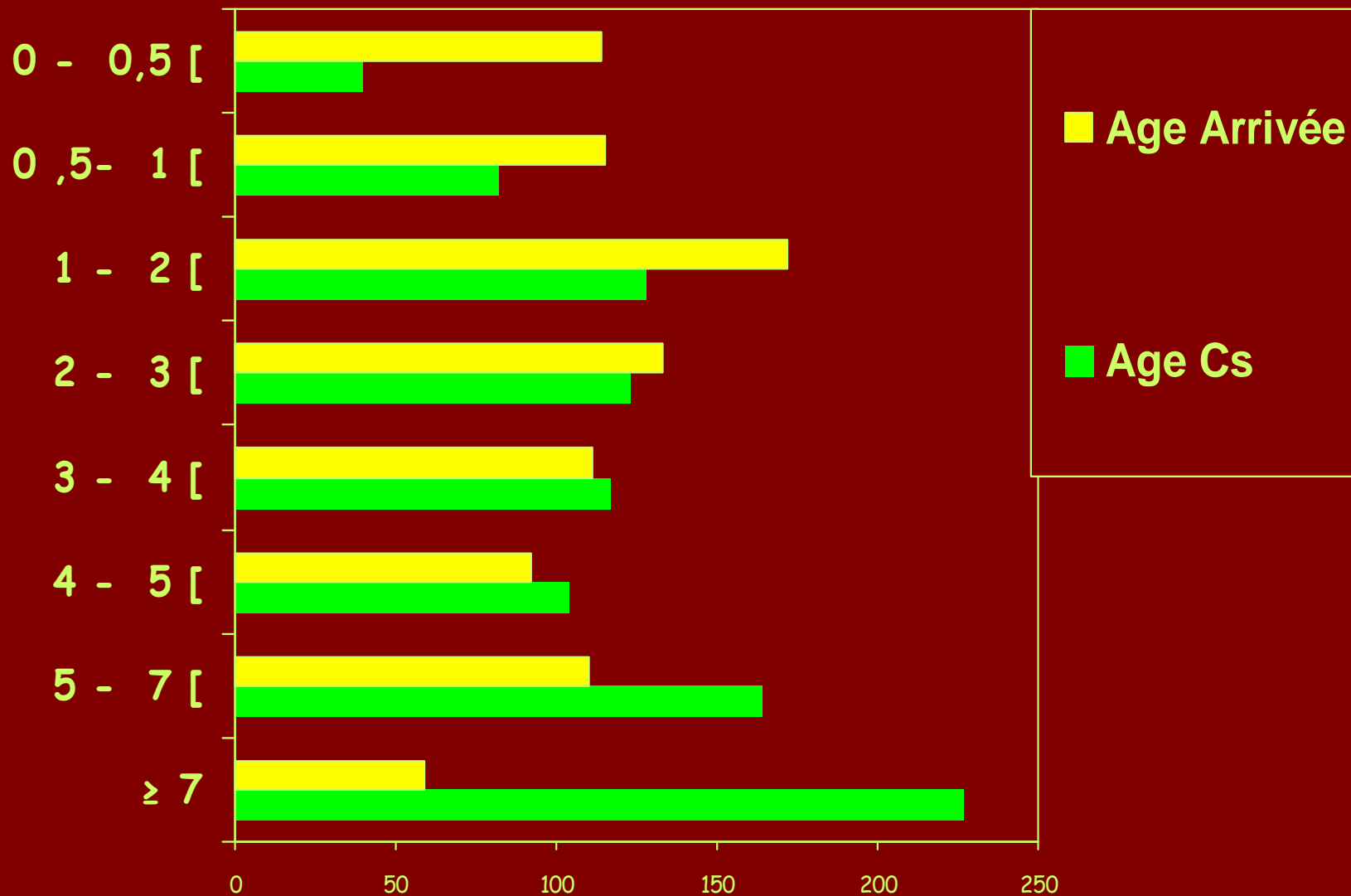
Etude multicenrique cocos 2008

Age moyen à l'arrivée (mois) # continent origine



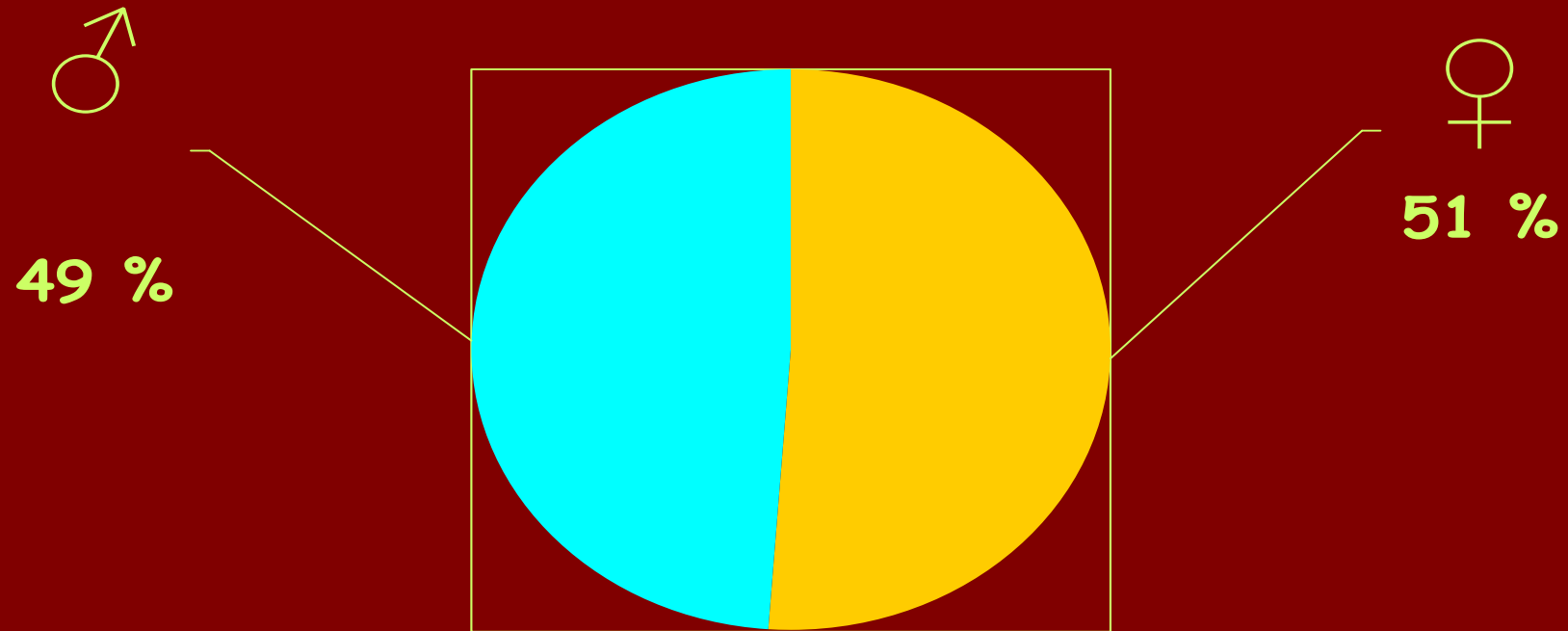
Délai arrivée-consultation ; m = 26 mois

ans

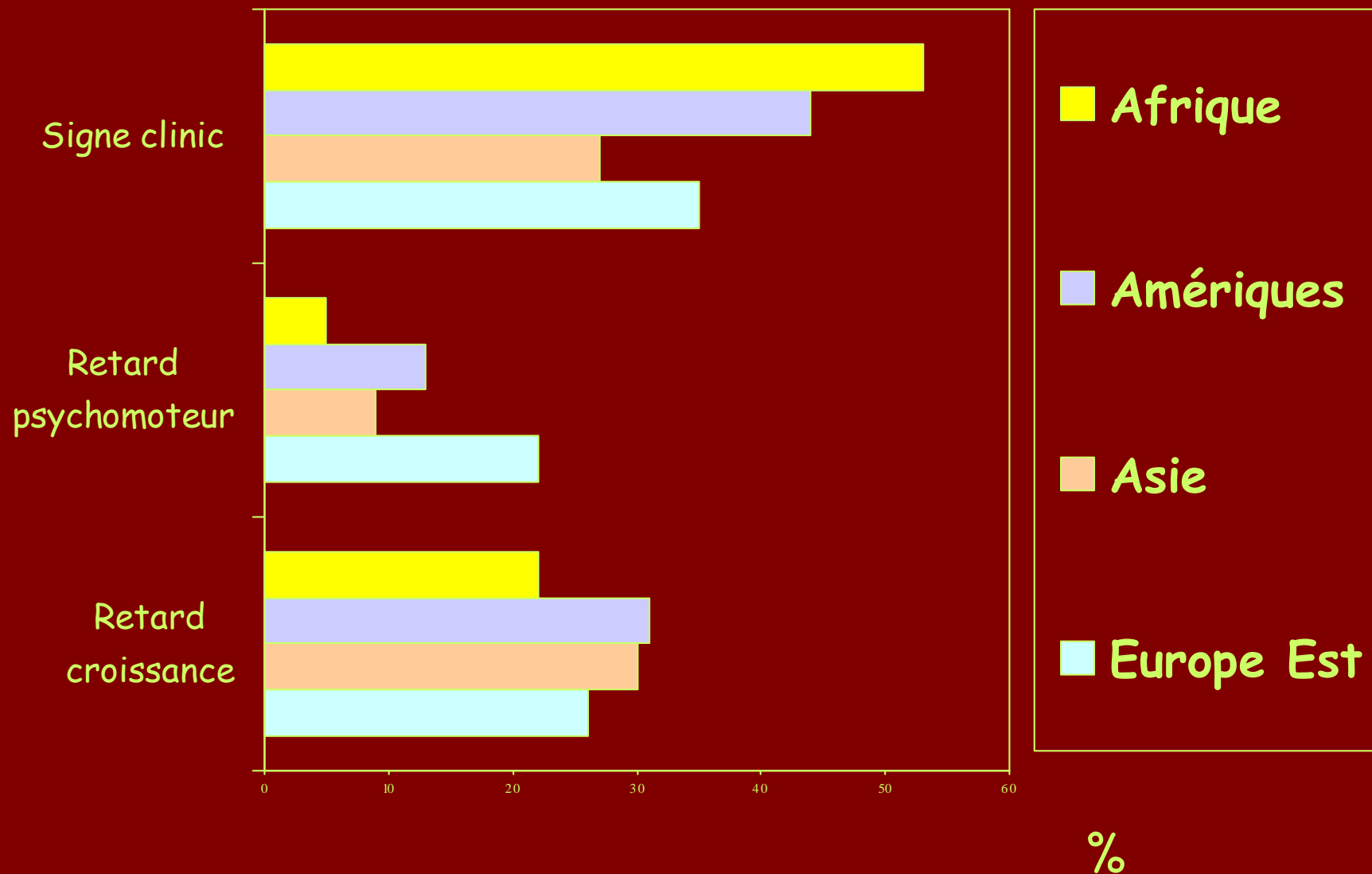


N

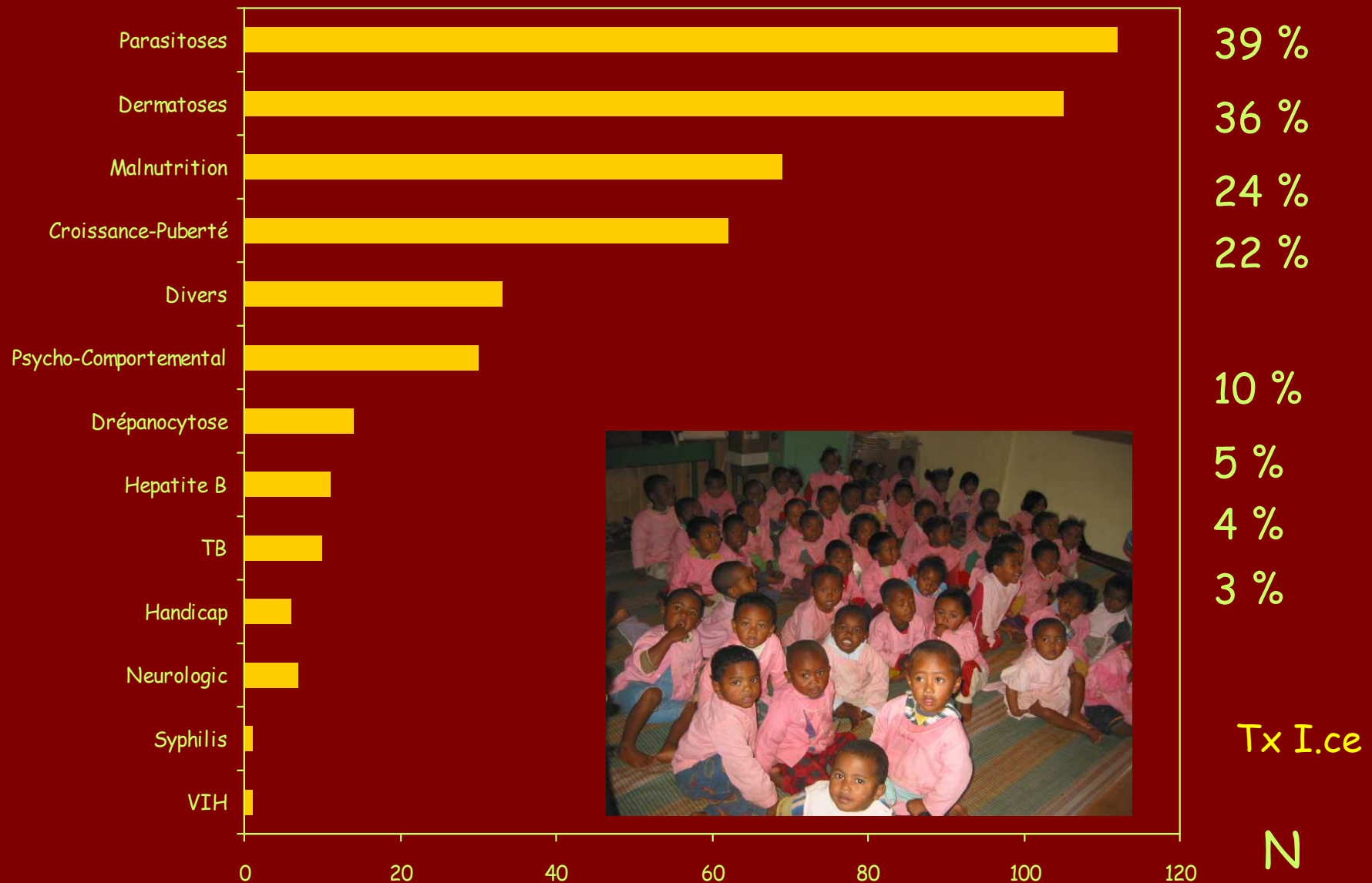
Sex ratio (n : 988)



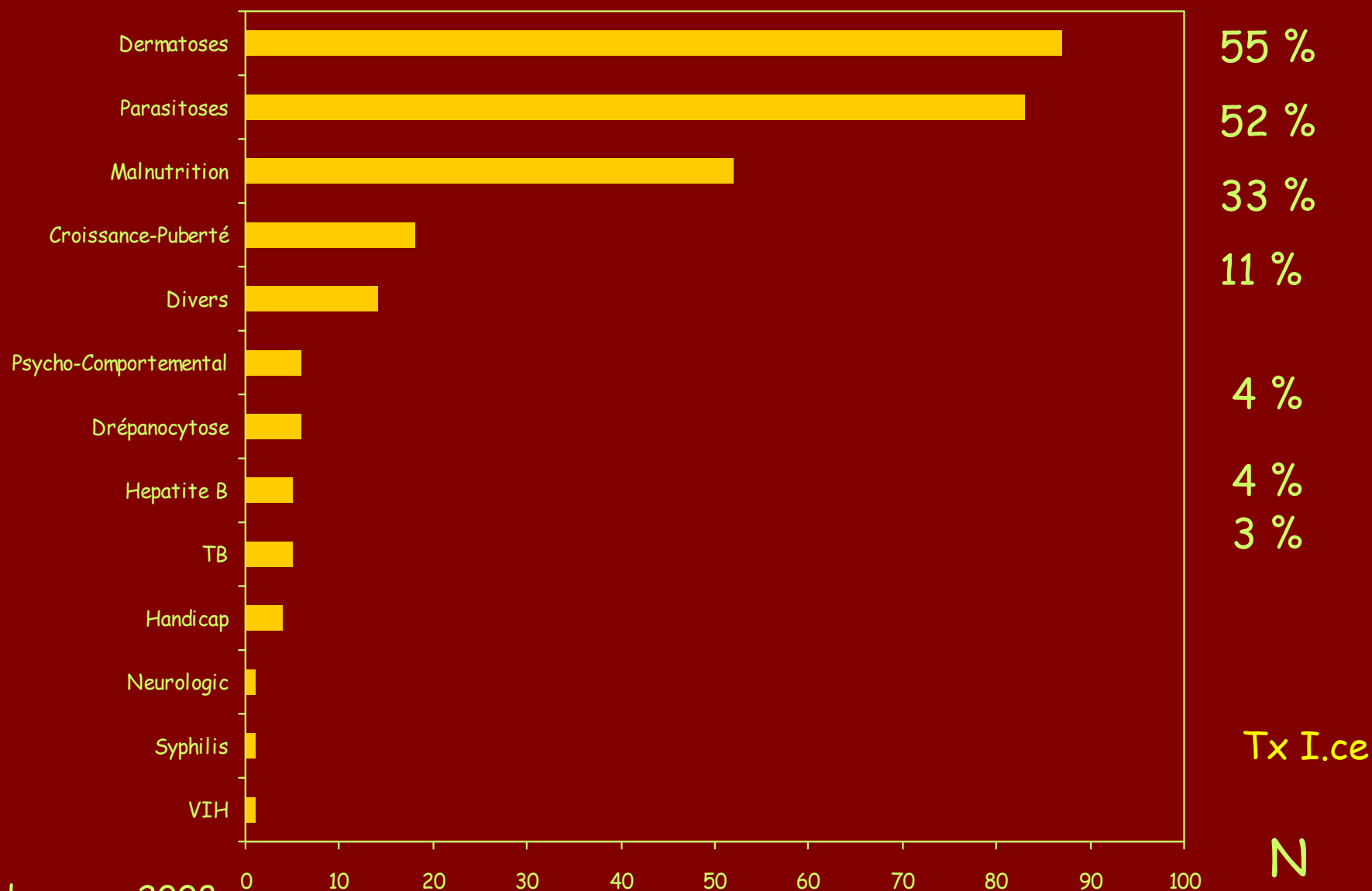
Anormalité au premier examen # continent d'origine



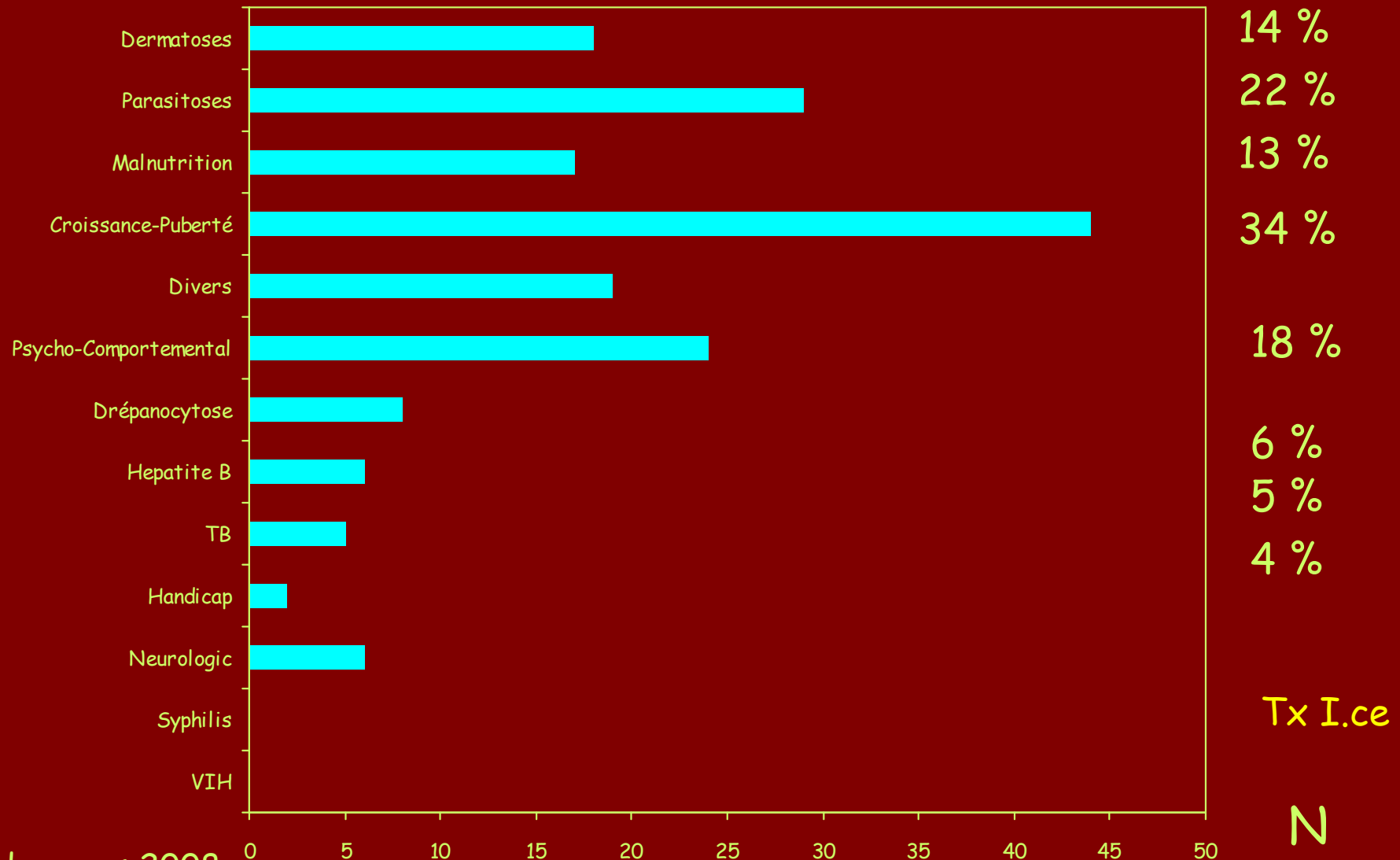
Morbidité des enfants d'Afrique (n= 288)



Morbidité des enfants d'Afrique < 3 mois / arrivée (n= 158)



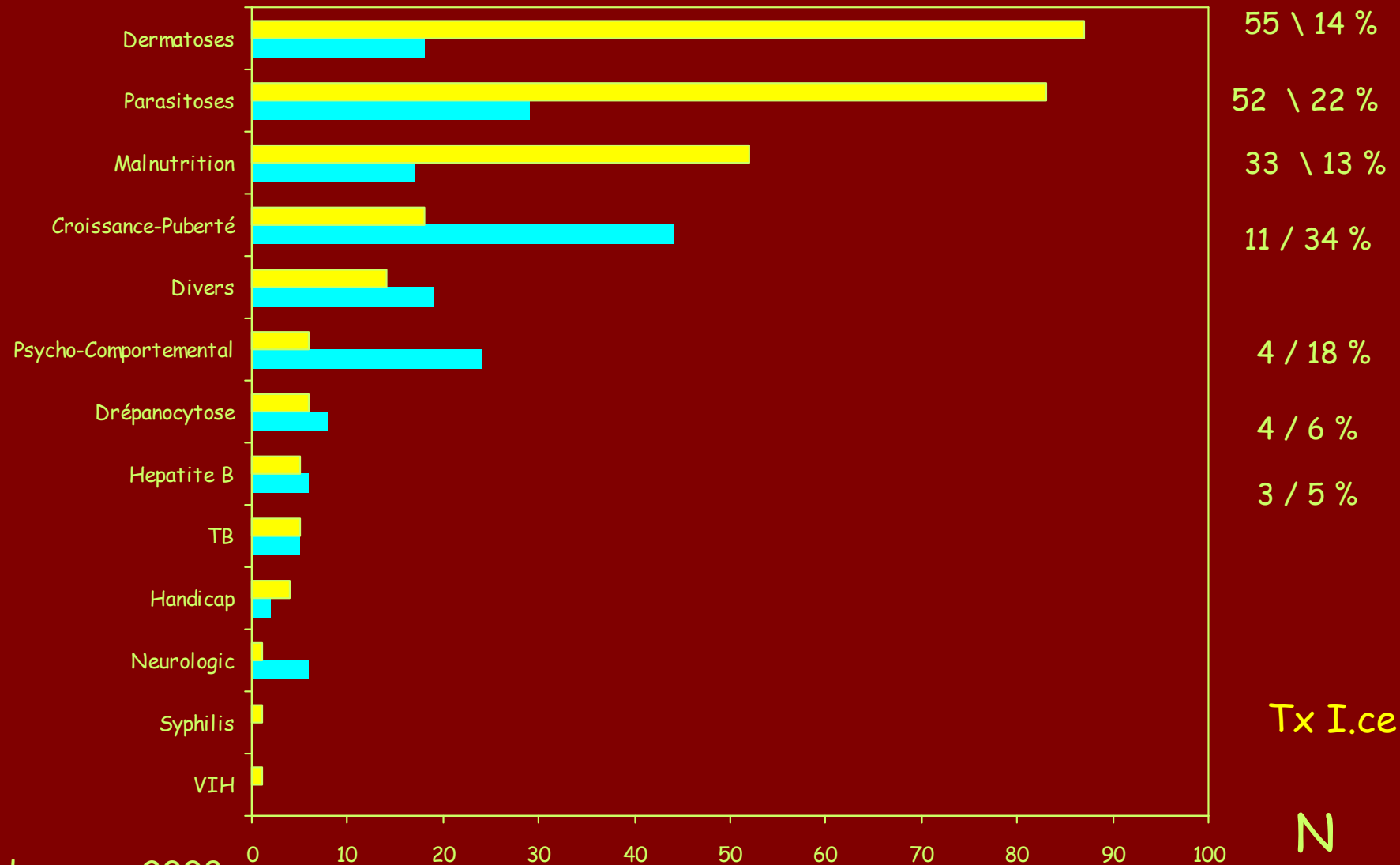
Morbidité des enfants d'Afrique > 3 mois / arrivée (n= 130)



Etude cocas 2008

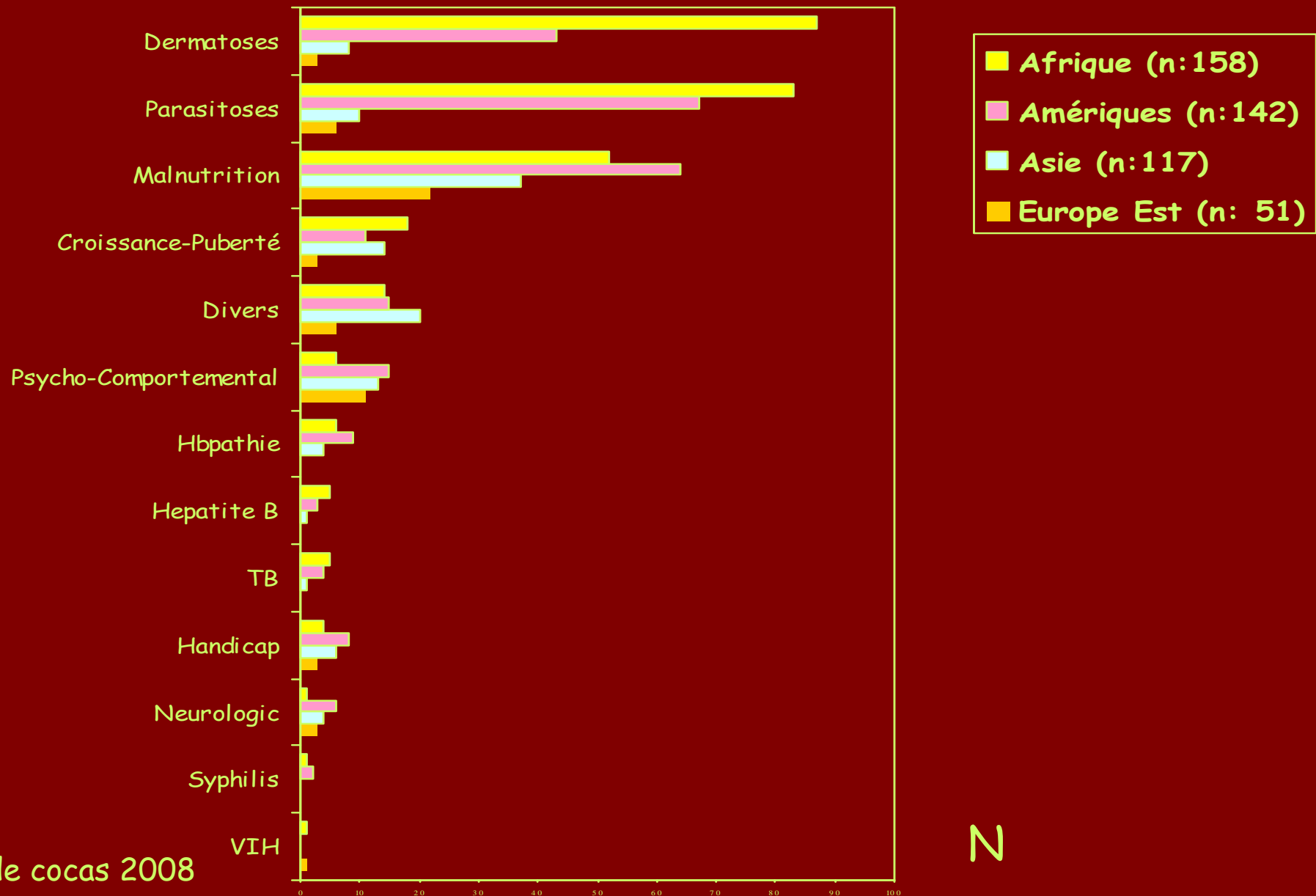
Morbidité des enfants d'Afrique

délai [arrivée - consultation] (n= 288)

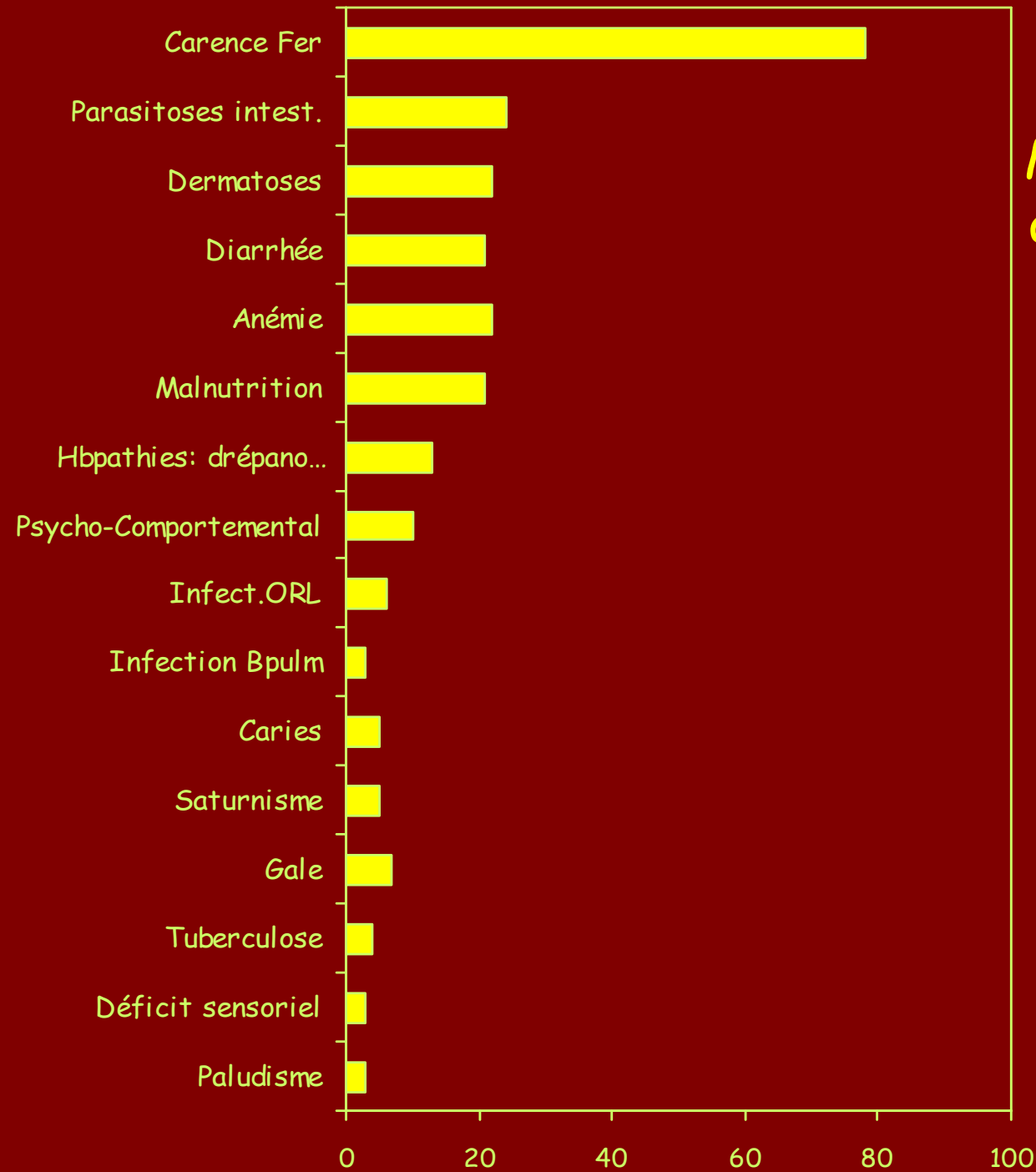


Etude cocas 2008

Morbidité enfants < 3 mois / arrivée # continent (n= 310)



Morbidité enfants adoptés d'Afrique (n= 120)

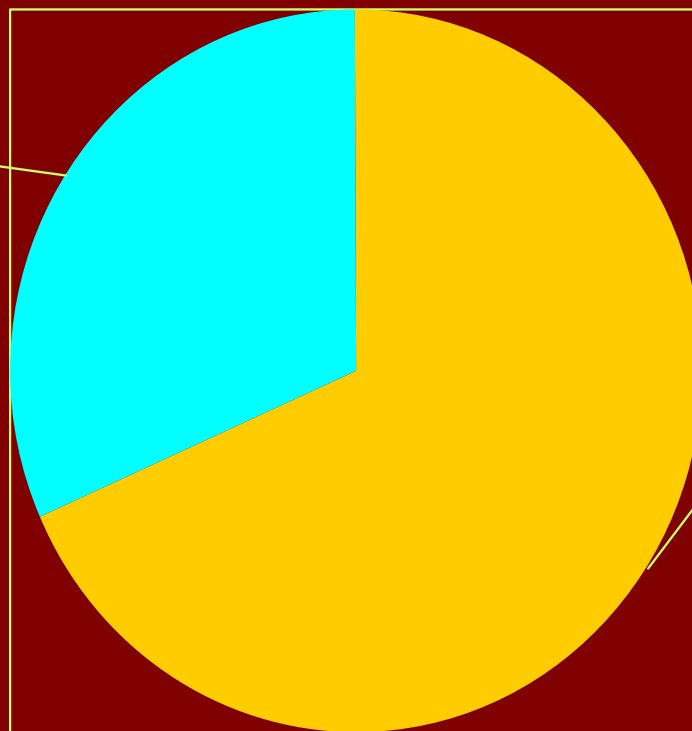


Etude cohorte
NEM
2008-13

%

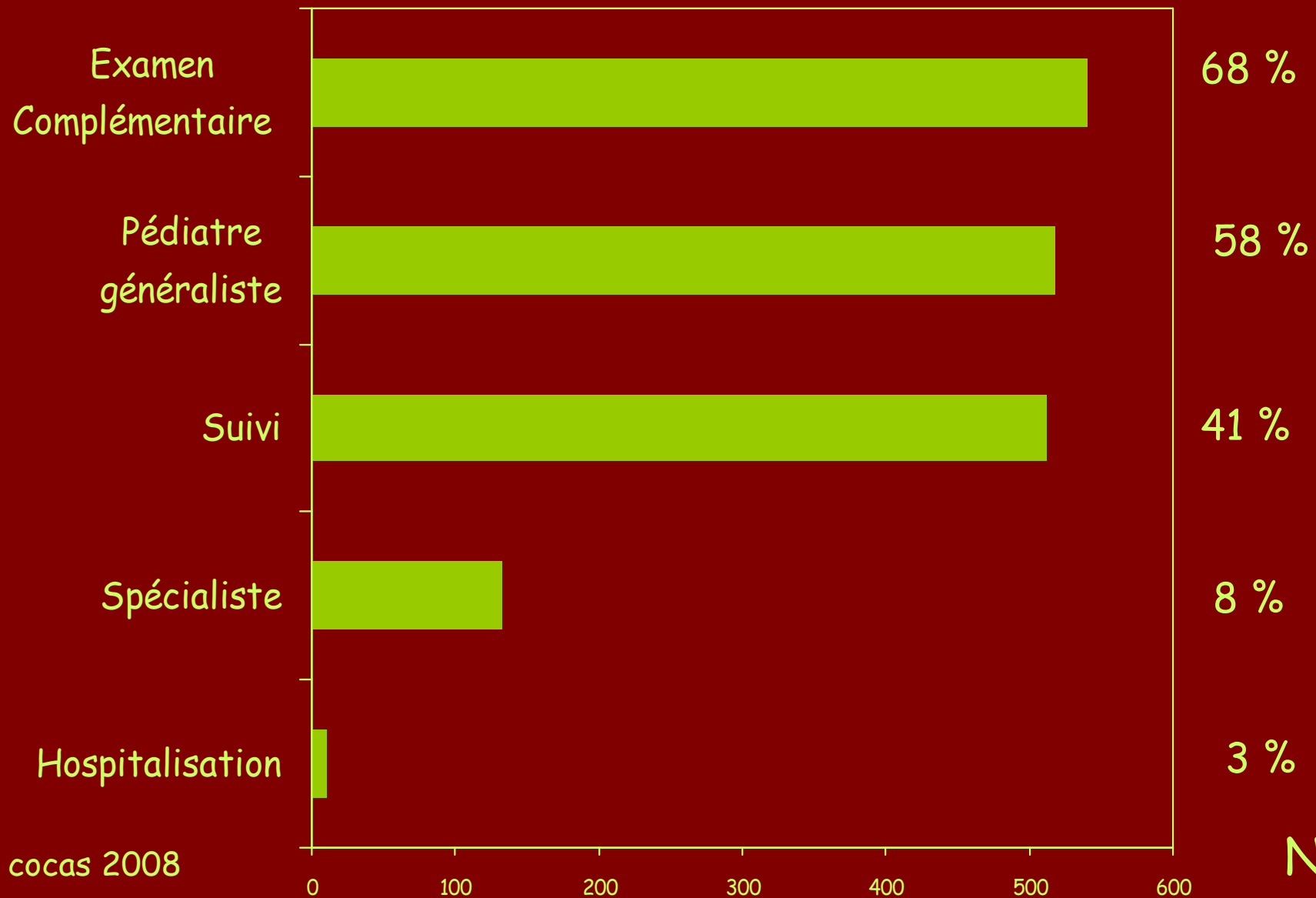
Statut vaccinal enfant Africains Cs n°1 < 3 mois / arrivée (n : 474)

Complet
32 %

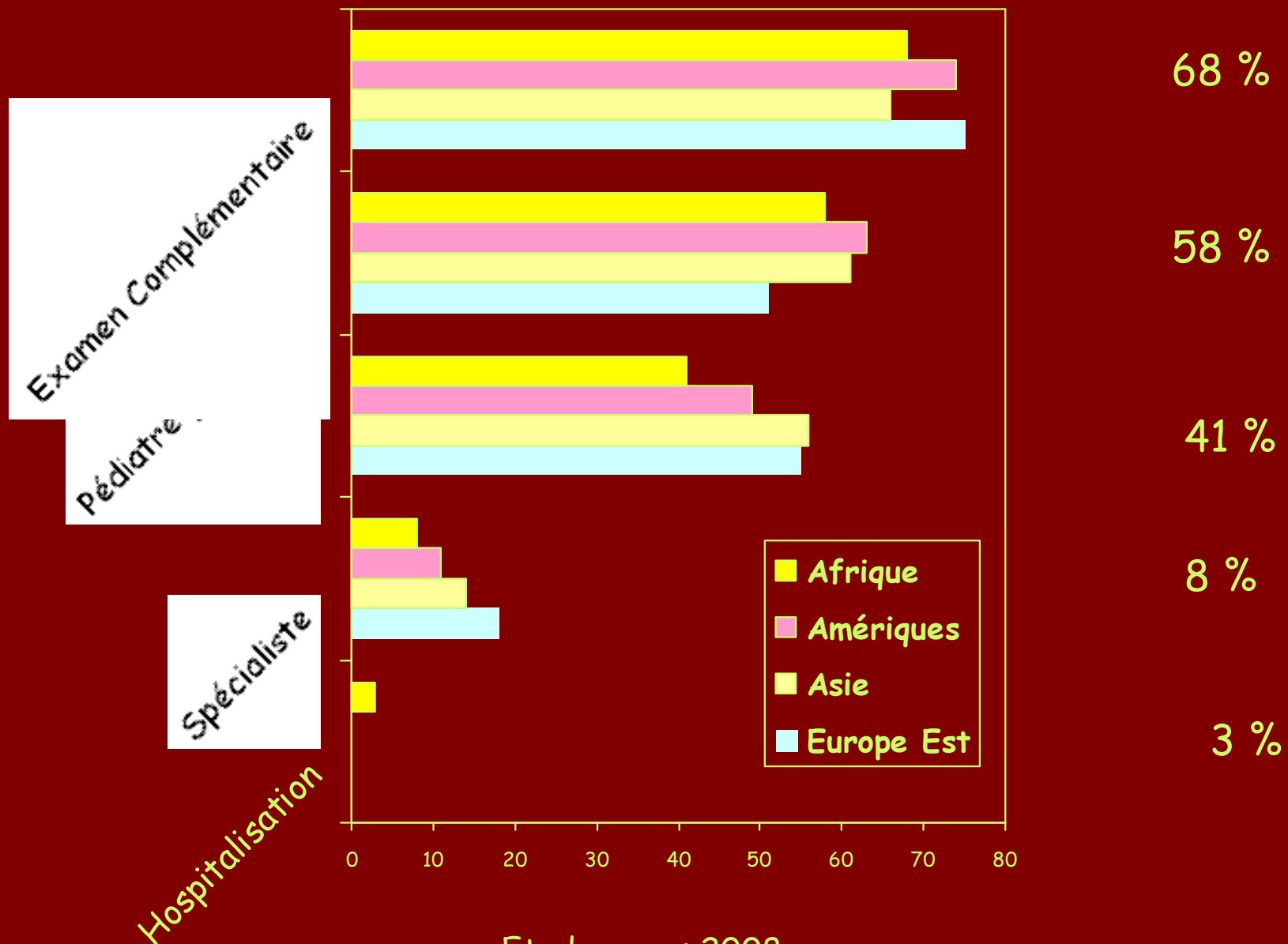


Incomplet
68 %

Orientation enfants d'Afrique (n= 158)



Orientation enfants d'Afrique / autres (n= 316)



Etude cocas 2008

N

Discussion

- Limitations: ancienneté relative (5 ans), non exhaustivité ...
- 53 % de pathologie clinique à la première consultation
- Pathologies intertropicales → centres expérimentés
- Maladies parfois graves (Hépatites, HVB, TB, VIH, Paludisme ..
→ Centres de référence
- Retard de croissance, troubles neurologiques ou du comportement moins fréquents / enfants d'autre origine géographique
- 70 % calendrier vaccinal à compléter

Recommandation

- Des examens de dépistages orientés devraient faire partie de l'évaluation médicale de tous les enfants adoptés dans le mois suivant l'arrivée.

Particularités psycho-socio-culturelles des enfants adoptés d' Afrique (1)

- Conséquences d'une adoption d'un enfant déjà grand
- Modèles d'attachement:
fréquence des attachements désorganisés
- Trauma précoces
- Co-construction d'un récit / Identité narrative

Particularités psycho-socio-culturelles des enfants adoptés d' Afrique (2)

- Appartenances culturelles de l'enfant adopté
- Représentations du pays d'origine
- Travail avec les familles:
 - Accompagnement à l'adaptation psycho-sociale
 - Fonction réflexive
 - Guidance familiale

Merci de votre attention..... des questions ?



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