

# Adoption Nutrition

A Starter Guide for  
Foster & Adoptive Parents



*Dear Parents,*

We deeply understand the joy - and stress - of bringing your new child home. Our kids were each profoundly under-nourished when we adopted them, so nutrition became a fast priority for our families. Research now shows that ***all adopted children should be evaluated for nutritional deficiencies*** as early as possible. Unfortunately less is known about children in foster care, but experts suspect these kids are similarly effected.

Inside you'll find everything we wished we'd known to help you assess your child's nutritional needs, and to nourish your little one back to optimal well-being in your care.

*Be Happy! Be Healthy!*



*Cindy Kaplan and Mishelle Rudzinski  
Co-Founders of SPOON Foundation*

*This guide is a cooperative effort between SPOON Foundation and Joint Council on International Children's Services, nonprofit organizations dedicated to improving the lives of orphaned, fostered and adopted children.*

[www.spoonfoundation.org](http://www.spoonfoundation.org) | [www.jointcouncil.org](http://www.jointcouncil.org)

## MALNUTRITION IN DISGUISE



While some adopted children come home in bodies that are clearly aching for food, others may appear well-nourished but are similarly suffering from nutrient deficiencies.

Sometimes adopted children are "stunted" - a condition in which insufficient nutrition, often combined with chronic infection and/or stress, impacts their length more than weight. In these cases, **kids will be small but might look chubby** because their low weight is distributed across an even shorter body frame.

In other cases, a lack of vitamins and minerals may not impact outer appearance but **can have a significant impact on brain development and long-term cognitive functioning.**

!!!

*Even chubby little babes like this one are at risk.*



# COMMON NUTRIENT DEFICIENCIES



New research\* shows that adopted kids from all over the world often present with the very same nutrient deficiencies.

TYPE	SOME SYMPTOMS	KID-FRIENDLY FOOD SOURCES
<b>VITAMIN A DEFICIENCY</b>	<ul style="list-style-type: none"> <li>• Vision difficulties</li> <li>• Decreased immunity</li> <li>• Dry eyes, skin, hair</li> </ul>	Eggs, milk, butter, tuna, dark green, orange and yellow fruits and veggies
<b>IRON DEFICIENCY</b>	<ul style="list-style-type: none"> <li>• Fatigue</li> <li>• Pale skin</li> <li>• Weakness</li> <li>• Difficulty thinking</li> </ul>	Fortified cereals, soybeans, raisins, pumpkin and sesame seeds, beef, and spinach.
<b>VITAMIN D DEFICIENCY</b>	<ul style="list-style-type: none"> <li>• Skeletal deformity</li> <li>• Poor growth</li> <li>• Dental problems</li> </ul>	Egg yolks, milk, cod liver oil, salmon, cod, shrimp, fortified cereals.
<b>FAILURE TO THRIVE</b>	<ul style="list-style-type: none"> <li>• Decrease in percentile of weight, height, head circumference</li> <li>• Poor weight gain</li> </ul>	Calorie-dense foods, such as whole fat yogurt, avocados, nut butters, coconut milk

\*Source: Fuglestad A, Lehmann AE, Kroupina MG, Petryk A, Miller B, Johnson DE, Georgieff MK. Iron deficiency in international adoptees from Eastern Europe. *J. Pediatr*, 153: 272-7, 2008 and unpublished data; Gerber Foundation grant to MK Georgieff.



Visit [WWW.ADOPTIONNUTRITION.ORG](http://WWW.ADOPTIONNUTRITION.ORG)

*for more information  
on common deficiencies  
& symptoms, fortifying  
foods, and cooking with  
healthy recipes.*



## FUN FOOD IDEAS

Mince colorful veggies and mix into pizza or pasta sauce, scrambled eggs, or tuna salad.



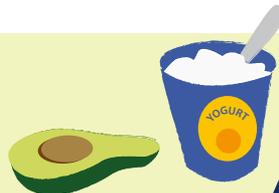
Make your own trail mix with raisins, seeds, soy nuts and fortified cereal. Offer OJ with hamburgers...vitamin C increases the body's ability to absorb iron.



Make your own super-D fish sticks by coating with egg and crumbled fortified cereal. For little ones, check out vitamin D fortified yogurt meals with fruits and veggies.



Keep "power condiments" out for sprinkling or dipping: parmesan cheese, wheat germ, butter, ranch dressing, sour cream.



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## WHY YOUR CHILD IS AT RISK

No matter how different their diets, there are reasons why adopted children from around the globe are often impacted by the same nutrition deficiencies.

### THEY INCLUDE:

- ✦ **Inadequate prenatal health care and diet**
- ✦ **Inadequate breastfeeding**
- ✦ **Milk given in place of fortified infant formula**
- ✦ **Diluted or improperly prepared infant formula**
- ✦ **Premature introduction of solid foods**
- ✦ **Insufficient amounts of nutritious foods**
- ✦ **Insufficient feedings and/or inappropriate feeding practices**
- ✦ **Inadequate exposure to sunlight**
- ✦ **Lack of fortified foods, beverages, and vitamin supplements**
- ✦ **The stress of transitioning between multiple caregivers and homes**
- ✦ **Nutritional stores may not be enough to keep up with rapid catch-up growth post-adoption**

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# NUTRITION LAB TESTS FOR EVERY ADOPTED CHILD



The following lab tests are recommended for internationally adopted children at their initial post-adoption exam to identify potential nutritional deficiencies. These tests may also be appropriate for domestically adopted and foster kids if deficiencies are suspected:

- COMPLETE BLOOD COUNT (CBC) AND DIFFERENTIAL COUNT (DIFF), including red blood cell count, hemoglobin, hematocrit, and red blood cell indices (including mean corpuscular volume)**
- SERUM FERRITIN, SERUM TRANSFERRIN**
- THYROID STIMULATING HORMONE (TSH)**
- 25-HYDROXY VITAMIN D**
- STOOL TEST FOR OVA AND PARASITES**
- ANTIGEN HELIOBACTER PYLORII**
- SERUM ZINC**
- VITAMIN B12**
- STANDARD ANTHROPOMETRIC**

## **IMPORTANT: LAB TESTS MUST BE REPEATED**

Even if initial results are normal, iron and vitamin D tests should be repeated 6 months after children come home because rapid catch-up growth post-adoption can actually deplete nutrient stores and lead to nutrient deficiencies.

**!** At least 1/3 of all adopted children are deficient in key nutrients necessary for healthy physical and cognitive development.



## TRANSITIONING YOUR CHILD'S DIET

Some children acclimate to new diets quickly, while others may require weeks, months, or even years.

### A FEW TIPS AND TRICKS TO GET YOU STARTED:

- **At each meal, serve at least one food your child already knows and loves**—even if you don't like or approve of it.
- **If your child rejects a food, don't assume he doesn't like it.** Some children need to become familiar with a new food before accepting it. It may help for you and/or other children to enjoy those new foods in his presence.
- **Consider serving different formats of the same new food**—fried eggs, scrambled eggs, hard boiled eggs. Segmented oranges, sliced oranges with the peel on, orange juice.
- **For infants—feed on demand. For children—set a consistent schedule for snacks and meals**—with no more than 2-3 hours between feedings. It's okay to feed a child between these set times if they ask for food.
- **Supplement your child's diet with an iron-fortified multivitamin** daily during the initial period of catch up after they come home (typically the first 6-12 months, but can be longer.)

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# UNDERSTANDING FEEDING CHALLENGES



Even the most prepared and patient parent can feel defeated in the face of feeding challenges. Often these challenges resolve in due time. Don't hesitate to get help from a professional if problems persist.

THE CHALLENGE	POSSIBLE CAUSES	TRY THIS
<p><b>WON'T EAT</b></p>	<ul style="list-style-type: none"> <li>• The trauma of transition can taper appetites at first</li> <li>• Food aversions and/or feeding aversions</li> </ul>	<p>Allow child to eat favorite foods (even if limited) and gradually introduce one new item per meal. Introduce foods that are similar in taste and texture to preferred foods.</p>
<p><b>HAS DIFFICULTY EATING</b></p>	<ul style="list-style-type: none"> <li>• Oral-motor delays due to early weaning and limited food repertoire</li> <li>• Oral-motor differences due to cleft palate or cerebral palsy</li> </ul>	<p>Provide child with fun toys that encourage feeding skills practice outside of mealtimes: bubbles, whistles, electric toothbrushes, frozen teethers, etc.</p>
<p><b>EATS TOO MUCH/HOARDS</b></p>	<ul style="list-style-type: none"> <li>• Early deprivation</li> <li>• Difficulties with control and trust</li> <li>• Micronutrient deficiencies</li> </ul>	<p>Give child space for food that belongs just to him, for example a shelf in the cupboard with his snacks, an air-tight plastic container of food in his bedroom at night in case he wakes up hungry, and a pocket in his backpack that always holds an "emergency snack."</p>

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## POWER SMOOTHIE

### INGREDIENTS:

- $\frac{1}{2}$  cup frozen organic blueberries
- $\frac{1}{4}$  cup YoBaby yogurt
- $\frac{1}{2}$  cup coconut water or filtered water
- $\frac{1}{2}$  t flax meal
- pinch of sea salt

### PREPARATION:

Add all ingredients to a blender and blend until smooth.

yield: 1 cup

Developed by Andrea Livingston [www.phytofoods.blogspot.com](http://www.phytofoods.blogspot.com)



A great source of fiber, vitamin C, calcium, potassium, and phytonutrients!



# POWER PIZZA

## INGREDIENTS:

- 1 cup of tomato sauce, preferably organic
- 1 cube each: HappyBaby Easy Going Greens, Yes Peas, and Thank You Carrots
- flax seed meal
- 6 english muffins
- Optional toppings: cheese, veggies, meat

## PREPARATION:

Combine tomato sauce, HappyBaby cubes and flax seed meal in a small pan, stir well and bring to a simmer. Remove from heat - season to taste. Spread on english muffins and top with cheese and/or other fixin's. Bake at 350 on non-stick cookie sheet for 5 minutes.

yield: 6 servings



A great source of beta-carotene, vitamins C and K, potassium, fiber, and phytonutrients!

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recipes  
on our  
website!





*Every child deserves the chance  
to grow and thrive.*

To learn more about what you can do  
to improve nutrition and feeding  
for orphaned children, visit  
[www.spoonfoundation.org](http://www.spoonfoundation.org)

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