

THE PEDIATRICIAN INTERVIEW

Note #1: The pedd that is the right fit for you before and during the trip to China may not be the best fit for you once you are home with your child.

Note #2: Before you make an appointment, try an experiment. Call your potential doc and see how long it takes you to get an actual human being on the phone. Try this a few times. If the average time is greater than five minutes, move on.

- how many internationally adopted babies in your practice? (*Experienced parent interjection: the answer "many" does not necessarily guarantee a "good" pediatrician, or vice versa. It may matter the most in the first few months, as it may mean that he/she is aware of tests that need to be done; vaccination options, various physical tendencies such as Mongolian Spots, a predisposition to waxy ears, sensitive skin, etc.*)

- are you willing to go over medical information received at the time of referral or is there someone you could refer us to that would?

- How flexible is your scheduling? How far ahead do appointments have to be booked? We may not know exactly what our return date from China will be until the last minute. How do we schedule a visit 2 days after return? **Should** we schedule a visit two days after we return or should we wait? How long?

- if we encounter problems in China can we call? (This can be a very important deciding factor)

- What is your relationship with email - especially need to know for when we you are in China.

- Once we get you on the phone - will you feel comfortable answering questions about illnesses etc after we have met our daughter but are still in China? For example; how and when to administer antibiotics, (and do you feel comfortable prescribing antibiotics before we leave and/or going thru each medication in the Texas Medical Kit and/or adding to that); how high is a high fever; hydration issues, when to be hospitalized etc. China sometimes has a very different approach to health care. (The hospital question was suggested by parents whose daughter had a high fever. They found they had to insist that she be hospitalized in China and given antibiotics at the urging of their doctor at home and were glad they did so. However, some parents have had the opposite experience – told to hospitalize and give antibiotics in China, they didn't at the advice of home pedd and were glad. And yet others did exactly as they were advised to do in China by local doctor and the outcome was positive.)

- When we are home with our child: what is weekend and holiday coverage? Nights?

- Do YOU (the doctor) work at this location five days a week (as opposed to nurse or another doctor)? If not, are you at another office or do you work part time?

- Will you personally see us at most visits?

- Do you have well baby hours?

- How comfortable are you hand holding with first time parents? (*Believe me, we're a different breed than any other parents the first 6 months on the job. After that, you become an expert like all the other big kids.*)

- Are you reachable 24 hours a day? How is follow thru with covering physician handled?

- do you have a call hour for non-urgent questions? Do you have a nurse or nurse practitioner for general help?

- What kind of immunization visits might you set up? Mention that you wish to have tests recommended. by American Academy of Peds. in their Red Book under "screening for internationally adopted child" done in the first few weeks. Do not accept that these are not necessary or advisable.

- Do you have in your office Asian growth charts and do you refer to them? (Important, although the new CDC growth charts are said to be much more inclusive in factoring in non-Caucasian babies stats to the Caucasian population stats.)

- Will they make a copy of the AGC's a permanent part of your child's records?

- Ask about lead testing or any other state regulations you might not be aware of. For example in Massachusetts, there are strict guidelines re: positive lead test in child. Doctor MUST report it and the state MUST do a test (at your expense - many hundreds of dollars). The couple that encountered this tactfully asked if their doctor would not test for lead until baby was home for four weeks. Waiting four weeks is a pretty standard time table, but just in case.....

..... it brings up the point that there may be policy issues that are peculiar to your state - and this would be a good time to see if the doc is aware of them and how sensitive he/she is to accommodating your "special" circumstance.

- you may want to get an idea of his/her "philosophy" of parenting; discipline; temper tantrum treatments, etc. But you may feel that you can extrapolate that information just from their interaction with you and/or the kids and other parents you may have observed coming and going.

- go to appointment a half hour or more early. Check out the staff and how they interact with kids, you and each other. As I waited to be seen by one doctor (pre-Raimi), I listened to the receptionists discussing how "disgusting" it was that someone had put raisins in a recipe for stew. This was literally a topic of conversation for ten minutes. Is that an indication of their attitude towards diversity? Maybe yes - maybe no.....just another little detail to factor in to your decision.....

- go to the appointment a half hour early and see how the DOCTOR interacts with kids and parents as they go in and out of his/her office.

- Make sure there are magazines in the waiting room that were published after 1986.

- Best of luck to you !

Judy Woodruff

For more family in waiting resources and a few pictures of my beautiful child, go to <http://www.woodruffs.com>

