

Fetal Alcohol Spectrum Disorder



WHAT IS FASD?

Fetal Alcohol Spectrum Disorder (FASD) is a neurodevelopmental disability caused by prenatal alcohol exposure. FASD is a lifelong and often invisible disability that may affect growth, coordination, behaviour, attention span, memory, learning, speech, IQ, reasoning and judgment. FASD may also affect vision and hearing, and can cause cardiac, renal and skeletal problems. Rarely people with FASD may have characteristic facial features, such as a smooth philtrum, small eyes and a thin upper lipⁱ.

ALCOHOL, PREGNANCY AND FASD

Alcohol can cause damage to the unborn child's brain and organs at any time during pregnancy, even before a pregnancy has been confirmedⁱⁱ. No alcohol in pregnancy is the safest choice.

Alcohol crosses into the placenta and the fetus from the maternal bloodstreamⁱⁱⁱ. The more a woman drinks during her pregnancy the higher the risk to the unborn baby^{iv}.

Studies also suggest that men should also abstain from alcohol consumption as it has effects on sperm DNA, which can lead to congenital disorders in offspring. Up to 75% of children with FASD have biological fathers who were alcohol dependent^v.

Risk factors that may impact on the level and frequency of alcohol consumption during pregnancy include:

- Pre pregnancy alcohol consumption
- Older parental age
- Smoking
- Poor nutrition
- Higher social status related to income
- A history of abuse and violence (women)
- Positive screen for alcohol problems
- Psychiatric symptoms^{vi}.

HOW DOES FASD PRESENT?

As the signs and symptoms of FASD occur along a spectrum, FASD will look different in each individual. FASD may be ignored, undetected or overlooked, attributed to another known condition or blamed on parenting or post-birth environments. Characteristic features (physical, developmental and/or neurobehavioral) of FASD are often not noticed until the child reaches school age, when behavioural and learning difficulties become more evident.

A diagnosis of FASD requires evidence of prenatal alcohol exposure and severe impairment in three or more domains of central nervous system structure or function. [A diagnosis of FASD can be divided into one of two sub-categories:](#)

- i. FASD with three sentinel facial features.**
- ii. FASD with fewer than three sentinel facial features^{vii}.**

The majority of children and adults who have FASD live with significant cognitive, behavioural, health and learning difficulties, including problems with memory, attention, reasoning, impulsivity, receptive language and adaptive functioning difficulties. These difficulties are lifelong and have a significant impact on behaviour.

Table 1: Common behaviours in FASD

What behaviour may look like	What behaviour actually represents
<ul style="list-style-type: none">• Non-compliance	<ul style="list-style-type: none">• May not understand or remember.
<ul style="list-style-type: none">• Repeatedly making the same mistake	<ul style="list-style-type: none">• May not link cause and effect.• May not understand or remember.
<ul style="list-style-type: none">• Often late	<ul style="list-style-type: none">• Difficulties understanding the concept of time.• May not remember.
<ul style="list-style-type: none">• Not sitting still	<ul style="list-style-type: none">• Sensory overload.
<ul style="list-style-type: none">• Poor social Judgement	<ul style="list-style-type: none">• Difficulties interpreting social cues and understanding social conventions.
<ul style="list-style-type: none">• Overly physical	<ul style="list-style-type: none">• May not understand social cues about boundaries.• Hyper or hypo sensitive to touch.
<ul style="list-style-type: none">• Does not work independently	<ul style="list-style-type: none">• May not translate verbal instructions into actions.• May have problems with memory.
<ul style="list-style-type: none">• Stealing	<ul style="list-style-type: none">• Does not understand concept of ownership.
<ul style="list-style-type: none">• Lying	<ul style="list-style-type: none">• May have problems with memory.• Difficulties accurately recalling events.
<ul style="list-style-type: none">• Self - centred	<ul style="list-style-type: none">• May not link cause and effect.
<ul style="list-style-type: none">• Volatile	<ul style="list-style-type: none">• Difficulties verbalising feelings.• Feeling overwhelmed or over-stimulated.
<ul style="list-style-type: none">• Inconsistent performance	<ul style="list-style-type: none">• Difficulties with memory.• Difficulties carrying through learning from one situation to the next.

FASD OVER THE LIFE COURSE

People with FASD may develop "secondary conditions". Secondary conditions are challenges that a person is not born with, but which can develop over time as a result of having an FASD. They include things like disrupted schooling, inappropriate behaviour, trouble with the law, alcohol and other drug use and mental health challenges.

People with FASD have strengths such as being loving and affectionate; helpful and creative; musical; good at sport; mechanical, building or technically skilled^{viii}. Positive outcomes can be achieved when parents are appropriately supported to understand their child's behaviour as a symptom of brain damageⁱⁱ.

HOW CAN FASD BE PREVENTED?

There is no known safe amount of alcohol consumption during pregnancy. No alcohol is the safest choice if you are pregnant, think you could be pregnant, or are planning a pregnancy. Partners can support women by not drinking around them while they are pregnant. Friends and family of pregnant women also play a vital role in preventing FASD, by supporting them to not drink.

Early diagnosis, timely support and a stable care-giving home can help to reduce the impact of FASD and reduce the likelihood of secondary conditions.

FOR SUPPORT

If you or someone you know needs help with drinking see your local GP or contact the Drug and Alcohol Clinical Services (Hunter New England Health) for information, referral and advice.

Drug and Alcohol Clinical Services (Hunter New England Health)

Ph: 1300 66 00 59 (Central Intake Line)

Website: <http://www.hnehealth.nsw.gov.au/dacs>

A: Various

Provides a variety of services including the Substance Use in Pregnancy and Parenting Services (SUPPS), Community Drug and Alcohol Counselling Service, Withdrawal Management, Stimulant Treatment, Cannabis Clinic, Pharmacotherapy, and Probation & Parole Groups.

FOR MORE INFORMATION

NOFASD Australia:

<https://www.nofasd.org.au/>

FASD HUB Australia:

<https://www.fasdhub.org.au/>

Telethon Kids Institute:

<https://www.telethonkids.org.au/our-research/research-topics/fetal-alcohol-spectrum-disorder-fasd>

Tool Kit for Parents Caregivers and Families:

<https://www.nofasd.org.au/wp-content/uploads/2018/02/toolkit-2017-nov.pdf>

Australian Guide to the Diagnosis of FASD:

https://www.fasdhub.org.au/siteassets/pdfs/australian-guide-to-diagnosis-of-fasd_all-appendices.pdf

ABOUT US

Telethon Kids Institute is working with Mercy Services and the Newcastle Local Drug Action Team to help make FASD History in Newcastle.

If you'd like to know more about the project:

Email: Helena.Hodgson@mercyservices.org.au (Project Coordinator)

Online: <https://alcoholpregnancy.telethonkids.org.au/our-research/research-projects/making-fasd-history-multi-sites/>

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ⁱBower, C., & Elliott, E. (2016). Australian Guide to the Diagnosis of FASD. Retrieved from https://www.fasdhub.org.au/siteassets/pdfs/australian-guide-to-diagnosis-of-fasd_all-appendices.pdf.

ⁱⁱNOFASD Australia. (2018). What is FASD? Retrieved from <https://www.nofasd.org.au/alcohol-and-pregnancy/what-is-fasd/>

ⁱⁱⁱPaintner, A., Williams, A. D., & Burd, L. (2012). Fetal Alcohol Spectrum Disorders— Implications for Child Neurology, Part 1: Prenatal Exposure and Dosimetry. *Journal of Child Neurology*, 27(2), 258–263. <https://doi.org/10.1177/0883073811428376>

^{iv}Burns, L., Elliott, E.J., Black, E., & Breen, C. (2012). Fetal Alcohol Disorders in Australia: An update. Monograph of the Intergovernmental Committee of Drugs Working Party of Fetal Alcohol Spectrum Disorders. <http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/publishing.nsf/Content/intergovt-committe-fasd-june2012>

^vDay, J., Savani, S., Krempsey, B. D., Nguyen, M., & Kitlinska, J. B. (2016). Influence of paternal preconception exposures on their offspring: through epigenetics to phenotype. *American journal of stem cells*, 5(1), 11-8. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4913293/>

^{vi}Skagerstrom, J., Chang, G., & Nilsen, P. (2011). Predictors of Drinking During Pregnancy: A Systematic Review. *Journal of Women's Health*. <https://doi.org/10.1089/jwh.2010.2216> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3159119/pdf/jwh.2010.2216.pdf>

^{vii}Bower, C., Watkins, R. E., Mutch, R. C., Marriott, R., Freeman, J., Kippin, N. R., . . . Giglia, R. (2018). Fetal alcohol spectrum disorder and youth justice: a prevalence study amongst young people sentenced to detention in Western Australia. *BMJ Open*, 8. doi:doi:10.1136/bmjopen-2017-019605 <https://bmjopen.bmj.com/content/bmjopen/8/2/e019605.full.pdf>

^{viii}FASD HUB Australia. (2018). Living with fetal alcohol spectrum disorder. Retrieved from <https://www.fasdhub.org.au/fasd-information/understanding-fasd/living-with-fasd>