
Fetal alcohol spectrum disorder (FASD)

Summary

- Fetal alcohol spectrum disorder (FASD) refers to a range of problems caused by exposure of a fetus to alcohol during pregnancy.
 - There is no cure for FASD and its effects last a lifetime.
 - A person with FASD can get help with their learning and behaviour to maximise their independence and achievements.
 - Not drinking alcohol during pregnancy is the safest option.
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What is Fetal Alcohol Spectrum Disorder?

Fetal alcohol spectrum disorder (FASD) refers to the range of problems caused by prenatal exposure to alcohol (exposure to alcohol during pregnancy).

If a woman drinks alcohol while she is pregnant, the alcohol crosses the placenta from her blood into the baby's bloodstream and the baby is exposed to similar concentrations of alcohol as the mother.

The effects of alcohol on a fetus include:

- harm to the development of the fetal nervous system, including the brain
- under-nourishment of the growing baby
- in some cases, triggering of changes in the development of the baby's face, resulting in certain facial features.

Babies severely affected by FASD are at risk of dying before they are born.

Not all babies exposed to alcohol develop FASD. The risk of harm to the fetus is highest when prenatal exposure to alcohol occurs regularly or due to frequent binge drinking.

To avoid FASD, avoid alcohol when pregnant

The **National Health and Medical Research Council (NHMRC)**, Australia's main health research organisation, recommends that for women who are pregnant or planning a pregnancy, not drinking alcohol is the safest option.

Diagnosis of FASD

An accurate diagnosis of FASD is important. It can help provide appropriate care for the child and prevent FASD happening again in any later pregnancy.

The three main features used to make a diagnosis of FASD are:

1. significant problems with learning and behaviour
2. certain facial features that are known to be associated with FASD
3. a history of prenatal alcohol exposure.

Facial features that may be associated with FASD include:

- short horizontal length of the eye opening, from the inner corner to the outer corner of the eye
- a smooth philtrum (the usually ridged area of skin between the upper lip and the nose)
- a thin upper lip.

Learning and behavioural problems may include:

- learning difficulties
- memory problems
- impulsiveness
- limited attention span, ease of distraction or hyperactivity
- difficulty relating actions to consequences
- difficulty following instructions (but able to repeat them verbally)
- difficulty with abstract thinking – such as about mathematics, money or time
- slow cognitive processing (thinking)
- difficulty with social relationships

Other findings that are seen more commonly in children with FASD are birth defects, slow growth before and after birth and delayed development. Detailed information about the characteristics of FASD can be found in the NOFASD fact sheet '[FASD – Characteristics across the lifespan](#)'.

The [Australian Guide to the diagnosis of FASD](#) sets out the diagnostic criteria to help doctors make a diagnosis of FASD. These guidelines were updated in 2016.

In severe cases, FASD may be diagnosed at birth, but in many cases, the diagnosis occurs later, when the child is having problems with learning or behaviour. Sometimes, the condition is never diagnosed.

Children grow and develop at different speeds. If you're worried about your child's development it's a good idea to speak with your GP or maternal and child health nurse.

Treatment of FASD

FASD causes lifelong disability and cannot be cured, but a person with FASD can be assisted by programs to help them with their learning and behaviour. Such assistance can enable a person with FASD to maximise their independence and achievements.

Treatment programs are individualised and are usually coordinated by a developmental paediatrician. A wide range of educational and behavioural strategies have been shown to be effective in children with FASD, and stimulant medication may be helpful for the management of attention deficit hyperactivity disorder.

Where to get help

- Your **GP (doctor)**
- **FASD Hub Australia**
- **NOFASD (National Organisation for Fetal Alcohol Spectrum Disorders)**. Tel. **1800 860 613**
- **DrugInfo**. Tel. **1300 85 85 84**
- **DirectLine**. Tel. **1800 888 236** – for counselling and referral
- **FASD support groups**. Tel. **1300 306 238**
- **Alcohol and Drug Foundation** Tel. **1300 85 85 84**

This page has been produced in consultation with and approved by:

Victorian Clinical Genetics Services (VCGS)

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