

Fetal Alcohol Spectrum Disorder



Fetal Alcohol Spectrum Disorder is the single most common preventable cause of intellectual and developmental disabilities. FASD is 100% preventable by not drinking alcohol during pregnancy.

Find Out More:

National Organization on Fetal Alcohol Syndrome:
www.nofas.org

Centers for Disease Control & Prevention:
www.cdc.gov/ncbddd/fas

SAMHSA FASD Center for Excellence:
www.fasdcenter.samhsa.gov

The Arc
1825 K Street NW
Suite 1200
Washington, D. C. 20006
Phone: 202.534.3700
Toll free: 800.433.5255
Fax: 202.534.3731
www.thearc.org

What Is Fetal Alcohol Spectrum Disorder (FASD)?

FASD (Fetal Alcohol Spectrum Disorder) is an umbrella term describing the range of effects that can occur in an individual whose mother drank alcohol during pregnancy. These effects can include physical, behavioral, mental and/or learning disabilities with possible lifelong implications. It is identified by abnormal facial features, central nervous system problems and slowness of growth, and occurs when pregnant women drink alcohol and pass the alcohol along to their unborn babies through the blood stream. FASD can cause physical and mental disabilities of varying levels of severity (including intellectual disability). It is often a hidden disability that is not easily recognizable, making it difficult to provide affected individuals and their families the supports they desperately need.

FASD covers other terms such as: FAS (Fetal Alcohol Syndrome), ARND (Alcohol-Related Neurodevelopmental Disorder), ARBD (Alcohol-Related Birth Defects) and FAE (Fetal Alcohol Effects). FAS is the most identifiable and serious disability under the FASD umbrella, although it only accounts for approximately 25% of all alcohol-related effects. FAE is a term often used to describe someone whose condition does not meet the full criteria for an FAS diagnosis.

The prevalence of FASD is not known. However, CDC (Centers for Disease Control & Prevention) studies have shown that 0.2 to 1.5 cases of FAS occur for every 1,000 live births in certain areas of the United States, while studies using different methods have estimated the rate of FAS at 0.5 to 2.0 cases per 1,000 live births. Other prenatal alcohol-related conditions are believed to occur approximately 3 times as often as FASD.

Children with FASD can have serious lifelong disabilities other than intellectual disabilities, such as learning disabilities and serious behavioral problems. The good news is FASD is not hereditary and only occurs if a woman drinks alcohol during her pregnancy. In other words, FASD is 100% preventable.

How Does Alcohol Affect an Unborn Baby?

Alcohol in the mother's blood passes through the placenta and enters the embryo or fetus through the umbilical cord. Through a number of biological

means, alcohol affects the size, shape, and function of the cells that form the brain, the heart, the kidneys, and all other body organs and systems. Effects of these organs and systems can occur as a result of drinking any time during pregnancy.

Is There a Safe Amount of Alcohol a Pregnant Woman Can Drink?

No. There is no absolute safe amount of alcohol that a woman can drink during pregnancy. Risk of FASD increase as the amount of alcohol consumed increases. Risks are highest for women who binge drink (5 or more drinks on one drinking occasion). The best option is not to drink any alcohol if you are pregnant. It's also important to refrain from drinking if planning a pregnancy, since many women do not realize or find out they are pregnant until the first or second month into their pregnancies. However, if a pregnant woman is drinking during pregnancy, it is never too late for her to stop. The sooner a woman quits drinking, the better it will be for both her and her baby. Even if a woman is not planning a pregnancy, if she is sexually active and not using contraception effectively, the best option is to limit alcohol consumption as there is a risk she could be pregnant and not know it.

Is It Safe to Drink Beer or Wine Coolers?

No. All drinks that contain alcohol pose a potential threat to the unborn baby. A standard 12 ounce can of beer has the same amount of alcohol as a 4 ounce glass of wine or a 1 ounce shot of straight liquor. Some alcoholic drinks, such as malt beverages, wine coolers, and mixed drinks often contain more alcohol than a 12 ounce can of beer.

Can a Father's Drinking Cause FASD?

No, a father's drinking cannot cause FASD. However, his role is important in helping the woman refrain from drinking during pregnancy. He can encourage her abstinence by avoiding social situations where drinking is the focus and by abstaining himself.

How is FASD Diagnosed?

FASD is diagnosed by 4 criteria:

1. Growth deficiency in height and/or weight either prenatally or postnatally.
2. Specific pattern of facial anomalies: short eye slits, smooth or indistinct philtrum (the ridges running vertically between the nose and lips) and a thin upper lip.
3. Some brain damage to the central nervous system demonstrated through microcephaly (small size of the brain), tremors, hyperactivity, fine or gross motor problems, attentional deficits, learning disabilities, intellectual impairments

and possible mental retardation.

4. Evidence of alcohol use by the birth mother during pregnancy (however, some diagnoses are made without this criteria) (Streissguth, 1997).

Who Is Most Often Affected by FASD?

FASD occurs in all types of homes and families in the U.S. The incidence of FASD is higher among certain tribes of Native Americans and Alaska natives. Also, it is not uncommon for adoptive parents to discover their adopted child has FASD. A recent survey of children with FASD evaluated at a pediatric clinic found 35 percent were living in adoptive families (Blackston, 2002).

Do All People with FASD Have Intellectual Disabilities?

No, not everyone with FASD has intellectual disabilities although FASD is the leading known preventable cause of intellectual disabilities. Approximately 25 percent of people with FAS and 10 percent of people with ARND (alcohol-related neurodevelopmental disorders) have IQ scores of 70 or below which is in the range of those with mental retardation (Streissguth, 1997). Even if a child with FASD does not have intellectual disabilities, the child often has learning disabilities that interfere with sound judgment and can cause behavioral problems that significantly impact his or her life.

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What Treatment is Recommended for FASD?

There is no cure for this condition and it does not appear to get better with age. The damage of FASD caused by a mother's drinking during pregnancy is permanent. However, with early identification and diagnosis, children with FASD can receive services that can help maximize their potential. They will benefit from early intervention services and an individualized education program in school that includes preparation for transition from school to work and possible further education. Many people with FASD benefit from one-on-one counseling support. In addition, they often require intensive service coordination if they do not have someone who can coordinate the many services they need (such as on-going individual therapy, job coaching, housing, and transportation).

How Can Secondary Conditions Be Prevented in Children with FASD?

Secondary conditions (conditions that occur due to having FASD) often occur later in life, such as inability to live independently or hold down a job, mental health problems, drug/alcohol addictions, failure to develop appropriate sexual behavior and consequent legal problems. Once FASD is diagnosed in a child, secondary conditions can be reduced and in

some cases prevented altogether. Some research has suggested that children are protected from developing secondary conditions if they are diagnosed before age 6, live in a stable and nurturing home, never experience violence against themselves, stay in each living situation at least 2.8 years, experience a good quality home from 8 to 12 years of age, apply for and are eligible for developmental disabilities services, have a diagnosis of FAS rather than ARND and have their basic needs met (Streissguth, 1997).

What Services Are Available to Families of Children with FASD?

There are programs offering income assistance, health care and related services, education, help with basic needs such as food programs and social services and child welfare services. Specific services may include early childhood intervention, special education, and vocational services.

The National Organization on Fetal Alcohol Syndrome (see sidebar on page 1) can direct families to support groups and medical personnel who may be able to provide diagnosis and treatment to affected children and adults. Some chapters of The Arc focus on preventing FASD, while others offer support groups that assist families with

children who have FASD. To find a chapter near you, visit our web site at www.thearc.org.

References:

Blackston, D. (2002). Dymorphological analysis of Fetal Alcohol Syndrome (FAS): A report of 300 cases receiving multidisciplinary evaluation. Presentation at annual meeting of American Association on Mental Retardation, Orlando, FL.

Centers for Disease Control and Prevention, National Center on Birth Defects and Developmental Disabilities, Fetal Alcohol Syndrome Prevention Team.

Streissguth, A. (1997). Fetal Alcohol Syndrome: A guide for communities and families. Baltimore: Paul Brookes Publishing

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