

Fetal Alcohol Spectrum Disorder: a guide for health professionals

Key points

- At every stage of pregnancy, any alcohol consumed can damage fetal development.
- Alcohol affects different organs and systems of the body that develop during pregnancy, for example the heart, kidneys, lungs, and brain.
- The brain starts developing very early, and brain development continues throughout the pregnancy. The developing brain is very sensitive to damage from alcohol.
- Fetal Alcohol Spectrum Disorder (FASD) is one potential outcome from prenatal alcohol exposure. It is a lifelong neurodevelopmental disability.
- FASD is determined through diagnosis against the severity of deficits on 10 neurodevelopment domains.
- People with FASD can experience challenges in daily activities and in their environments, throughout their life. People with FASD may require support from family, health professionals, and other services.
- If FASD is suspected, a diagnostic assessment should be arranged.
- FASD is recognised by the National Disability Insurance Scheme (NDIS).

About Fetal Alcohol Spectrum Disorder (FASD)

- Alcohol is a teratogenic substance that can cross the placenta to the embryo and fetus, potentially damaging the development of all the organs and systems of the body.
- The National Health and Medical Research Council (NHMRC) Australian Guidelines to Reduce Health Risks from Drinking Alcohol recommend that 'women who are pregnant or planning a pregnancy should not drink alcohol'.¹
- Alcohol consumption during pregnancy can occur in any or all populations. People who are pregnant or planning a pregnancy, as well as their support networks, need to be provided with information about the potential risks of prenatal alcohol exposure.
- Fetal Alcohol Spectrum Disorder (FASD) is a neurodevelopmental disability caused when a developing fetus is exposed to alcohol during pregnancy.² People with FASD can experience the following challenges:
 - o physical and emotional developmental delay
 - o impaired speech and language development
 - o learning problems, such as issues with memory and attention
 - o difficulty controlling behaviour.
- People with FASD can also be at risk of a range of long-term physical health problems, including cardiovascular, metabolic, allergy and immune problems.³
- The risk of adverse pregnancy and infant outcomes increases with greater amounts and frequency of alcohol exposure.

Diagnostic criteria and categories for FASD

FASD is assessed and diagnosed through evidence of impairment in three or more domains of central nervous system structure or function, and understanding the extent of alcohol exposure during pregnancy. A diagnosis of FASD can be divided into one of two sub-categories:

1. FASD with three sentinel facial features
2. FASD with less than three sentinel facial features



The diagnostic criteria and categories for FASD are summarised in the table below.

The Australian Guide to the diagnosis of FASD was produced in 2016 to assist clinicians in the diagnosis, referral and management of FASD. It contains the Australian FASD Diagnostic Instrument and information about how to use the instrument.

The guide provides clinicians with diagnostic criteria for FASD, which were agreed following a review of existing guidelines and consultation with clinical experts.²

The guide can be found at: fasdhub.org.au/fasd-information/assessment-and-diagnosis/guide-to-diagnosis.

Fetal Alcohol Spectrum Disorder		
Diagnostic criteria	Diagnostic categories	
	FASD with 3 sentinel facial features	FASD with < 3 sentinel facial features
Prenatal alcohol exposure	Confirmed or unknown	Confirmed
Neurodevelopmental domains <ul style="list-style-type: none"> ▪ Brain structure/neurology ▪ Motor skills ▪ Cognition ▪ Language ▪ Academic Achievement ▪ Memory ▪ Attention ▪ Executive Function, including impulse control and hyperactivity ▪ Affect Regulation ▪ Adaptive Behaviour, Social Skills or Social Communication 	Severe impairment in at least 3 neurodevelopmental domains	Severe impairment in at least 3 neurodevelopmental domains
Sentinel facial features <ul style="list-style-type: none"> ▪ Short palpebral fissures ▪ Smooth philtrum ▪ Thin upper lip 	Presence of 3 sentinel facial features	Presence of 0, 1 or 2 sentinel facial features

Accessing assessment and diagnosis

The diagnostic assessment for FASD is conducted by a multidisciplinary team to enable accurate assessment of the range of outcomes that may be associated with prenatal alcohol exposure.

While there is growing awareness of FASD among Australian health professionals, it is challenging for families to access assessment and diagnostic services. This is particularly true for adolescents and adults, as in some states and territories there are limited or no services for people in these age groups.

The below resources can provide additional information on available services and supports:

- FASD Hub Australia website services directory: fasdhub.org.au/services
- NOFASD (National Organisation for Fetal Alcohol Spectrum Disorder) helpline: **1800 860 613** can assist with referrals to local service providers.

FASD and the National Disability Insurance Scheme (NDIS)

FASD is recognised as a condition under List B of the National Disability Insurance Scheme (NDIS) – permanent conditions for which functional capacity is variable and further assessment of functional capacity is required.

This means that evidence must be provided to demonstrate that a person's impairment results in substantially reduced functional capacity in one or more of the following areas:

- communication
- social interaction
- learning
- mobility
- self-care and/or self-management.

If an assessment for FASD is provided according to the Australian Guide to the diagnosis of FASD this will inform an application for NDIS funding.

Supporting people living with FASD and their families

The challenges experienced by people living with FASD may affect the quality of their lives, as well as the lives of their families.⁴ Supporting people living with FASD often involves assisting them to develop independence and promoting participation in all the activities that they need and want to do.

Intervention should include supporting the family as a whole. People living with FASD often require support from a range of allied health professionals, therefore, collaboration between services is also important.

While it is necessary for health professionals to be aware of, and address, the challenges that individuals with FASD experience, it is important to also recognise the strengths that individuals with FASD possess. Utilising interests in intervention and other daily activities helps people living with FASD to be more motivated, confident, and engaged.

More information and support



NHMRC Australian Guidelines to Reduce Health Risks from Drinking Alcohol (2020)

The National Health and Medical Research Council's guidelines provide health professionals, policy makers and the Australian community with evidence-based advice on the health effects of drinking alcohol:

nhmrc.gov.au/health-advice/alcohol

Alcohol and other drugs

The National Alcohol and Other Drug Hotline offers support, information, counselling and referral to services for individuals, family and friends, General Practitioners and other health professionals:

1800 250 015 or drughelp.gov.au

Talking to people who are pregnant about their alcohol consumption

The Women Want to Know resources can assist with having conversations with people about alcohol and pregnancy: health.gov.au/resources/collections/women-want-to-know-resources

Fetal Alcohol Spectrum Disorder (FASD)

To learn more about FASD visit the FASD Hub: fasdhub.org.au and NOFASD's website: nofasd.org.au or call the NOFASD helpline on **1800 860 613**

Training for health professionals

eLearning modules for health professionals involved in FASD assessment and diagnosis: fasdhub.org.au/fasd-information/assessment-and-diagnosis/guide-to-diagnosis/eLearning-modules

University of Western Australia Graduate Certificate in the assessment and diagnosis of FASD

Develop specialist knowledge and clinical skills required to participate in team-based diagnosis and assessment of FASD: uwa.edu.au/study/courses/graduate-certificate-in-the-diagnosis-and-assessment-of-fetal-alcohol-spectrum-disorders-fasd

Learn more about alcohol, pregnancy, breastfeeding and Fetal Alcohol Spectrum Disorder at everymomentmatters.org.au

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Learn more about FARE at fare.org.au

References

¹National Health and Medical Research Council, Australian Research Council and Universities Australia. (2020). Australian Guidelines to Reduce Health Risks from Drinking Alcohol. Canberra, ACT: Commonwealth of Australia, Canberra.

²Bower, C., & Elliott, E. J., On behalf of the Steering Group. (2016). Report to the Australian Government Department of Health: "Australian Guide to the diagnosis of Fetal Alcohol Spectrum Disorder (FASD)": <https://www.fasdhub.org.au/fasd-information/assessment-and-diagnosis/guide-to-diagnosis/>

³Akison, L. K., Reid, N., Wyllie, M., & Moritz, K. M. (2019). Adverse health outcomes in offspring associated with fetal alcohol exposure: a systematic review of clinical and preclinical studies with a focus on metabolic and body composition outcomes. *Alcoholism: Clinical and Experimental Research*, 43(7), 1324-1343.

⁴Reid, N., & Moritz, K. (2019). Caregiver and family quality of life for children with fetal alcohol spectrum disorder. *Res Dev Disabil*, 94, 1-7.