

facts on

Fetal Alcohol Spectrum Disorder (FASD)

What is FASD?

FASD stands for Fetal Alcohol Spectrum Disorder. FASD is a diagnostic term used to describe the range of disabilities that can happen when there is prenatal alcohol exposure.¹

How common is FASD?

It is difficult to determine the prevalence (total number of people affected by FASD at a specific point in time) because there are no national statistics and almost no research on the rates of FASD in Canada. Health Canada has estimated that nine in every 1,000 babies are born with an FASD.² This may be a conservative estimate. In the United States, research conducted in schools with the attempt to assess every child in grade one has found rates of FASD as high as 4.8%.³ It is likely that many people go through life without a diagnosis.

Why is it difficult to prevent FASD?

FASD prevention is not as simple as saying, “Don’t drink when pregnant”. Most women do stop drinking when they learn they are pregnant. However, alcohol is a widely used drug. In 2015, 75% of Saskatchewan women reported they drank alcohol in the past 12 months.⁴ As many pregnancies are unplanned, a woman might not know she is pregnant and might expose her developing baby to alcohol unintentionally.

Other important things to know about pregnancy and alcohol:

- There is no known safe level of alcohol use in pregnancy, so zero alcohol is the safest choice for developing babies. Using effective birth control is important to prevent an alcohol-exposed pregnancy.
- It is best to stop drinking before getting pregnant. Harm can occur at any time in pregnancy. Each and every day during pregnancy is important to the baby’s development.
- There is no type of alcohol safer than others.
- Many people diagnosed with an FASD do not have an intellectual disability. They do, however, have unique needs and strengths.^{5,6}
- Sometimes, women may need help to quit drinking. Partners, family, and friends can help by asking how they can be supportive, making drinks without alcohol, and reducing the amount they drink themselves. Learn more at www.howtohelp.ca or find a Community Mental Health and Addictions professional by calling HealthLine at 811.

How does alcohol affect an unborn baby?

The baby’s brain and body develop during the whole pregnancy. Through the placenta, an unborn baby receives food and oxygen needed for growing. Most things a mother eats, drinks, inhales, sniffs, or injects, including alcohol, reach her baby through the placenta. Because the unborn baby’s liver is still developing, alcohol stays in the baby’s system longer than in the mother’s system. This gives alcohol more time to damage the baby’s developing cells.

For More Information

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A pregnancy without alcohol helps provide a healthy environment for the development of the unborn baby's brain and body.

Alcohol is toxic and can change the structure of cells, can interfere with how the cells work together, and how they do their jobs. It can cause birth defects and result in lifelong disabilities. The effects may be visible or invisible. The invisible birth defects may not be obvious until the child is in school. The brain is the organ most sensitive to alcohol because the brain continues to develop all nine months of the pregnancy. All people with FASD have some form of damage to the brain. FASD affects each person differently.

The following are areas of development that may be harmed:

- Learning and memory
- Communication (speech and language)
- Behaviours (attention span, impulsivity, easily overwhelmed)
- Social and life skills (understanding social rules, cause and effect, or how to have healthy relationships)
- Senses or sensory processing (hearing, seeing, touching, smelling, tasting)
- Physical (size, coordination, organs, bones, facial structure)

What is new in the field of FASD diagnosis?

In Canada, there are new guidelines for diagnosing FASD.¹ Making a diagnosis of FASD requires a multidisciplinary team (Paediatrician or Doctor with expertise in diagnosis, Occupational Therapist, Speech-Language Pathologist, and Psychologist) and could also include information from family, social work, justice, education, and others as needed. Diagnosis is a process, not a stand-alone test, and is complex. Diagnosis includes gathering information about prenatal alcohol exposure, physical features affected by alcohol, and areas of the brain and central nervous system that have been harmed.

Fetal Alcohol Spectrum Disorder is now a diagnosis. The diagnosis is **FASD with Sentinel Facial Features** or **FASD Without Sentinel Facial Features**. The main difference between the two diagnoses is the presence of three unique facial features (short palpebral fissure, indistinct philtrum, and thin upper lip). For both diagnoses, there is impairment in three or more areas of the brain and confirmed prenatal alcohol exposure.

A new term is **at risk for neurodevelopmental disorder and FASD associated with prenatal alcohol exposure**. This designation is given if there is confirmed prenatal alcohol exposure and/or three distinct facial features, a clinical concern about development, but there is NOT impairment in at least three areas of the brain.

In Saskatchewan, diagnosis is done in Prince Albert, Regina, Saskatoon, and Onion Lake. Find more information about diagnostic teams at www.saskatchewan.ca.

A diagnosis can be important for the person and the family. Diagnosis is important to help put the right supports in place for children, youth, adults, and their families. Putting the right supports in place can prevent “secondary disabilities” such as problems with friends, school, mental health, and substance use.

The new guidelines include other recommendations to support prevention of FASD:

- Counselling women and their partners about stopping drinking alcohol during pregnancy or when planning a pregnancy
- Screening all pregnant women and new mothers for alcohol use

**Support, not judgement, makes a difference.
We all need to work together to prevent FASD.**

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