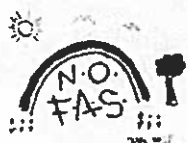


National Organization on Fetal Alcohol Syndrome

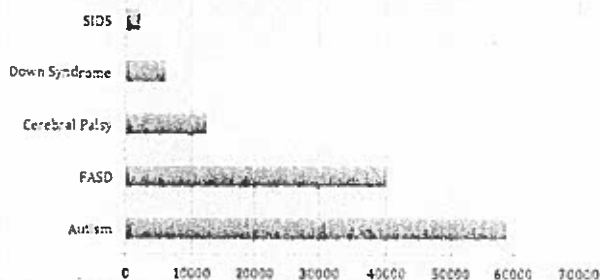
Educating the public, professionals, and policymakers about alcohol use during pregnancy



FASD • What Everyone Should Know

Alcohol use during pregnancy is the leading known cause of developmental disability and birth defects in the United States.

U.S. Estimated New Cases in 2014



Source: CDC SAMHSA

FASD affects an estimated 40,000 infants each year—more than Spina Bifida, Down Syndrome, and Muscular Dystrophy combined. (SAMHSA, 2003)



Fetal Alcohol Spectrum Disorders (FASD) is an umbrella term describing the range of effects that can occur in an individual prenatally exposed to alcohol. These effects may include physical, mental, behavioral, and/or learning disabilities with lifelong implications.

Fetal Alcohol Syndrome (FAS), Partial

Fetal Alcohol Syndrome (PFAS), Neurobehavioral Disorder Associated with Prenatal Alcohol Exposure (ND-PAE), and Alcohol Related Neurodevelopmental Disorder (ARND) are the diagnosed conditions associated with prenatal alcohol exposure.

Who is at Risk?

Any woman is at risk of having a child with an FASD if she drinks alcohol during pregnancy. Alcohol can harm an embryo or fetus at any time, even before a woman knows she is pregnant. Many women drink early in pregnancy but stop drinking when they learn they are pregnant—these women are still at risk. Others cannot stop drinking without help. Women who have given birth to children with an FASD are at very high risk of having additional children with an FASD.

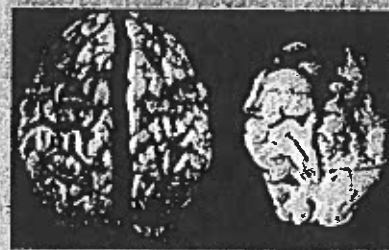
“Of all the substances of abuse (including cocaine, heroin, and marijuana), alcohol produces by far the most serious neurobehavioral effects in the fetus.”

Institute of Medicine, 1996

What Are the Effects of FASD?

Depending on the timing and frequency of maternal alcohol consumption, outcomes associated with prenatal alcohol exposure may include:

- Abnormal facial characteristics
- Growth deficits
- Brain damage including mental retardation
- Heart, lung, and kidney defects
- Hyperactivity and behavior problems
- Attention and memory problems
- Poor coordination and motor skill delays
- Difficulty with judgment and reasoning
- Learning disabilities



Normal Brain FAS Affected Brain

Photo courtesy of Sterling Clatten

FASD also takes an enormous financial toll on affected families and society as a whole. Fetal Alcohol Syndrome (FAS), the most severe yet least common effect under the FASD umbrella, costs the United States \$5.4 billion annually. This is only a small portion of the total societal costs associated with FASD.

(USD, 2008)

How Can FASD Be Prevented?

While there is no cure for FASD, it is 100% preventable when pregnant women abstain from alcohol. NOFAS prevents FASD by raising public awareness and teaching youth to make healthy choices, among many other strategies.

Do you have questions or concerns about FASD? Visit us online.



mother's alcohol use.

When a caregiver brings in a child displaying symptoms of FASD, clinicians may want to ask the caregiver has any knowledge of the birth mother's alcohol use during pregnancy. It is always important to be tactful and sensitive when asking for this information. Again, stress that this information is for the child to receive quality health care and it is routine to ask these questions.

Video Interview of Adoptive Mother on Getting an FASD Diagnosis

NOFAS produced this moving video interview with Lyn, an adoptive mother of a person with FASD. Lyn talks about her journey to get an FASD diagnosis for her son. [Watch the video here.](#)

Criteria for Diagnosis

FASD is an umbrella term referring to the diagnosable conditions associated with prenatal alcohol exposure, including Fetal Alcohol Syndrome (FAS), partial Fetal Alcohol Syndrome (pFAS), and Neurobehavioral Disorder associated with Prenatal Alcohol Exposure (ND-PAE).

In the World Health Organization's (WHO) *International Statistical Classification of Diseases (ICD-9)*, a system of diagnostic codes for classifying diseases and health conditions used worldwide in medical billing and coding to describe diseases, injuries, symptoms and conditions, FAS is indicated by code 760.71. A doctor in the United States would use this code to specify the diagnosis of FAS on a reimbursement claim. The ICD-9 code for FAS is a subset of code 760.7, noxious influences affecting fetus or newborn via placenta or breast milk. On October 2014, ICD-10 will replace ICD-9 in the U.S. The ICD-10 code for FAS is 86.0

[Click here for information on Diagnosis in Adulthood](#)

Fetal Alcohol Syndrome (FAS)

A diagnosis of FAS requires the presence of all three of the following findings:

1. Documentation of all three facial abnormalities, 1) smooth philtrum (the vertical groove between the upper lip and the nose), 2) thin vermilion border (the border between the lip and the adjacent normal skin), and 3) small palpebral fissures (the space between the corners of the eye opening)
2. Documentation of growth deficits
3. Documentation of central nervous system abnormalities (structural, neurological or functional, or combination thereof)

Confirmed prenatal alcohol use can strengthen the evidence for diagnosis, but it is not necessary in the presence of all the previous findings. Confirmed absence of alcohol exposure would rule out the FAS diagnosis.

[Fetal Alcohol Syndrome: Guidelines for Referral and Diagnosis, National Center on Birth Defects and Developmental Disabilities, Centers for Disease Control and Prevention]

Partial Fetal Alcohol Syndrome (pFAS)

A diagnosis of pFAS requires:

1. A confirmed history of prenatal alcohol exposure;
2. Central nervous system abnormalities at the same level as FAS.

delirium, dementia), another known teratogen (e.g., Fetal Hydantoin syndrome), a genetic condition (e.g., Williams syndrome, Down syndrome, Cornelia de Lange syndrome), or environmental neglect.

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Donate

A gift to NOFAS will help raise awareness about the risk of alcohol use during pregnancy and prevent alcohol-related birth defects, and will support individuals and families living with FASD. You will be helping to build a network of resources and improving outcomes for both children and adults.

DONATE

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