

# FETAL ALCOHOL SPECTRUM DISORDER

## I Presence of facial anomalies (3 of 3)

- a. short palpebral fissure length (<2 S.D.) \_\_\_\_\_
- b. smooth or flattened philtrum (rank 4 or 5) \_\_\_\_\_
- c. thin upper lip (rank 4 or 5) \_\_\_\_\_

## II Central nervous system impairment (3 of 10)

- a. motor skills \_\_\_\_\_
- b. neuroanatomy/neurophysiology \_\_\_\_\_  
HC = \_\_\_\_\_
- c. cognition \_\_\_\_\_
- d. language \_\_\_\_\_
- e. academic achievement \_\_\_\_\_
- f. memory \_\_\_\_\_
- g. attention deficit/hyperactivity \_\_\_\_\_
- h. executive functioning/impulse control \_\_\_\_\_
- i. affect regulation \_\_\_\_\_
- j. adaptive behaviour/social skills or social communication \_\_\_\_\_

## III Maternal alcohol exposure (confirmed or not confirmed) \_\_\_\_\_

- ≥ 7 drinks / week
- ≥ 4 drinks / episode X 2

	Facial features	Cognitive impairment	Prenatal alcohol exposure confirmed
<b>FASD with sentinel facial features</b>	Yes	Yes	Yes/No
<b>FASD without sentinel facial features</b>	No	Yes	Yes
<b>Prenatal alcohol exposure (PAE) at risk</b>	Yes/No	Some	Yes

### **Fetal Alcohol Spectrum Disorder**

- The term Fetal Alcohol Spectrum Disorder (FASD) is a diagnostic term describing the range of effects that can occur in an individual whose mother drank alcohol during pregnancy
- Children with PAE, facial features and microcephaly can be diagnosed with FASD at birth due to the very high prevalence of neurodevelopmental deficits
- The most important risk factor for FASD is related to high blood alcohol concentration: the timing of exposure during fetal development, the pattern of consumption and the frequency of use - there is no definite threshold of fetal alcohol exposure below which sequelae may not occur
- The prevalence of FASD in Canada and around the world is not known (range 0.5 – 190 / 1000 live births) – estimated to be 1 -5 % across North America
- No modal profile of abilities has been found to be unique to prenatal alcohol exposure, or can be distinguished from that observed with some other neurobehavioural disorders
- Not every deficit that we may identify in a child with prenatal alcohol exposure may be solely the result of alcohol exposure
- Over the lifespan of the affected person, features of FASD may be exacerbated or mitigated by environmental experiences
- A complete neurodevelopmental assessment should be recommended at an age-appropriate time for all infants and young children with confirmed prenatal alcohol exposure and/or all three facial features.

**Chudley et al. Fetal alcohol spectrum disorder: Canadian guidelines for diagnosis. CMAJ, Mar 1, 2005;172(5 suppl)**

**Cook J et al Fetal Alcohol Spectrum Disorder: a guideline for diagnosis across the lifespan. CMAJ Feb 2016**

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