

## Fetal Alcohol Syndrome

### Definition:

A congenital syndrome caused by excessive consumption of alcohol by the mother during pregnancy, characterized by retardation of mental development and of physical growth, particularly of the skull and face of the infant.

### Description:

- A condition or birth defect that results from prenatal alcohol exposure. The defects are irreversible and can include serious physical, mental and behavioral problems though they vary from one child to another.
- Both sexes affected and onset at birth.
- Developing brain cells and structures are underdeveloped or malformed by prenatal alcohol exposure, often creating an array of primary cognitive and functional disabilities.
- Also includes secondary disabilities such as mental health problems and drug addiction.
- There are as many as 40,000 babies that are born with some type of alcohol-related damage each year in the United States. FAS affects an estimated one or two out of 1,000 births in the U.S.

### Characteristics:

- Distinctive facial features: small eyes, thin upper lip, short upturned nose, a smooth skin surface between the nose and upper lip.
- Poor sucking reflexes.
- Heart defects.
- Deformities of joints, limbs and fingers.
- Slow physical growth before and after birth: below average height and weight.
- Vision difficulties or hearing problems.
- Small head circumference and brain size.
- Mild to moderate mental retardation and delayed development.
- Abnormal behavior: short attention span, hyperactivity, poor impulse control, extreme nervousness and anxiety.
- Functional disabilities include poor memory, attention deficits, impulsive behavior, and poor cause-effect reasoning.

### Causes:

- Drinking alcohol during pregnancy. It is unknown whether amount, frequency or timing of alcohol consumption during pregnancy causes a difference in amount of damage done to the fetus.
- Alcohol crosses the placental barrier and can stunt fetal growth or weight, create distinctive facial stigmata, damage neurons and brain structures, and cause other physical, mental, or behavioral problems.
- Major risk: 90 mL of absolute alcohol or more per day.

### Implications for Speech and Language:

- Receptive and expressive language delays that involve hearing and cognitive functions.
- Speech disorders such as deficits in fluency, voice, intonation and articulation.
- Verbal learning and memory deficits.
- Hearing impairment that can lead to speech/language impairment: (a) delayed maturation of the auditory system, (b) sensorineural hearing loss, (c) intermittent conductive hearing loss secondary to recurrent ear infections, and (d) central hearing loss.

- Cognitive deficits and behavioral disorders such as ADHD can become more apparent in school-aged children with F.A.S.

### **Diagnosing and treating this disorder:**

Although there is no cure for FAS, there are several treatment models available to treat the predominant symptoms based on medical interventions, behavioral interventions, developmental framework, advocacy model and the neurobehavioral approach. Depending on the severity of symptoms certain steps can be taken: physical facial defects can't be changed, but heart abnormalities can be monitored and may require surgery and speech and cognitive deficiencies can be helped by special services in school, and behavioral problems can be helped by counseling. Studies have shown that some protective factors can help reduce the effects of FAS and help people with these conditions reach their full potential. Protective factors include:

- **Early diagnosis.** A child who is diagnosed at a young age can be placed in appropriate educational classes and get the social services needed to help the child and his or her family. Early diagnosis also helps families and school staff to understand why the child might act or react differently from other children sometimes.
- **Involvement in special education and social services.** Children who receive special education geared towards their specific needs and learning style are more likely to reach their full potential. Children with FAS have a wide range of behaviors and challenges that might need to be addressed. Special education programs can better meet each child's needs. In addition, families of children with FAS who receive social services, such as counseling or [respite care](#) have more positive experiences than families who do not receive such services.
- **Loving, nurturing, and stable home environment.** Children with FAS can be more sensitive than other children to disruptions, changes in lifestyle or routines, and harmful relationships. Therefore, having a loving, stable home life is very important for a child with an FASD. In addition, community and family support can help prevent secondary conditions, such as criminal behavior, unemployment, and incomplete education.
- **Absence of violence.** People with FAS who live in stable, non-abusive households or who do not become involved in youth violence are much less likely to develop secondary conditions than children who have been exposed to violence in their lives. Children with FAS need to be taught other ways of showing their anger or frustration.

### **Resources:**

#### **Books for Parents:**

- Lawryk, Liz. *Finding Perspective--: Raising Successful Children Affected by Fetal Alcohol Disorder*. Bragg Creek, Alta.: OBD Triage Institute Pub., 2005.
- Crossen, Jan. *9 Lives, I Will Survive*. Illinois: Dragonpublishing.net, 2007.
- Taylor, Jennifer Poss. *Forfeiting All Sanity: A Mother's Story of Raising a Child with Fetal Alcohol Syndrome*. Mustang, OK: Tate Pub., 2010.
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- McCreight, Brenda. *Recognizing and Managing Children with Fetal Alcohol Syndrome/fetal Alcohol Effects: A Guidebook*. Washington, DC: CWLA, 1997.

#### **Books for Children:**

- Hastings, Jill M., and Marion H. Typpo. *An Elephant in the Living Room*. Minneapolis, MN: CompCare Publications, 1984.
- Hill, Janet Muirhead., and Herb Leonhard. *Kyleah's Tree*. Norris, MT: Raven Pub., 2008.

- Kulp, Liz, and Jodee Kulp. *The Best I Can Be: Living with Fetal Alcohol Syndrome/effects*. Brooklyn Park, MN: Better Endings New Beginnings, 2007.
- Mills, Joyce C., and Michael Chesworth. *Little Tree: A Story for Children with Serious Medical Problems*. New York, NY: Magination, 1992

**Support Groups:**

- FASD Awareness: A Parent's Experience <http://come-over.to/FAS/LinksSuccess.htm>
- Texas: The Arc in Dallas (214)-317-1206, Austin (512)-707-0008

**Websites:**

- Fetal Alcohol Syndrome Community Resource Center: <http://www.come-over.to/FASCRC/>

**References:**

(2012, August 3). Fetal Alcohol Spectrum Disorders. Retrieved from <http://www.cdc.gov/ncbddd/fasd/index.html>.

Castrogiovanni, Andrea. Communication Facts: Special Populations: Craniofacial Syndromes – 2008 Edition. Retrieved from <http://www.asha.org/research/reports/craniofacial/>.