
FASD PREVENTION AND HEALTH PROMOTION RESOURCES

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Module 1

What is FASD?

August 2017



Module 1: Learning objectives

Module 1 aims to increase knowledge and understanding of:

- i. The consequences of drinking alcohol, smoking tobacco and substance misuse during pregnancy.
- ii. The important role of health professionals in preventing harm from drinking alcohol, smoking tobacco and substance misuse during pregnancy.



“...Relax, its not a big deal...”

How much alcohol is a safe to drink while you're pregnant?

Do you have to think twice about alcohol before you're pregnant?

What advice do women receive about drinking while pregnant?

Where do they get this advice from?

Are there mixed messages about alcohol during pregnancy?

Why might some women drink (or smoke or take drugs) while they are pregnant?



What is FASD?

How would you explain FASD to your clients or community members?

Fetal – baby in the belly

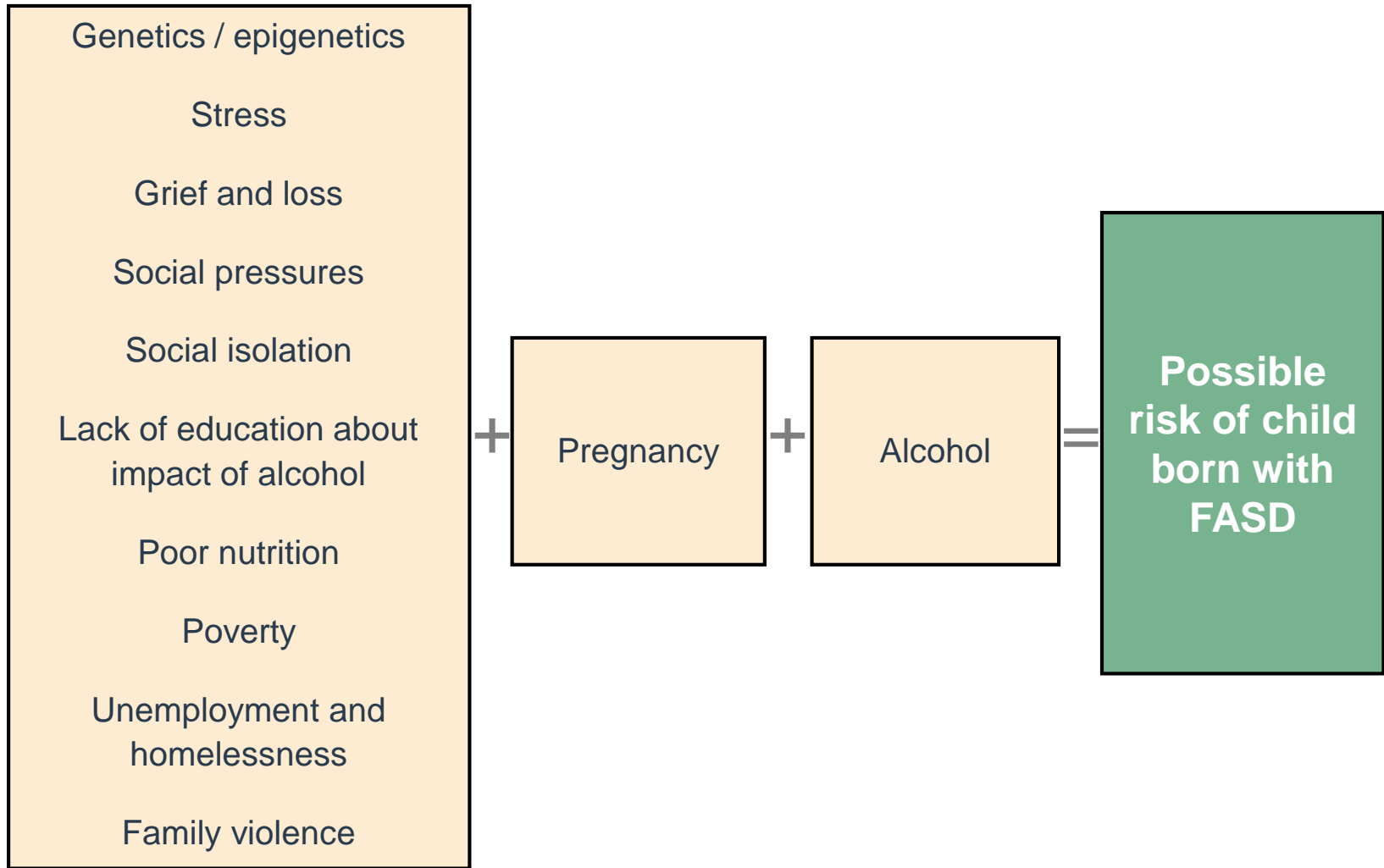
Alcohol – any grog, even low alcohol content

Spectrum – broad range, like a rainbow

Disorders – messed up, disarray



There is no 'safe' level¹

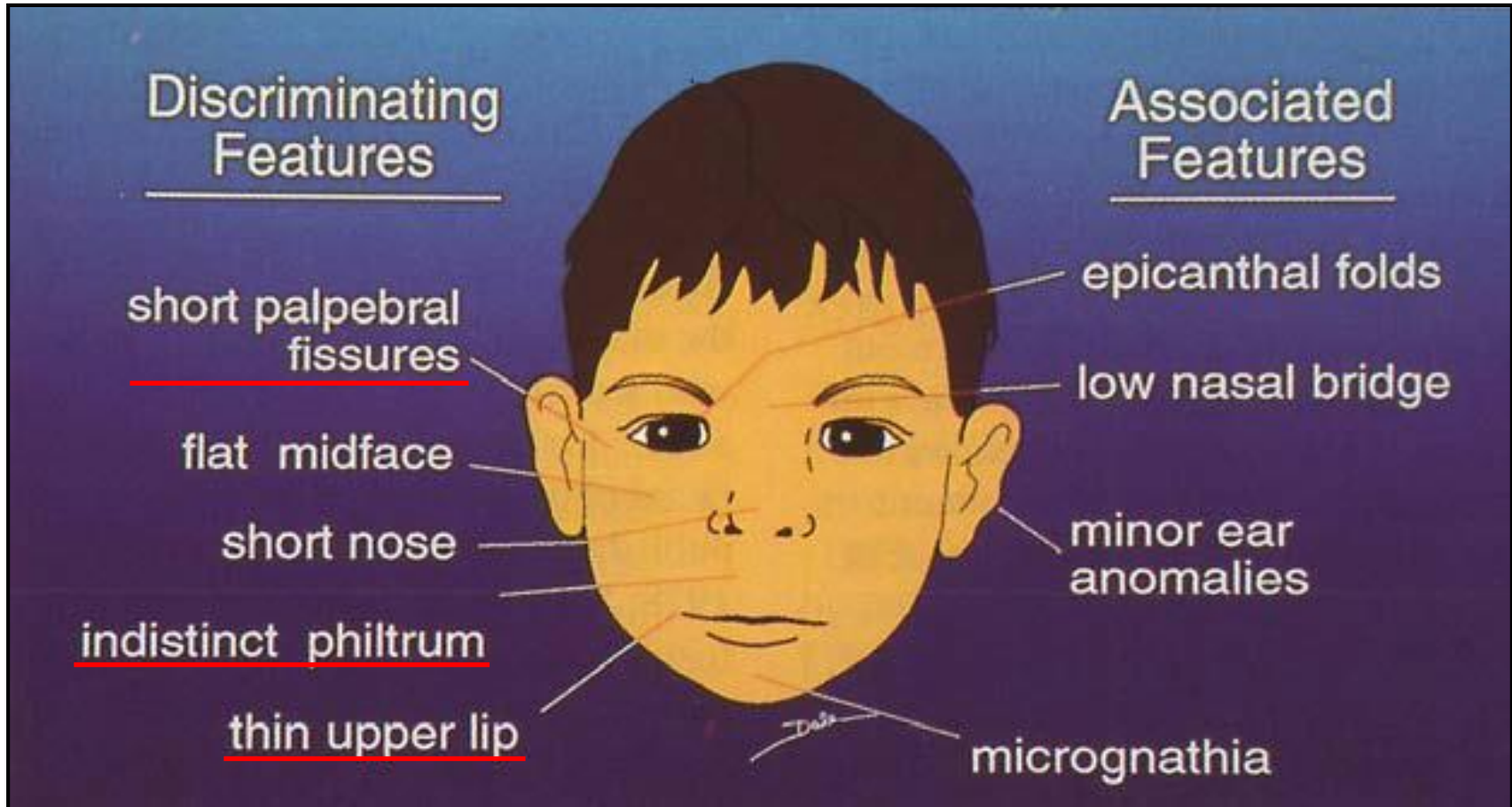


Australian diagnostic criteria for FASD²

	FASD with 3 sentinel facial features	FASD with less than 3 sentinel facial features
Prenatal alcohol exposure	Confirmed or unknown	Confirmed
Neurodevelopmental domains <ul style="list-style-type: none"> - brain structure - motor skills - cognition - language - academic achievement - memory - attention - executive function - affect regulation - adaptive behaviour, social skills or communication 	Severe impairment in at least 3 neurodevelopmental domains	Severe impairment in at least 3 neurodevelopmental domains
Sentinel facial features	Presence of at least 3 facial features	Presence of 0, 1 or 2 facial features



Sentinel facial features³



FASD: The invisible harm²

Neurodevelopmental conditions result in problems with:

- communication skills
- memory
- learning ability
- visual and spatial skills
- intelligence
- motor skills

***Children may have Central Nervous System deficits
without the physical features of FASD***



FASD: The visible harm



Simulator doll – baby affected by FASD

- Small gestational size
- Small head, widely set eyes
- Low nasal bridge
- Bigger, lower ears
- Shorter nose and smaller chin
- Flattened mid-face
- Curved fingers and joints.

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FASD: Signs and symptoms⁴



Infants 0-3 years

- Irritable, hypersensitive to light etc
- Poor sucking reflex
- Delayed sitting, crawling, walking, talking
- Jitteriness/tremors, low muscle tone
- Attachment and bonding issues

Pre-school 4-5 years

- Hyperactive, attention deficits
- Temper tantrums, disobedience
- Language, motor skills problems
- Lack of physical boundaries
- Toilet training delays



FASD: Signs and symptoms⁴ *continued*



Adolescence 12-17 years

- Poor judgement, lack of abstract thinking
- Limited daily living skills and social supports
- Trouble perceiving social cues
- Restless, easily distracted
- Problems with handling money, concept of time
- Naivety & gullibility
- Problems learning from experience
- Issues with the law, truancy, substance abuse

FASD: Signs and symptoms⁴ *continued*



Adults 18+ years

- Depression, suicidal thoughts
- Social and sexual exploitation (unplanned parenthood)
- Unpredictable behaviour
- Withdrawn, isolated
- Homelessness
- Substance abuse, mental illness
- Violence and abuse
- Arrest, incarceration

Effects of disabilities caused by FASD⁵

Primary disability	Secondary condition	Defensive behaviours
Learning and memory difficulties	Trouble with authorities, lying, defiance	Making things up to fill in the blanks
Impulsiveness	Destructive behaviour, stealing	Anger, frustration, aggression
Difficulty linking actions and consequences	Incarceration	Running away, avoidance, depression
Social skills and relationship issues	Inappropriate sexual behaviour	Isolation, attempt to buy friends, poor self-concept
Hyperactivity	Disrupted school experience, drug use	Anxiety, fear at being constantly overwhelmed



Protective factors⁵

Some factors may reduce the impact of FASD and the development of secondary conditions:

- A diagnosis by 6 years of age
- Links with support agencies
- Living in a stable environment
- Never experiencing family violence



Effects of FASD throughout life

Without support, people with FASD may have poorer outcomes

Delayed development
Stigmatised as 'problem child'
Repeated punishment

Truancy
Labelled 'delinquent'
Mental illness
Disrupted schooling

Juvenile detention
Depression, suicide
Couch surfing
Drop out of school
Inappropriate sexual behaviour

Incarcerated
Homeless
Centrelink/Welfare
Addiction
Supported by parents
Suicide

0 - 7 years

8 - 11 years

12 - 17 years

18 + years

No blame, no shame

A woman may drink because:

- She does not know she is pregnant
- She does not know of the risk of harm to the fetus
- To cope with life's problems (unfavourable social and health conditions)
- It is a social norm
- She feels pressure due to paternal alcohol use

No blame, no shame, no judgement

Many women simply may not know they are pregnant or may not be aware of the harm that alcohol consumption can cause



Hidden Harm

Check the link: <http://www.abc.net.au/4corners/stories/2015/11/02/4341366.htm>



Teratogens⁶

Teratogen (te-rat-o-gen): a substance that causes birth defects

Examples of birth defects:

- Brain damage
- Central nervous system damage (brain and spinal cord)
- Low birth weight, premature birth,
- Physical damage, such as growth deficiencies and organ defects



Effects of teratogens⁷

Effect	Cannabis	Ice	Tobacco	Alcohol
Growth restriction	X	X	X	X
Low birth weight	X	X	X	X
Physical problems			X	X
Behavioural problems		X		X
Mental illness	X	X	X	X
Small head circumference				X
Learning disabilities	X	X		X
Neonatal withdrawal	X	X	X	X
Sleep cycle disturbance	X	X	X	X



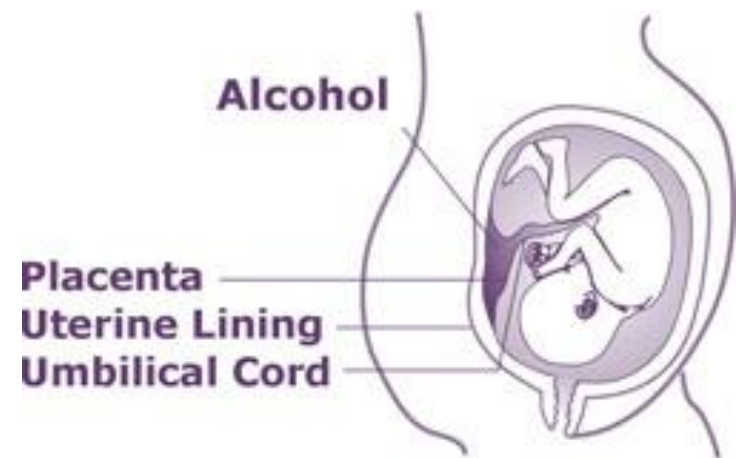
Alcohol and unplanned pregnancies⁸

- Women, especially young women, are consuming alcohol at levels that put their health at short-term and long-term risk.
- Around half of pregnancies are unplanned, indicating many will be exposed to alcohol prior to pregnancy awareness.

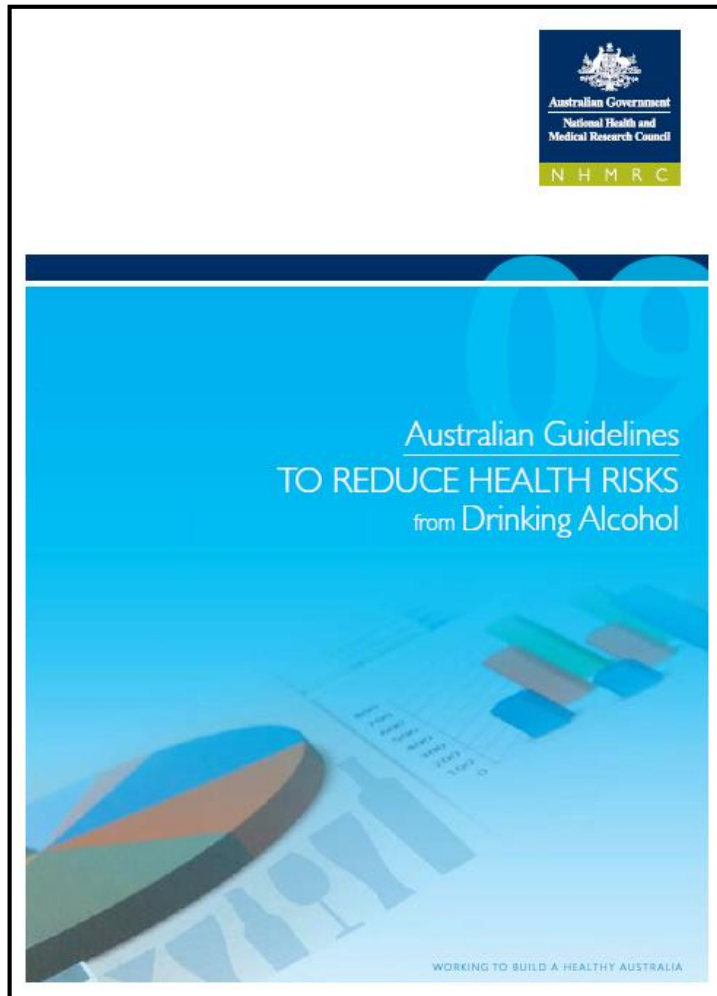


Transmission of alcohol to the fetus⁹

- Alcohol reaches the embryo and fetus through the mother's blood.
- Alcohol crosses the placenta very easily and enters the fetal bloodstream. It then passes into all developing tissues.
- Alcohol can impair the growth of organs that are developing at the time the alcohol is consumed.
- The fetus can not metabolise alcohol, so the alcohol concentration stays higher for longer, until it is cleared from the mother's bloodstream.
- Babies of women over 30 years are more at risk, due to age-related slowing of metabolism²¹.



Australian Guidelines to Reduce Health Risks from Drinking Alcohol¹⁰



Guideline 4.

Pregnancy and Breastfeeding

Maternal alcohol consumption can harm the developing fetus or breastfeeding baby.

- A. For women who are pregnant or planning a pregnancy, not drinking is the safest option.
- B. For women who are breastfeeding, not drinking is the safest option

Australian Guidelines to Reduce Health Risks from Drinking Alcohol¹⁰ *continued*

ADVICE FOR WOMEN WHO ARE PREGNANT OR PLANNING A PREGNANCY

- Not drinking alcohol is the safest option.
- The risk of harm to the fetus is highest when there is high, frequent, maternal alcohol intake.
- The risk of harm to the fetus is likely to be low if a woman has consumed only small amounts of alcohol before she knew she was pregnant or during pregnancy.
- The level of risk to the individual fetus is influenced by maternal and fetal characteristics and is hard to predict.



Australian Guidelines to Reduce Health Risks from Drinking Alcohol¹⁰ *continued*

ADVICE FOR BREASTFEEDING MOTHERS

- Not drinking alcohol is the safest option.
- Women should avoid alcohol in the first month after delivery until breastfeeding is well established.
- After that:
 - alcohol intake should be limited to no more than two standard drinks a day
 - women should avoid drinking immediately before breastfeeding
 - women who wish to drink alcohol could consider expressing milk in advance.



Tobacco and pregnancy¹¹

Smoking tobacco increases risk of:

- Ectopic pregnancy
- Miscarriage
- Placental complications
- Low birth weight
- Premature delivery
- SIDS
- Cleft lip, cleft palate
- Childhood cancers



Tobacco and pregnancy¹²

- 11% of women who gave birth in 2014 smoked during pregnancy.
- Of these, 22% quit during their pregnancy.
- Some women were more likely to smoke:
 - 32% of women aged less than 20 years smoked (compared with 6% aged 35-39 years)
 - 20%-34% of women in very remote/remote areas smoked (compared with 8% in major cities)
 - 44% of Indigenous women smoked (compared with 12% of non-Indigenous mothers)



What is in a cigarette?^{13,14}

- **4000+ harmful chemicals**
- **69 chemicals are known to cause cancer (carcinogens)**
- **Nicotine – poisonous drug that makes people addicted to smoking**
- **Carbon Monoxide – poisonous gas produced during the burning of tobacco (also found in car exhaust fumes)**
- **Tar – sticky brown mixture of chemicals that stains fingers, teeth and lungs. Includes a number of cancer causing substances**



Myths – Tobacco and pregnancy

- Smoking during pregnancy is not harmful
- Roll-your-own tobacco is not as bad
- Smoking cigarettes is better (or worse) than smoking marijuana.
- If you are exposed to a lot of smoke from other people you may as well keep smoking.
- Smoking light cigarettes will not harm the unborn baby.
- Smaller baby = easier labour.
- It's worse to give up when you're pregnant, because the baby will 'stress for a smoke'



Supporting Smoking Cessation: A guide for health professionals¹¹



The only safe level of smoking in pregnancy is not smoking at all.

Any level of nicotine or tobacco smoke exposure increases the risk of adverse effects

The greatest gain in health benefits comes from quitting rather than cutting down.



Supporting Smoking Cessation: A guide for health professionals¹¹

Recommended smoking cessation treatment

- Pregnant women should be encouraged to stop smoking completely.
- They should be offered intense support and proactive telephone counselling.
- Self-help material can supplement advice and support.
- If these interventions are not successful, health professionals should consider NRT, after clear explanation of the risks involved.
- Those who do quit should be supported to stay non-smokers long-term.



Nicotine Replacement Therapy (NRT) and pregnancy¹¹

Pregnant women:

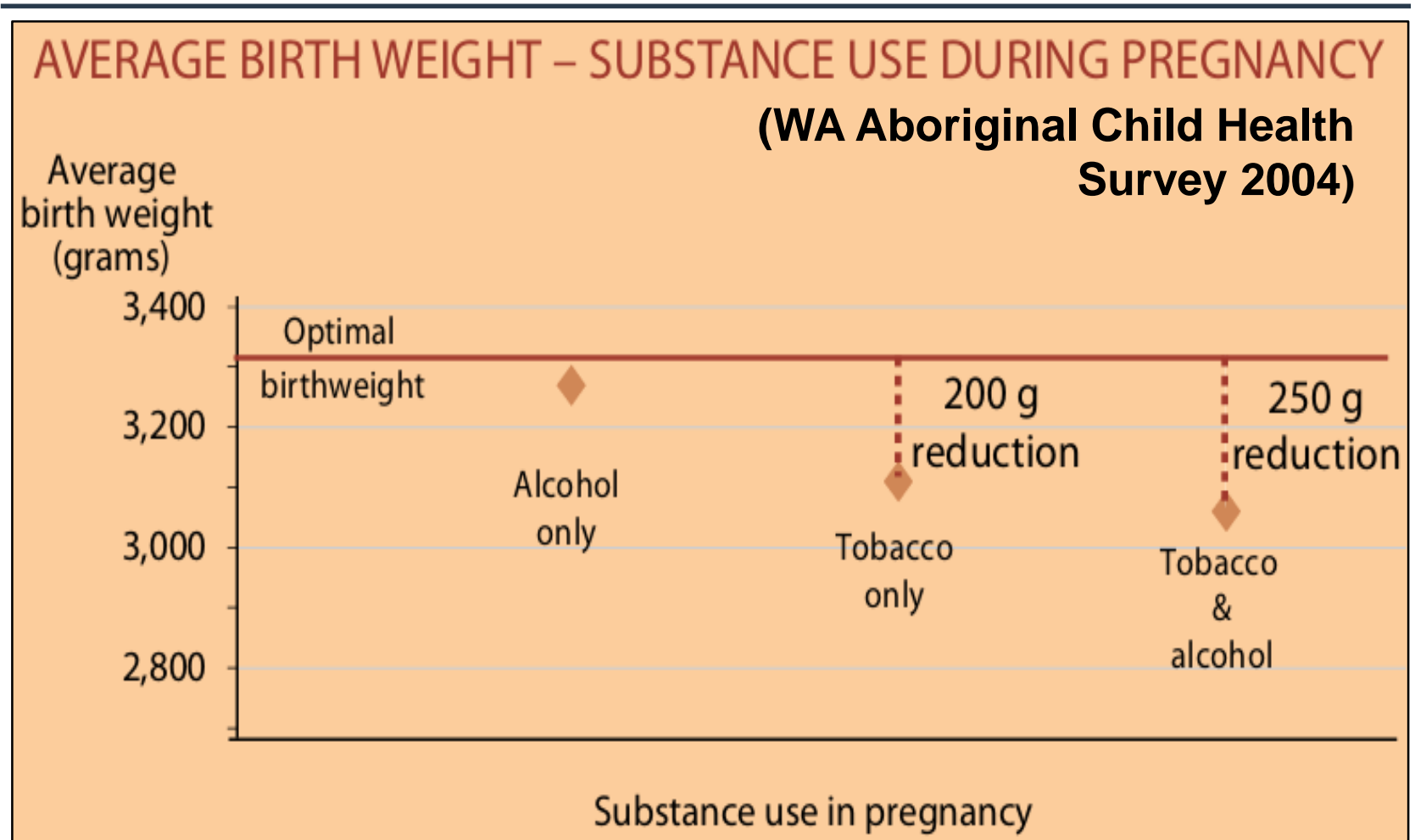
- Quitting should ideally be achieved without NRT.
- Gum, lozenge, sub-lingual tablet (under the tongue) or inhaler may be used.
- The risks of patches should be discussed before use.

Breastfeeding women:

- Use intermittent forms of NRT
- Breastfeed before use



Combined substance use and pregnancy¹⁵



We do know that...

- FASD is entirely preventable if alcohol is not consumed during pregnancy.
- There is no cure for FASD.
- Women, especially young women, are consuming alcohol at levels that put their health at short-term and long-term risk.
- Around half of pregnancies are unplanned.
- Around 45% of Australian women drink during pregnancy.
- People with FASD are eligible to receive disability support, based on their level of impairment.



We don't know...^{16,17}

How many Australian children and adults have FASD

Why?

- Women may not seek assistance and/or fully disclose drinking behaviour during pregnancy due to stigma, fear of children being removed from their care and feelings of shame.
- A lack of understanding about FASD among the medical profession.
- A lack of routine screening of women about their alcohol use during pregnancy and pre-conception.
- Until May 2016 there was no agreed diagnostic criteria and clinical guidelines.



Estimating FASD prevalence in Australia

'Lililwan Study'

Aboriginal leaders in Fitzroy Valley conducted the only FASD prevalence study in Australia – by community, for community¹⁸

- The survey of 108 babies born in the area between 2002 and 2003.
- Estimated prevalence for FASD is 120 per 1,000 children aged seven to nine years.
- In comparison, overseas prevalence estimate is 1-3 per 1,000 births in the general population.
- Marninwarntikura Fitzroy Women's Resource Centre
[Visit: www.mwrc.com.au/](http://www.mwrc.com.au/)



Key messages - Alcohol and pregnancy¹⁰

ADVICE FOR WOMEN WHO ARE PREGNANT OR PLANNING A PREGNANCY

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Key messages - Alcohol and breastfeeding¹⁰

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Key messages – smoking cessation and pregnancy¹¹

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- Self-help material can supplement advice and support.
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- Those who do quit should be supported to stay non-smokers long-term.



The role of health professionals^{19,20}

You have the ability to make a difference

- Health professionals are well positioned to make a difference in alcohol use among women before and during their pregnancy
 - Women expect advice from health professionals
 - Private interactions with a level of trust
 - Have detailed knowledge of health issues
 - Personalised advice, rather than general
- Health professionals provide external authority to support women in changing drinking behaviours



Module 1: Review

Module 1 aimed to increase knowledge and understanding of:

- i. The consequences of drinking alcohol, smoking tobacco and substance misuse during pregnancy.
- ii. The important role of health professionals in preventing harm from drinking alcohol, smoking tobacco and substance misuse during pregnancy.



Finishing up

Any questions?

