

Australian Guidelines for Assessment and Diagnosis of Fetal Alcohol Spectrum Disorder

A PLAIN ENGLISH GUIDE TO READING THE GUIDELINES

Introduction

In 2025, the **Australian FASD Guidelines Consortium** published the *Australian Guidelines for Assessment and Diagnosis of Fetal Alcohol Spectrum Disorder (FASD)*. This is a revision and update of the Australian Guide for the Diagnosis of FASD released in 2016. The ultimate goal of the new Guidelines is to improve assessment and diagnostic services for FASD in Australia.

This document aims to provide an easy-to-read summary of some of the key information in the full guidelines document.

What is FASD?

- FASD can develop from prenatal alcohol exposure.
- Prenatal alcohol exposure can occur at any time during pregnancy, even before a person realises they are pregnant.
- Prenatal alcohol can impact the development of a baby's brain and body.
- This can lead to challenges relating to:
 - Learning
 - Behaviour
 - Mental health
 - Physical health



Why are these Guidelines needed?

- Early diagnosis is crucial for individuals with FASD and their families.
- Recognition and support can help support challenges associated with FASD.
- Clear, evidence-based guidelines are needed to support accurate identification of FASD.
- Good guidelines should:
 - **Assist** healthcare workers in delivering effective care
 - **Help** clients understand complicated information
 - **Enable** practical, individualised advice and recommendations.

How were the guidelines developed?



Good guidelines are created by carefully reviewing all the latest research on a topic. The development of good guidelines also requires the opinions of a variety of people; including experts in the field, those who use the services, and those with lived experience. In Australia we have strict standards that should be followed in developing guidelines.

Our Objective?

To bring together the best available evidence, lived experience voices, cultural and clinical wisdom to develop Australian clinical practice guidelines for the assessment and diagnosis of FASD.

Review of international guidelines

- To create new Australian Guidelines, we wanted to understand how other countries diagnosed FASD.
- We reviewed existing diagnostic guidelines from Canada, Germany, Scotland, and the United States.
- We examined the reasoning and evidence that informed their decisions.

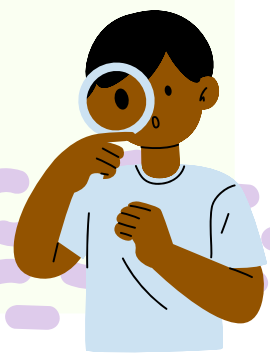
Advisory Group input: Who was involved?

- Paediatricians
- Registered Nurses
- Psychologists & Psychiatrists
- Speech Pathologists
- Occupational Therapists
- Geneticists
- Public Health Experts
- Social Workers
- Researchers
- First Nations Elders and leaders
- Carers and Parents
- Individuals with FASD

Evidence review process

We reviewed evidence from different parts of the FASD diagnostic process. This followed the strict standards of the National Health and Medical Research Council (NHMRC).

- We created four research questions relating to **current criteria**, **lived experiences**, **holistic considerations**, and **costs & resource implications**.
- Performed a big literature search addressing these questions.
- Determined the quality of the research.
- Assessed the findings of the evidence and their certainty.
- Developed evidence to decision frameworks to help combine science and practice.
- Developed actionable statements for clinicians (i.e., recommendations).
- Consulted with the public and received independent expert review.
- Finalised the Guidelines and submitted to the NHMRC for review.



Actionable Statements Guideline Recommendations

These statements aim to optimise assessment and diagnosis for individuals and their families.

Strong Recommendations

- The recommended course of action will benefit most individuals.
- Uses the term '**Recommends**'

Conditional Recommendations

- The recommended course of action may not apply to all individuals.
- Uses the term '**Suggests**'

1

What does the science say? (GRADE-Based Recommendations)



- Based on the review and analysis of scientific evidence.
- Provides direct links between diagnostic criteria and scientific evidence.
- Example recommendation: We **suggest** that physical size should be considered as part of the assessment for FASD.

What is GRADE?

Grading of
Recommendations,
Assessment,
Development and
Evaluation

- Framework for creating and sharing summaries of evidence.
- Helps to make clinical practice recommendations.

2

What do people with lived experience say? (Lived Experience Statements)

- Based on the review and analysis of scientific evidence.
- Provides guidance from the point-of-view of people with lived experience of FASD.
- Statements frequently relate to the need for non-judgemental and respectful care.
- Example: The concerns of parents and caregivers should be listened to and taken seriously.



3

What is Best Practice? (Good Practice Statements)

- These statements aim to support practitioners in applying the evidence-based statements.
- Created based on input from the Advisory Groups.
- Statements frequently relate to how to sensitively and accurately assess prenatal alcohol exposure, interpreting results, and coming to decisions about diagnoses.
- Example: assessments should use a family-centred approach that considers strengths and challenges. Collaborate with family members and tailor assessment plans to individual needs.

4

How can we Implement this? (Implementation, tools & tips)

- Created with advice from the Advisory Groups to help practitioners put the other recommendations into practice.
- This includes resources relating to shared-decision making, culturally responsive care, respect and communication, and information to aid with data collection and assessment.

Final Thoughts

The purpose of this summary was to help individuals with FASD and their families learn more about the new Guidelines. We hope that these new Guidelines can guide further research, promote the uptake of evidence-based care, and ultimately enable early and efficient diagnosis and support for individuals with FASD and their families.

Acknowledgments:

We would like to acknowledge all people in Australia living with FASD. We hope these guidelines respect and honour people's diverse experiences, enhance assessment and diagnostic practices, reduce stigma, and improve the quality of life for all people living with FASD in Australia.

We would also like to acknowledge everyone involved in the development of these new Guidelines. Thank you for your hard work, support and dedication throughout this process.



Want to learn more?
Links to available guidelines documents

- [Main Guidelines Document - Full Version](#)
- [Main Guidelines Document - Short Version](#)

- [Administrative and Technical Report](#)
- [Dissemination, Implementation, and Evaluation Report](#)
- [FASD Indigenous Framework](#)

- [Summary of Actionable Statements \(Recommendations\)](#)
- [Assessment Principles and Diagnostic Criteria](#)
- [Summary of Changes from the 2016 Guide to FASD Diagnosis](#)

- [Technical Report - Diagnostic Criteria Components](#)
- [Technical Report - Lived Experiences](#)
- [Technical Report - Holistic Assessment](#)
- [Technical Report - Resource Implications and Models of Care.](#)