



28 evidenced based FASD Facts for Health Professionals

1. Alcohol is a teratogen that readily crosses the placenta and damages the central nervous system and other organs and may impair prenatal and postnatal growth (Fitzpatrick & Pestell, 2016)
2. When a mother consumes alcohol during pregnancy, the blood alcohol of the fetus is the same or higher than the mothers (Bower & Elliott, 2016)
3. In the absence of facial dysmorphology, FASD is commonly underdiagnosed and mis-diagnosed as Autism Spectrum Disorder, Attention Deficit Hyperactivity Disorder and Conduct Disorder (Stevens, S., Nash, Koren, & Rove, 2013).
4. Only 41% of allied health and medical professionals are confident in asking about alcohol use during pregnancy which contributes to the under-diagnosis of FASD (Payne, Elliott, Bower et al., 2005).
5. FASD is recognised as the leading preventable cause of birth defects and developmental and learning disability worldwide (Mather, Wiles & O'Brien, 2015).
6. 92% of individuals living with FASD will have a co-occurring mental illness, with depression and suicidal ideation being the most common (Thanh & Jonsson, 2016)
7. 50% of Australian women will experience an unplanned pregnancy, leaving the chance of alcohol exposed pregnancies very high (Australian Medical Association, 2016)
8. The 'spectrum' of birth defects is due to the quantity of alcohol consumed, how frequently it was consumed and the timing during the gestation of the pregnancy it was consumed (May & Gossage, 2011).
9. Rates of alcohol use, binge drinking and drinking during pregnancy are increasing in young Australian women (Elliott, Payne, Morris, Haan & Bower, 2008).

10. The National Health and Medical Research Council and World Health Organisation advise to abstain from drinking alcohol during pregnancy and breastfeeding (NHRMC, 2009; World Health Organization, 2014)
11. The 3 sentinel facial features for FASD (thin upper lip, smooth philtrum, short palpebral fissure length) are specific to alcohol exposure and do not vary by race, age or gender (Moore et al., 2007).
12. Women have articulated that peer pressure & not wanting others to know they are pregnant, insufficient education and the enjoyment of alcohol as reasons they felt giving up alcohol during pregnancy would be hard (Tsang & Elliott, 2017).
13. Life expectancy at birth for people with FAS is 34 years old with the leading cause of death being suicide (Thank & Jonsson, 2016).
14. 83% of individuals living with FASD do not display facial features (Aros., et al, 2012)
15. 1/3 women are unaware of the dangerous effects alcohol has on a developing fetus (Paedon, Payne, Bower, Elliott et al., 2008)
16. Problems that emerge in childhood do not disappear with age, but rather form the development of additional and possibly more severe disorders later in life (Pei, Denys, Hughs & Rasmussen, 2011)
17. The risk of developing early onset (13-17 years) alcohol abuse disorder was two times higher in those exposed to 3 or more standard drinks in early pregnancy (Alati et al., 2006)
18. Facial dysmorphology only occurs when alcohol is consumed during the first trimester (Feldman et al., 2012)
19. 81% of individuals living with FASD will have a language disorder (Popova et al., 2016)
20. Children living with FASD are three times more likely to experience gross motor impairment than those without FASD. The most common gross motor deficits children experience is balance, coordination and ball skills (Lucas et al., 2014)
21. FASD occurs in all cross-sections of society, wherever there is alcohol there is FASD (Fitzpatrick & Pestell, 2016).
22. High socio-economic status is a strong predictor for alcohol use (McCormack, Hutchinson, Burns, Wilson, Elliott, Allsop, Najman, Jacobs, Rossen, Olsson & Mattick, 2017).

23. There is no threshold for prenatal alcohol exposure required for diagnosis of FASD (Bower & Elliott, 2016)
24. 1 in 4 pregnant women continue drinking during pregnancy, & of these, 96% report drinking 1 or 2 standard drinks (defined as 10g of ethanol) in a typical drinking session (2013 National Drug Strategy Household Survey, 2014)
25. 61% of pregnant women drank between conception and pregnancy recognition. Binge and heavy drinking the most common (McCormack, Hutchinson, Burns, Wilson, Elliott, Allsop, Najman, Jacobs, Rossen, Olsson & Mattick, 2017)
26. Global prevalence is conservatively estimated at 7.7 per 1000 population (95% CI, 4.9-11.7 per 1000 population) and is much higher in populations with risky levels of drinking (Lange, Probst, Gmel, Rehm, Burd & Popova, 2017).
27. Without intervention individuals living with FASD risk developing secondary issues such as school failure, addictions, mental health disorders, dependant living, unemployment, homelessness & incarceration (Popova et al., 2016).
28. 1/3 women binge drank during their pregnancy on a 'special occasion' (Muggli et al., 2016)