

FASD Facts Brochure References

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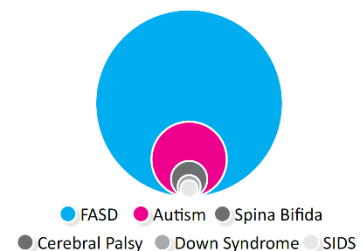
Cited Facts – outside panels

FASD is estimated to affect 2-5% of the population.

- The Australian Medical Association (AMA) points to US studies which estimate that 2-5% of the population have FASD (Australian Medical Association, 2016)
- General population prevalence studies were conducted in four regions of the USA, which found conservative FASD estimates of:
 - 3.5% - 8.3% of first grade students (Philip A. May, Hasken, Bozeman, et al., 2020)
 - 1.4% - 4.1% of first grade students (Philip A. May, Hasken, Baete, et al., 2020)
 - 1.7% - 4.9% of first grade students (Philip A. May, Hasken, Stegall, et al., 2020)
 - 2.4% - 4.8% of first grade students (P. A. May et al., 2014)
- FASD prevalence has been estimated at 4% of the Canadian population (Flannigan et al., 2018)

FASD is the leading cause of birth defects and developmental and learning disabilities worldwide (Mather et al., 2015).

More children are affected by FASD than Autism Spectrum Disorder, Spina Bifida, Cerebral Palsy, Down Syndrome and SIDS combined.



Prevalence statistics used in this infographic were retrieved on 10/07/2019 from:

		Source
FASD	2-5%	“Few accurate data on the prevalence of FASD in Australia is available but it is estimated that FASD affects roughly between 2% and 5% of the population in the United States”. https://ama.com.au/position-statement/fetal-alcohol-spectrum-disorder-fasd-2016 “Based on the most current research, the estimated prevalence of Fetal Alcohol Spectrum Disorder (FASD) in the general Canadian population is 4%.” https://canfasd.ca/topics/prevalence/
Autism	0.7%	https://www.aihw.gov.au/reports/disability/autism-in-australia/contents/autism
SIDS	0.03 %	https://www.healthdirect.gov.au/sudden-infant-death-syndrome-sids
Down Syndrome	0.05 %	https://www.downsyndrome.org.au/research_and_statistics.html
Spina Bifida	0.2%	http://www.health.gov.au/internet/main/publishing.nsf/Content/health-publth-strateg-folate-fofacts.htm
Cerebral Palsy	0.2%	https://cpaustralia.com.au/learning-center/the-facts/

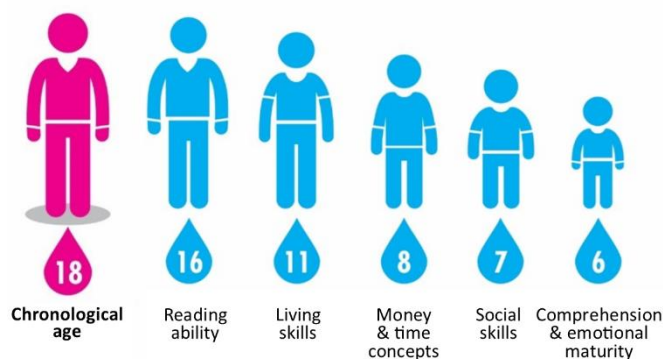
What is FASD?

Fetal Alcohol Spectrum Disorder (FASD) is a diagnostic term used to describe the lifelong neurodevelopmental (brain) impairments and congenital anomalies that can result from prenatal alcohol exposure. (Bower & Elliott, 2020; Lange et al., 2017).

The effects of FASD vary considerably and it is often not diagnosed (Chasnoff et al., 2015; Lange et al., 2017). High rates of co-occurring conditions mean that a diagnosis of FASD is often missed as it is hidden behind diagnoses of Autism Spectrum Disorder, ADHD, PTSD, anxiety, conduct disorder, oppositional defiant disorder and reactive attachment disorder (Chasnoff et al., 2015).

Characteristic features within the FASD spectrum include behavioural and learning difficulties, problems with language, memory, attention and reasoning, impulsivity, and limited social, emotional and daily living skills (Bower & Elliott, 2020). These brain-based difficulties are lifelong and have a profound impact on quality of life for individuals and their families (Reid & Moritz, 2019).

Age Dysmaturity (This graphic is a reproduction of the original by Jodee Kulp)



Many people with FASD have developmental delay (Lange et al., 2017), and cognitive abilities often develop at different rates. This can mean that, for example, an 18 year old may have the reading ability of a 16 year old, the living skills of an 11 year old, and the social skills of a 7 year old (Malbin, 2017). It is essential that communication and support services are appropriate for an individual's developmental age.

Cited Facts – inside panels

FASD is a mostly hidden disability. Most individuals have no characteristic facial features, even when the brain is profoundly affected (Kuehn et al., 2012; Mattson et al., 1998).

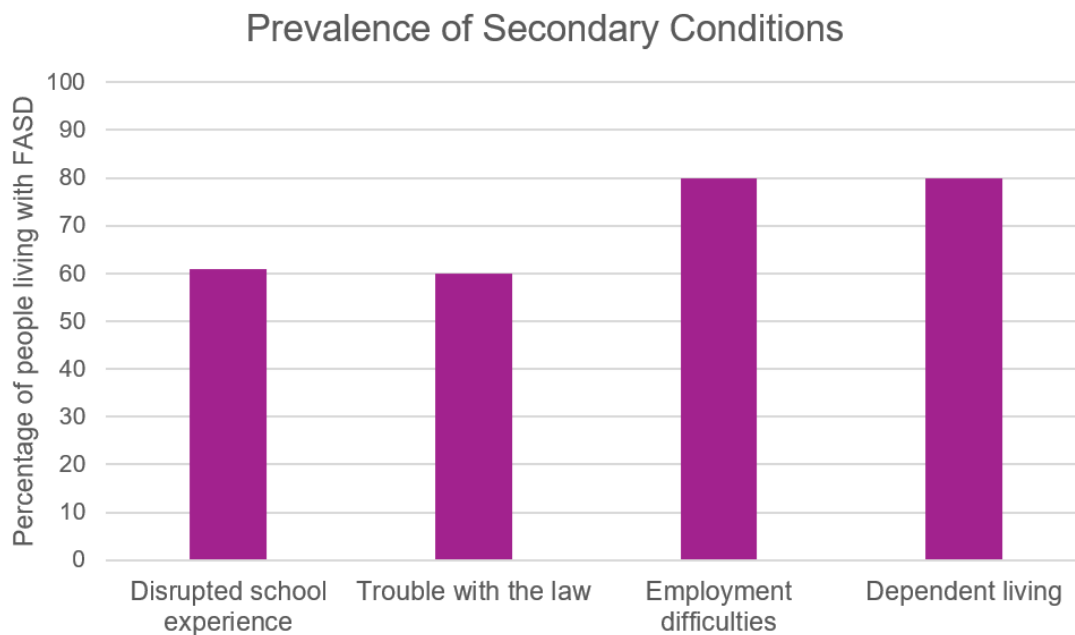
A high percentage of people with FASD experience sensory processing difficulties (Carr et al., 2010; Mukherjee et al., 2019).

People with FASD have strengths and challenges. A strengths-based approach is important when developing effective interventions (Quan et al., 2019).

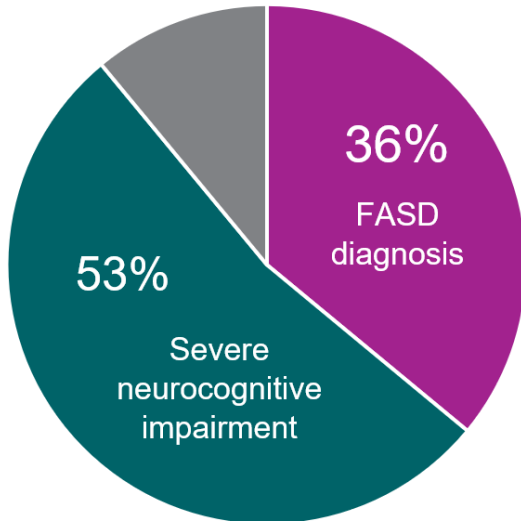
Mental health challenges are common for those with FASD (Pei et al., 2011; Temple et al., 2019). Early diagnosis and support reduces the likelihood of mental health difficulties (Streissguth et al., 2004)

People with FASD can have high intelligence. One study found that the IQs of those with FASD ranged from 45 – 120 (Clark et al., 2004).

Secondary conditions: Data for this graph was taken from Streissguth and colleagues (2004).



Youth in detention: Data for this graph was taken from research conducted in WA's youth detention centre (Bower et al., 2018). The researchers reported that 89% of the population had at least one domain of severe neurodevelopmental impairment, and 36% were diagnosed with FASD.



Secondary conditions are 2-4 times less likely to develop if FASD is diagnosed early (before age 12) and individualised professional support provided (Streissguth et al., 2004). Early intervention which includes supporting parents to understand their child's behaviour as a symptom of brain damage can achieve improved outcomes. It is therefore vital that service providers are FASD-informed.

No amount of alcohol is safe during pregnancy. Alcohol can harm a fetus at any stage, even before the pregnancy is confirmed (National Health and Medical Research Council, 2009).

50-60% of Australian women drink while pregnant (McCormack et al., 2017; Muggli et al., 2016). These women often experience shame and fear of judgement or punishment (Aspler et al., 2018).

58% of professionals lack confidence asking a pregnant woman about alcohol use (Payne et al., 2005).

38% of women are unaware of the dangers of alcohol to a developing fetus (Peadon et al., 2010).

50% of women experience an unplanned pregnancy (Marie Stopes International Australia, 2008). Nearly 1 in 5 report binge drinking prior to pregnancy recognition (Muggli et al., 2016).