



Encyclopedia of Motherhood

Fetal Alcohol Syndrome

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Book Title: Encyclopedia of Motherhood

Chapter Title: "Fetal Alcohol Syndrome"

Pub. Date: 2010

Access Date: December 11, 2015

Publishing Company: SAGE Publications, Inc.

City: Thousand Oaks

Print ISBN: 9781412968461

Online ISBN: 9781412979276

DOI: <http://dx.doi.org/10.4135/9781412979276.n208>

Print page: 411

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Fetal alcohol syndrome is one of a group of birth defects commonly grouped together as fetal alcohol spectrum disorders (FASD), also known as fetal alcohol effects. These disorders include a range of effects that can occur or develop in individuals whose biological mother drank alcohol during pregnancy. These effects can include physical, mental, behavioral, and/or learning disabilities, with possible lifelong implications. The umbrella term *FASD* includes FAS, partial fetal alcohol syndrome (PFAS), alcohol-related birth defects (ARBD), and alcohol-related neurodevelopmental disorder (ARND).

Causes and Symptoms of FASD

Alcohol use during pregnancy is the leading known preventable cause of mental retardation and birth defects in the United States. Because alcohol easily passes through the placental barrier and the fetus is less well equipped to physically process and eliminate alcohol than its mother, the fetus tends to receive a higher concentration of alcohol than its mother; alcohol also lingers longer in the fetus's body than it does in the mother's.

It is unclear how much alcohol is too much, partially because different women process alcohol differently. Full-blown FAS is the result of chronic drinking during pregnancy; FASD and ARND may occur with only occasional or binge drinking. Alcohol consumption during the first trimester is particularly problematic; during these months, many women do not yet realize they are pregnant, and so may feel safe drinking alcohol. However, alcohol interferes with the normal development of the brain during these months, and thus women who drink during the first trimester of pregnancy often have children with the most severe problems. The embryonic brain and central nervous system develop most rapidly during the final trimester of pregnancy, and drinking during these months is linked to growth retardation and other effects. Because there is no clear understanding of "how much is too much," drinking at any time during pregnancy is generally discouraged by medical professionals.

Outcomes of FASD vary among individuals, but can include low birth weight; small head circumference; facial abnormalities, including smaller eye openings, flattened cheekbones, and indistinct philtrum (an underdeveloped groove between the nose and upper lip); epilepsy; growth deficits; heart, lung, and kidney defects; behavior problems such as inability to concentrate, social withdrawal, impulsiveness, and anxiety; attention and memory problems; poor coordination and motor skill delays; difficulty with judgment and reasoning; and learning difficulties and disabilities, such as poor language comprehension and poor problem-solving skills. The outcome for infants with FASD varies depending on the extent of symptoms, but almost none have normal brain development.

ARND, a recently recognized category of prenatal damage, refers to children who exhibit only the behavioral and emotional problems of FAS/FASD without any signs of developmental delay or physical deficiencies. Because these children may score well on intelligence tests and exhibit few or none of the physical characteristics considered typical of FASD children, they are frequently undiagnosed, misdiagnosed, or underdiagnosed. This makes treatment for the child, as well as support for the family and other caregivers (such as teachers), particularly challenging.

Prevalence of FAS/FASD

Medical experts consider the incidence (number of new cases each year) of FAS and FASD to be significantly underreported. Worldwide, the incidence is estimated at about 1.9 per 1,000 live births. There are an estimated 40,000 cases of FASD each year in the United States, with wide racial disparity: 0.3 per 10,000 births for Asian Americans; 0.8 per 10,000 births for Hispanics; 0.9 per 10,000 births for whites; 6.0 per 10,000 births for African Americans; and 29.9 per 10,000 births for Native Americans.

FAS is the most severe and least common effect under the FASD umbrella; it is estimated that each year in the United States, 1 in every 750 infants is born with a pattern of physical, developmental, and functional problems associated with FAS. These problems tend to intensify as children move into adolescence and adulthood.

Increasing education around alcohol consumption as well as improved prenatal screening and support for pregnant women who drink alcohol are credited with slightly lowering the incidence of FAS over the last decade. Support is available for the parents of children diagnosed with FASD. The National Organization on Fetal Alcohol Syndrome (NOFAS) is based in the United States; FASWorld is an international organization of parents and medical professionals available for support and resources.

- alcohol
- fetal alcohol syndrome
- pregnancy
- alcohol consumption
- pregnancy trimesters
- birth defects
- fetus

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<http://dx.doi.org/10.4135/9781412979276.n208>

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- [Infant Mortality](#)
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