

WHAT IS DIFFERENT ABOUT THE WAY ADULTS WITH FASD MAY BEHAVE?

Adults whose lives are affected by FASD can experience difficulties with:

- mathematics
- understanding time
- thinking things through / reasoning
- learning from their past experiences
- understanding the consequences of their actions
- memory
- getting along with others
- generalising learning

Because of these life difficulties, activities in everyday life can be affected.

Support and help may be needed to:

- handle money – budgeting, paying rent and shopping
- make and keep appointments – doctor, counselling, corrective
- make changes in their behaviour – to have someone who cares about them act as an ‘external brain’ – reminding, making sense of circumstances
- interact with other people
- advocate in employment, education
- ensure income security
- obtain and maintain employment

SECONDARY ISSUES AND FASD

When individuals whose lives are affected by FASD have not been diagnosed, or are mis-diagnosed, anger and frustration towards themselves and the community can be an understandable reaction. Criticism and punishment for behaviours they may not be able to control is a very common experience for this group, and can lead to the development of secondary issues. These may include leaving school before Grade 10, mental health problems, trouble with the law, unemployment and homelessness, alcohol and drug problems and a heightened vulnerability to physical, sexual, financial, social and emotional abuse.

Isolation and loneliness can lead to a range of other behaviours such as unsafe partnering and volatile relationships. Too often, unplanned pregnancies combined with drug and alcohol use feature among this group, and another generation of children affected by alcohol exposure is born.

Many mothers who have children with FASD have also been affected prenatally by alcohol so they have great difficulty parenting their children, not because they choose to be poor parents but rather because they don't know how to be effective parents.

SUPPORT

For support and/or further information on diagnosis and interventions please contact:

~~arbias Ltd (alcohol related brain injury Australian services) – FASD assessment and case management www.arbias.org.au~~

NOFASARD (National Organisation for Fetal Alcohol Syndrome and Related Disorders) Support/advocacy for parents/carers/individuals with FASD
– www.nofasard.org

RFFADA (Russell Family Fetal Alcohol Disorders Association)
– Information and support/advocacy for birth mothers of children with FASD
<http://www.elizabethrussell.com.au/home/>

OTHER USEFUL CONTACTS

DEN (Drug Education Network) Prenatal Exposure to Alcohol Clearing House
www.den.org.au

NIAFASEN (National Indigenous Australian Fetal Alcohol Syndrome Education Network) <http://fas-lorian-hayes.tripod.com/>

ADAC (Aboriginal Drug & Alcohol Council (S.A.) Inc) Indigenous FASD resources
<http://www.adac.org.au/>

Telethon Institute for Child Health Research –
<http://www.ichr.uwa.edu.au/alcoholandpregnancy>



arbias

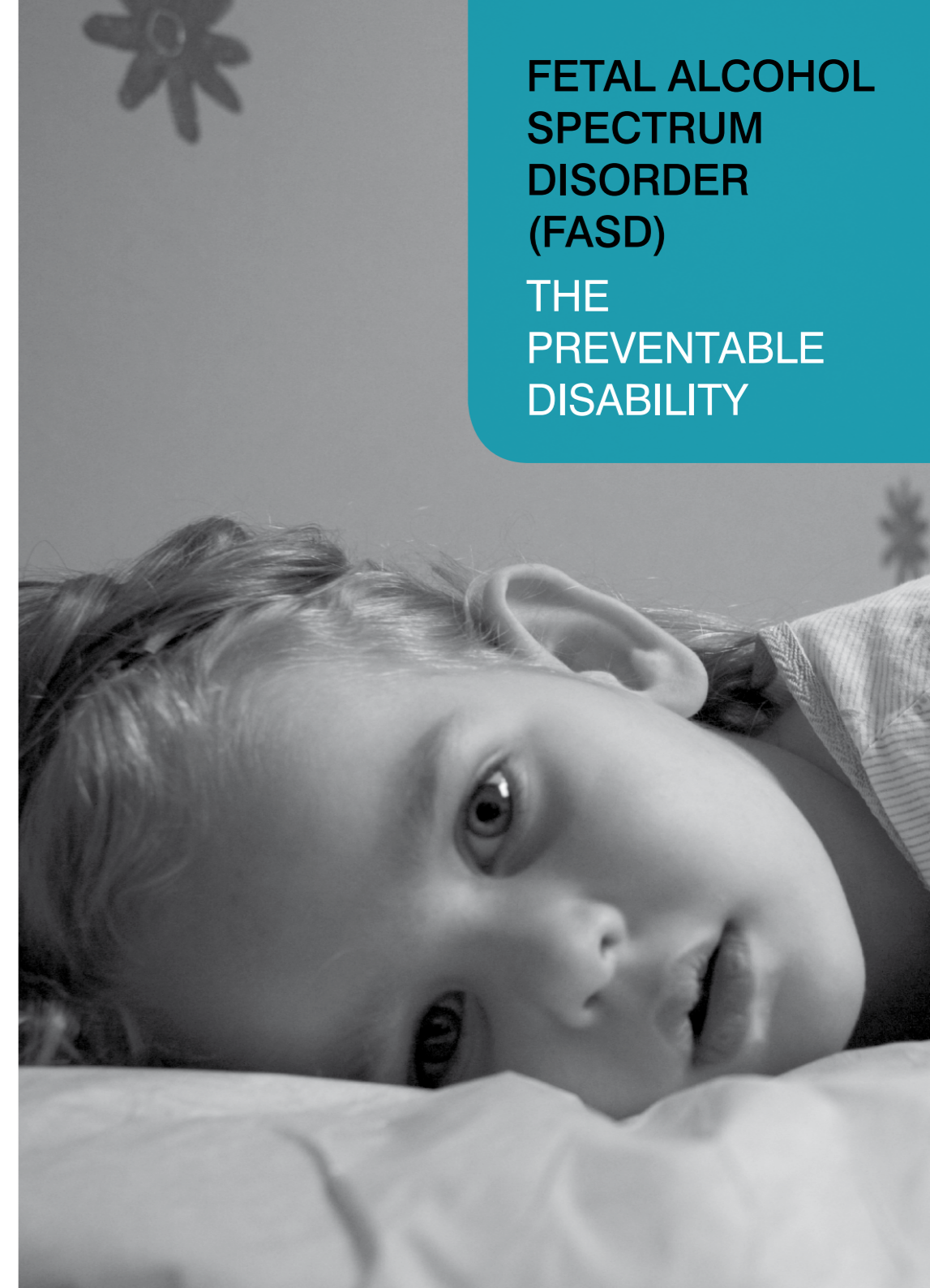
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FETAL ALCOHOL SPECTRUM DISORDER (FASD) THE PREVENTABLE DISABILITY



WHAT IS FETAL ALCOHOL SPECTRUM DISORDER (FASD)?

Alcohol use in Australia is so accepted that we forget how harmful it can be. This is especially so when alcohol is used in pregnancy.

Fetal Alcohol Spectrum Disorder is a term that describes a range of physical, mental, behavioural and learning disabilities that are a direct result of alcohol use during pregnancy. FASD is widely recognised as a common preventable cause of brain damage and other birth defects in children.

FASD is not a diagnosis; it is a name for a range of diagnoses that fall under the spectrum. These are Fetal Alcohol Syndrome (FAS), partial Fetal Alcohol Syndrome (pFAS), Alcohol Related Neurodevelopmental Disorders (ARND) and Alcohol Related Birth Defects (ARBD). These disorders last for life and are not curable.

Unless doctors have been specially trained to diagnose FASD, they may wrongly assume the presenting problems to be ADD/ADHD, Aspergers Syndrome, a conduct disorder or Autism Spectrum Disorder. If drinking occurred during pregnancy, and your child has problems that have not been addressed, FASD needs to be considered by your doctor.



HOW MUCH ALCOHOL IS SAFE DURING PREGNANCY?

When alcohol is consumed in pregnancy the unborn baby will have the same blood alcohol level as the mother.

Researchers do not know how much alcohol, if any, is safe to drink during pregnancy but they do know there is no safe time. They also know that the risk of damage increases the more you drink, and that binge drinking is especially harmful.

Research studies have demonstrated that even small amounts may cause changes to the developing fetal brain, so no alcohol is the safest choice for a healthy baby.

HOW CAN ALCOHOL AFFECT THE FETUS?

Alcohol can harm an unborn baby in different ways at different times during pregnancy. Alcohol is a neurotoxin (poison) and a teratogen i.e. an agent that is known to cause birth defects and permanent brain injury in the fetus. The alcohol robs the brain of oxygen and destroys brain cells. This affects the growth, the structure and the function of the brain.

The development of all cells and organs can be affected by alcohol consumption at different stages during the pregnancy. The first trimester, when organs are being formed, is particularly sensitive, and alcohol exposure during this time can cause a smaller head circumference, heart defects, limb damage, bone formation defects, kidney damage, eye problems, hearing problems and facial abnormalities.

FASD cannot be caused by the father's alcohol consumption, although research has linked this to poor behavioural outcomes in children and changes in the DNA of the sperm that could lead to other birth defects.

WHAT IF I HAVE BEEN DRINKING BEFORE MY PREGNANCY WAS CONFIRMED?

Please don't be alarmed if you are already pregnant and have been drinking small amounts of alcohol – the risk to your baby is low, and if you stop or cut down on your alcohol consumption at any time while you are pregnant it will increase your chances of having a healthier baby. If you don't think you can stop drinking, it is important to ask for help and discuss your alcohol intake with your doctor, midwife or professional support person or contact NOFASARD. It is also important to get good antenatal care, take folic acid and have a healthy diet.

FASD DIAGNOSIS & PROGNOSIS

FASD is a lifetime disability. Early diagnosis is essential for both the child and the family because it allows for early intervention, appropriate treatment and support. It gives parents an explanation for their child's behaviour, and helps families and other supportive people to understand the brain damage and not focus attention on the behaviours. These behaviours are the signs of brain damage and are not because the child is naughty or a consequence of poor parenting.

FASD is not curable; however people with FASD can do very well. Effective support includes special education programs, vocational programmes, tutors, structured environments and lifelong care. We know that individuals affected by FASD have strengths. They may be loving, affectionate, friendly, artistic and musical, work well with animals and plants, be very loyal and show a great determination to succeed in life.

With special assistance they can achieve at school and find paid employment in the open marketplace.

WHAT ARE SOME OF THE SIGNS THAT MIGHT INDICATE THAT A CHILD HAS FASD?

FASD is sometimes confused with developmental and behavioural problems. There is a broad range of primary disabilities associated with FASD at different ages.

Infants may have a low birth weight but not be premature, they might experience irritability, sensitivity to light, noises and/or touch, feeding problems and a failure to thrive.

Toddlers may exhibit memory problems, hyperactivity, a lack of fear, a poor sense of boundaries and impairment in gross or fine motor skills, which may result in poor balance or clumsiness.

Children may develop more slowly and have a difficult time learning and controlling their behaviour. Most children with FASD have developmental delays, although their IQ can cover the normal range (70 - 130). They may appear to learn how to master a new task one day, and not remember the next. They may also have problems with attention span and/or hyperactivity (ADD/ADHD), appropriate communication and maths. A minority of children with FASD may also be small in stature, their faces may look different, and they may have vision and/or hearing problems.

Older children may have low self esteem because they are aware that they are "different", or because they have trouble keeping up or fitting in at school. Teenagers may exhibit the social behaviour of a 6-8 year old, show poor impulse control, may not distinguish between appropriate public and private behaviours, may not follow rules and must be reminded of concepts on a daily basis. Most become isolated because they find it difficult to sustain friendships with their peers.

