

Important Note

There is **NO CURE** for Foetal Alcohol Syndrome, Partial Foetal Alcohol Syndrome and other Foetal Alcohol Spectrum Disorders.

There is **NO EVIDENCE** of a “safe drinking level” for pregnant women.

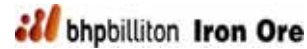
FAS and other similar disorders are

100% Preventable.



NO ALCOHOL
when pregnant
is **BEST**

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**Pilbara Community
Drug Service Team**

For further information, contact the PCDST:

Port Hedland: 9172 8333

Also servicing: Marble Bar, Warralong and Yandeyarra

Karratha: 9143 2221

Also servicing: Dampier, Onslow, Point Sampson, Roebourne, Wickham

Newman: 9175 8380

Also servicing: Jigalong, Nullagine, Paraburdoo, Tom Price, Punmu

24 Hour Toll-Free Contacts

Alcohol & Drug Information Service

1800 198 024

Parent Drug Information Service

1800 653 203

Alcohol and Pregnancy

What are the risks?



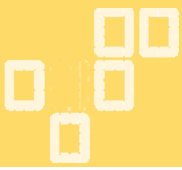
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The BHP Billiton Iron Ore
Pilbara Health Partnership

Building Healthier Communities



WA Country Health Services
Government of Western Australia
Pilbara





Alcohol and Pregnancy. What are the risks?

Alcohol is a *teratogen*, meaning it is a substance that can damage the foetus.

Alcohol can seriously damage the foetus at any stage during pregnancy.

When a pregnant woman drinks alcohol, it quickly reaches the foetus, and can structurally damage the **brain, heart** and **limbs**. Physical deformities and organic brain damage result.

The degree of damage can depend on several factors:

- Stage of Development
- How much the mother drinks during pregnancy
- Pattern and timing of drinking

Foetal Alcohol Syndrome (FAS)

The diagnosis of FAS is based on a scaled rating of:

1. Physical Growth Deficiencies
2. Distinct Facial Features
3. Brain Dysfunction
4. Exposure to Alcohol during pregnancy.

The more apparent these effects are, the more likely a diagnosis of FAS. If these conditions are not as pronounced, the diagnosis may be *Partial Foetal Alcohol Syndrome (pFAS)*.

Foetal Alcohol Spectrum Disorder

Foetal Alcohol Spectrum Disorder is a term identifying disorders caused by maternal alcohol drinking.

- **Partial FAS (pFAS) and Alcohol-related Birth Defects**

Alcohol can affect the foetus in ways that are not physically or immediately obvious. Individuals with this disorder have some, but not all the diagnostic characteristics of FAS. They can have significant deficits in behavioural and social abilities.

- **Neonatal Withdrawal Signs (NAS)**

Distress in a newborn as it withdraws from being exposed to substances while in the womb, such as heroin, morphine and alcohol. Alcohol presents more long-lasting damage.

Individuals suffering the effects of FASD can look physically normal.

They still have intellectual, behavioural and social disabilities.

Disabilities may be presented through:

- Deficits in normal sequential learning abilities
- Impulsive, unpredictable behaviour
- Lack of ability to make and keep friends



Working with FASD

Awareness of FAS and FASD is a strong protective factor.

Health Professionals working with children diagnosed with FASD, and their families, are encouraged to consider:

- Diagnosis
- Quality Health Care
- Adequate Records
- Respite Care
- Eligibility for Disability Support
- Family Counselling
- Alternative Care
- Special Education services



Child with classical facial features of FAS: Note wide-set eyes, thin upper lip and lack of philtrum. Intellectual, behavioural and social disability is likely.