

PRENATAL EXPOSURE TO ALCOHOL CAN HAPPEN IN A MOMENT. SO CAN PREVENTION.

An estimated 40,000 newborns each year are affected by fetal alcohol spectrum disorders (FASDs). Studies by the Centers for Disease Control and Prevention (CDC) suggest that between 1,000 and 6,000 of these infants have the most serious of these disorders, fetal alcohol syndrome (FAS). FAS is one of the most common causes of mental retardation—and may be the only one that is entirely preventable. Yet government surveys indicate that one in 12 pregnant women drink during pregnancy.

Health care providers have the power to help prevent many cases of FASD, simply by counseling their patients appropriately. Research suggests that even brief interventions can help reduce alcohol consumption by women of childbearing age.

- **Talk about it.** All women of childbearing age need to be aware of the risks, and women who could be pregnant or are trying to conceive should be advised not to drink alcohol.
- **Ask, ask and ask again: “When was the last time you had a drink?”** At every prenatal visit, ask this question. The answer will tell you whether to provide brief intervention, refer for more intensive services, or simply explain the risks and advise the nondrinking mother-to-be to stay that way.
- **Assess and involve the family.** A woman who is in a risky environment will need more support to stay sober and healthy. Educate family members when possible, and help identify support systems.
- **Refer to appropriate resources if needed.** Take the time to refer patients who need help to a residential or outpatient treatment program.

IMPORTANT: Arkansas Law requires health care providers to contact DHS at 1-800-482-5964 regarding any infant affected with FASD. The parents will be offered intervention but are not required to accept it.

TO FIND OUT MORE, CONTACT:

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MANY PEOPLE WITH FASDs CAN LIVE FULL, PRODUCTIVE, HEALTHY LIVES— WITH THE RIGHT SUPPORT.

Signs that may suggest the need for FASD assessment include:

- Sleeping, breathing, or feeding problems
- Small head or facial or dental irregularities
- Heart defects or other organ dysfunction
- Vision or hearing problems
- Slow physical growth before or after birth
- Deformities of joints, limbs, and fingers
- Mental retardation or delayed development
- Behavior problems
- Maternal alcohol use

Diagnosis and management of FASD requires a team approach that may include geneticists, developmental pediatricians, neurologists, education consultants, psychologists, psychiatrists, social workers, specialists in birth defects, and others.

HOW TO DO MORE:

- **Stay up to date.** The CDC and other entities are currently researching new approaches to FASD prevention, assessment and treatment.
- **Educate your community.** Physicians and other medical professionals are often seen as community leaders, especially in rural areas. Embrace that role and help reach other professionals and the public.
- **Learn as much as you can.** Here are some additional resources for health care providers and families affected by FASDs:
 - The SAMHSA (Substance Abuse and Mental Health Services Administration) Fetal Alcohol Spectrum Disorders Center for Excellence website at <http://fasdcenter.samhsa.gov/> offers publications, articles, an online course and a video library.
 - The National Organization on Fetal Alcohol Syndrome at www.nofas.org/ offers information for families, health care professionals, expectant mothers and families living with FASD.
 - The CDC's FASD page at www.cdc.gov/ncbddd/fasd offers patient-friendly information, free materials, data training opportunities and other resources.

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