

# Fetal Alcohol Spectrum Disorder (FASD) in Early Childhood

Maternal and Child Health Nurses Conference  
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Clinic Coordinator, FASDConnect

# Acknowledgement of Country

Monash Health respectfully acknowledges the Bunurong and Wurundjeri Woi-wurrung peoples, the Traditional Custodians and owners of the lands where our facilities are located and programs operate.

We recognise the ongoing spiritual link Aboriginal people have to their lands, culture and lore; and acknowledge that their connections build healthier families and communities.

Monash Health pays respect to the Elders of the Wurundjeri Woi-wurrung and Bunurong peoples; past, present and future. We extend our respect to our Aboriginal and Torres Strait Islander employees, consumers and stakeholders.



Ngarra-jarra-noun artwork by Dixon Patten



# Introduction to FASD

# Fetal Alcohol Spectrum Disorder (FASD)

FASD is a lifelong neurodevelopmental condition caused by prenatal alcohol exposure, leading to structural, functional, and behavioural impairments.

## Prenatal alcohol exposure (PAE)

- Impacts how the brain develops and functions, leading to difficulties in cognition, behaviour, and daily life.
- No amount of alcohol during pregnancy is considered safe.

*Fetal is the correct spelling in Australia – from the latin “fetus”*



# Developmental Effects

- Delays in motor skills, speech, and language development
- Immaturity in behaviour compared to chronological age (e.g., a 10-year-old behaving like a 6-year-old)
- Struggles with daily living skills, requiring ongoing support beyond expected ages.



# Cognitive effects

- Difficulty with memory, learning, and retaining information
- Struggles with problem-solving, abstract thinking, and understanding consequences
- Slow information processing and difficulty following instructions



# Behavioural and Emotional Effects

- Impulsivity, poor emotional regulation, and sudden mood changes
- Perseveration (getting stuck on one idea or activity)
- Difficulty interpreting social cues, leading to challenges with peer relationships



# Challenges for children

- Trouble with attention, routines, and keeping up academically
- Difficulty making and keeping friends, often excluded or bullied
- Frequent outbursts due to poor emotional control
- Over- or under-reactive to sensory input, causing fatigue or distress.
- Motor delay impacts handwriting, sports, and play.
- Struggles with changes in routines or transitions.
- Persistent need for supervision with daily tasks.
- Misunderstands consequences, leading to repeated mistakes.





# Challenges for young people

- Struggles with secondary school subjects, often disengages
- Risky behaviour to gain peer acceptance, easily influenced.
- Difficulty with sarcasm, social cues, and non-verbal communication
- Risk of anxiety, depression, and mood disorders
- Poor coping, prone to outbursts or withdrawal
- Impulsive actions without understanding consequences
- Misinterprets rules, influenced into risky activities.
- Higher likelihood of risky coping or self-harm without support.





# High rates of childhood trauma

- Not being raised by both parents – 97.3%
- Caregiver disruption – 88.5%
- Exposure to household substance use – 69.7%
- High rates of abuse and neglect and exposure to other traumatic experiences – some studies put as high as 85%

Flannigan et al (2021)

# Parenting challenges

- Children with FASD have increased care needs, both from PAE and associated ACEs and comorbidities
- Increased parenting demands
- Can exceed the capacity of parents, particularly parents with cognitive, mental health or other challenges.



# Impact on placement stability

Complex needs of children with FASD raise challenges for caregivers who report:

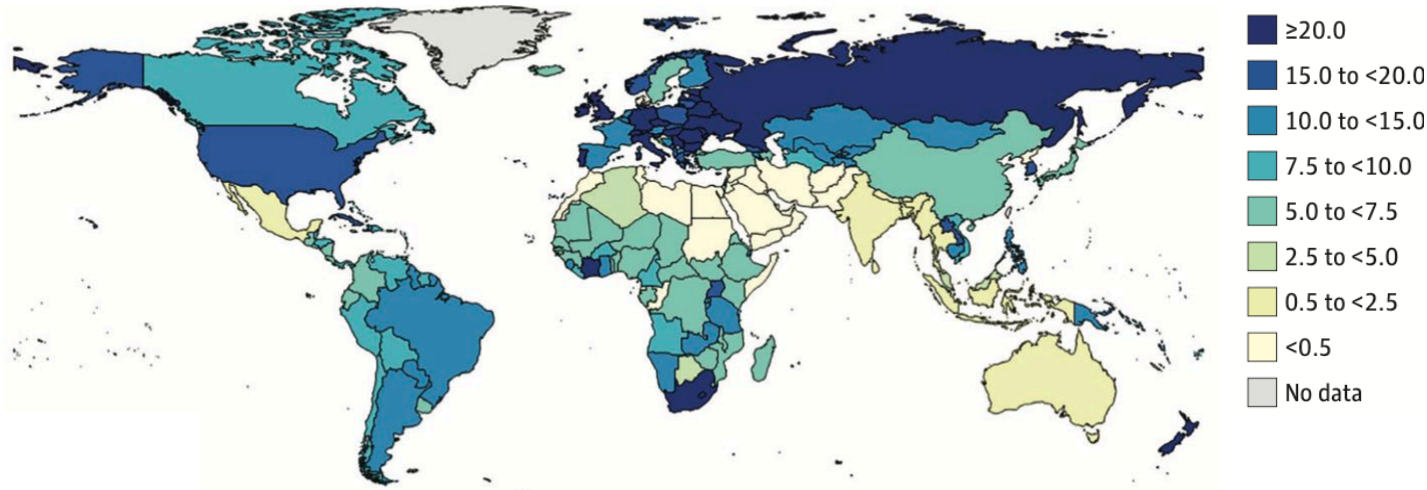
- Feeling under-supported, misunderstood
- Blamed by service providers for the challenges of their child with FASD
- Typical parenting strategies don't work leading to frustration
- Poor parent-child interactions
- Risk of placement breakdown

Flannigan et al 2022

# Prevalence of FASD

# FASD affects 1:100 people

- FASD is estimated to occur in 1% of the population in Australia
- Researchers in the US and Canada estimate rates of 2-5%



*Lange et al (2017)*

*May et al (2014)*



# FASD in foster care

- FASD occurs among 20% of children in foster care
- 30% of children with FASD enter foster care

*Engesether et al (2024)*



# Prenatal alcohol use in Australia

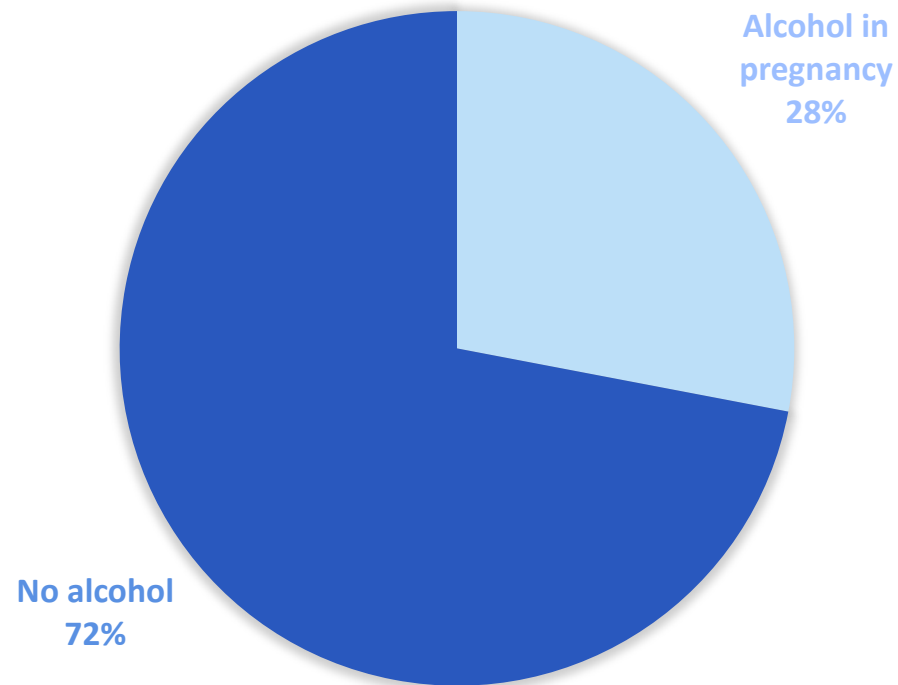
Results from the AIHW National Drug and Alcohol Survey (2022-23) indicated that 1 in 4 (28%) of women reported consuming alcohol while pregnant.

- Two in three women (64%) who had a period of time when they did not know they were pregnant consumed alcohol
- One in seven (14.5%) report drinking alcohol after their pregnancy is confirmed

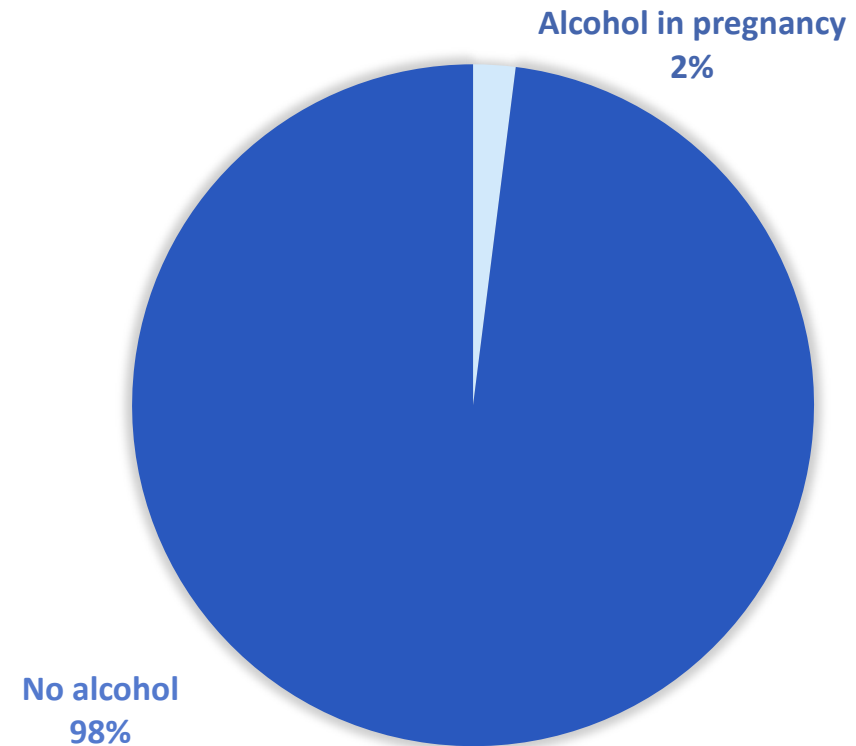
<https://www.aihw.gov.au/reports/illicit-use-of-drugs/national-drug-strategy-household-survey/contents/summary>

# Under-reporting of alcohol use in pregnancy

NATIONAL DRUG STRATEGY  
HOUSEHOLD SURVEY 2022-23

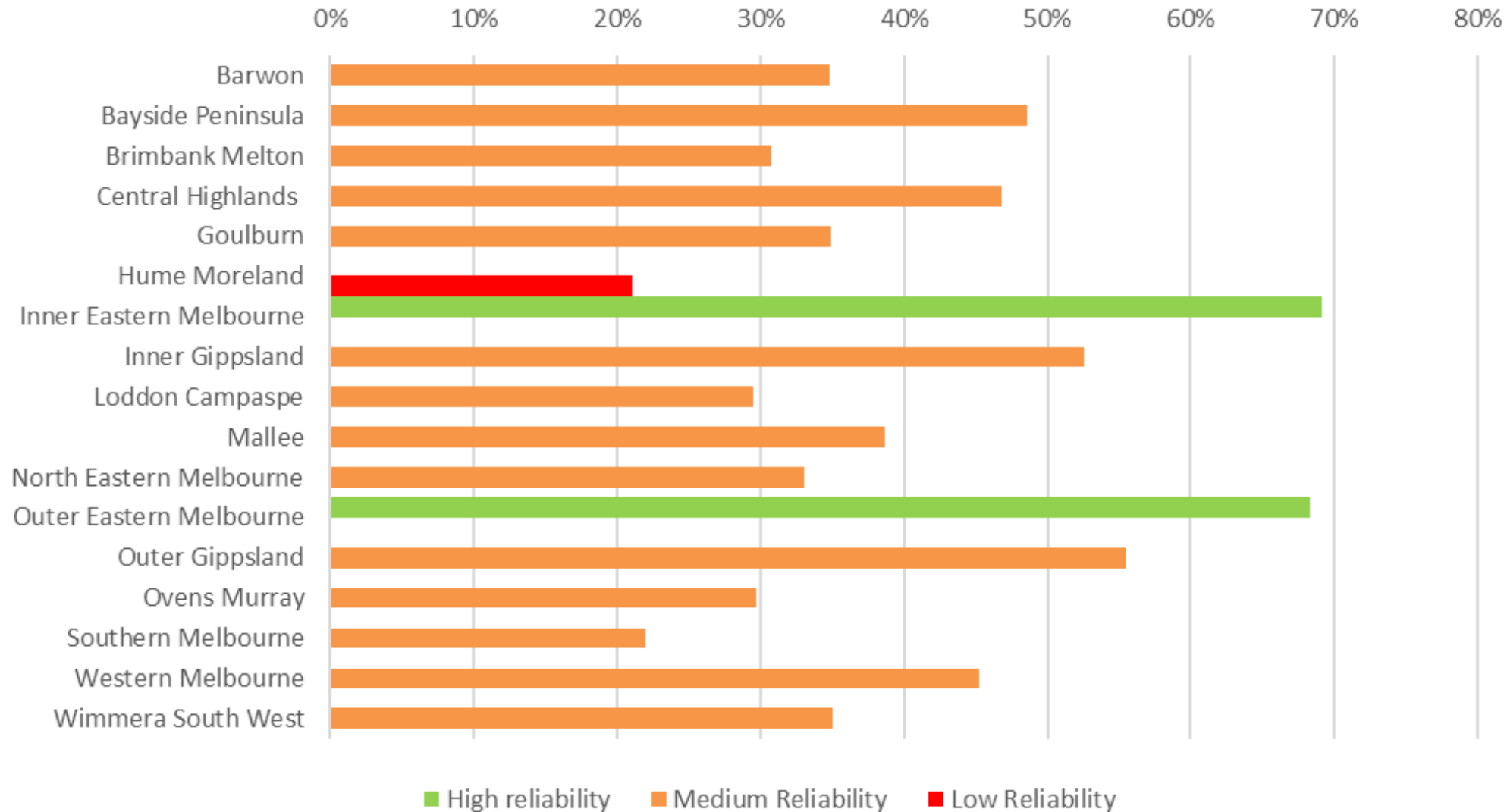


AUSTRALIA'S MOTHERS AND BABIES  
2022 – VICTORIAN DATA



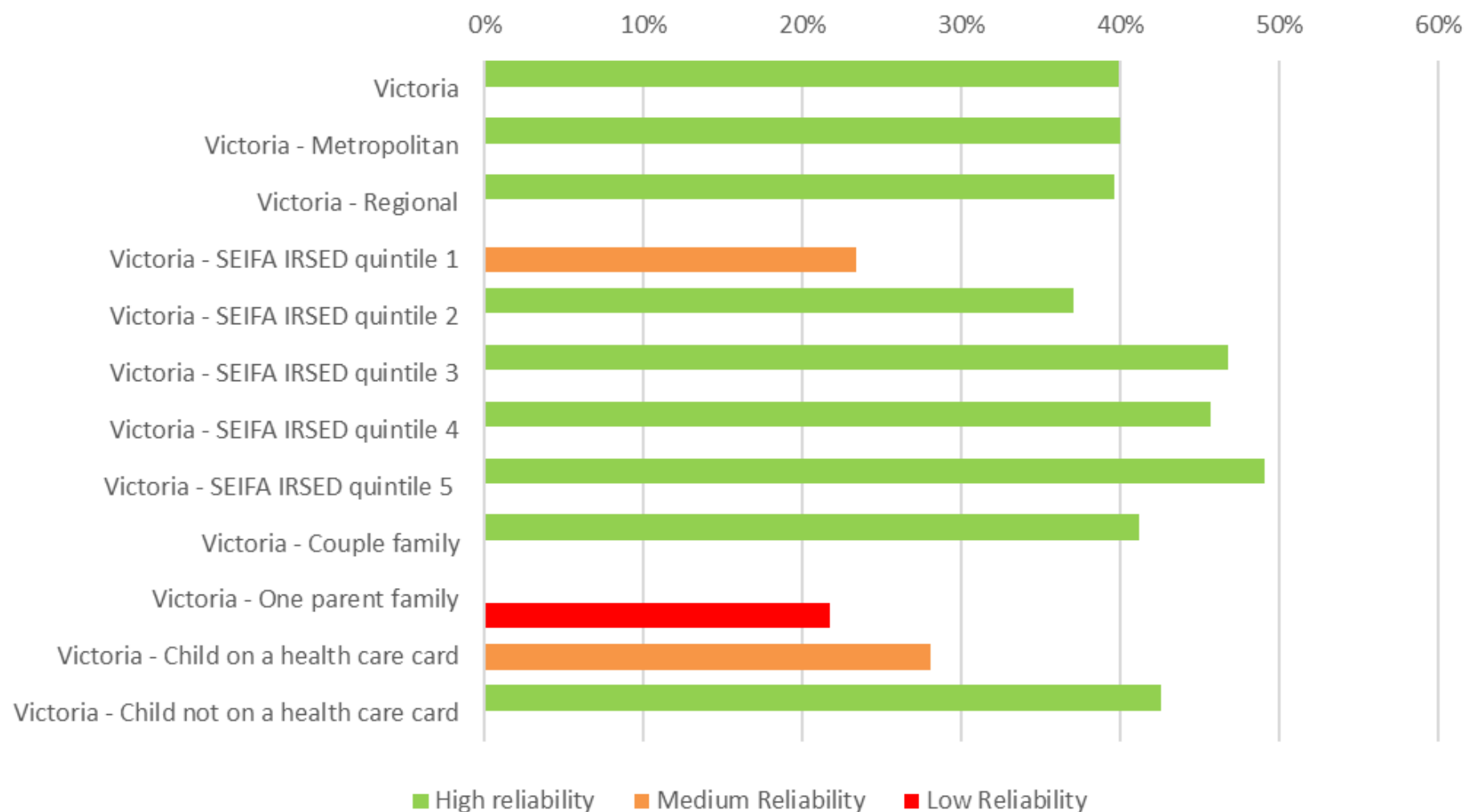
## Alcohol in pregnancy reported by birth mothers, by LGA

Victorian Child and Adolescent Monitoring System 2023



## Alcohol in pregnancy reported by birth mothers in Victoria

Victorian Child and Adolescent Monitoring System 2023





# Influences

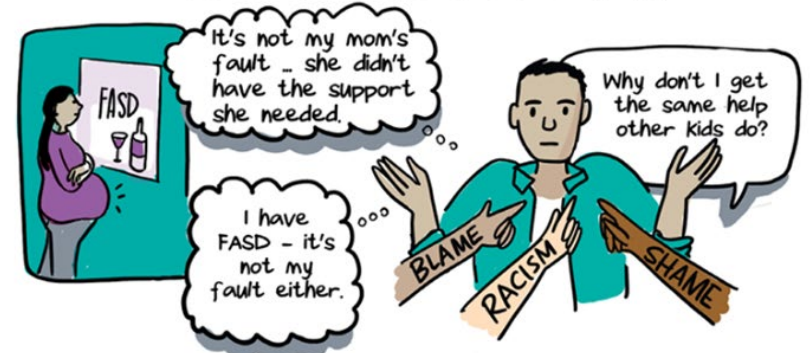
- Pregnancy circumstances
  - Alcohol as a coping mechanism for adverse events during pregnancy
  - Unplanned pregnancy
  - Alcohol dependence or addiction
- Individual beliefs
  - Alcohol has beneficial qualities
  - Alcohol only harmful in certain types/quantities
  - Alcohol less harmful than other substances
- Influence of culture
  - Social acceptability
  - Intuitive decision making, influenced by personal or peer experiences
- Influence of knowledge and advice
  - Lack of awareness of adverse impacts on fetus
  - Insufficient or mixed advice from professionals
  - Insufficient evidence about harms of low level alcohol use

Popova, S et al 2022

# Stigma

- stigma associated with FASD can dissuade families or individuals from pursuing a diagnosis
- creates barriers to seeking and accessing support
- concerns about disclosing a diagnosis to others
- fear of stigmatising mothers can lead to not asking

**FASD IS MISUNDERSTOOD,**  
**LEADING TO BLAME,**  
**STIGMA and RACISM.**



# The effects of alcohol on fetal development

# How does alcohol affect the fetus?

Prenatal alcohol exposure (PAE) interrupts the normal development of the fetus and can cause:

- structural abnormalities/visible changes to the brain
- functional abnormalities
- physical changes – growth, facial features, other organ damage

# WHAT CAN ALCOHOL DO TO A FOETUS?

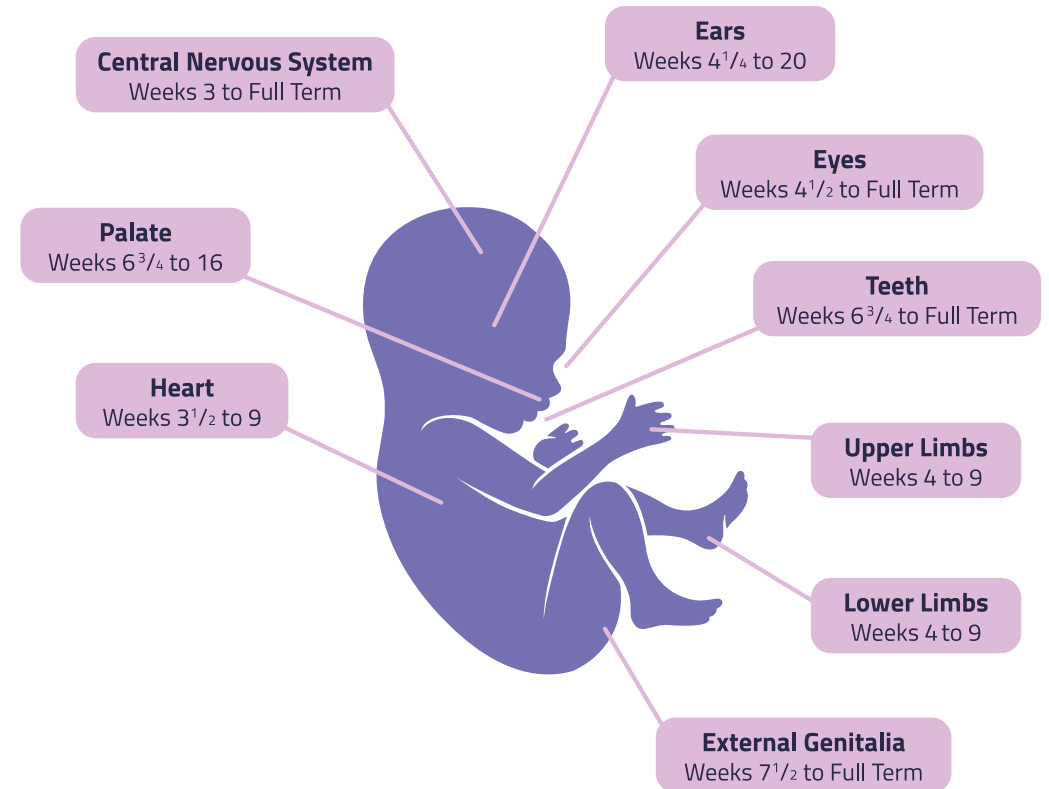




# Alcohol exposure during pregnancy

Although alcohol exposure can impact the developing baby at any stage of pregnancy, there are critical periods that are extra sensitive.

This includes very early in pregnancy (3-8 weeks post-conception), when the embryo undergoes rapid cell division and differentiation to provide the foundations of the body systems.



# Relative impact of alcohol

The effects of alcohol in pregnancy are more severe and widespread than the effects of other drugs:

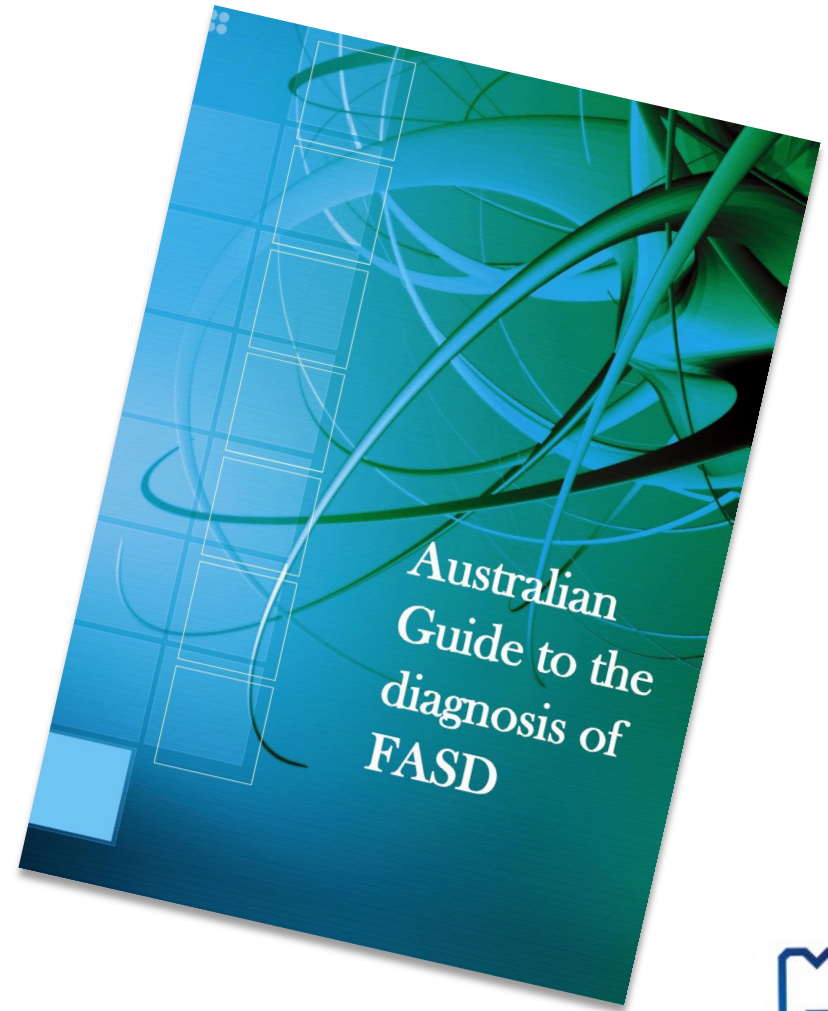
Drug	Severity	Breadth of Effects	Long-Term Impact
<b>Alcohol</b>	High	Very broad: multi-organ, brain, growth	Severe, lifelong cognitive, behavioural, and social impacts (FASD)
<b>Cocaine</b>	Moderate to high	Focused on brain, growth, and behaviour	Moderate to severe, especially for executive function and behaviour
<b>Methamphetamine</b>	Moderate to high	Brain development, growth, and behavioural regulation	Persistent cognitive and behavioural issues in severe cases
<b>Opioids</b>	Moderate	Growth, motor skills, autonomic function, NAS	Moderate, with some long-term cognitive deficits
<b>Cannabis</b>	Low to moderate	Selective (attention, memory, executive function)	Often mild but with potential long-term effects under certain conditions

# FASD Diagnosis

# A diagnosis requires:

- Evidence of prenatal alcohol exposure (PAE)
- Severe impairment in 3 or more domains of neurodevelopment
- No better explanation for symptoms
- Facial features may or may not be present

*Child may be found to be “at risk of FASD” and need future re-assessment*



# Diagnosis of FASD – 10 brain domains

- Brain structure/neurology
- Motor skills- gross and fine
- Memory
- Executive function (impulse control and hyperactivity)
- Attention
- Speech and language
- Adaptive behaviour/social skills and communication
- Cognition
- Affect regulation
- Academic function



# MDT assessment - VicFAS

- Multidisciplinary team – Paediatrician, Neuropsychologist, Speech Pathologist, OT, Social work
- 13 clinics/year, 26 children assessed
- 6 clinics in regional areas – Geelong, Sale, Bendigo
- Assessment occurs over 2 days
- Feedback and recommendations provided to parent/carer, and to school

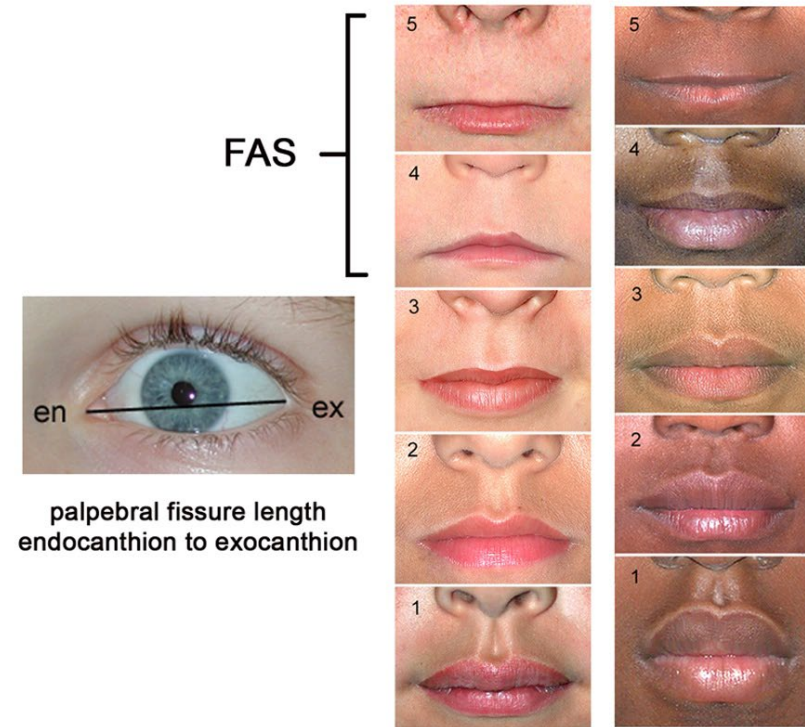


# Paediatrician

- Physical examination
- Assesses facial features
- Other dysmorphology
- Head circumference

## Sentinel facial features:

- Thin top lip
- Flat philtrum (ridge between nose and top lip)
- Small eye openings



Lip-Philtrum Guides 1 & 2

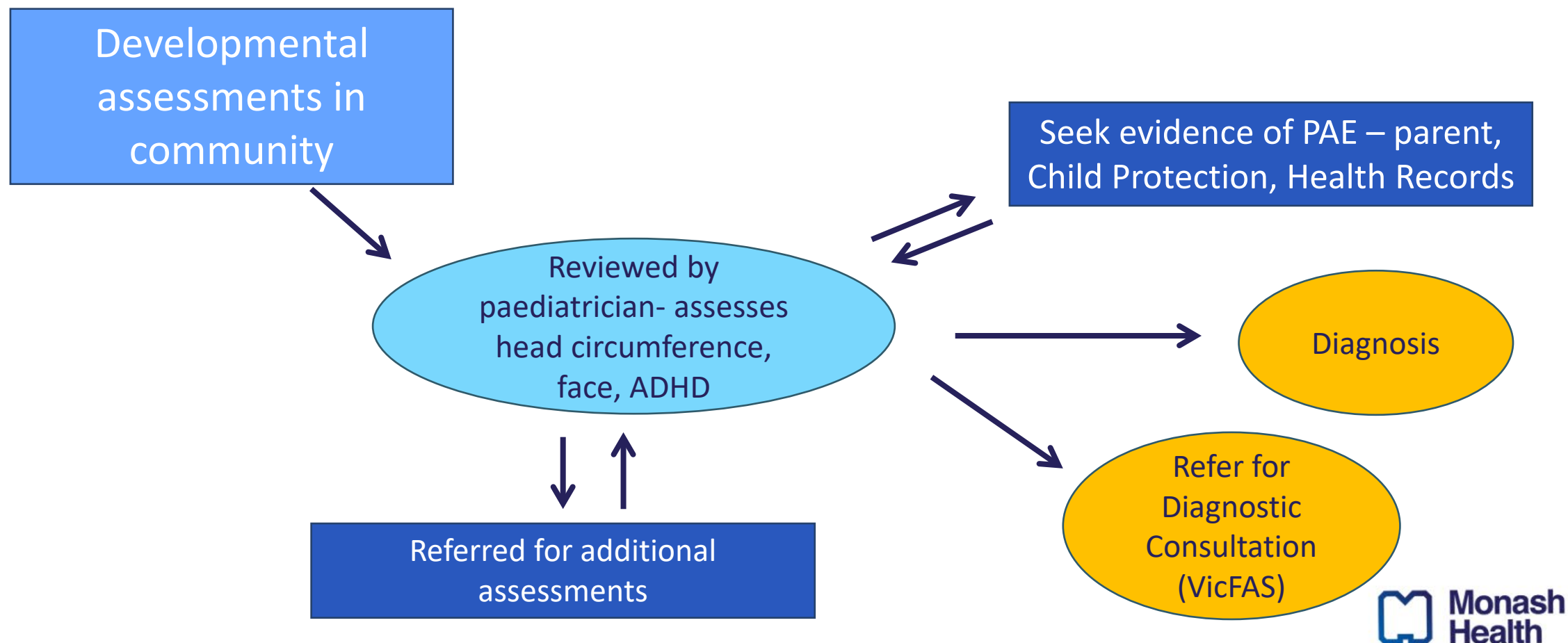


# Infants and children < 6 years

## Special considerations:

- Global developmental delay is considered to meet criteria for 3 domains of functioning
- Presence of 3 facial features + microcephaly is sufficient for FASD diagnosis, even without
  - confirmed prenatal alcohol exposure or
  - evidence of neurodevelopmental impairment.

# Community assessment



# Benefits of diagnosis

- Helps individuals and supports understand the condition
- Supports monitoring for at-risk children
- Enables recognition of disability
- Provides access to funded supports
- Prevents misinterpretation of behavioural symptoms
- Allows for adjusted expectations
- Reduces pressure on parents by reframing behaviours as not due to 'poor parenting'

# Identifying children at risk of FASD

# Screening for FASD in children < 5 yrs

Fleming et al (2023) developed a screening tool by studying 281 children under five years old; 180 (64.1%) were diagnosed with FASD, and 101 (35.9%) were non-FASD.

The study looked at 7 factors:

- Prenatal alcohol exposure
- ADHD symptoms
- Placement in foster care or adoption
- Small head size
- Communication impairments
- Impaired social skills
- Cognitive deficits



# Ranking of risk factors:

## Strongest predictor of FASD:

- Alcohol use during pregnancy was by far the strongest predictor (Odds Ratio = 63.5 – 63.5 x more likely)
- ADHD symptoms were the strongest predictor after alcohol exposure (OR = 12.3).
- Small head size (OFC) was moderately predictive (OR = 4.5).
- Foster care/adoption was also moderately predictive (OR = 2.9).
- Communication, social, and cognitive impairments had weak predictive value, with odds ratios close to 1.

# Role of MCHNs

- Be aware of FASD indicators
- Record head circumference
- Screen for developmental and behavioural indicators
- Note, ask about and record prenatal alcohol exposure
- Share information
- Refer for assessments



# FASD Indicators in Early Childhood

Natalie Hindman  
Senior Occupational Therapist



Natalie Hindman



Prue Walker

# Asking about alcohol use in pregnancy

# Ask about prenatal alcohol exposure

- Ask about alcohol use prior to pregnancy (Before you were pregnant, on a typical day/week, how many drinks of alcohol would you have had?)
- When did mother find out she was pregnant?
- Did she make any changes?



# Assessing alcohol use in pregnancy

## AUDIT-C Questions

Questions	Scoring System				
	0	1	2	3	4
How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times per month	2-3 times per week	4+ times per week
How many standard drinks of alcohol do you consume on a typical day when you are drinking?	1-2	3-4	5-6	7-9	10+
How often do you have five or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily

Associated alcohol risk levels with AUDIT-C scores:

- 0 = No risk of alcohol-related harm
- 1-2 = Low risk of alcohol-related harm
- 3-4 = Medium risk of alcohol-related harm
- $\geq 5$  = High risk of alcohol-related harm



AUDIT-C



Standard drinks guide



# How much did you drink?

Someone reports consuming a glass or two of wine

- Bottle of red wine = 750ml, 13.5% alcohol
- 8 standard drinks - 93.75ml
- White wine = 750ml, average 11.5% alcohol
- 6 standard drinks – 110ml glass



Standard serve of red wine

100ml 13.5%

**1.0**



Average restaurant serving of red wine

150ml 13.5%

**1.6**



Standard drinks 95ml



Actual drinks 188ml and 168ml  
(2.0 and 1.8 std drinks)

# 2 glasses of red wine/day

## AUDIT-C Questions

Questions	Scoring System				
	0	1	2	3	4
How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times per month	2-3 times per week	4+ times per week ✓
How many standard drinks of alcohol do you consume on a typical day when you are drinking?	1-2 ✓	3-4	5-6	7-9	10+
How often do you have five or more drinks on one occasion?	Never ✓	Less than monthly	Monthly	Weekly	Daily or almost daily



Standard drinks 95ml

Associated alcohol risk levels with AUDIT-C scores:

- 0 = No risk of alcohol-related harm
- 1-2 = Low risk of alcohol-related harm
- 3-4 = Medium risk of alcohol-related harm
- $\geq 5$  = High risk of alcohol-related harm

## AUDIT-C Score of 4

# 2 glasses of wine/day (up to 2 SDs each)

## AUDIT-C Questions

Questions	Scoring System				
	0	1	2	3	4
How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times per month	2-3 times per week	4+ times per week ✓
How many standard drinks of alcohol do you consume on a typical day when you are drinking?	1-2	3-4 ✓	5-6	7-9	10+
How often do you have five or more drinks on one occasion?	Never ✓	Less than monthly	Monthly	Weekly	Daily or almost daily



Actual drinks 188ml and 168ml  
(2.0 and 1.8 std drinks)

Associated alcohol risk levels with AUDIT-C scores:

- 0 = No risk of alcohol-related harm
- 1-2 = Low risk of alcohol-related harm
- 3-4 = Medium risk of alcohol-related harm
- ≥5 = High risk of alcohol-related harm

## AUDIT-C Score of 5

# 2.5 glasses of wine/day – up to 2 SDs

## AUDIT-C Questions

Questions	Scoring System				
	0	1	2	3	4
How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times per month	2-3 times per week	4+ times per week ✓
How many standard drinks of alcohol do you consume on a typical day when you are drinking?	1-2	3-4	5-6 ✓	7-9	10+
How often do you have five or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily ✓



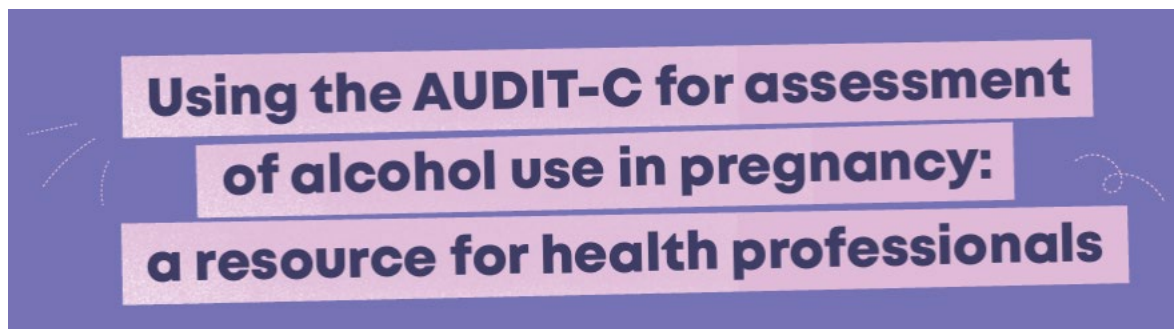
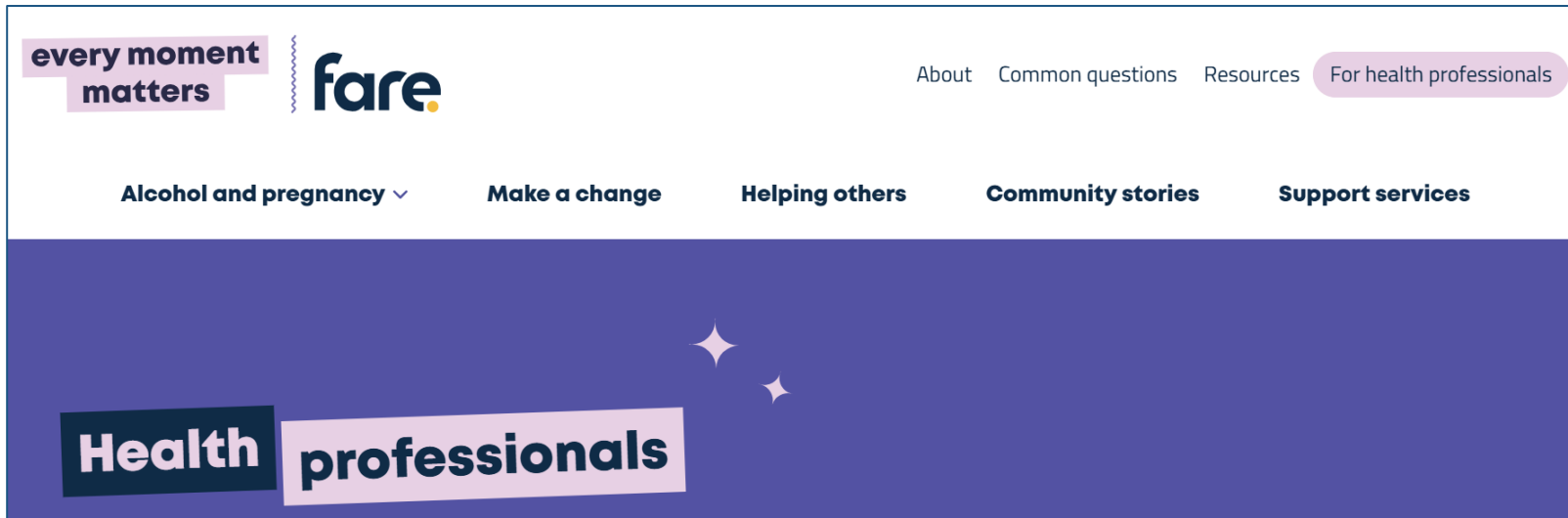
Actual drinks 188ml and 168ml  
(2.0 and 1.8 std drinks)

Associated alcohol risk levels with AUDIT-C scores:

- 0 = No risk of alcohol-related harm
- 1-2 = Low risk of alcohol-related harm
- 3-4 = Medium risk of alcohol-related harm
- $\geq 5$  = High risk of alcohol-related harm

## AUDIT-C Score of 10

# Resources



<https://everymomentmatters.org.au>

## WA Health AUDIT-C Learning Guide



Government of Western Australia  
Department of Health

<https://www.wapha.org.au/wp-content/uploads/2018/03/Audit-C-Learning-Guide-WA-Health-MIDWIFERY-LEARNING.pdf>



# Other sources of PAE

## Child protection notes:

- Case notes, home visits, intake assessments
- Older siblings' files
- Documents where parent has provided a history
- Interviews with parents or observers
- Criminal history checks
- AOD assessments

## Health records

- PAE is often missing from Birth Discharge summaries
- DFFH and Health providers can request antenatal records from hospitals



# Accessing maternal records

Sections 141(2) of the *Health Services Act 1988 (HSA)* and 41V of the *Child Wellbeing and Safety Act 2005* authorise the sharing of confidential information about any person for the purpose of promoting the wellbeing and safety of a child if there is a reasonable belief that the sharing of such information may assist with any of the following activities –

1. Making a decision, plan or assessment relating to a child;
2. Providing a service relating to a child; or
3. Managing any risk to a child.

**Information relating to the child's potential prenatal alcohol exposure directly relates to the future care of the child and could assist with any medical assessments.**

# Accessing maternal records

Section 141(3)(eb) *HSA* and Principle 2.2(a) of *The Health Privacy Principles* allow for the use and disclosure of health information for a secondary purpose (i.e. the health of the child during pregnancy, childbirth and postpartum) if it directly relates to the primary purpose for which the information was collected (i.e. the health of the mother during pregnancy, childbirth and postpartum) and if the mother would reasonably expect the organisation to use or disclosure information for the secondary purpose.

**Information relating to potential prenatal alcohol exposure of the child would satisfy these requirements.**

# Recording PAE

# Recording PAE

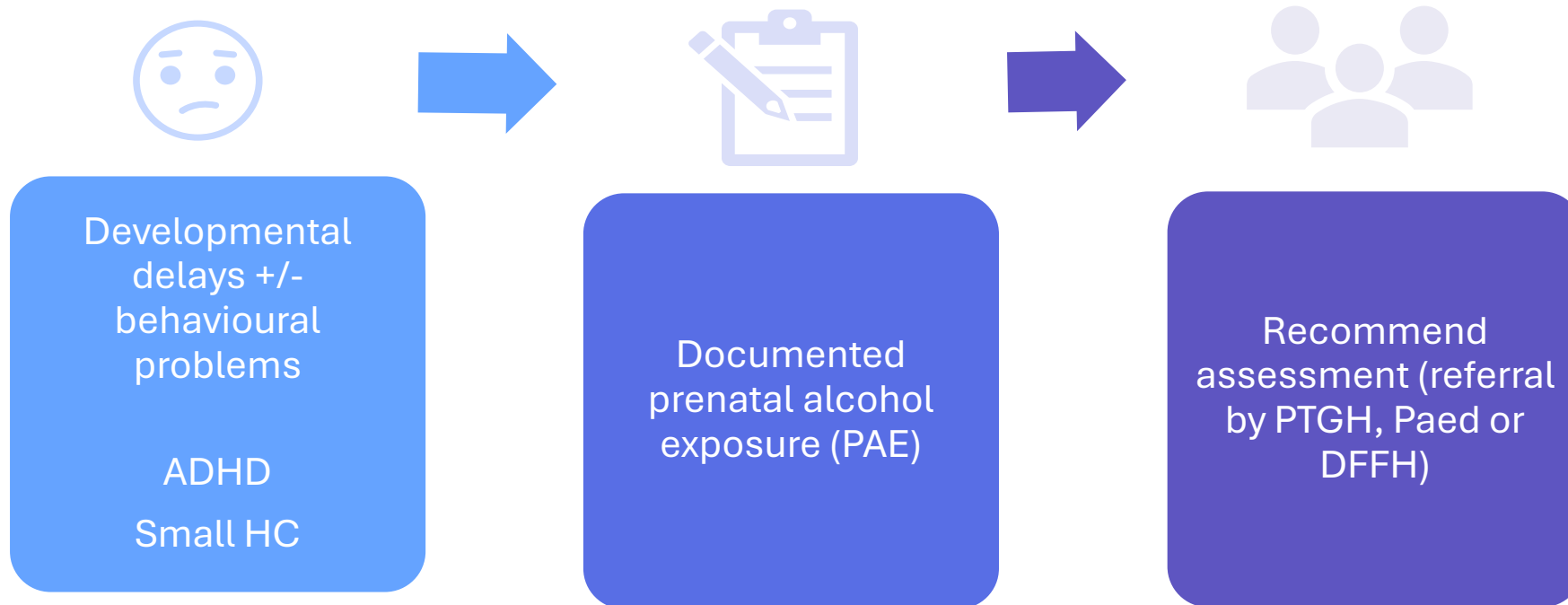
- Document record on child's file, health record
- Include as much detail as possible – timing, amount, frequency, source of information
- Share information with paediatrician, GP, CAMHS, DFFH, Family Services

# VicFAS PAE resources



# Next steps

# Refer for assessment?



Pathways to Good Health  
Paediatrician





# Monash Health FASD Services



- Diagnostic clinic for children 3-10 years
- Secondary Consultation Service (3-10)
- Referral by paediatrician



- Diagnostic clinic for children aged 0-3 years
- Referral by paediatrician, GP or maternity services

# FASDConnect



Build capacity of PTGH providers to screen, diagnose and develop management plans for children at risk of FASD

Support Child Protection staff to

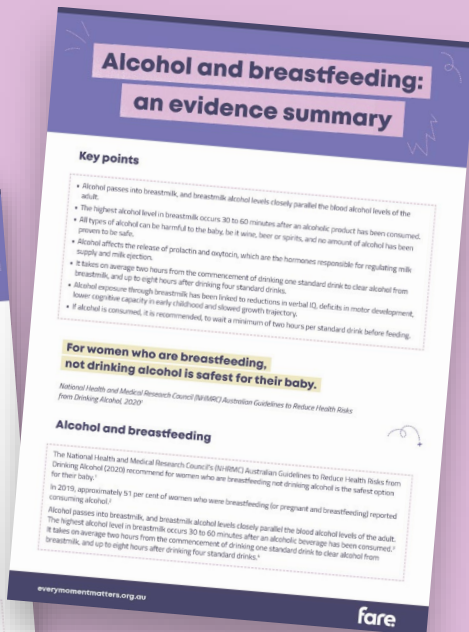
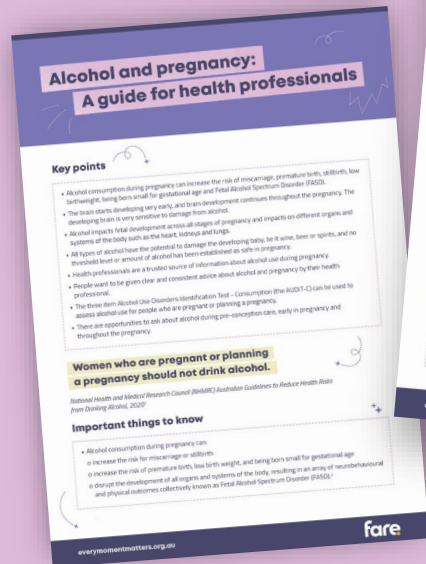
- identify PAE
- Identify and screen children at risk
- refer for assessments
- support children and young people with FASD and their carers

Contact: [fasdconnect@monashhealth.org](mailto:fasdconnect@monashhealth.org)

# Resources

# Every Moment Matters

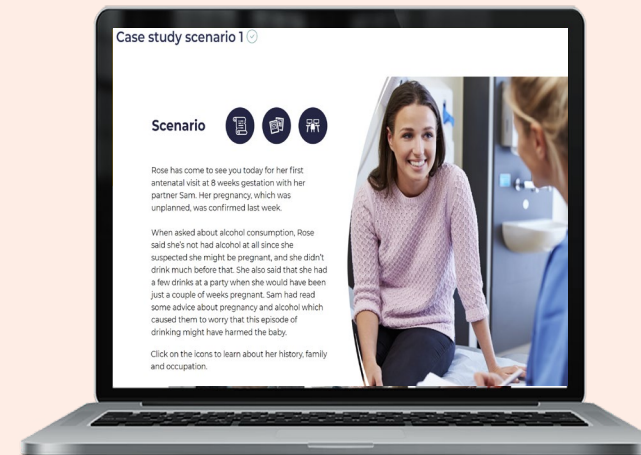
- Brochures, fact sheets and evidence summaries on alcohol, pregnancy, breastfeeding, and Fetal Alcohol Spectrum Disorder (FASD)



# Training

- Free, CPD accredited eLearning course - *Supporting alcohol-free pregnancy and breastfeeding*

Scan QRcode for Every Moment Matters resources and training for health professionals



[everymomentmatters.org.au](http://everymomentmatters.org.au)

# Key resources

FASD Hub Australia

[www.fasdhub.org.au](http://www.fasdhub.org.au)



NOFASD Australia

[www.nofasd.org.au](http://www.nofasd.org.au)



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Table 2 Reported alcohol use, including AUDIT-C Questions

Alcohol use in early pregnancy (if available)					
Was the pregnancy planned or unplanned?			<input type="checkbox"/> Planned	<input type="checkbox"/> Unplanned	<input type="checkbox"/> Unknown
When did the birth mother realise that she was pregnant? _____ (weeks)			<input type="checkbox"/> Unknown		
Did the birth mother drink alcohol before the pregnancy was confirmed?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Did the birth mother modify her drinking behaviour on confirmation of pregnancy? If Yes please specify:			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
During which trimesters was alcohol consumed? (tick one or more)			<input type="checkbox"/> None	<input type="checkbox"/> 1 <sup>st</sup>	<input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/> Unknown

AUDIT-C questions					
Source of reported information on alcohol use: <input type="checkbox"/> Birth mother <input type="checkbox"/> Other (please specify)					
1. How often did the birth mother have a drink containing alcohol during this pregnancy?					
Unknown	Never	Monthly	2-4 times	2-3 times	4 or more times
	[skip Q2+Q3]	or less	a month	a week	a week
<input type="checkbox"/>	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4
2. How many standard drinks did the birth mother have on a typical day when she was drinking during this pregnancy?					
Unknown	1 or 2	3 or 4	5 or 6	7 to 9	10 or more
<input type="checkbox"/>	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4
3. How often did the birth mother have 5 or more standard drinks on one occasion during this pregnancy?					
Unknown	Never	Less than	Monthly	Weekly	Daily or
		monthly			almost daily
<input type="checkbox"/>	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4
AUDIT-C score this pregnancy: (Q1+Q2+Q3)=_____ Scores= 0=no exposure 1-4= confirmed exposure 5+= confirmed high-risk exposure					

## Assessing prenatal alcohol exposure: Summary

Assessment of prenatal alcohol exposure requires clinical judgement and careful evaluation of a range of information that may provide confirmation of maternal alcohol use and quantification of intake.

Evidence of exposure can be evaluated to estimate the overall level of risk using the following broad risk categories:

- i. **No exposure** (confirmed absence), no risk of FASD;
- ii. **Unknown exposure** (alcohol use is unknown);
- iii. **Confirmed exposure** (AUDIT-C score =1-4; or confirmed use, but exposure less than high risk level for FASD; or confirmed use, but not known if exposed at a high risk level for FASD); and
- iv. **Confirmed-high risk exposure** (AUDIT-C score = 5+; confirmed use, exposure at high risk level for FASD).

**Confirmed high risk exposures for FASD can be considered to include, at any time during pregnancy:**

- i. An AUDIT-C score of **5 or more**
- ii. Reported consumption of **5 or more standard drinks on one occasion** (e.g. AUDIT-C question 3)
- iii. Other reliable evidence of high consumption



# FASDConnect

Improving Early Identification, Diagnosis, and Support for  
Children in Care with Prenatal Alcohol Exposure

## FASD Resources for MCHNs

### 1. Australian FASD Organisations

#### FASD Hub

- Central resource for Australian FASD information.
- Offers webinars, videos, and research on topics including justice and FASD.

#### NOFASD Australia

- Support service for parents and carers.
- Provides videos, early childhood, education, and [out-of-home care resources](#).
- Carer helpline available.

#### Every Moment Matters

- FASD prevention resources.

### 2. Manuals and Toolkits

- NOFASD Australia [NOFASD Parent Carer Toolkit](#)
- Emerging Minds [FASD resources for practitioners](#)
- FASD practice principles [Supporting children with FASD](#) - Dr Sara McLean

### 3. Asking about Alcohol in Pregnancy

- Every Moment Matters <https://everymomentmatters.org.au/resources/>
- [AUDIT-C](#)
- [Standard Drinks Guide](#)



### 4. FASD Training

- [FASD Hub training](#)
- [NOFASD training](#)



### 4. Monash FASD Services

#### FASD services website

##### **VicFAS (3-10 years)**

-  Referrals & Information: Website
-  Enquiries: [VicFAS@monashhealth.org](mailto:VicFAS@monashhealth.org)

##### **Jacana (0-3 years)**

-  Referrals (Paediatrician or GP): [Referrals](#)
-  Pre-birth Enquiries: [jacana@monashhealth.org](mailto:jacana@monashhealth.org)



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## VicFAS Out of Home Care (OOHC) Resources

*These resources have been developed to assist child protection and out of home care providers to document prenatal alcohol exposure for children and young people who may be referred for Fetal Alcohol Spectrum Disorder (FASD) assessment.*

Since the establishment of VicFAS in 2019, paediatricians have asked the clinic for advice about how obtaining information about a child's prenatal alcohol exposure when they are not living with their birth parents. These resources accompany the VicFAS Medical Practitioner Resources and are intended to help OOHC providers identify and document relevant information to support a child's FASD assessment.

The resources include:

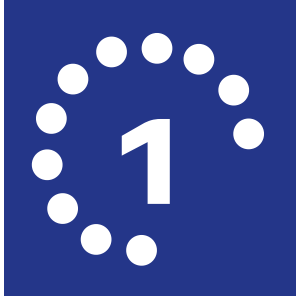
### Information Sheets:

- 1: Recording Prenatal Alcohol Exposure (PAE) for children in Out of Home Care
  - an overview of the requirements of PAE documentation for FASD assessment and considerations for recording information
2. Using the Audit-C to record PAE

### Templates:

- Template A - Recording of Prenatal Alcohol Exposure using the Audit-C.
- Template B - Requesting information about PAE from maternal records.





## **Recording Prenatal Alcohol Exposure (PAE) for children in Out of Home Care**

*Assessment for FASD may be considered for children with prenatal alcohol exposure where there are concerns regarding their behaviour and development.*

Under current Australian guidelines, a diagnosis of FASD requires consideration of:

- severe impairment in three or more neurodevelopmental domains, not otherwise explained, and
- prenatal alcohol exposure (PAE), and
- assessment of sentinel facial features.

**Evidence of confirmed PAE may include:**

- Information reported by the birth mother about her alcohol consumption during the index pregnancy
- Reports by others, including a relative, partner, household or community member who had direct observation of maternal alcohol use during the pregnancy

- Documentation in child protection, medical, legal or other records of maternal alcohol consumption, alcohol-related disorders, and problems directly related to drinking during the index pregnancy, including alcohol-related injury and intoxication.

When a child is in Out of Home Care, this information may not be readily available to the child's carer or paediatrician. Child Protection services play an important role in reviewing historical records to obtain this information. Without confirmation of PAE, a diagnosis of FASD may not be made.

### **Reviewing PAE in Child Protection records**

#### **1. Birth parent reports**

If it is possible and appropriate to contact the child's birth mother's care, it is preferable to seek this information directly. If a birth mother states that no alcohol was consumed during pregnancy, but other reliable sources contradict this information, both sets of information must be carefully considered. A parent may minimise concerns, possibly due to concerns about Child Protection involvement; may have difficulty recalling historical information; or may be concerned about shame/stigma of diagnosis.



## 2. Reports by others

Information about PAE may be provided by others who had first-hand knowledge of events around the pregnancy, including other parents, relatives or household members. For children in care, this may include previous foster carers or agencies involved with the parent at that time.

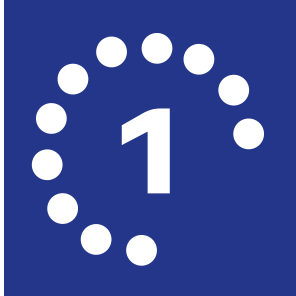
## 3. Documentation in child protection records

Records of PAE may be contained in health records, including the child's birth discharge document. Hospital or health notes in relation to the mother's pregnancy may be obtained as part of a child protection investigation, but may not be accessible once the child has been placed in care.

Information about prenatal alcohol exposure may be recorded on the child's child protection file, or on older sibling files.

Information about prenatal alcohol exposure may commonly be found in:

- notifications or pre-birth reports
- first visit interviews
- court reports
- assessments where parents have provided a developmental history
- maternal criminal history checks where alcohol related offences are noted
- documents such as the child's birth discharge summary
- case notes on older siblings' files during the period of the pregnancy, such as case notes of supervised contact visits.



## How to document prenatal alcohol exposure

When recording PAE, it is preferable to:

- provide as much information as possible;
- provide specific rather than general information;
- indicate the limitations of available information;
- identify whether information is contradictory.

The following table provides some examples of common scenarios and includes suggestions for documentation:

INFORMATION AVAILABLE	RECORDING CONSIDERATIONS	EXAMPLES OF DOCUMENTATION WITH ADDITIONAL INFORMATION INCLUDE:
Mother says she drank alcohol during pregnancy	Record available information about amount, timing or pattern	<ul style="list-style-type: none"><li>• Mother advised (name) on (date) she consumed alcohol during pregnancy including (details)</li><li>• Mother reported alcohol use during pregnancy, see Audit-C (attached)</li><li>• Mother advised she consumed alcohol (details) prior to finding out she was pregnant at x weeks</li></ul>
Mother known to have consumed alcohol during pregnancy	Record details of who provided the information and reliability	<ul style="list-style-type: none"><li>• Prenatal alcohol exposure noted on child protection/health record (see attached)</li><li>• Mother advised on (date) she consumed alcohol during pregnancy including (details)</li></ul>
Parents have had long standing alcohol/drug issues	Record specifics of maternal alcohol use during the pregnancy	<ul style="list-style-type: none"><li>• Records indicate mother has had longstanding alcohol issues as well as other drugs (see record).</li><li>• DFFH received reports that mother consumed alcohol during pregnancy</li></ul>
Alcohol use during pregnancy suspected	Record reasons for suspecting PAE	<ul style="list-style-type: none"><li>• Alcohol use is suspected by family members on the basis of (detail).</li></ul>
Mother reported no alcohol use during pregnancy.	Consider recording reliability of report and any contradictory information	<ul style="list-style-type: none"><li>• Mother reported no alcohol use during pregnancy, but maternal aunt reported that she witnessed significant alcohol use on at least 2 occasions in the second trimester.</li></ul>



## Using the Audit-C to record Prenatal Alcohol Exposure (PAE)

*The AUDIT-C is a standardised method for assessing maternal alcohol use.*

If the child is in their birth mother's care, or she is able to be contacted, assessment of PAE can occur through using the Alcohol Use Disorders Identification Test – Consumption (Audit-C). This is often completed by doctors, but child protection practitioners can also use this tool to record maternal alcohol use in pregnancy.

The AUDIT-C can be completed with the birth mother, or later on the basis of information provided. It can also be completed based on information from others, such as:

- Birth father/family members living with the mother during pregnancy
- Family members aware of maternal alcohol use
- Records, where these provide information about frequency and amount of alcohol consumed.

### Asking questions about alcohol in pregnancy

There are many reasons women may not feel comfortable answering questions about alcohol in pregnancy. Integrating alcohol history into general antenatal care questions is less confronting for parents and is usually acceptable when provided in a non-judgmental way. You may choose to include questions such as:

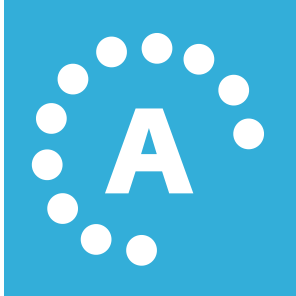
- Was the pregnancy planned?
- When did you realise you were pregnant?
- Were you drinking alcohol before you knew you were pregnant?
- Did you change your alcohol consumption once you knew you were pregnant?
- Were there any special occasions or life events (eg birthday, wedding, New Year's Eve,) during pregnancy when alcohol was consumed at a high level?

### Resources

[Australian Guide to the Diagnosis of FASD: Guide to Assessing Alcohol Use](#)

The Women Want To Know initiative has created resources to help health professionals discuss alcohol and pregnancy with women. The resources include brochures, posters and videos and can be found at:

<https://www.health.gov.au/resources/collections/women-want-to-know-resources>



## Template A - Recording prenatal alcohol exposure (PAE) using AUDIT-C

Child's name: \_\_\_\_\_ DOB: \_\_\_\_\_

Informant: \_\_\_\_\_ Relationship to birth mother: \_\_\_\_\_

Weeks' gestation at birth: \_\_\_\_\_ Pregnancy date range (approx.): \_\_\_\_\_

### Alcohol use in early pregnancy (if available)

Was the pregnancy planned or unplanned?	<input type="checkbox"/> Planned	<input type="checkbox"/> Unplanned	<input type="checkbox"/> Unknown
When did the birth mother realise that she was pregnant? _____ (weeks)	<input type="checkbox"/> Unknown		
Did the birth mother drink alcohol before the pregnancy was confirmed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Did the birth mother modify her drinking behaviour on confirmation of pregnancy? If Yes please specify:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
During which trimesters was alcohol consumed? (tick one or more)	<input type="checkbox"/> None	<input type="checkbox"/> 1 <sup>st</sup>	<input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/> Unknown

### AUDIT-C questions

Source of reported information on alcohol use: ☐ Birth mother ☐ Other (please specify)

1. How often did the birth mother have a drink containing alcohol during this pregnancy?

Unknown	Never	Monthly	2-4 times	2-3 times	4 or more times
	[skip Q2+Q3]	or less	a month	a week	a week
<input type="checkbox"/>	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

2. How many standard drinks did the birth mother have on a typical day when she was drinking during this pregnancy?

Unknown	1 or 2	3 or 4	5 or 6	7 to 9	10 or more
<input type="checkbox"/>	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

3. How often did the birth mother have 5 or more standard drinks on one occasion during this pregnancy?

Unknown	Never	Less than	Monthly	Weekly	Daily or
		monthly			almost daily
<input type="checkbox"/>	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

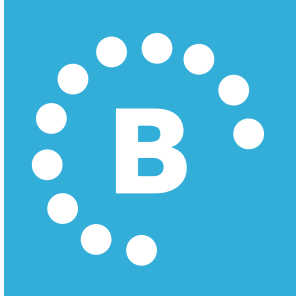
AUDIT-C score this pregnancy: (Q1+Q2+Q3)=\_\_\_\_\_ Scores= 0=no exposure 1-4= confirmed exposure 5+= confirmed high-risk exposure

Australian Guide to the Diagnosis of FASD 2016

Please list all other medications or substances taken during pregnancy including anticonvulsants, other drugs, cigarettes:

Any other relevant information:

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_



## **Template B - Requesting information about PAE from maternal records**

This template is designed to be used alongside an FOI application for hospital records. Please contact the health information unit in the child's birth hospital for further details.

Date:

To:

Attention:

Re: Request for medical records

The child is/has been referred for neurodevelopmental assessment and possible Fetal Alcohol Spectrum Disorder (FASD). The Department is seeking medical records relating to the child's birth and history of prenatal alcohol exposure. Please provide all relevant records including information from maternal records relating to prenatal alcohol exposure,

Yours sincerely