



## Primary Care Briefing: Update on Alcohol Harm in Pregnancy and Foetal Alcohol Spectrum Disorder (FASD)

In September 2021, the University of Salford published the first [UK FASD Prevalence study](#) which found that **FASD affects at least 1.8% - 3.6% of children** in Greater Manchester. This means up to 1,238 children are born every year with FASD and equates to about 10 children affected in an average sized primary school, and 8 per full-time equivalent GP.

Often when foetal alcohol exposure is considered it is when children affected have facial abnormalities. However, only 1 in 10 children with FASD will have these distinct facial features. This does mean that the broader FASD spectrum is rarely considered.

The symptoms of FASD can be mild or severe, ranging from reduced intellectual ability and attention deficit disorder to heart anomalies and even death. Many children experience serious behavioural and social difficulties that can last a lifetime. Their emotional age may often be approximately half of their physical age, affecting their understanding of the world and how it is presented to them.

Clinicians in general practice are often the first point of contact for parents and care givers who are struggling with their child's behaviour at home or in school. You will know the family and family history better than a nursery, schools, and other involved professionals, and can therefore make a unique contribution to recognising possible cases of FASD.

FASD is rarely diagnosed and often children affected are misdiagnosed with autism or ADHD or the difficulties they are experiencing are attributed to behavioural issues or poor parenting. Guidance relating to this can be found in the [SIGN 156 Children and young people exposed prenatally to alcohol](#).

### **Benefits of getting an early diagnosis include:**

- Specialised support and services which produce better life outcomes
- Supporting the process in getting an Education, Health and Care Plan
- Benefits for the child by understanding their FASD behaviour
- Reassurance for parents that it is not a result of bad parenting
- Coping strategies can be put in place
- Educational breakdown can be prevented
- The impact on the family and carers can be reduced

**Without a diagnosis and support people with FASD are at increased risk of:**

- Exclusion from school
- Social exclusion
- Not being in education, employment or training
- Inappropriate sexual behaviour and unplanned pregnancies
- Criminal justice issues
- Homelessness
- Substance misuse related issues
- Depression, self-harm and other mental health problems including suicide.
- Family illness or breakdown

This last year has seen a significant shift in the Government's recognition of the harm of alcohol use in pregnancy and the seriousness of FASD and in March 2022 NICE published [FASD Quality Standard QS204](#) Greater Manchester has been at the forefront of these developments, driving change and creating an evidence base through the Greater Manchester Health and Social Care Partnerships' Alcohol Exposed Pregnancy (AEP) programme and [#DRYMESTER](#) campaign.

If FASD is suspected, the key issue is that people affected want to be listened to and supported. FASD rarely presents with facial and physical stigmata therefore neurodevelopmental pathways will be the primary route for assessment either by Community Paediatrician or CAMHS services.

For more information, please contact:

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National FASD provide [CPD accredited e-Learning](#) and their [website](#) provides expert led advice for GPs and other health care professionals.