Identification of Fetal Alcohol Syndrome in Children of Incarcerated Parents

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Disclosures

• I have no conflict of interest to disclose.
Learning Objectives

By the end of this session, the learner will be able to
1. List the diagnoses within Fetal Alcohol Spectrum Disorders.
2. Identify features which should prompt consideration of the diagnosis of Fetal Alcohol Spectrum Disorders.
3. Identify the process for diagnosing Fetal Alcohol Spectrum Disorders
4. Discuss the prognosis for Fetal Alcohol Syndrome.
5. Describe the benefits of recognition and appropriate management of the Fetal Alcohol Spectrum Disorders.
FASD

• Children of incarcerated parents may be at increased risk for having fetal alcohol syndrome
• Fetal alcohol syndrome is frequently missed or misdiagnosed
• Early identification of fetal alcohol spectrum disorders (including fetal alcohol syndrome) by providers caring for children of incarcerated children can help the affected child get needed therapies and services.
FASD Prevalence

- Fetal Alcohol Syndrome: 0.3-0.8/1000 children
- Fetal Alcohol Spectrum Disorders 33.5/1000 children
Alcohol Use

- 10.2% of pregnant women reported alcohol usage in pregnancy
- 3.1% of pregnant women reported binge drinking
- 69% of women going into jail meet DSMIV criteria for substance abuse or substance dependence.
When to consider FASD

• Signs and symptoms which should prompt consideration fetal alcohol spectrum disorders
  • Growth deficiency
    • 10%ile or less
  • CNS abnormality
    • Abnormal brain structure or small brain size
    • Epilepsy
  • Neurobehavioral impairments
    • Intellectual disability
    • Poor self- regulation
  • Facial features
Craniofacial features associated with fetal alcohol syndrome

Facial features of FAS

- Skin folds at the corner of the eye
- Low nasal bridge
- Short nose
- Indistinct philtrum (groove between nose and upper lip)
- Small head circumference
- Small eye opening
- Small midface
- Thin upper lip
FAS Facial Characteristics:

- small eye openings
- smooth philtrum
- thin upper lip
## Fetal Alcohol Spectrum Disorders

<table>
<thead>
<tr>
<th>Fetal Alcohol Spectrum Disorder</th>
<th>Features</th>
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| Fetal Alcohol Syndrome                              | +/- documented prenatal alcohol exposure  
+ Facial dysmorphology, growth deficiency, CNS dysfunction, neurobehavioral impairments |
| Partial Fetal Alcohol Syndrome                      | +/- documented prenatal alcohol exposure  
+/- Facial dysmorphology, growth deficiency, CNS dysfunction, neurobehavioral impairments |
| Alcohol Related Neurodevelopmental Disorder          | +/- documented prenatal alcohol exposure  
- Facial dysmorphology, growth deficiency, CNS dysfunction  
+ Global impairment/deficit in at least two neurobehavioral domains |
| Alcohol-related birth defects                        | + documented prenatal alcohol exposure  
Defects of the heart/kidneys/skeleton/hearing/vision  
- CNS dysfunction, neurobehavioral impairments |
FASD Prognosis

• Varies widely
• Increased likelihood for
  • Special education
  • Disability
  • Unemployment
FASD Care Plan

• Educational Support
• Behavioral Support
• Nutritional Support
• Family Support
• Address Comorbid Conditions
  • Hearing/vision
What to do when you identify a child with possible FASD

• Refer the child to his or her primary care provider or directly to a developmental pediatrician
Summary

• Any of the following should prompt consideration for FASD:
  • Growth deficiency
  • CNS abnormality
  • Neurobehavioral impairments
  • Facial features

• If you have any suspicion for FASD, refer the child to a primary care provider or a developmental pediatrician

• Early identification can change a child’s life
Questions