The Basics of Fetal Alcohol Spectrum Disorders: Information for Families

Fetal alcohol spectrum disorders (FASDs) are a group of health conditions that children can develop if their mother drank alcohol while she was pregnant. These conditions may include physical, mental, behavioral, or learning disabilities.

Sometimes the words that doctors use to talk about FASDs can be confusing. This fact sheet breaks down the basics of FASDs to give families what they need to know about caring for a child who may have one of these disorders. Understanding this information can help parents and caregivers get their children the help they need.

See additional information on reverse side.
WHAT IS FETAL ALCOHOL SYNDROME?

Fetal alcohol syndrome (FAS) is a type of FASD. Doctors will diagnose a child with FAS if the child has all of these 4 types of symptoms:

• Small size for their age (specifically, below the 10th percentile in weight or length)
• Certain facial features, like eyes that are smaller than average
• Having a head that’s smaller than average (called “microcephaly”)
• Mental or behavioral challenges, like trouble with learning and memory or problems with communication and social interactions

Other Conditions

Some children who were exposed to alcohol before birth don’t have all 4 types of FAS symptoms. For these children, doctors may diagnose them with one of the other FASDs. Other FASDs are called:

• Partial fetal alcohol syndrome (pFAS)
• Alcohol related neurodevelopmental disorder (ARND)
• Neurobehavioral disorder associated with prenatal alcohol exposure (ND-PAE)

WHY IS IT IMPORTANT TO GET THE RIGHT DIAGNOSIS?

Many children with FASDs have symptoms that can look like other conditions, including attention deficit hyperactivity disorder (ADHD), autism spectrum disorder (ASD), and conduct disorder (CD). Even though these conditions can look like FASDs, they are different and need different treatments.

It’s very important for children with FASDs to get the right diagnosis so they can get treatment and support. Having an accurate diagnosis for your child can help you:

• Find helpful resources in your area
• Plan for other health issues that your child may develop
• Set realistic expectations and prepare your child for the future

WHAT KIND OF CARE DO CHILDREN WITH FASDS NEED?

There’s no cure for FASDs, but many treatments (also called interventions) can help. These include:

• Medicines and dietary supplements
• Behavioral therapy or counseling
• Training for parents
• Support from a specialist with training in FASDs

Other factors in a child’s life that can help with some of the struggles from FASDs are special education, social services, and a nurturing environment that’s free from violence.

HOW CAN FAMILIES AND PEDIATRICIANS WORK TOGETHER?

FASDs happen in all kinds of families and to all kinds of mothers, fathers, and grandparents. If your child has an FASD, keep in mind that your pediatrician understands that it didn’t happen on purpose. Doctors know that FASDs don’t mean that mothers or families don’t love their children.

There are many reasons why women drink alcohol during pregnancy. They may not know that they are pregnant—or they may be struggling with an alcohol use disorder or a substance use disorder.

If your child has an FASD, getting the right diagnosis is very important. And working with your child’s doctor to get services and supports is one of the best ways to help your child.

WHERE CAN I LEARN MORE?

• Visit the AAP Toolkit for more information: aap.org/fasd
• Visit the National Organization on Fetal Alcohol Syndrome (NOFAS) for more facts about FASD and support for families: nofas.org/about-fasd
• Visit NOFAS Circle of Hope if you are a biological mother of a child with a FASD in need of support: nofas.org/circleofhope

The information contained in this resource should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.

This resource was supported by the Cooperative Agreement Number, NU38OT000167, funded by the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and prevention or the Department of Health and Human Services.