Common Problems in Alcohol Affected Children

- **Minor medical problems** such as ear infections, allergies, and asthma.
- **Failure to thrive in infancy**, indicating significant growth delay that may also affect developmental progress and attachment.
- **Feeding problems** such as weak suck and difficulty grasping a nipple in infancy, and later decreased appetite or difficulty retaining food.
- **Delays in motor development in infancy** including poor gross motor skills, delays in fine motor skills, and hand tremors.
- **Delays in cognitive development** but not necessarily into the intellectual deficiency range.
- **Specific learning disorders at school age**, with better performance in reading and language, poorer ability in mathematics.
- **Mild intellectual deficiency** - (IQ < 70). Borderline intelligence - 70 to 85.
- **Attachment disorders** which may include indiscriminate attachment or failure to attach due to grossly pathological care.
- **Sleeping problems** such as trouble going to sleep and short sporadic periods of restless sleep.
- **Judgment problems** such as failure to learn from experience or develop a logical approach to problems.
- **Arousal dysregulation-difficulties with self-regulation and emotional control**
- **Coordinate efforts** to insure continuity of care as well as to maximize chances for successful outcomes.

**Diagnostic Criteria for FAS**

- **Unusual facial features** that include short palpebral fissures, thin upper lip, and flattened philtrum, low set ears, and flattened midface.
- **Low birthweight and continued small size** until puberty, when catch-up growth is common.
- **Damage to the nervous system** such as decreased cranial size at birth, structural brain abnormalities, and neurological hard or soft signs.

What to look for in identifying children who may be affected by fetal alcohol spectrum disorders (FASD)
What is involved in the Diagnosis and Treatment of FASD?

Comprehensive Assessment

- **Diagnosis of physical features** must be made by a Dysmorphologist.
- **Medical status** to document head circumference, height, weight, etc. as well as to address associated minor medical problems.
- **Neurodevelopmental assessment** to include IQ, achievement, visual-motor, attention, adaptive behavior, and social-emotional development.
- **Family evaluation** to assess need for community support and referrals to outside agencies.
- **Educational assessment** to insure most appropriate and least restrictive educational placement.
- **OT/PT/Speech** to address commonly associated deficits in fine motor, gross motor and expressive language development.

Focused Treatment

- **Identify problems** based on comprehensive assessment.
- **Recommend specific treatments** to include medical, psychological, and educational interventions.
- **Coordinate efforts** to insure continuity of care as well as to maximize chances for successful outcomes.

When to Refer a Child for Assessment of FASD?
Whenever there is confirmed or suspected alcohol exposure, this could be considered sufficient information to refer the child for differential diagnosis and evaluation for effects of that exposure.

**Diagnosis and Referrals:**
The Center for Maternal Substance Abuse and Child Development
Emory Neurodevelopmental Exposure Clinic
12 Executive Park Drive NE 2nd floor
Atlanta, GA 30329
Phone: 404-712-9829
www.emory.edu/MSACD

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**Prevention and Community Activities**
Maternal High Risk Behaviors and Prenatal Exposure trainings are offered for:
- Individuals, Parents, Families, and Foster/Adoption Groups
- Local, State, and Regional Organizations
- Medical and Behavioral Health Providers
- Community Service Organizations
- Legal Organizations

www.emory.edu/MSACD
404-712-9829

**MotherToBaby Georgia**
Teratogen Information Service
Provides free evidence-based information about medications and other exposures during pregnancy and while breastfeeding.

MotherToBaby Georgia
www.mothertobabyga.org
mothertobaby@emory.edu
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