Fetal Alcohol Spectrum Disorders (FASD) is an umbrella term describing the range of effects that can occur in a child whose mother drank alcohol during pregnancy. These effects may include physical, mental, behavioral, and/or learning disabilities with the possibility for lifelong implications.

FASDs are 100% preventable if a woman does not drink alcohol during pregnancy. There is no known safe amount of alcohol to drink while pregnant. There is also no safe time during pregnancy to drink and no safe kind of alcohol.

**FASD covers other terms such as:**

**Fetal alcohol syndrome (FAS):**
Fetal Alcohol Syndrome (FAS) - the only diagnosis given by doctors. FAS is the most identifiable and most serious disorder under the FASD umbrella, although it only accounts for approximately 25% of all alcohol-related effects.

**Alcohol-related neurodevelopmental disorder (ARND):**
ARND is reserved for individuals with functional or cognitive impairments linked to prenatal alcohol exposure, including decreased head size at birth, structural brain abnormalities, and a pattern of behavioral and mental abnormalities.

**Alcohol-related birth defects (ARBD):**
ARBD describes the physical defects linked to prenatal alcohol exposure, including heart, skeletal, kidney, ear, and eye malformations.

**Fetal alcohol effects (FAE):**
FAE is a term that has been popularly used to describe alcohol-exposed individuals whose condition does not meet the full criteria for an FAS diagnosis.

A child with FASD might have any or many of these symptoms in degrees ranging from mild to severe.

- Abnormal facial features, such as a smooth ridge between the nose and upper lip (this ridge is called the philtrum)
- Small head size
- Shorter-than-average height
- Low body weight
- Poor coordination
- Hyperactive behavior
- Difficulty paying attention
- Poor memory
- Learning disabilities
- Speech and language delays
- Intellectual disability
- Poor reasoning and judgment skills
- Sleep and sucking problems as a baby
- Vision or hearing problems
- Problems with the heart, kidneys, or bones
**Implications for the classroom** – It is important to understand that no two children with FASD are alike, just as no two children without disabilities are alike. These strategies have been shown to be effective with many children with symptoms of FASD, but certainly not with all children. Individualization should be paramount when creating strategies and plans for instruction.

<table>
<thead>
<tr>
<th>Early Intervention Services</th>
<th>FASD last forever and there is no cure. However, children who receive educational intervention services early on (before age 3) have more opportunities to make significant gains in their development.</th>
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</thead>
<tbody>
<tr>
<td>Program including parent support and education</td>
<td>A program that includes parent education and coaching can greatly improve relationships between the child with FASD and their caregivers.</td>
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<tr>
<td>Modifying complex activities</td>
<td>Modifying complex classroom activities and directions is helpful for a child with FASD. Making sure this child knows exactly what is expected of them, and that they will be provided with the support they need to learn, is critical.</td>
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<tr>
<td>Systematic social skills training</td>
<td>Children with FASD often need specific teaching on how to make and maintain friendships. Creating time for children with FASD to be taught explicit friendship skills is highly beneficial to support their emotional development.</td>
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</tbody>
</table>

**Resources:**

Center for Disease Control:  

National Organization on Fetal Alcohol Syndrome:  
[http://www.nofas.org](http://www.nofas.org)