

Fetal Alcohol Spectrum Disorders

Maryland FASD

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Maryland FASD Fetal Alcohol Spectrum Disorders

Educational Brochure



Maryland Department of Health and Mental Hygiene
Prevention and Health Promotion Administration
Maternal and Child Health Bureau
Office of Family Planning and Home Visiting



Martin O'Malley, Governor
Anthony G. Brown, Lt. Governor
Joshua M. Sharfstein, M.D., Secretary, DHMH

Fetal Alcohol Spectrum Disorders

Maryland FASD

Mission

Our mission is to prevent FASD and create an enduring, integrated system of care system for individuals and their families that assures lifelong access to services that are comprehensive, coordinated, continuous and culturally appropriate.

Our Vision

We envision a Maryland where Fetal Alcohol Spectrum Disorders (FASD) are rare and identified as early as possible to minimize disability and maximize the quality of life for affected individuals and their families.

Goals

All Marylanders will understand the dangers of any alcohol use during pregnancy. All Marylanders will understand the impact of FASD on the Maryland workforce and economy. All Marylanders will have access to diagnosis, treatment and support services for FASD. Marylanders who need access to screening, treatment or support services for FASD will not be subjected to stigma or discrimination.



Fetal Alcohol Spectrum Disorders

FASD Resources

Resource	Contact
American College of Obstetrician and Gynecologists	www.acog.com
American Academy of Pediatrics	www.aap.org
National Organization on Fetal Alcohol Syndrome (NOFAS)	www.nofas.org
American Society of Addiction Medicine	www.asam.org
National Clearing House for Drug and Alcohol Information	www.health.org
Physician Leadership on National Drug Policy	www.plndp.org
National Institute for Drug Abuse	www.nida.nih.gov
Center for Substance Abuse Treatment	www.samhsa.gov
Mid-Atlantic Technology Transfer Center	www.mid-attc.org
The Surgeon General's Advisory on Alcohol Use During Pregnancy (February 2005)	www.surgeongeneral.gov/pressreleases/sg02222005.html
Child Abuse and Neglect Hotline	1-800-552-709

Fetal Alcohol Spectrum Disorders

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Treatment

There's no cure for fetal alcohol syndrome. In general, the physical defects and mental deficiencies persist for a lifetime. Heart abnormalities may require surgery. Learning problems may be helped by special services in school. Parents often benefit from counseling to help the family with a child's behavior.

Coping Skills

- Implement daily routines to which your child can become accustomed.
- Create and enforce simple rules and limits.
- Point out and use rewards to reinforce acceptable behavior.
- Encourage the child to make decisions in protected environments.
- Teach your child skills for daily living.
- A stable, nurturing home is the single most important factor in protecting children with FAS.

Maryland FASD Coalition

Legislative Update

1. House Bill 1274 entitled "Public Health - Fetal Alcohol Syndrome Prevention - Public Awareness Campaign".
2. HB 1274 establishes a statewide multimedia campaign to educate the public regarding Fetal Alcohol Syndrome and other effects of prenatal alcohol exposure.

FASD Work Group Recommendations:

- Form a statewide coalition, led and staffed by the Maryland Department of Health and Mental Hygiene.
- The duties of this body should encompass and expand upon those originally proposed in HB 1270 (2004). The Task Force studied the prevention of fetal alcohol syndrome, and adopted four goals developed by the FASD Work Group.
- Representation be expanded statewide, with greater representation of state agencies as well as private non-profit organizations, community, advocacy groups, parents and individuals/families affected by FASD.

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Fetal Alcohol Spectrum Disorders



What is FAS and FASD?

Fetal Alcohol Syndrome (FAS) was first recognized in 1973 as a collection of birth defects that include distinct dysmorphic facial features, mental retardation and other developmental disorders.

Initially FAS was thought to occur only among births to alcoholic or alcohol-abusing women, but subsequent research showed that less obvious but equally disabling developmental disorders resulted from prenatal alcohol exposure, known collectively as Alcohol-Related Neurodevelopment Disorders (ARND).

Another more inclusive term—"Fetal Alcohol Effects" (FAE)—came into wide use. Today, both FAS and FAE have been subsumed under the broader and more accurate term, Fetal Alcohol Spectrum Disorders (FASD).

Fetal Alcohol Spectrum Disorders

FASD Issues At All Ages

Adult Ages 18+ Years

Problems and Concerns:

- Residential placement
- Economic support and protection
- Job training and placement
- Depression and suicidal ideation
- Pregnancy and fathering of a child
- Social and sexual exploitation, or inappropriate behavior
- Increased dissatisfaction of the patient by others
- Withdrawal and isolation
- Unpredictable behavior

Recommendations:

- Guardianship for funds
- Specialized residential and/or subsidized living
- Specialized vocational and job placements
- Medical assistance
- Acceptance of the patient's "world view"
- Acknowledgement of the patient's skills limitations
- Patient advocate to ensure care coordination



Fetal Alcohol Spectrum Disorders

FASD Issues At All Ages

Adolescence Ages 12-17 Years

Problems and Concerns:

- Lying, stealing and passivity in responding to requests
- Faulty logic
- Egocentric; has difficulty comprehending and/or responding appropriately to other people's feelings, needs and desires
- Low motivation
- Low self-esteem
- Poor Academic growth, which is usually around grade 4 for reading and grade 3 for spelling and arithmetic



Recommendations:

- Education of caretakers and patients regarding sexual development
- Birth control options and protection from sexually transmitted diseases
- Planning and implementation of adult residential and vocational training and placement
- Appropriate mental health interventions as needed
- Respite care for caretakers
- Caretaker support group
- Safe, stable and structured home or other residential placement
- Shifting of focus from academic skills to daily living and vocational skills
- Careful monitoring of social activities and structuring of leisure time
- Working towards increased independence by teaching healthy choices (taught at the child's level)

Fetal Alcohol Spectrum Disorders

Prevention

- Stop drinking alcohol altogether if you're planning to become pregnant, as soon as you know you're pregnant, or if you even think you could be pregnant.
- Continue to avoid alcohol throughout your pregnancy.
- Consider giving up alcohol during your childbearing years if you're sexually active and having unprotected sex. Many pregnancies are unplanned.



Children with Fetal Alcohol Syndrome May:

- Be born small.
- Have problems eating and sleeping.
- Have problems seeing and hearing.
- Have trouble following directions and learning how to do simple things.
- Have trouble paying attention and learning in school.
- Have trouble getting along with others and controlling their behavior.
- Need medical care all their lives.
- Need special teachers and schools.

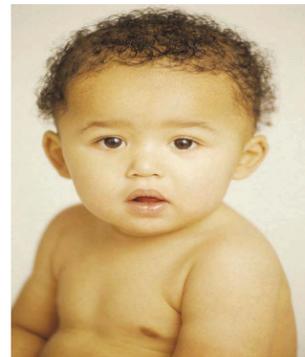
Fetal Alcohol Spectrum Disorders

FASD Issues At All Ages

Infancy and Early Childhood Period: Ages 0-5 Years

Problems and Concerns:

- Poor Habituation
- Sleep Disturbances; poor sleep/wake cycle
- Poor sucking responses
- Failure to thrive
- Delays in walking and talking
- Delayed toilet training
- Difficultly following directions
- Temper tantrums and disobedience
- Easily distracted



Recommendations:

- Early identification
- Intervention with parents
- Education of parents regarding physical and psychological needs of an infant or child with FAS
- Careful monitoring of physical development and health
- Safe, stable and structured home
- Assignment of a case manager for coordination of services and support to parents
- Placement of the child in preschool
- Respite care for caretakers

Fetal Alcohol Spectrum Disorders

FASD Issues At All Ages

Latency Period: Ages 6-11 Years

Problems and Concerns:

- Easily influenced by friends and have difficulty predicting and/or understanding consequences.
- Give an appearance of capability without actual abilities
- Difficulty separating fact from fiction
- Temper tantrums, lying, stealing, disobedience and defiance of authority
- Delayed physical and cognitive development
- Poor comprehension of social rules and expectation



Recommendations:

- Safe, stable and structured home or residential placement
- Careful and continued monitoring of health issues and existing problems
- Appropriate placement in education and daily living skills classes
- Caretakers establish realistic expectations and goals
- Caretaker support groups
- Regular physiological, educational and adaptive evaluations
- Use of clear, concrete and immediate consequences of behavior
- Respite care for caretakers
- Case manager role expands to include liaison between parents, school, health care providers and social service agents.