Prenatal alcohol exposure has been documented to adversely affect fetal development.

Severity depends on many factors:
- Amount of alcohol (large = worse)
- Timing (1st trimester = worse)
- Maternal age & health
- Fetal susceptibility

As little as one alcoholic drink a day has been associated with infant growth restriction.

A safe level of maternal alcohol intake in pregnancy has not been established.

**UK GUIDANCE to pregnant women:**
- Abstain from drinking alcohol if planning a pregnancy or if pregnant.  
  
  *BMA, 2007*
- Avoid drinking alcohol but if you choose to do so avoid doing so in the first 3 months of pregnancy and after that time drink max 1-2 UK units once or twice a week. Do NOT get drunk or binge drink (>5drinks / 7.5 UK units).  
  
  *NICE 2008 - clinical guideline 62*

FASDs are 100% preventable by maternal abstinence from alcohol.
Fetal Alcohol Syndrome (FAS)

FAS is the most severe of the alcohol related birth defects. Affected children may show the following:

- Minor facial abnormalities: thin upper lip, narrow eye openings (see picture)
- Growth restriction: ante & postnatally
- Other birth defects can be present: eyes/ ears/ heart/ kidneys/ other organs
- Neurological signs: impaired motor skills and an unusual gait
- Cognitive impairment: learning / memory / comprehension difficulties
- Behavioural problems: hyperactivity, impulsivity & oppositional behaviour

FAS diagnostic features

CNS / facial / ↓growth and prenatal alcohol exposure. Diagnosing FAS is complex; there is no diagnostic test.

*Early, non-judgmental intervention and a multi-disciplinary approach are crucial for the individual & the family.*