

The Baby
Think It Over
Program®
FAS
Manikin
Instructor
Handbook

Alcohol's effects

FAS was first defined in 1973. A group of doctors coined the term to describe certain birth defects found in children born to alcoholic women. FAS is not hereditary, because the birth defects are not genetically linked. They are caused by the mother's alcohol use.

When a woman drinks while pregnant, the fetus is exposed to the same amount of alcohol she drinks, and for a longer period of time. Alcohol passes from the mother's bloodstream to the fetus through the placenta. The alcohol runs through the fetus's bloodstream, out into the amniotic fluid that surrounds it, and is taken in a second time.

A fetus cannot process alcohol. It must depend on the mother to rid the alcohol from its system. As the mother's body does this, alcohol is absorbed by the fetus's tissue that has high water content (the brain, liver, pancreas, kidney, lungs, thymus and heart).

The level of alcohol in the fetus's blood is often two times higher than in the mother's blood.

Developing organs are at greatest risk for damage from alcohol during the first trimester. An increased risk of spontaneous abortion occurs in the second trimester. Drinking during the third trimester can interfere with the infant's growth, including growth of the brain.

Drinking by the father may also affect a pregnancy. Alcohol enters the man's testicles through the blood and lowers his sperm count. It lowers sperm's ability to swim, and affects the process by which sperm are selected to fertilize the egg.

Heavy alcohol use as a teen may permanently change the DNA in a man's sperm. This means that even if he is not a heavy drinker when he is older and fathers a child, his damaged sperm can still cause a miscarriage

Heavy alcohol use by the man can also be linked to infertility, low birth weight and long-term, permanent damage to the child.

Characteristics

Symptoms of FAS can include mental retardation, slowed growth, central nervous system damage, head and facial abnormalities and behavioral abnormalities. It is important to note that these symptoms may appear in many children who do not have FAS.

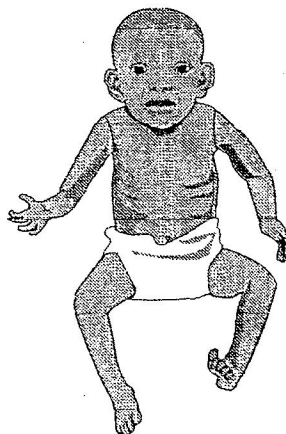
The first area is slowed physical growth before and after birth. Children with FAS are often smaller than normal when they are born. They gain weight at about 33 percent of the normal rate. They are often very slender although they eat well.

Children with FAS may have certain physical defects, most of which occur in the face and head. These include short eye openings, drooping eyelids, and a crescent-shaped fold of skin over the inner corner of the eye (this is normal in some ethnicities). Other symptoms are a low nose bridge, flattened midface (area between eyes and mouth), flat, smooth philtrum, thin upper lip, and small head.

Healthy infant



Severe case of FAS



Problems with joints and limbs may also occur. Fingers may curve sideways toward the middle finger, joints may be abnormally spaced, or a child may be unable to straighten a finger at one or more joints.

Finally, mental and behavioral problems affect children with FAS all their lives. Children and adults with FAS are often mildly to severely mentally disabled.

FAS infants have poor sucking responses, feeding problems, and uneven sleeping and eating patterns. They are often cranky, easily distracted, and very sensitive.

Young children have a short attention span, poor short-term memory, delays in walking and talking, low IQ, and are often hyperac-

