

Checkers Website and SANCA branches

July 2017

Website: <https://www.checkers.co.za/consumer-care/foetal-alcohol-syndrome.html>



• FOETAL ALCOHOL SYNDROME

FOETAL ALCOHOL SYNDROME (FAS)

Alcohol is harmful to unborn babies. Alcohol intake during pregnancy can cause babies to present with organ damage, abnormal facial features and be mentally handicapped, a condition which is known as Foetal Alcohol Syndrome (FAS).

It is imperative that you stop drinking alcohol if you are pregnant or thinking of falling pregnant. There is no known safe limit to alcohol in pregnancy; therefore women are advised not to drink at all.

FACTS:

- FAS is **100% preventable**.
- FAS is the leading preventable cause of **mental retardation**.
- Alcohol during pregnancy causes **permanent brain damage**.
- There is **no safe level of alcohol** consumption during pregnancy.
- Even **one drink** risks the health of an unborn baby.
- FAS is a **lifelong**, invisible and irreversible **disability**.
- **Symptoms** may not become obvious until a child is 3 or 4 years old.
- FAS is found in **all races** and **all socio-economic groups**.
- There is no cure for FAS.

What is Foetal Alcohol Syndrome?

Drinking alcohol during pregnancy can damage the foetus as it develops, leading to a characteristic pattern of malformation which is identified as FAS. During foetal development, the first six weeks of pregnancy are the most crucial. FAS is not an 'all-or-none phenomenon'. There is a spectrum of severity. Poor nutritional intake, age of the mother, the number of previous pregnancies, genetic factors, and smoking during pregnancy are additional adverse factors which may aggravate the adverse effects of alcohol on the infant.

The term 'Alcohol Related Birth Defect' (ARBD) is a term used to describe a child with some of the typical alcohol related organ defects, but not the full spectrum of defects. The term 'Alcohol Related Neuro-Developmental Defect' (ARND) is used to describe a child who is developmentally affected but does not show the structural anomalies of fully developed FAS.

Who is at risk?

Pregnant mothers, with a history of alcohol abuse who continue to drink during their pregnancy are particularly at risk, especially during the first trimester.

What are the features of FAS?

The principal clinical features of FAS comprise three groups of signs:

Growth deficiency

Inclusive of poor growth in length, head circumference and weight, this starts in the womb and continues after birth.

Central nervous system

- Delayed development which ranges from borderline to severe.
- Learning difficulties, poor school performance, deficits in receptive and expressive language, short concentration span, poor memory, hyperactive behaviour and poor judgement are some of the features of children with FAS.

Facial features

In the fully developed syndrome, there are characteristic facial features such as;

- a smoothed philtrum (flattening of the groove on the upper lip);
- smaller eyes (shortened distance between the 2 corners of the eye);
- a thin upper lip and
- abnormally low nasal bridge.

Other birth defects may be present, such as:

- heart defects, mainly in the walls which divide the chambers of the heart (the ventricles);
- minor joint and limb abnormalities, including some restriction in movement and altered creases in the palms of the hands;
- kidney anomalies and
- many others.

A Western Cape study showed that FAS affected school-entrants had poor language ability, problems with fine motor activities, poor eye-hand co-ordination and difficulties with practical reasoning.

How is FAS diagnosed?

There are no biological markers or laboratory methods for diagnosing the disorder.

The diagnosis is based on a combination of a history of drinking during pregnancy and the characteristic pattern of abnormalities. ARND and ARBD can only be diagnosed if there is a clear history of abusive drinking during pregnancy. Specialists such as geneticists or paediatricians (with training in FAS) are the only persons who are able to make an accurate a diagnosis of FAS.

How is FAS treated?

There is no specific treatment. FAS is not reversible. Affected children will require special care all of their lives; such as schooling and intervention to help them with co-ordination and problems with motor activities.

What is the outcome of FAS?

In severe cases the outlook is poor, with severe developmental delays and mental retardation.

In mild cases, people can lead relatively normal lives, provided the correct schooling and therapy is available

If you cannot stop drinking alcohol, seek professional help.
Help is a phone call away.

SANCA (South African National Council on Alcoholism and Drug Dependence) is an organisation made up of caring professionals who deal with drug and alcohol abuse on a daily basis. If you need help, or if you know of someone else who needs help, contact SANCA today:

SANCA Alcohol and Drug Help Centres:

<p>Can FAS be prevented? Yes, FAS is the most common preventable form of mental retardation worldwide. FAS can be completely prevented as long as the mother does not drink alcohol during pregnancy. Since there is no evidence of a safe lower limit of alcohol during pregnancy, it is best not to drink at all. It is also advisable to improve maternal nutrition prior to and during pregnancy.</p>	<p>Gauteng: South East Gauteng Horizon, Boksburg 011 917 5015 / 6 / 7 / 8 Eastern Gauteng, Boksburg 011 892 0875 / 6 Vaal Triangle, Vanderbijlpark 016 933 2055 Greater Heidelberg, Heidelberg 016 349 2892</p>
<p>South West Gauteng Wedge Gardens Treatment Centre, Lyndhurst 011 430 0320 Soweto 011 984 1621 Central Rand, Johannesburg 011 836 2460 Nishtara, Lenasia 011 854 5988</p>	<p>North Gauteng Castle Carey Clinic, Pretoria 012 542 1121 / 2 / 3 / 4 Soshanguve 012 799 2553 Hammankraal 012 719 8293 Thusong, Pretoria 012 806 7535</p>
<p>Limpopo Far North, Polokwane 015 295 3700</p> <p>North West Sanpark, Klerksdorp 018 462 4568 / 9</p>	<p>KwaZulu-Natal Durban 031 202 2274 Newcastle 034 312 3641 Zululand, Empangeni 035 772 3290 / 3201 Pietermaritzburg 033 345 4537 / 4173 Nongoma 035 831 0677</p>
<p>Eastern Cape Central Eastern Cape, East London 043 722 1210 Port Elizabeth 041 36 1974</p> <p>Western Cape Western Cape, Bellville 021 945 4080 George 044 884 0674</p>	<p>Northern Cape Tsantsabane, Postmasburg 018 462 4568 / 9</p> <p>Free State Aurora, Bloemfontein 015 447 4111 / 7271 Goldfields, Welkom 057 352 5444 Sasolburg 016 976 2051</p>
<p>Mpumalanga Lowveld, Nelspruit 013 752 4376 Nkangala, Witbank 013 656 2370 / 1 Mkhondo Alathia Rehabilitation Centre, Piet Retief 017 670 8533 / 6 / 7 / 8</p>	<p>SANCA 011 892 3829 or 086 14 SANCA</p>