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Fetal alcohol syndrome

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Abstract
Fetal alcohol syndrome is a condition in a child that results from alcohol exposure during the mother's pregnancy. Fetal alcohol syndrome causes brain damage and growth problems. The problems caused by fetal alcohol syndrome vary from child to child, but defects caused by fetal alcohol syndrome are not reversible.
There is no amount of alcohol that's known to be safe to consume during pregnancy. If you drink during pregnancy, you place your baby at risk of fetal alcohol syndrome.

Keywords: ADHD, jitteriness, microcephaly, micrognathia, palpebral fissure

Introduction
Fetal Alcohol Spectrum Disorders (FASD) is an umbrella term describing the range of effects that can occur in an individual whose mother drank alcohol during pregnancy. These effects may include physical, mental, behavioral, and/or learning disabilities with possible lifelong implications.
The most severe form of the condition is known as fetal alcohol syndrome (FAS). Other types include partial fetal alcohol syndrome (PFAS), alcohol-related neuro developmental disorder (ARND) and alcohol-related birth defects (ARBD). Fetal alcohol spectrum disorders are caused by drinking alcohol during pregnancy.
Since fetal alcohol syndrome covers a wide range of problems, there are many possible symptoms. The severity of these symptoms ranges from mild to severe, and can include: a small head. a smooth ridge between the upper lip and nose, small and wide-set eyes, a very thin upper lip, or other abnormal facial features.
Characteristic facial features in a child with fetal alcohol spectrum disorders. Findings may include a smooth philtrum, thin upper lip, upturned nose, flat nasal bridge and midface, epicanthal folds, small palpebral fissures, and small head circumference.

Person with an FASD might have
- 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 with attention.
- Poor memory

Physical defects
Physical defects may include
- Distinctive facial features, including small eyes, an exceptionally thin upper lip, a short, upturned nose, and a smooth skin surface between the nose and upper lip
- Deformities of joints, limbs and fingers
- Slow physical growth before and after birth
- Vision difficulties or hearing problems
- Small head circumference and brain size

- Heart defects and problems with kidneys and bones

Brain and central nervous system problems

Problems with the brain and central nervous system may include:

- Poor coordination or balance
- Intellectual disability, learning disorders and delayed development Poor memory
- Trouble with attention and with processing information
- Difficulty with reasoning and problem-solving
- Difficulty identifying consequences of choices
- Poor judgment skills
- Jitteriness or hyperactivity
- Rapidly changing moods

Social and behavioral issues

- Problems in functioning, coping and interacting with others may include:
- Difficulty in school trouble getting along with others
- Poor social skills
- Trouble adapting to change or switching from one task to another
- Problems with behavior and impulse control
- Poor concept of time
- Problems staying on task
- Difficulty planning or working toward a goal

Complications

- Problem behaviors not present at birth that can result from having fetal alcohol syndrome (secondary disabilities) may include:
- Attention deficit/hyperactivity disorder (ADHD)
- Aggression, inappropriate social conduct, and breaking rules and laws
- Alcohol or drug misuse
- Mental health disorders, such as depression, anxiety or eating disorders
- Problems staying in or completing school
- Problems with independent living and with employment
- Inappropriate sexual behaviors
- Early death by accident, homicide or suicide

Physical defects may include: Distinctive facial features, including small eyes, an exceptionally thin upper lip, a short, upturned nose, and a smooth skin surface between the nose and upper lip. Deformities of joints, limbs and fingers. Slow physical growth before and after birth

Results

The life expectancy at birth of people with FAS was 34 years (95% confidence interval: 31 to 37 years), which was about 42% of that of the general population

Diagnosing Fetal Alcohol Syndrome

There is no lab **test** that can prove a child has FAS. Many of its symptoms can seem like ADHD. To diagnose FAS, doctors look for unusual facial features, lower-than-average height and/or weight, small head size, problems with attention and hyperactivity, and poor coordination

Nursing Implications

While looking after a patient diagnosed with FAS, it is really important not to forget that routine caring actions should be accompanied by those including a psychological aspect.

Two fundamental problems a child with FAS has to struggle with are adaptive behavior and social communication. Due to this fact, the child must be approached in a very individual, adjusted to his/her needs, way.

In such a case, the patient must be gradually provided with knowledge that is necessary for being able to look after him, especially as far as elementary hygienic activities, are concerned. The most important issues while interacting with a FAS diagnosed child are steadiness, simplicity, detail and following some fixed principles.

Conclusion

Alcohol is a physical and behavioral teratogen. Fetal alcohol syndrome (FAS) is a common yet under-recognized condition resulting from maternal consumption of alcohol during pregnancy. While preventable, FAS is also disabling.

Fetal Alcohol Syndrome (FAS) is the group of conditions observed in children who happened to be exposed to the effects of alcohol in their prenatal development. Some very characteristic symptoms, belonging to three groups, such as: craniofacial abnormalities, physical development deficiency and the central nervous system damage, can be distinguished in people with FAS. It also significantly affects the person's behavior.

Intervention focuses on optimizing development, managing behavioral difficulties and providing appropriate school programming. Of prime importance is earliest possible childhood intervention to prevent secondary disabilities that may result from delay while awaiting a definitive diagnosis of FAS.

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