



# National Organization on Fetal Alcohol Syndrome

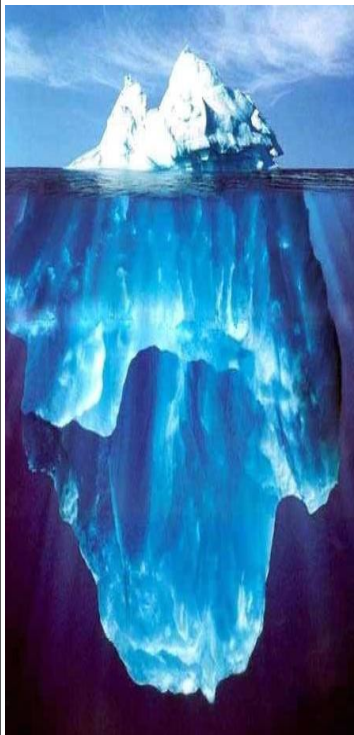
Helping children & families by advocating for the prevention and intervention of Fetal Alcohol Spectrum Disorders, the leading known cause of mental retardation & birth defects in the United States.

## FASD IDENTIFICATION

**Recognizing Fetal Alcohol Spectrum Disorders (FASD) can be difficult. Early and accurate identification is key to receiving appropriate educational and medical support.**

Fetal Alcohol Syndrome (FAS), a diagnosable condition, is just the tip of the iceberg. Other FASD may be more difficult to distinguish, particularly when the mother's exposure to alcohol is unknown. Many of the problems and behaviors that lead to an assessment for FASD cannot be identified at birth but become more recognizable with age and time.

### The FASD Iceberg



**FAS**  
Fetal Alcohol Syndrome

**PFAS**  
Partial Fetal Alcohol Syndrome

**ARND**  
Alcohol Related Neuro-Developmental Disorder

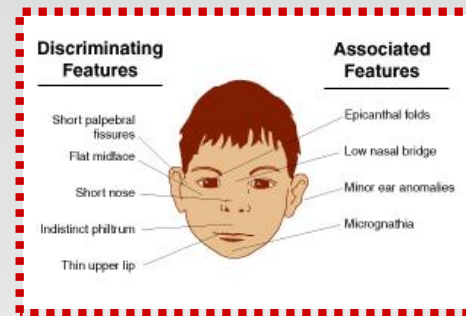
**ARBD**  
Alcohol related Birth Defects

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In 2001, the CDC convened a Scientific Working Group charged with developing uniform screening and diagnostic criteria for ARND. To date, limited science has hampered efforts to develop standard criteria for ARND that do not meet the clinical definition of FAS.

**FAS diagnosis requires all three of the following:**

- Documented presence of discriminating facial characteristics;
- Documented growth deficits; and
- Documented central nervous system (CNS) abnormalities.



Confirmed prenatal alcohol exposure strengthens the case for clinical diagnosis of FAS, but is not necessary if the three requirements above are met.

Health professionals are often reluctant to identify prenatal alcohol exposure because of the stigma attached to alcoholism and the perception that a diagnosis may not lead to effective treatment options.

**Individuals should be referred for a FAS diagnostic evaluation if:**

- There is known prenatal alcohol exposure;
- There is concern of the caregiver that the individual may have FAS; or
- The individual has all characteristic facial features of FAS *or* some of the facial features with accompanying growth deficits and/or CNS abnormalities.

See CDC's 2004 publication "Fetal Alcohol Syndrome: Guidelines for Referral and Diagnosis" for more information.

**To increase FASD identification, routine screenings are recommended for:**

- Children of women with a history of substance abuse; and
- Those in the foster care, juvenile justice, or adult criminal justice system (where individuals with FASD are overrepresented).