

# Fetal Alcohol Spectrum Disorders: Screenings and Prenatal Care

By, Catherine Cabler, BSN, RN



## Prevalence:

The WHO estimates that alcohol abuse is the cause of 3 million deaths each year. Alcohol abuse in the United States affects an estimated 15 million (Oh et al., 2020). The National Birth Defects Prevention Study found that up to 30% of pregnant women used alcohol and 8% binge drank at least once during pregnancy (Leskinsiene et al., 2024). It is believed that FASDs occur in 1 out of 13 infants who are exposed prenatally (Oh et al., 2020). Global prevalence of FASDs is 7.7 per 1000, and United States prevalence indicates that up to 5% of first-graders suffer from an FASD (Leskinsiene et al., 2024).

FASDs are estimated to have a much higher incidence rate than autism. Unfortunately, the stigma surrounding FASDs is such that autism is better-known and receives more targeted healthcare, publicity, and research funding (Albrecht et al., 2019). The National Organization on Fetal Alcohol Syndrome offers the line, “Think of me as an alcoholic who got pregnant and now needs your help to care for her

child, not as a pregnant woman who drank,” to promote a methodology based on providing care, rather than promoting stigma (AAP, 2025).

## Manifestations:

The term FASD is nonspecific and not a clinical diagnosis (AAP, 2025). There are a total of 5 diagnoses under this umbrella term: fetal alcohol syndrome, partial fetal alcohol syndrome, alcohol-related neurodevelopmental disorder, neurobehavioral disorder associated with prenatal alcohol exposure, and alcohol-related birth defects (Leskinsiene et al., 2024). Growth-related findings include height or weight below the 10th percentile, a head circumference below the 10th percentile due to a reduction in brain growth, heart defects, and cleft palate (AAP, 2025).

FAS has a specific phenotype, making it the easiest to diagnose and the most common image used for FASDs. This child has short palpebral fissures, a thin upper lip, a smooth philtrum, and growth retardation (Leskinsiene et al., 2024). Symptoms of

FASDs are not only physical, but also neurobehavioral and especially striking at the first-grade level (May et al., 2020), which is why it is often studied in that population.

## Risks:

Alcohol use disorders are patterns of harmful alcohol abuse that lead to a variety of cognitive, behavioral, and physiological phenomena. Of all the risks for impaired child development, alcohol use during pregnancy is the one most backed by research (Oh et al., 2020). A case-controlled study conducted in the United States found that maternal reports of at least three drinks per drinking day has a significant association with their child receiving a FASD diagnosis (May et al., 2019). Binge drinking is one of the most serious risk factors and is associated with the more severe cases of FASDs (Roozen et al., 2018). A systematic review of 21 studies found that prenatal alcohol exposure carries with it one of the highest risks for irreversible mental retardation (Roozen et al., 2018).

## Screening:

There are several assessment tools that screen for alcohol abuse, such as CAGE, TWEAK, and AUDIT-C (Leskinsiene et al., 2024). But routine and standardized screenings are lacking. Self-report is often inaccurate or even false due to recall bias and fear of stigma (Oh et al., 2020). Healthcare providers can offer nothing but education as follow-up, and education cannot reverse damage that is already done. The simplest screening method is the addition of questions to the health history. Examples are, “How far along were you before you found out you were pregnant?” “Before you knew you were pregnant, how much alcohol did you drink?” “After you

found out you were pregnant, how much alcohol did you drink?" A positive PAE (prenatal alcohol exposure) screening during pregnancy does not warrant a report to Child Protective Services. However, a diagnosis of an FASD during early childhood (ages 1-3) does. The emphasis is not on punishment, but on providing care and resources (AAP, 2025).

### Prevention:

An 11-year cohort study found that monitoring expectant mothers with a diagnosis of alcohol-related problems was useful in preventing adverse birth complications (Oh et al., 2020). Providers should attempt to make alcohol screenings routine, es-

pecially for women with an alcohol use disorder. Brief intervention could be offered, such as cognitive behavioral therapies, counseling, or motivational therapy. Medications should only be used as a last resort, as many psych drugs are also teratogens (Oh et al., 2020). There is ongoing research into biomarkers like ethyl esters, a fatty acid found in meconium that is linked to alcohol exposure. This would help with diagnosis by eliminating untruthful and inaccurate patient reports (Leskinsiene et al., 2024).

### Conclusion:

Nursing is the most trusted profession. This places nurses in the best position

to raise awareness of FASDs and provide screenings in a safe, nonjudgmental environment. Nurses can, and should, lead this movement to support both their clients: mother and baby. ■

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