Fetal Alcohol Spectrum Disorder (FASD) and Families: Prevention and Actions

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Received: November 26, 2016; Published: December 02, 2016

In most countries and cultures, alcohol is strongly embedded in modern life [1,2]. The World Health Organization (WHO) estimated that in 2010 one-third of adults worldwide drank alcohol at least once in their lives, and three-quarters of them drank alcohol in the previous year [3]. In North America, the vast majority of adults are considered active drinkers [4,5].

However, when a woman drinks and she is pregnant, binge drinking is associated with an increase in the prevalence of Fetal Alcohol Spectrum Disorder (FASD), which can lead to delays in growth or neurodevelopmental issues [6,7]. Binge drinking is defined as excessive alcohol consumption measured on a single occasion (five or more drinks) [8].

In certain Western cultures, such as Canada, pregnancy is associated with decreased alcohol consumption [9-11]. In counterpart, women from Russia [12] and France [13] have been found to report no significant difference in alcohol consumption before and during pregnancy. Heavy binge drinking before and during pregnancy has also been found among the Cape Coloured (mixed ancestry) community in South Africa [14,15], which results in among the highest prevalence of FASD in the world. Other populations, such as Indigenous and Inuit populations, also present higher rates of women who took part in binge drinking during pregnancy [16,17]. Alcohol use during pregnancy is associated with socioeconomic insecurity, poor social support, smoking and drug use, and abuse by mothers [11,18,19], which can also negatively impact child health.

Therefore, an heavy drinking of women during pregnancy and during the childhood may reveals underlying domestic issues or psychosocial contexts that have triggered excessive drinking. A family environment in which there is excessive alcohol use can influence the behaviour of children when they reach drinking age [20]. Studies have shown that family environment can subsequently influence the drinking practices of future adolescents. Indeed, we know that binge drinking is the type of use preferred by adolescents and that this type of practice is associated with a greater risk of mental health issues for adolescent in some populations.

Contextual, environmental, familial and social factors may drive and incite women to consume more alcohol during their pregnancy, and subsequently their adolescent children. In this context, it seems crucial to examine whether certain behaviours linked to alcohol can be passed down from mother to child.

To reduce the incidence of FASD and decrease alcohol use among pregnant women, we have to investigate risk factors of alcohol use during pregnancy and continue to inform populations about harmful effects of alcohol use around the pregnancy period. In a study by Astley, et al. [21], conducted among 80 women who had children diagnosed with FASD, 100% had been abused, 90% had serious mental health issues, 80% were living with partners with substance use problems, and about 50% had FAS conditions themselves. It turns out that not only is it important to document the prevalence of alcohol consumption of women during pregnancy, but it is also especially important to target risk groups, recognize their sociodemographic characteristics and help them adopt abstinence during pregnancy.

Education and intervention at different levels is therefore essential, i.e. the need to act on both the drinking problem – so inform people about the associated risks, take into account that some environments are likely to influence an increase in alcohol consumption by preg-
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nant women and other factors, which may be the cause of alcohol use. This kind of initiative is needed, in parallel with epidemiological investigations; many more aid programs, intervention and treatment on the field worldwide.

In parallel, we must respond to families basic needs which live with a child or an adolescent with FASD: families need support and opportunities for sharing and asked the right questions; families need straightforward information about FASD and need to understand the situation; and they need to be heard [22-24].

The first commitment to the family is unconditional support by professionals and the community to help them get through this situation, and to provide the best care for the child with FASD. The family will therefore need to be assisted by the community to be made aware of available community resources, and to be assured that a solid, multidisciplinary team is providing concrete solutions to help them through this situation [22,23].

Finally, as a community, what we need to do is to reduce stigmatization about FASD and help people with FASD, by increasing education about the risk of alcohol use and abuse during pregnancy, and consequences such as FASD. By decreasing stigma for individuals with FASD, and for women who have a problem with alcohol during pregnancy, we can help them to find a solution to their situation [25-27].

Bibliography

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Citation: Marilyn Fortin. “Fetal Alcohol Spectrum Disorder (FASD) and Families: Prevention and Actions”. EC Paediatrics 3.2 (2016): 322-324.


