



# Caring for children with fetal alcohol syndrome

**F**etal Alcohol Syndrome (FAS) describes a range of physical and mental problems caused by a woman drinking alcohol while she is pregnant. FAS can be prevented – so the safest choice for a pregnant mother is not to drink any alcohol. Health Canada estimates that, in this country alone, one child is born with FAS every day. The rate in some Aboriginal communities may be significantly higher. When caring for a child with FAS, it may be difficult for you to move beyond feelings of remorse or resentment that the condition could have been prevented. However, it’s important to focus on what you can do *now* to help the child.

Some children with FAS may show little or no physical effects at all, and may be identified as having Fetal Alcohol Spectrum Disorder (FASD) – also known as Fetal Alcohol Effects (FAE). FASD is *not* a milder form of FAS. While children born with FASD usually do not show the effects of the alcohol damage on their faces, the internal damage to the brain can be just the same and just as serious.

## How does FAS affect children?

Most babies born with FAS share a certain look. They are small in size, with a small head and small, widely spaced eyes and drooping eyelids. They may also have a flat mid-face, with a short nose, a long, smooth area between the nose and lips, a thin upper lip and pointed chin. These facial characteristics may not be obvious right after birth, but may become more apparent between the ages of two and 10, and then may fade again in adulthood.

Most infants with FAS don’t eat well or sleep well; they may be sick a lot; they are irritable and may over-react to light, sound or touch. They learn to walk and talk later than other children.

Most children with FAS continue to be delayed in developing basic physical and mental skills – such as climbing or speaking a complete sentence – and some have lower than normal IQs (intelligence quotients). Most find it hard to pay attention in a distracting environment; they do not easily understand abstract concepts like math, time or money; they find it difficult to solve problems or to learn from experience; and they have poor judgement and impulse control – they will do something even if they know it is wrong or dangerous.

## How to live with FAS

There is no cure for FAS. Children do not grow out of it, but they can be helped.

Early diagnosis is essential. It is not always easy to see the physical signs of FAS, and it may take time for the brain damage to become apparent. Professional support services, early in the child’s life, can significantly increase the child’s chance for a productive life. A child’s brain is at its most receptive stage in infancy and early childhood, and programs that stimulate the development of both physical and intellectual skills now can make a big difference later.

Because they are essentially unable to regulate or control their own behaviour, children with FAS need stability, careful supervision, structure and consistency even more than other children.

## Tips for parents and caregivers

Establish clear rules and explain them in simple language. For example, “Your bed time is 8 pm. You have to go to bed at 8 pm every night.” Be prepared to repeat yourself each day, and to use the same words every time.

Follow the same routine every day. If you have to change the routine, give the child lots of advance warning.

Be concrete when teaching a new skill or behaviour: *show* the child what you mean, and show it in different contexts (most children with FAS find it difficult to transfer skills or behaviour to another place or situation – from home to child care centre, for example, or from a list on the blackboard to outside at recess).

Break each task down into small, manageable steps to help develop and support the child’s self-esteem. Provide choices and encourage the child to make his own decisions. Praise him when he masters a new step or makes a decision; show unconditional love even when things go badly.

Use creative approaches to guiding a child into appropriate behaviour. For example, if you ask a girl with FAS why she did something she should not have done, most likely she will tell you “I don’t know.” And it’s true, she really doesn’t know, and giving her a time-out or other form of discipline will not help her figure it out. Trying to prevent situations that lead to inappropriate behaviour is the best strategy.

## Current Research on Fetal Alcohol Syndrome

The Centre of Excellence in Early Childhood Education (CEECD) has published a number of reviews of research by leading international experts on FAS, which are available on the website ([www.excellence-earlychildhood.ca](http://www.excellence-earlychildhood.ca)). The CEECD is committed to improving our knowledge of the social and emotional development of young children.

