

Fetal Alcohol Syndrome and Exposure to Substances

The Prevalence and Effects of Substance Exposure in Young Children

According to the U.S. Department of Health and Human Services (HHS), there's an increasing number of children who are placed into care because a parent's alcohol and drug use was a contributing factor – more than 690,000 children. The largest age group of kids being taken out of their homes is less than one year old. Most children who experienced substance exposure in the womb (80 percent) are placed in care because of the greater needs of both the children and their families.

Short-term effects of prenatal substance exposure include birth anomalies, fetal growth, neurobehavioral (such as problems with self-regulation, learning and communication) and withdrawal (symptoms from not having the substance in their bodies). Long-term effects include issues with achievement, behavior, cognition, growth and language.

Infants who are exposed to substances suffer from two main conditions, depending on the substances. For alcohol, it's fetal alcohol spectrum disorder (FASD) which can include fetal alcohol syndrome, partial fetal alcohol syndrome (pFAS) and alcohol-related neurodevelopmental disorder (ARND).

The other condition is neonatal abstinence syndrome (NAS), which involves an infant experiencing withdrawal from the substances (usually opioids) they were exposed to while in the womb. Many times, the symptoms of NAS, such as fussiness, fever and shaking, take a few days to a few weeks to develop. Unfortunately, this means that both mother and baby may not get the treatment they need, causing more long-term problems in the future.

How Trauma Plays a Role with FAS and Substance Exposure

When pregnant mothers use substances, possibly to deal with their own unresolved trauma, they can fear that reaching out for help means that their child will be taken away from them and placed into care. This means they will put off asking for help until it's too late and their worst fears are realized.

It's important to identify and address the trauma histories of the infant's family. Child maltreatment, trauma and substance abuse are typically multi-generational issues that need a collaborative, multi-system approach. Working with hospitals, schools, foster parents, caseworkers and other care providers can help ensure the infant or child receives timely treatment and help identify pregnant mothers with substance use issues earlier.

What You Can Do

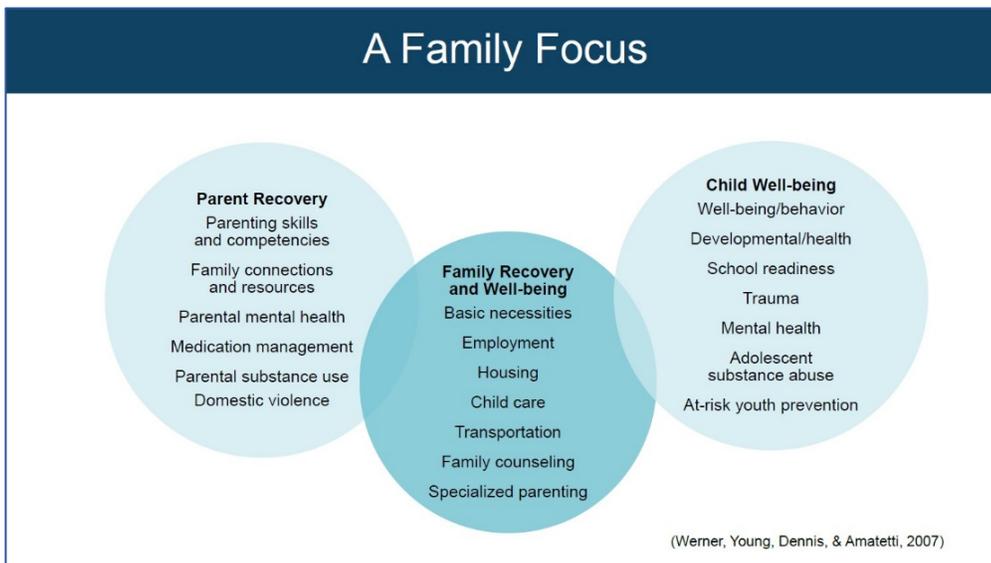
The National Center on Substance Abuse and Child Welfare provides these tips on how to work with children and families who are dealing with the effects of substance use and substance exposure.

- **Improve screening techniques.** Identify both baby and mother sooner.
- **Make effective treatment solutions available for the infant and family.** This includes assessment, nonpharmacological therapies, care outside of the NICU, postpartum care for the mother and empowering messages to parents.
- **Understand the recovery process.** Some parents can safely remain/reunify with their children while in treatment and recovery.
- **Use non-drug treatments for NAS.** Breastfeeding and rooming-in, when appropriate.

To help children with FASD, remember that foster care requires a lot of adjustment – to a new home, family and school. The National Organization on Fetal Alcohol Syndrome (NOFAS) provides these tips to help ease the frustration of adjustment.

- Provide consistent routines.
- Limit stimulation.
- Use concrete language and examples.
- Use multi-sensory learning – visual, auditory, tactile.
- Give realistic expectations.
- Create supportive environments.
- Provide supervision.

Helping families and children with substance exposure takes a multi-pronged approach as this following image shows. By partnering with the parent, family and infant to recover and create a greater sense of well-being, children with FASD or NAS can have better and brighter futures.



Resources

Infants with Prenatal Substance Exposure. Retrieved from <https://ncsacw.samhsa.gov/resources/substance-exposed-infants.aspx>

Kellerman, A. *Special Topic: Understanding Prenatal Substance Exposure and Child Welfare Implications*. 63. Retrieved from <https://ncsacw.samhsa.gov/files/toolkitpackage/topic-prenatal/topic-prenatal-slides-508.pdf>

Learn: The Role of Trauma Among Families Struggling with Substance Abuse. Retrieved from NCTSN Learning Center website: <https://learn.nctsn.org/course/index.php?categoryid=46>

Neonatal abstinence syndrome (NAS). Retrieved from [https://www.marchofdimes.org/complications/neonatal-abstinence-syndrome-\(nas\).aspx](https://www.marchofdimes.org/complications/neonatal-abstinence-syndrome-(nas).aspx)

Prenatal Exposure to Substances and Trauma: Fostering Parent and Child Well-being. Retrieved from The National Child Traumatic Stress Network website: <https://www.nctsn.org/resources/prenatal-exposure-substances-and-trauma-fostering-parent-and-child-well-being>

Trauma-Informed Care for Families Affected by Substance Use Disorders. Retrieved from <https://www.youtube.com/watch?v=uE3xNWrixh8&feature=youtu.be>

Werner, D., Young, N. K., Dennis, K., & Amatetti, S. (2007). *Family-Centered Treatment for Women with Substance Use Disorders – History, Key Elements and Challenges*. Retrieved from https://www.samhsa.gov/sites/default/files/family_treatment_paper508v.pdf