Doctors and other health professionals who care for pregnant women are being encouraged to talk openly to women about the dangers of alcohol in pregnancy.

The Alcohol and Pregnancy Project at Perth’s Telethon Institute for Child Health Research today launched a range of resources to help health professionals to discuss this important issue with all women of child bearing age.

Project leader Professor Carol Bower said that simply raising the subject with women could reduce their alcohol consumption. Survey results showed that women expect their health professionals to raise this issue with them.

“Health professionals have an important role in asking all women about alcohol use and talking to them about the consequences of alcohol consumption during pregnancy” Professor Bower said.

"The most important message is that no alcohol in pregnancy is the safest choice. The amount of alcohol that is safe for the fetus has not been determined."

“What health professionals have told us is that they need more good quality information to pass on to women, and that’s why we’ve developed these Alcohol and Pregnancy resources.”

Research by the project team found that:

45% of WA health professionals who care for pregnant women routinely ask them about their alcohol use

25% of WA health professionals who care for pregnant women routinely provide them with information on the consequences of alcohol use in pregnancy

79% of WA health professionals disagree that discussing alcohol use during pregnancy will frighten or anger a pregnant woman

98% of WA women surveyed think that sending information to doctors and health professionals would be an effective strategy to inform women about the effects of alcohol in pregnancy on the fetus.

The Alcohol and Pregnancy Project has been made possible by funding from Healthway and is a collaboration between the Telethon Institute for Child Health Research and Edith Cowan University.

“For further information go to http://www.ichr.uwa.edu.au/alcoholandpregnancy

Two new publications dealing with Juvenile Justice and FASD

From SAMHSA: FASD Center for Excellence

Fetal Alcohol Spectrum Disorders And Juvenile Justice: How Professionals Can Make a Difference


Fetal Alcohol Spectrum Disorders: When Your Child Faces The Juvenile Justice System

The widespread misuse of alcohol featured as a topic

The 2nd International Conference on Fetal Alcohol Spectrum Disorder (FASD)

Public health awareness campaigns revolve around promoting consumer awareness that there is no safe time, no safe amount and no safe kind of alcohol which can be consumed during pregnancy.

In a number of provinces in Canada, prevention initiatives are posted at the point of sale, voluntarily by the liquor or restaurant outlet. British Columbia is one province with a highly visible campaign called ActNow BC which highlights “No Safe Time – No Safe Amount”.

Justice Systems

Several initiatives in North American justice systems were outlined during the conference. For example, the Youth Justice program in Winnipeg, Manitoba. This program had a focus on diagnosis to prepare pre-sentence information for the court. Those who participated in this program had pending charges, were aged between 12-18 years and there was confirmation of maternal alcohol use during the index pregnancy. The collaborative team worked on assessment, some follow-up support and a report which was taken into sentence recommendations.

Police in Winnipeg have a FASD trainer on staff and this expertise is found throughout Canada in police systems. Young people with an FASD frequently have higher level verbal skills than comprehension skills. To prevent them experiencing negative consequences as a result of this, some carry cards identifying that they suffer from FASD and that they need a guardian or lawyer with them to be interviewed.

Alcohol consumption figures

- Australians consume 9.19 litres of pure alcohol per capitain per annum
- Canadians consume 8.26 litres

Fetal Alcohol Spectrum Disorders Washington State

The left columns of the timeline over the page are adapted from FASD: From Discovery to Prevention in Washington State, a plenary session presented by Susan J. Astley, Professor of Epidemiology, Director of Washington State FAS Diagnostic and Prevention Network at the University of Washington, Seattle. The topic was presented on 7 March 2007 at the FASD Conference in Victoria, BC, Canada.

The purpose of the right column, added by the writer of this report, is to demonstrate that Australia can learn from existing programs and the lengthy history of research, diagnosis, prevention and intervention already available. It is not meant to represent every initiative completed or underway in Australia, or Western Australia, but in the absence of national recognition or a statewide approach to this issue, it would be difficult to gather this information.
All the initiatives in the left hand column have been steps on a pathway to addressing the problem. Australia has not taken enough of these steps.

<table>
<thead>
<tr>
<th>Year</th>
<th>Washington</th>
<th>Western Australia/Australia</th>
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<tbody>
<tr>
<td>1973</td>
<td>University of Washington researchers publish first English language article defining the pattern of malformation in the children of alcoholic mothers</td>
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<tr>
<td>1974-1980</td>
<td>Research continues and it appears alcohol exposure in smaller quantities than those consumed by an alcoholic can cause irreversible damage to a foetus</td>
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<td>1981</td>
<td>US Surgeon General issues national warning re consumption of alcohol and pregnancy</td>
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<tr>
<td>1982-1987</td>
<td>More research across the world identifies sufferers without facial characteristics who demonstrate all the other deficits - increase in terminology</td>
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<td>1988</td>
<td>US applies warning labels on alcohol advising women that alcohol consumption during pregnancy is dangerous (even on Australian wine sold in the US)</td>
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<tr>
<td>1989-1991</td>
<td>Public education, research, prevention intervention continues statewide and nationwide</td>
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<td>1992</td>
<td>First interdisciplinary clinic for diagnosis set up at U of W - Centre for Disease control joins initiative</td>
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<tr>
<td>1995</td>
<td>Washington State Bill 5688 establishes statewide network of clinics</td>
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<tr>
<td>1996</td>
<td>Pregnancy outreach program established. Photographic software to analyse facial features to identify affected individuals</td>
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<tr>
<td>1997</td>
<td>Four digit diagnostic code developed to assist diagnosis</td>
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<tr>
<td>1998</td>
<td>National US training program offered in four digit diagnostic code</td>
<td>1998 – NOFASARD grassroots organisation established by Sue Miers in South Australia. Sue is an adoptive mother of a child, now grown, with FAS. This small organisation still operates as one of the main sources of information about FASD in Australia.</td>
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<tr>
<td>2003</td>
<td>Public health awareness campaigns evident state and nationwide</td>
<td>A literature review and national workshop</td>
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<tr>
<td>2004</td>
<td>Washington State FASD website established FASD 4-digit diagnostic code online training</td>
<td>Significant research underway in Australia</td>
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<tr>
<td>2005</td>
<td>Fetal Alcohol and Drug Unit at University of Washington has now existed 33 years</td>
<td>Survey of Health professionals knowledge and awareness conducted WA statewide. Federal Parliamentary Secretary for Health, Christopher Pyne reported in Melbourne Age saying alcohol did not require warning labels because it isn’t as toxic as tobacco and can be used safely (GrogWatch 24 October 2005).</td>
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<tr>
<td>2006</td>
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<td>2007</td>
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**Eye Movements May Spot Fetal Alcohol Syndrome Disorders**

Published: Friday, February 23, 2007 | 9:49 PM ET

Canadian Press [http://www.cbc.ca/cp/HealthScout/070223/6022315AU.html]

FRIDAY, Feb. 23 (HealthDay News) - A simple test may be able to diagnose children with fetal alcohol spectrum disorders, Canadian researchers say.

Fetal alcohol spectrum disorders (FASD) are a wide array of adverse developmental outcomes in children caused by prenatal alcohol exposure. FASD is more widespread and less severe than fetal alcohol syndrome, but FASD is harder to diagnose because of a lack of a lack of objective diagnostic tools.

In a study published in the March issue of Alcoholism: Clinical & Experimental Research, James Reynolds and Doug Munoz of Queen's University in Kingston, Ontario, collaborated with colleagues to find out if eye movement or oculomotor tasks could be used to assess FASD in children.

"Whereas oculomotor tasks have been used to assess brain function in a number of different clinical populations, this is the first such study to be carried out in FASD children," Reynolds said in a prepared statement.

The researchers compared the oculomotor performance of 10 children with FASD with 12 children without FASD. All of the children were instructed to look toward or away from a stimulus that appeared in their peripheral visual field. The researchers measured the children's reaction times, direction errors and eye movement.

"We found that FASD children had much longer reaction times - defined as the time required to initiate eye movement - both towards and away from the peripheral visual target," said Reynolds. He said the children with FASD made a greater number of directional errors when performing the eye movement tasks, compared to the children without FASD.

"In the absence of confirmed maternal alcohol consumption during pregnancy," Reynolds said, "the diagnosis of FASD remains a significant clinical challenge."

Reynolds is pleased that he and his colleagues have discovered what seems to be a powerful and yet easy tool for assessing children with FASD.

The research team has acquired a mobile eye-tracker unit that is allowing them to move their research out of the laboratory and into communities, where they plan to apply their findings to other developmental disorders, such as attention-deficit hyperactivity disorder.
Ensuring the health of pregnant women and their children would form an important part of a new review of the national guidelines on alcohol consumption, the Assistant Minister for Health and Ageing, Christopher Pyne, said today. "It is important that we do all we can to reduce the risk of children being born with foetal alcohol syndrome," Mr Pyne said.

"Children with this condition can be born with heart defects, developmental problems and a low birth weight. As adults they can experience developmental delays, learning difficulties and behavioural problems, and may be prone to mental illness."

The review of the Australian Alcohol Guidelines: Health Risks and Benefits is being conducted by the National Health and Medical Research Council. The guidelines were first produced in 1996 and revised in 2001. They set standards for all sectors of the population on "how much is too much" when drinking alcohol is concerned.

The Chief Executive of the NHMRC, Professor Warwick Anderson, said regular revision of the Guidelines was necessary to keep pace with the latest research. "These guidelines, as with anything the NHMRC does, are based on solid research evidence."

The review will also examine:

⇒ the impact of alcohol use on the length and quality of life
⇒ addiction
⇒ alcohol consumption and Indigenous Australians.

It will also look at health policy issues such as harm reduction programs. The review team will seek input from the community and health care practitioners through formal consultation later this year. Notices will be published on the NHMRC web site closer to the time.


Media contact: Mr Pyne’s Office - Adam Howard 0400 414 833