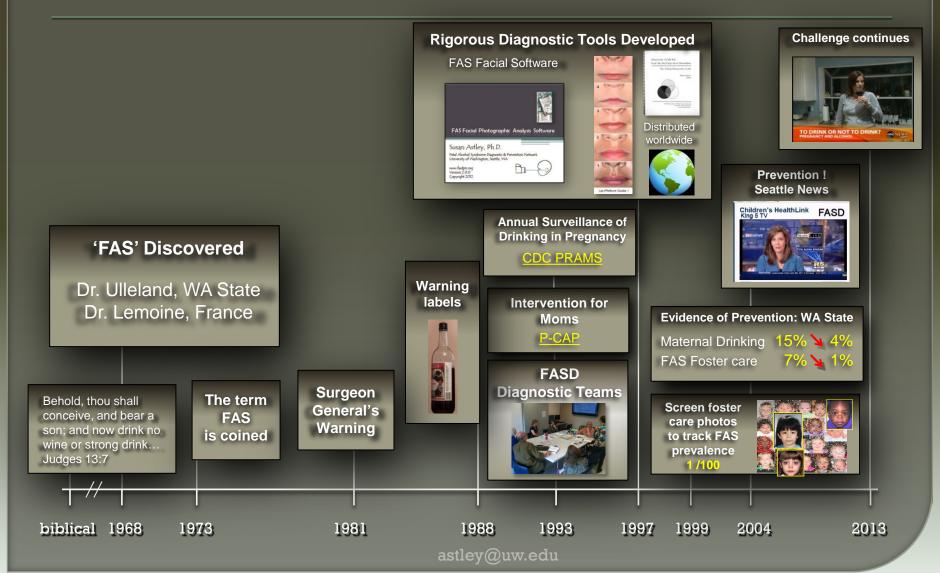
FASD: Discovery to Prevention in WA State Susan Astley PhD



FASD Interdisciplinary Diagnostic Clinic

University of Washington, 1993-2013

Pediatrician and psychologist interview adoptive parents while the OT, SLP and psychologist assess the 10 year old child.



WA FASD Prevention Study (1992-97)

This CDC-sponsored study allowed us to open our first interdisciplinary FASD diagnostic clinic in 1993.

Objectives:

- 1. Demonstrate a FASD clinic can identify high-risk women through the diagnosis of their children.
- 2. Generate a comprehensive, lifetime profile of these women.

3. Identify factors that enhanced or hindered their ability to achieve abstinence.

Figure 20 content content from the content con

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Astley et al 2000

WA FASD Prevention Study (1992-97)

Conducted 4-hour interviews with 80 birth mothers of children with FAS.

Key Topics: Sociodemographics (age, race, education)

Social support network

Lifetime adverse events

Mental health profile

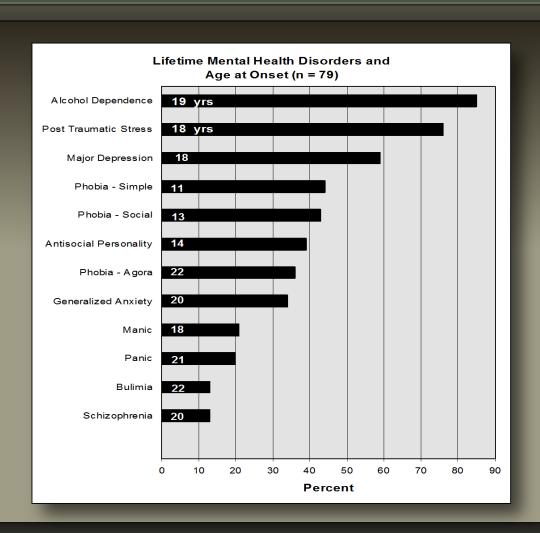
Alcohol use and treatment history

Family planning history and preferences

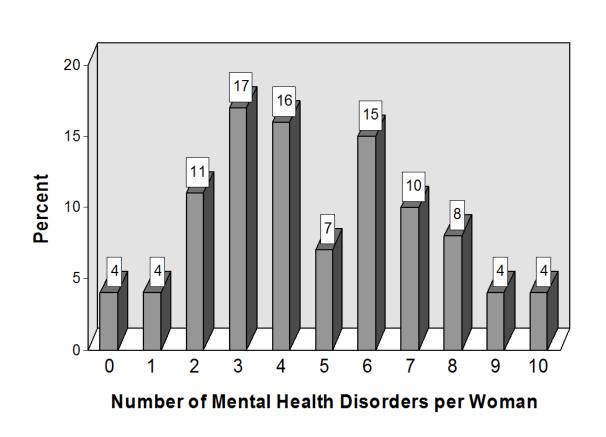
Maternal Age at Key Events (n=80)

	Mean Age (yrs)	Min-Max
At first drink	15	7 – 30
At maximum drinking	23	10 -41
At first attempt to stop	26	14 – 47
At birth of child with FAS	27	18 – 41
At most successful sobriety	31	20 – 52
At diagnosis of child with FAS	35	21 – 52
At interview	38	23 - 55

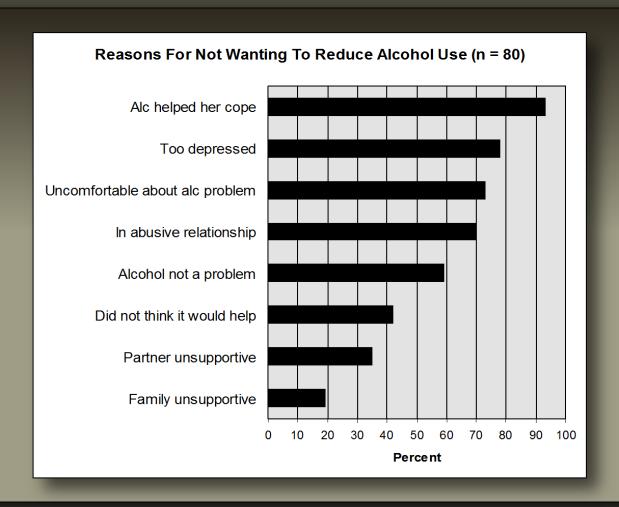
Maternal Mental Health



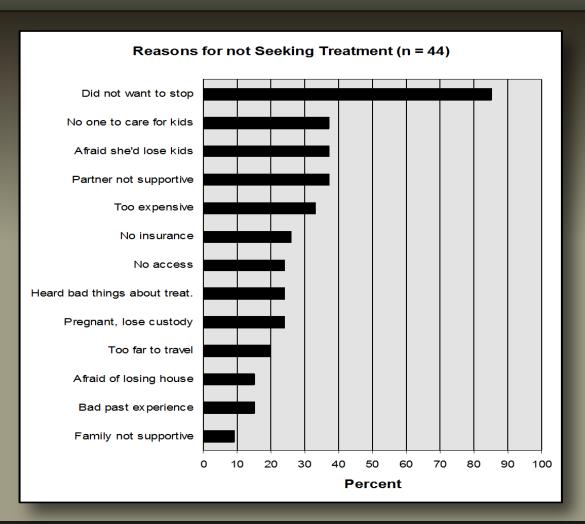
Maternal Mental Health



Why she did not want to reduce alcohol use.



Why she did not want to seek alcohol treatment.



Reproductive History

Proportion of pregnancies per women:

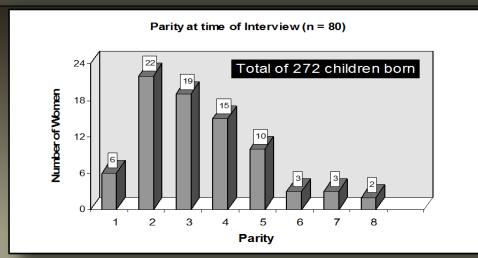
Mean

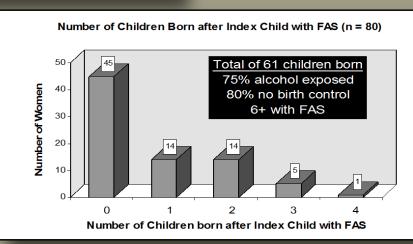
Unintended (78 %)

No birth control (81 %)

Exposed to alcohol (73 %)

Children at Risk





Significant contrasts between women who had and had not achieved abstinence.

	Abstinent (n = 50)	Not Abstinent (n = 25)
Mean IQ	96	82
Married	52 %	44 %
Low income	50 %	76 %
Reported a religious affiliation	72 %	44 %
Most # drinks/occasion	34	17
# People in social support network	17	11
Mean # MH disorders per woman	5	5
Received mental health treatment	52 %	26 %

Two Ways to Prevent FASD

- 1. Prevent pregnancy while drinking.
- 2. Prevent drinking while pregnant.

Unintended Pregnancies

In this study, women were more successful at stopping drinking (75%) than avoiding unintended pregnancy (22%).

38% of WA State Pregnancies Unintended (PRAMS 1993-99)

• 78% of pregnancies unintended among women who gave birth to a child with FAS in WA State.

May be due to lack of access to family planning services.

1998 WA State Survey of Health Insurance Plans

- Only 30% paid for contraception
- 77% paid for abortions
- 4 of 5 women did not have contraception coverage

Treatment for Alcoholism

1992 Survey of 79 Seattle Alcohol/Drug Treatment Agencies

33% of clientele were women.

54% had no medical or MH services.

84% had no on-site child care.

44% had no on-site recovery support groups.

Among 80 birth mothers of children with FAS

96% had mental health disorders.

Those who received MH treatment more likely to achieve abstinence.

70% had children.

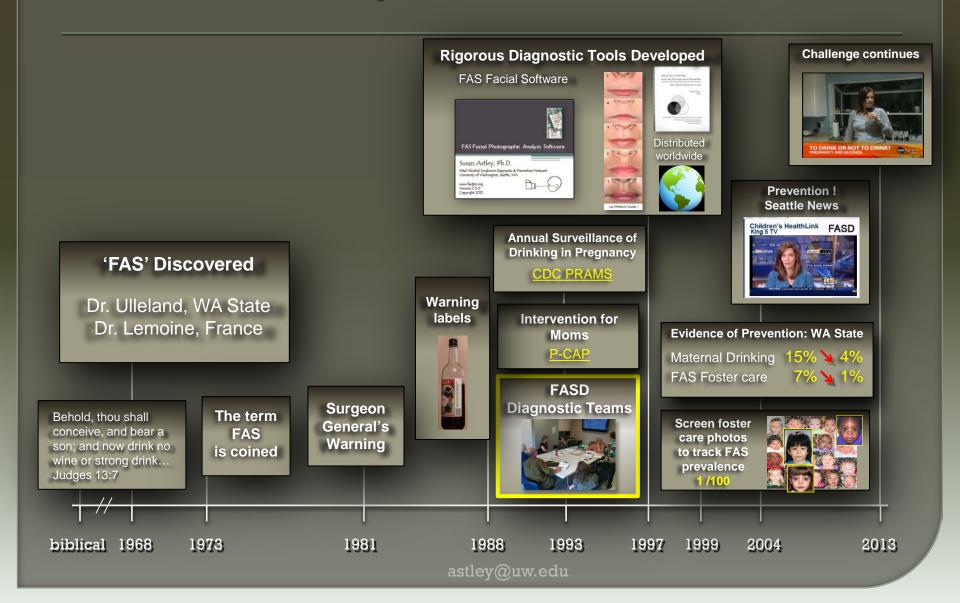
Those who entered support groups more likely to achieve abstinence.

WA State FASD Prevention Efforts 1968 - 2013

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Screening and diagnosis, education, intervention, surveillance.

FASD: Discovery to Prevention in WA State



FASD: Discovery to Prevention

Senate Bill 5688 (1995)

Expands Seattle FASD clinic to a statewide network of FASD Clinics.

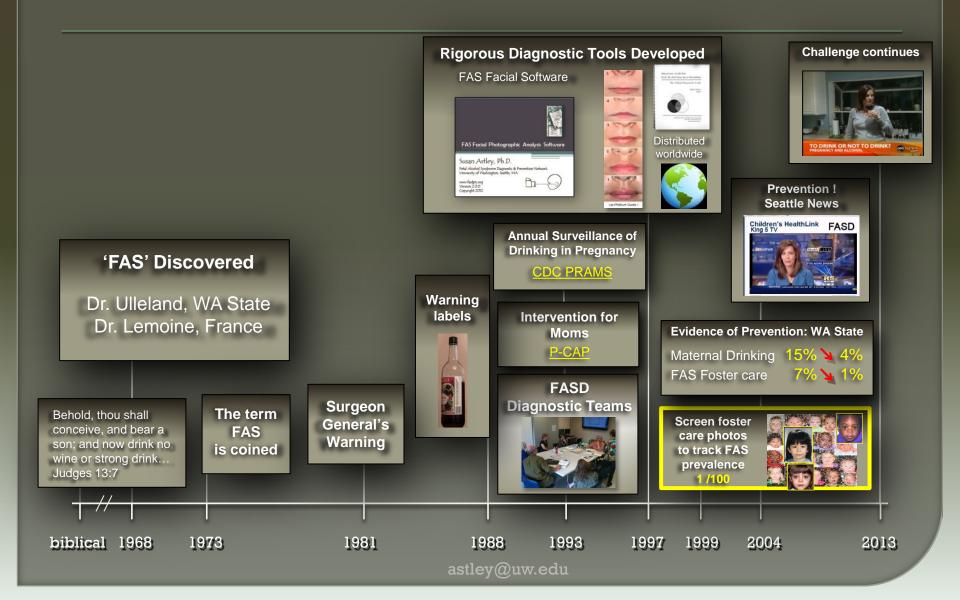
FAS Diagnostic & Prevention Network (FAS DPN)





1995

FASD: Discovery to Prevention in WA State

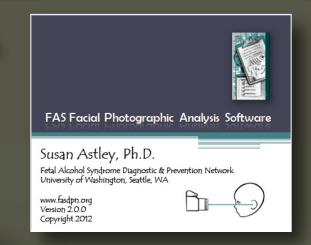


Seattle 10-Year Foster Care FAS Photo Screening

1 out of every 100 foster children has FAS. 10-times higher than general population.



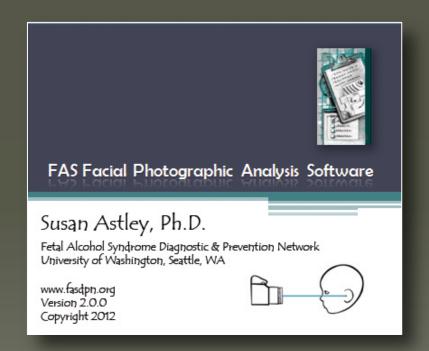






Astley, 2002

Seattle 10-Year Foster Care FAS Photo Screening

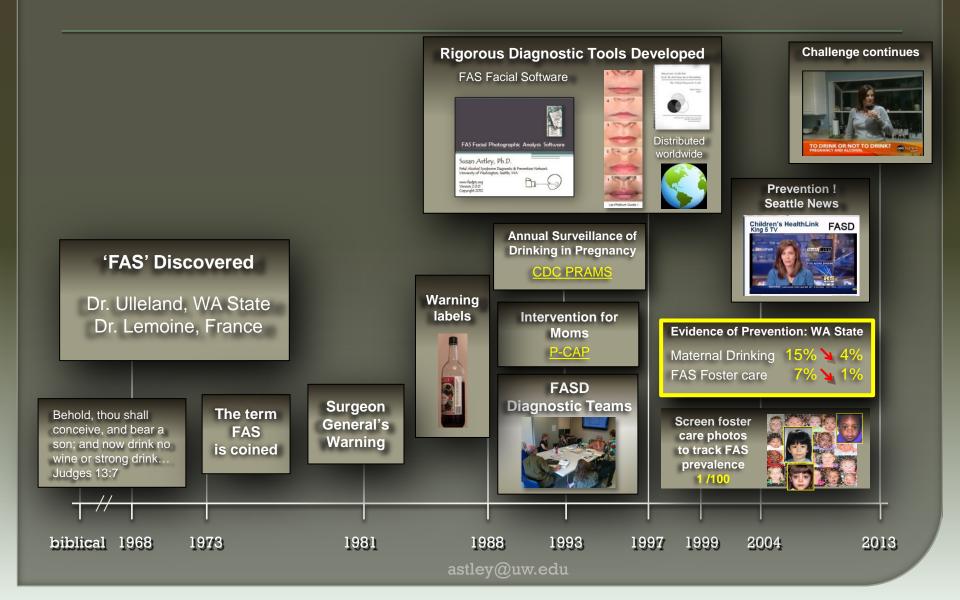


Watch video demonstration of the FAS Facial Analysis Software

fasdpn.org



FASD: Discovery to Prevention in WA State



FASD Prevention in WA State Evidence of Success

Prevalence of Maternal Drinking During Pregnancy (1993 – 1998)

PRAMS annual CDC surveillance of maternal drinking during pregnancy.

Significant reduction from 1993-98. (15% \ 4%)

Exceeded Healthy People 2010 goal of 6% back in 1997.

Prevalence of FAS in Foster Care (born 1993-1998)

Among foster children born in 1993 – 98.

Significant reduction in prevalence of FAS in each successive

birth cohort from 1993-98

7%

M

1%).

Astley 2004

Prevention: Evidence of Success

Fewer pregnant women drinking. Fewer children born with FAS.



Watch video link on fasdon org

FASD Prevention in WA State Further Evidence of Success

Among 1,421 FASDPN patients with exposure reported by trimester, the proportion exposed all 3 trimesters dropped from 90% to 35% over 30 years of birth cohorts



If FAS is declining in Foster Care, FASD is declining in the General Population

One of the key goals of surveillance is to assess the effectiveness of primary prevention efforts.

- <u>Target a High-Risk Population</u>: Tracking the prevalence of FAS over time in a high-risk foster care population offers a more accurate and efficient alternative to tracking the prevalence of FAS across a larger, more diffuse general population. If statewide prevention efforts and statewide reduction in maternal alcohol use are effectively reducing the prevalence of FAS in a foster care population, it would be difficult to argue that similar reductions are not also being realized across the entire general population.
- <u>Track FAS</u>, not <u>FASD</u>: The same can be said for the impact of prevention efforts on the full spectrum of disorders caused by prenatal alcohol exposure. If maternal drinking during pregnancy is reduced, the full spectrum of disorders (FASD) caused by that drinking will be reduced, not just FAS. As goes FAS, must go FASD.

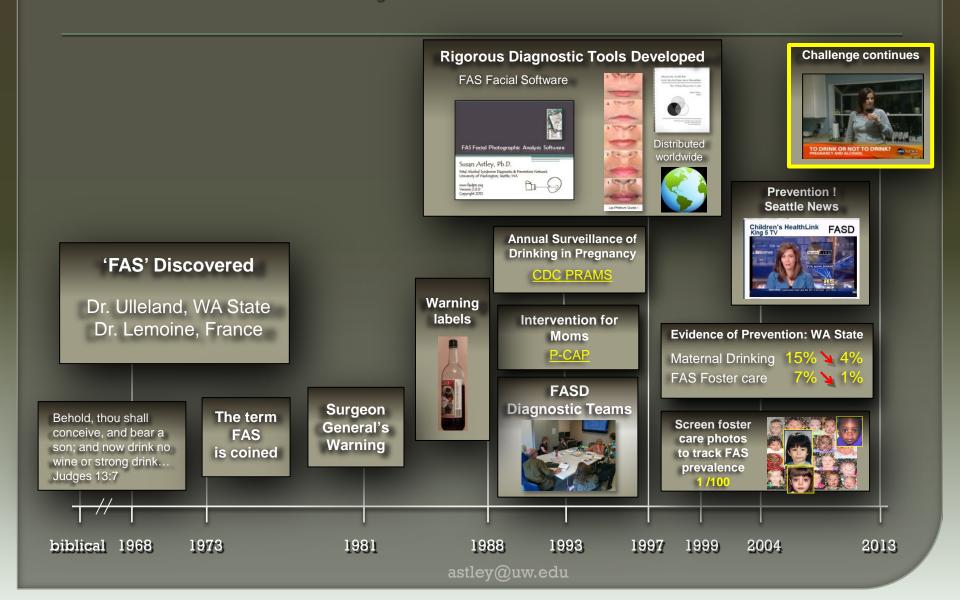
We also have confirmation of Secondary Prevention of FASD!

20 years of patient follow-up surveys confirm:

A FASD 4-Digit Code interdisciplinary diagnosis led to substantial access to and benefit from interventions.

20 Years of WA FASDPN Patient Follow-Up Surveys (n = 622)	FAS/PFAS %	SE/AE %	ND/AE %
Easy to understand	87	82	83
Confident in diagnosis	98	97	99
Provided information not received elsewhere	97	92	89
Successful at finding/accessing recommended services	85	88	87
Services met some to all of my needs	90	.83	83
Would recommend clinic to other families with similar needs	100	99	99

FASD: Discovery to Prevention in WA State

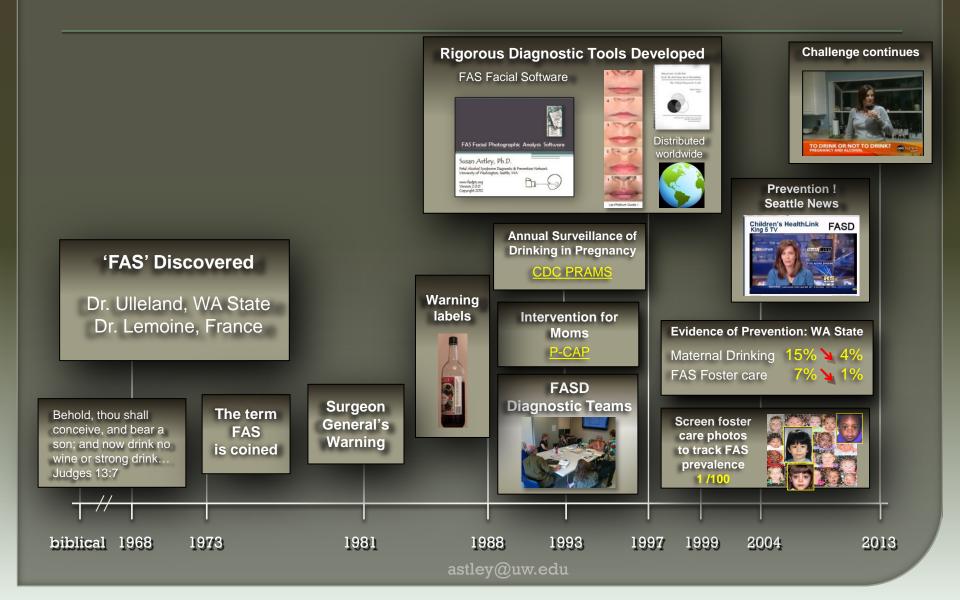


The Challenge Continues



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FASD: Discovery to Prevention in WA State



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- 4. Astley SJ, FAS Prevention in WA State: Evidence of Success. Paeadiatric & perinatal Epidemiology, 2004;18:344.
- 5. Astley SJ, et al. Application of the FAS facial photographic screening tool in a foster care population. J Peds, 2002;141(5):712.
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- 9. Astley SJ. Profile of the first 1,400 patients receiving diagnostic evaluations for FASD at the WA State Fetal Alcohol Syndrome Diagnostic & Prevention Network. Can J Clin Pharmacol .Vol 17(1) Winter 2010:e132-e164; March 26, 2010.
 - All literature referenced in this presentation is available at: www.fasdpn.org/htmls/literature.htm