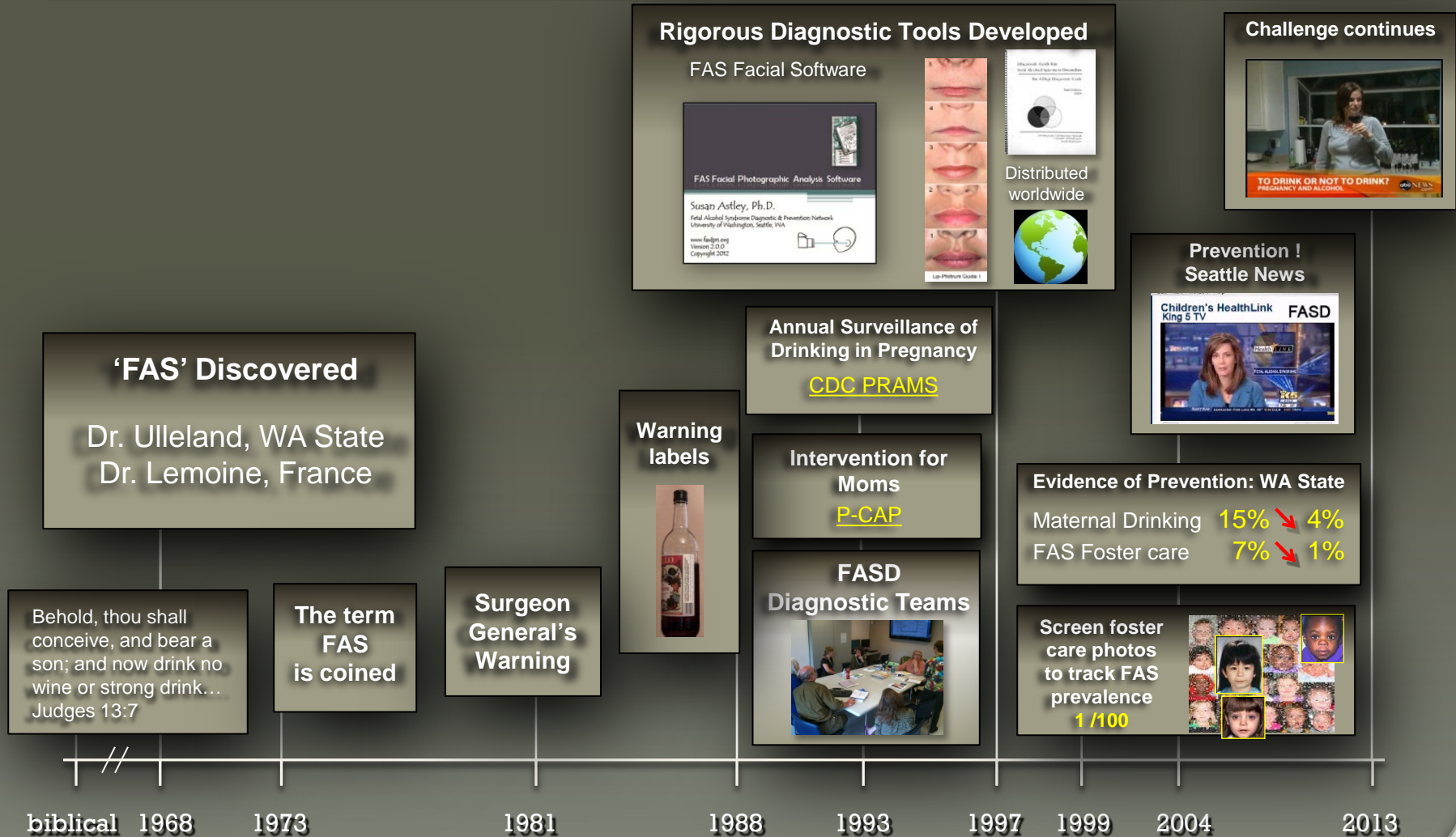


FASD: Discovery to Prevention in WA State

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.

Astley et al 2000



WA FASD Prevention Study (1992-97)

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

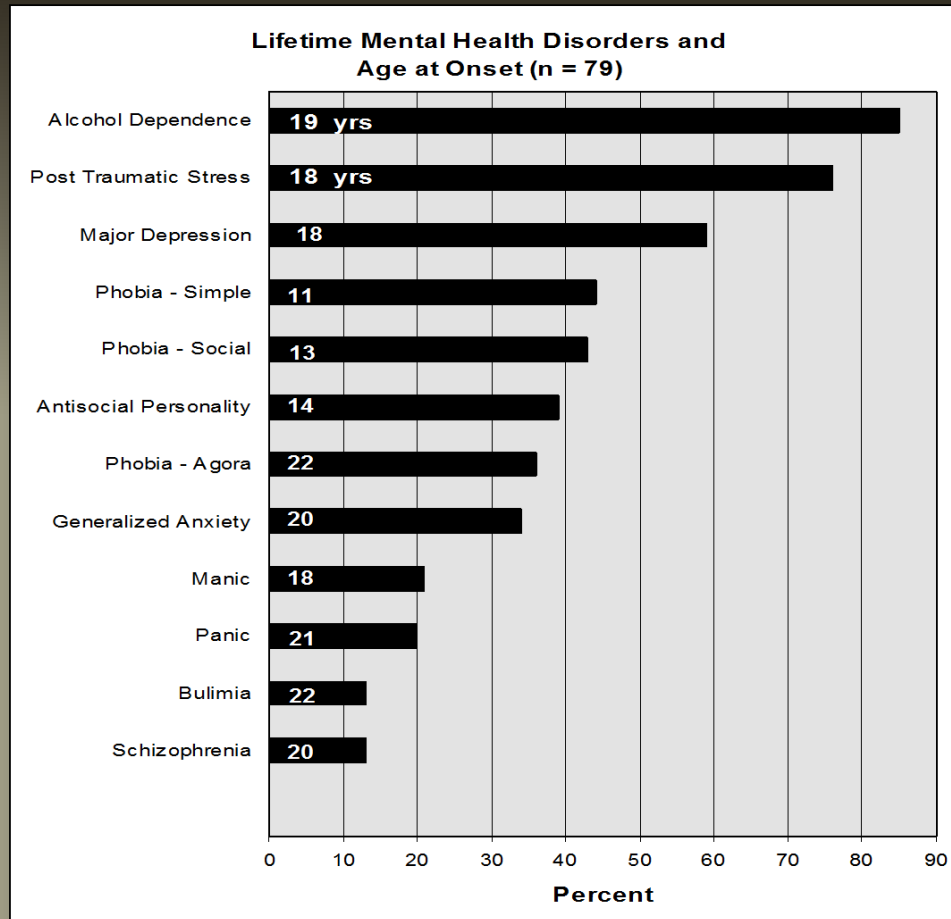
Key Topics:

- Sociodemographics (age, race, education)
- Social support network
- Lifetime adverse events
- Mental health profile
- Alcohol use and treatment history
- Family planning history and preferences

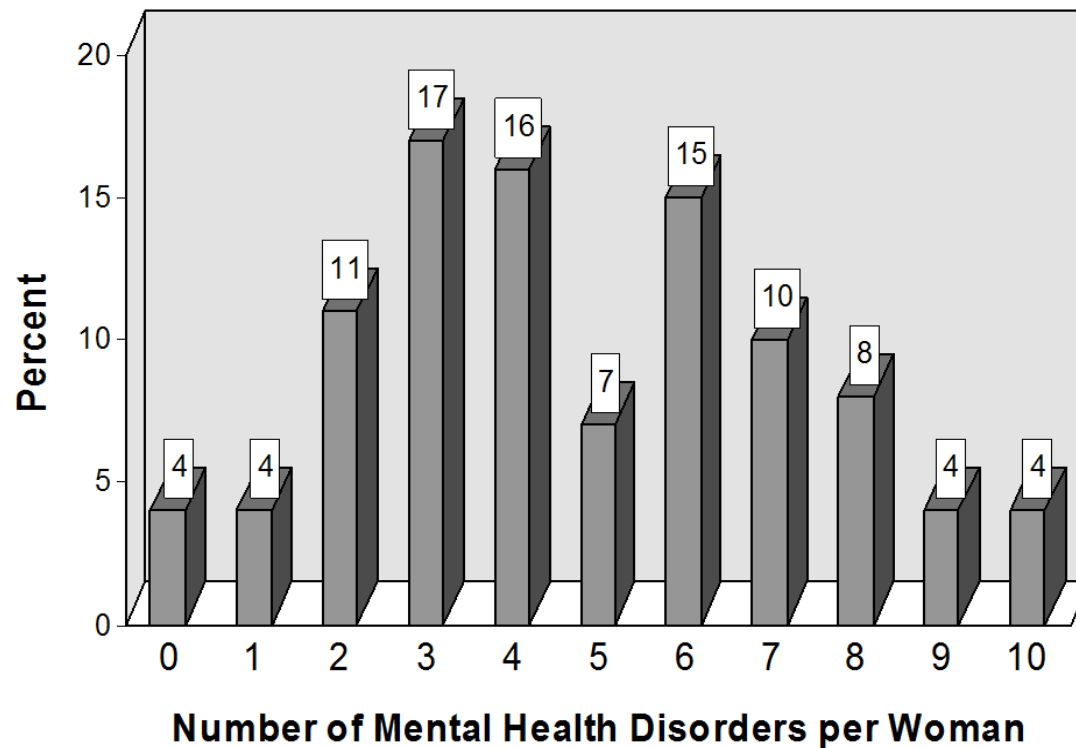
Maternal Age at Key Events (n=80)

	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

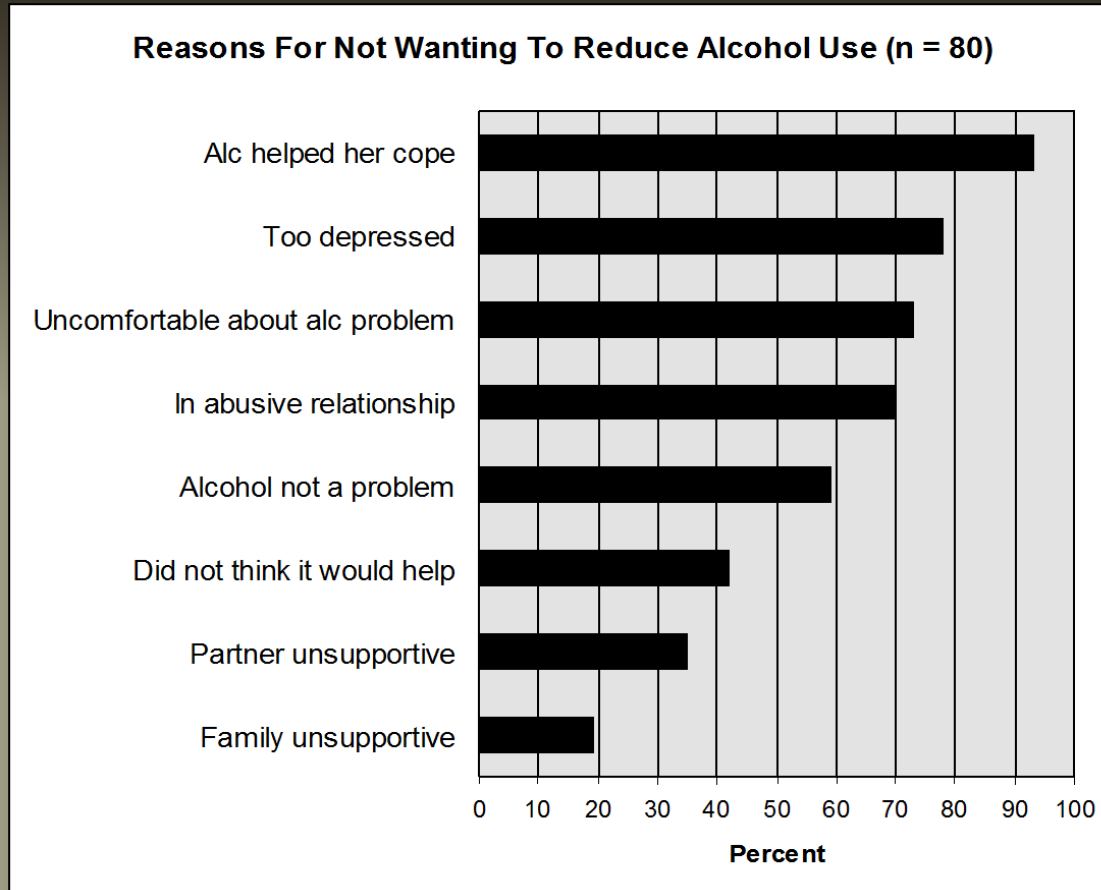
Maternal Mental Health



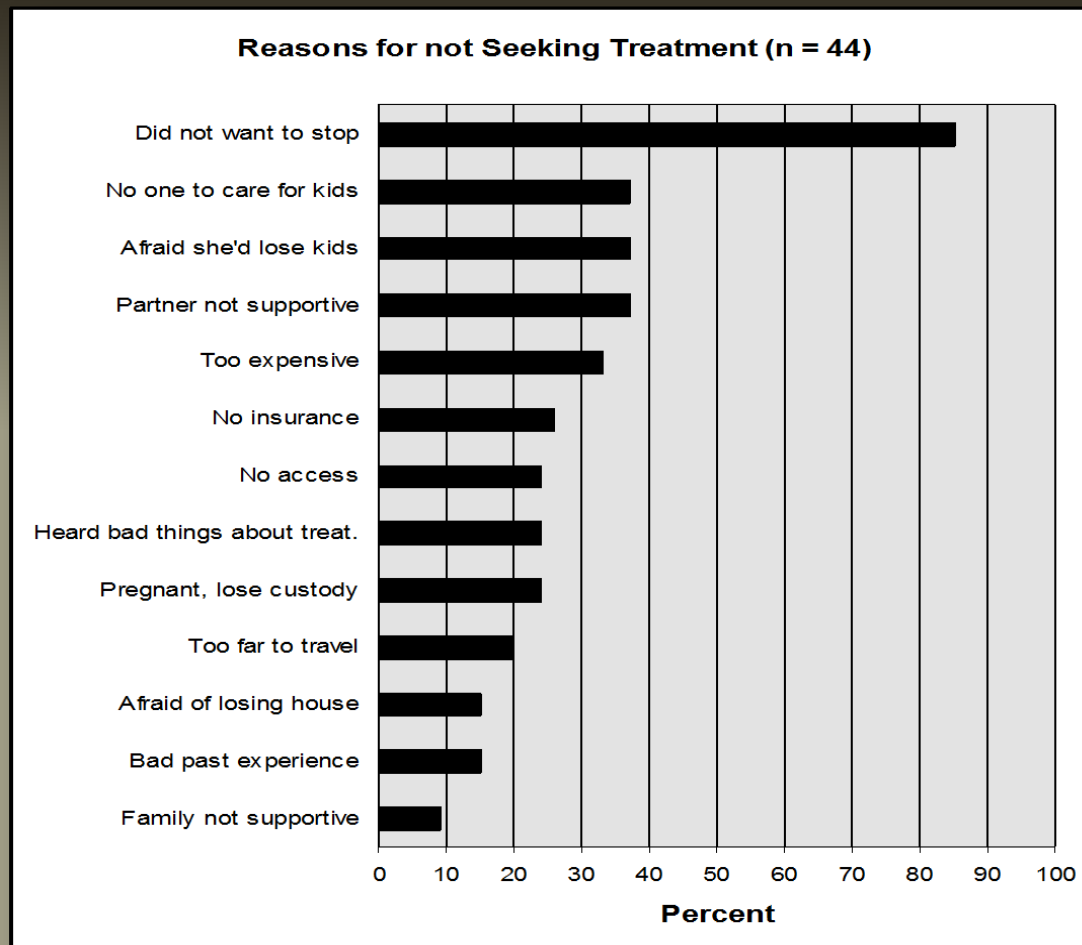
Maternal Mental Health



Why she did not want to reduce alcohol use.



Why she did not want to seek alcohol treatment.



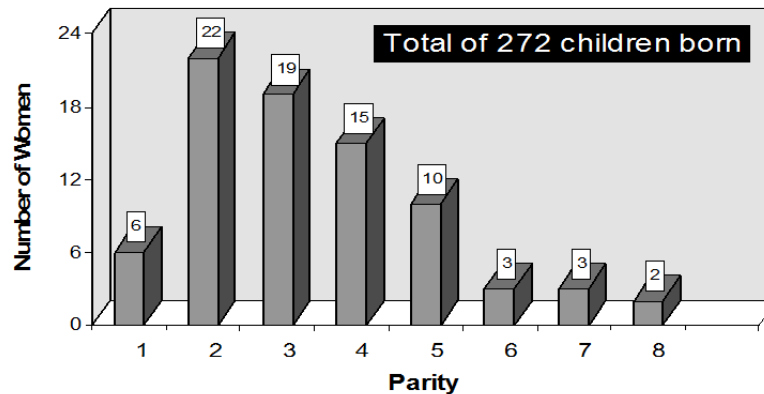
Reproductive History

Proportion of pregnancies per women:

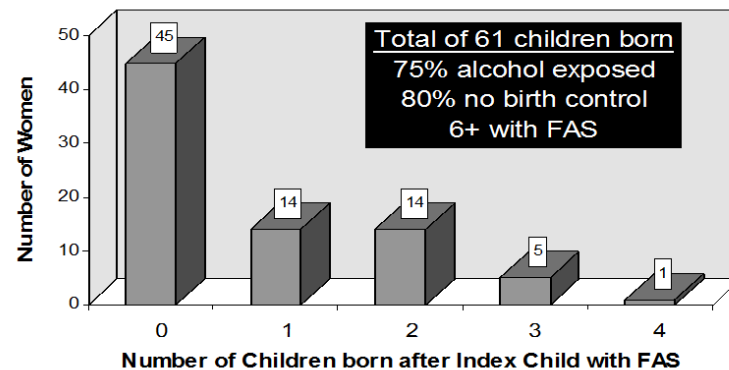
	Mean
Unintended	(78 %)
No birth control	(81 %)
Exposed to alcohol	(73 %)

Children at Risk

Parity at time of Interview (n = 80)



Number of Children Born after Index Child with FAS (n = 80)



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.

Full report posted on fasdpn.org

WA-FASD-History-04-13-05.pdf

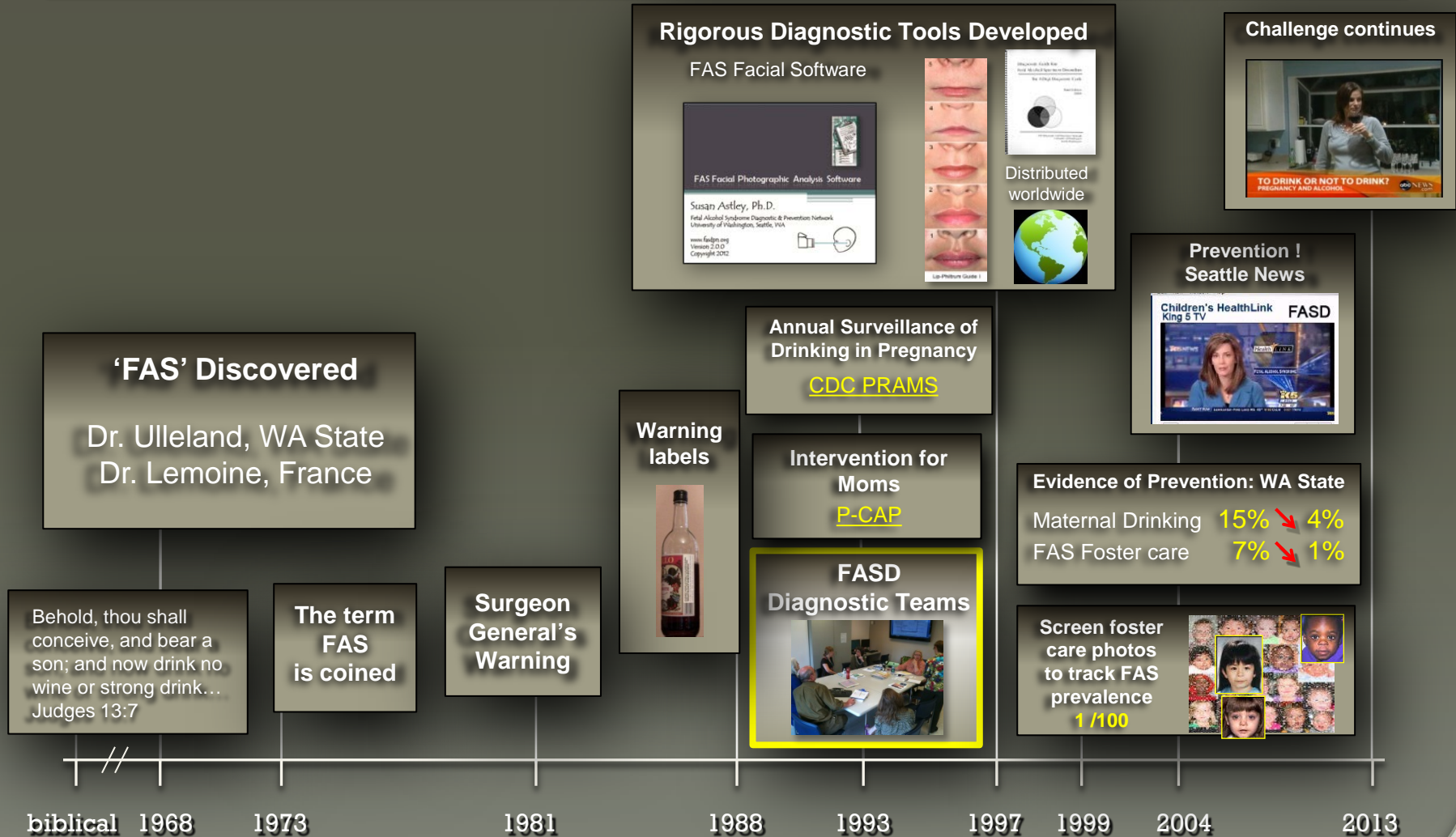
<http://depts.washington.edu/fasdpn>

Susan Astley, Ph.D., University of Washington, Seattle WA

38

astley@uw.edu

FASD: Discovery to Prevention in WA State



FASD: Discovery to Prevention

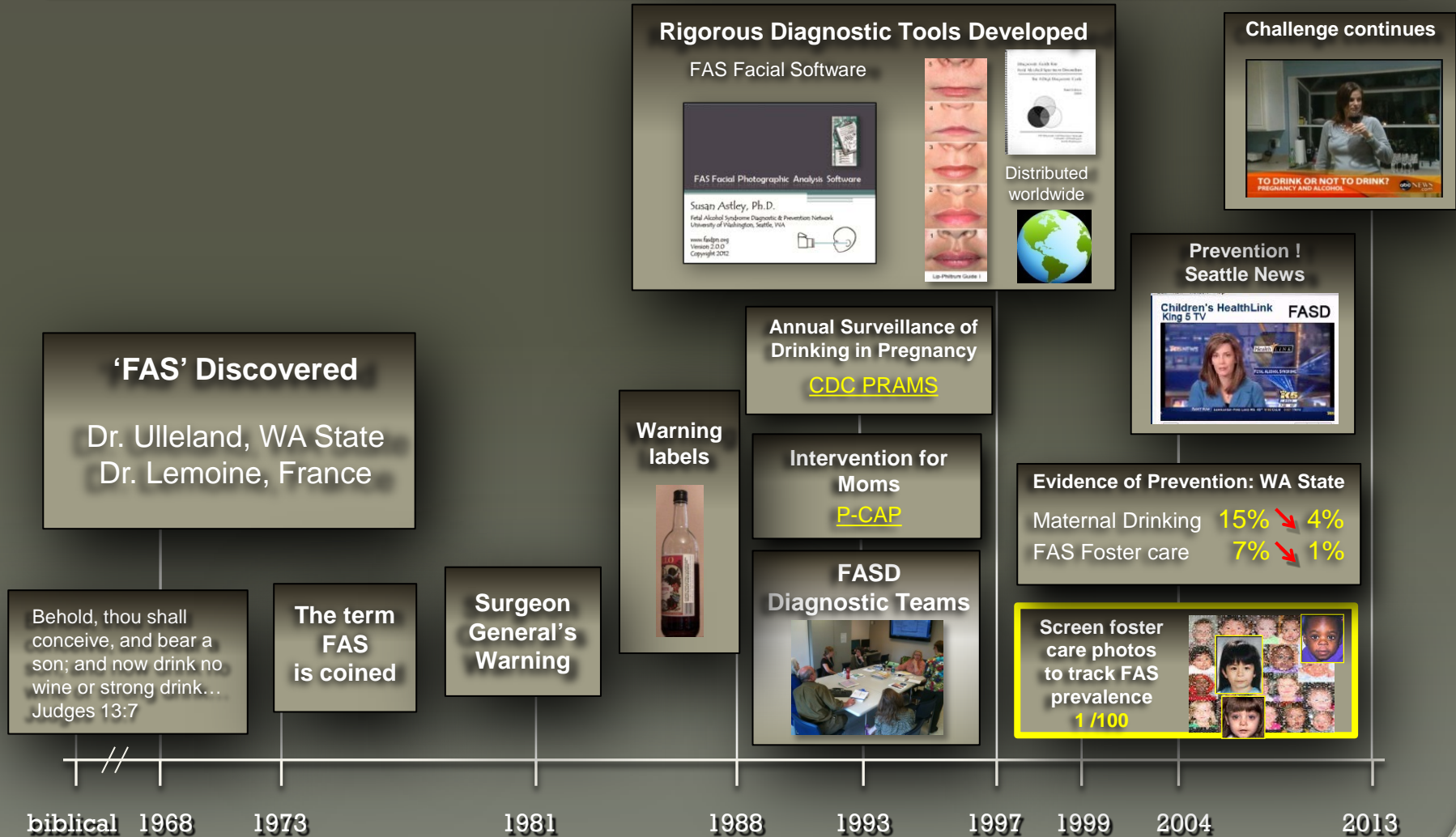
Senate Bill 5688 (1995)

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.



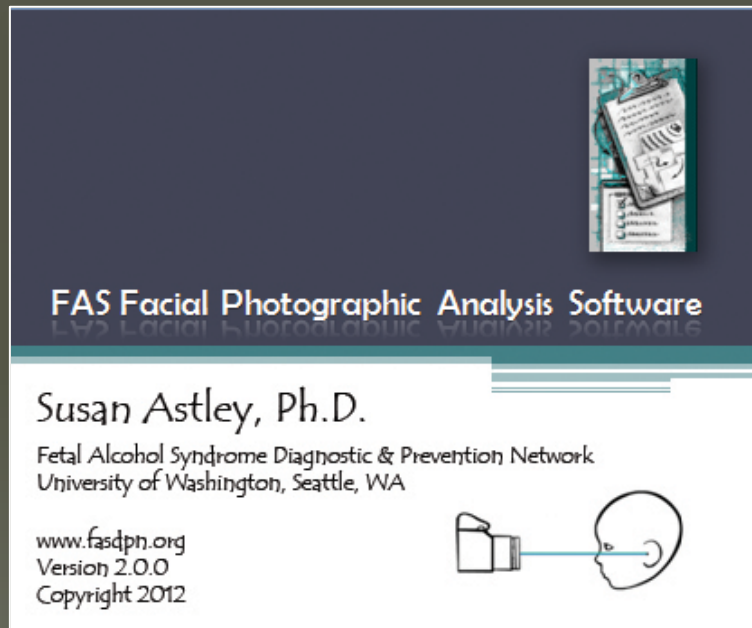
FAS Facial Photographic Analysis Software

Susan Astley, Ph.D.
Fetal Alcohol Syndrome Diagnostic & Prevention Network
University of Washington, Seattle, WA

www.fasdpn.org
Version 2.0.0
Copyright 2012



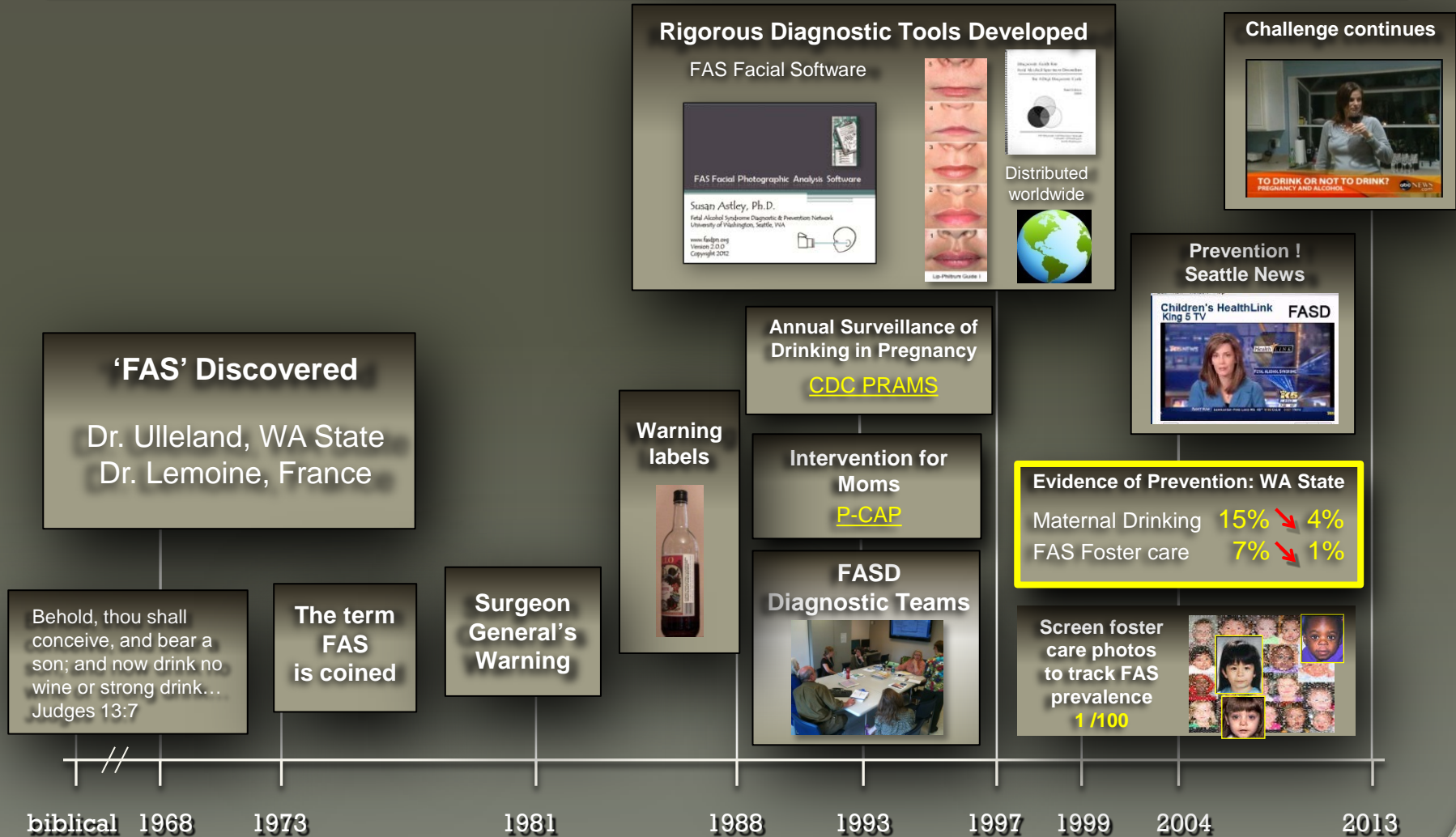
Seattle 10-Year Foster Care FAS Photo Screening



Watch video demonstration of
the FAS Facial Analysis Software
fasdph.org



FASD: Discovery to Prevention in WA State



FASD Prevention in WA State

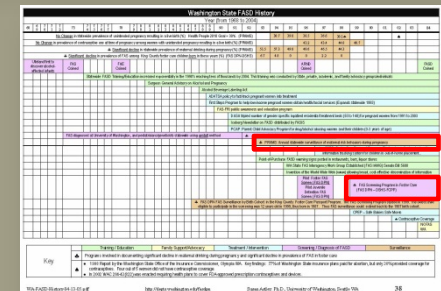
Evidence of Success

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% ↘ 1%).**

Astley 2004.

Prevention: Evidence of Success

Fewer pregnant women drinking.
Fewer children born with FAS.

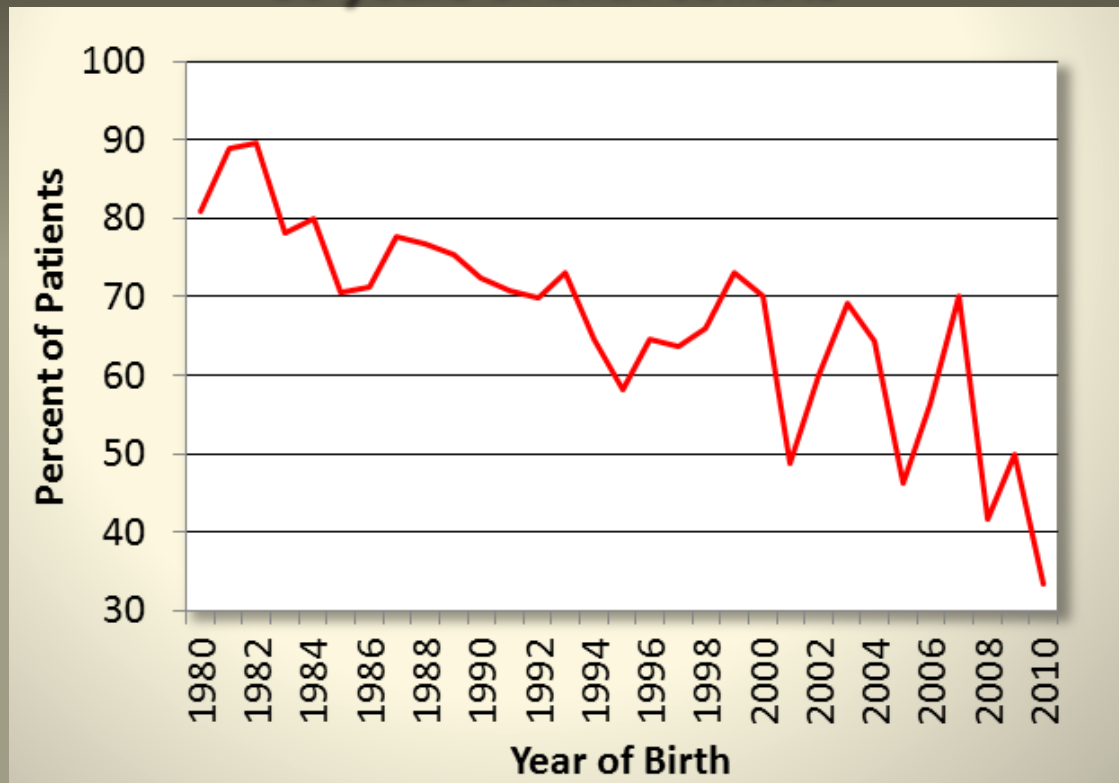


Watch video link on fasdpn.org

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.

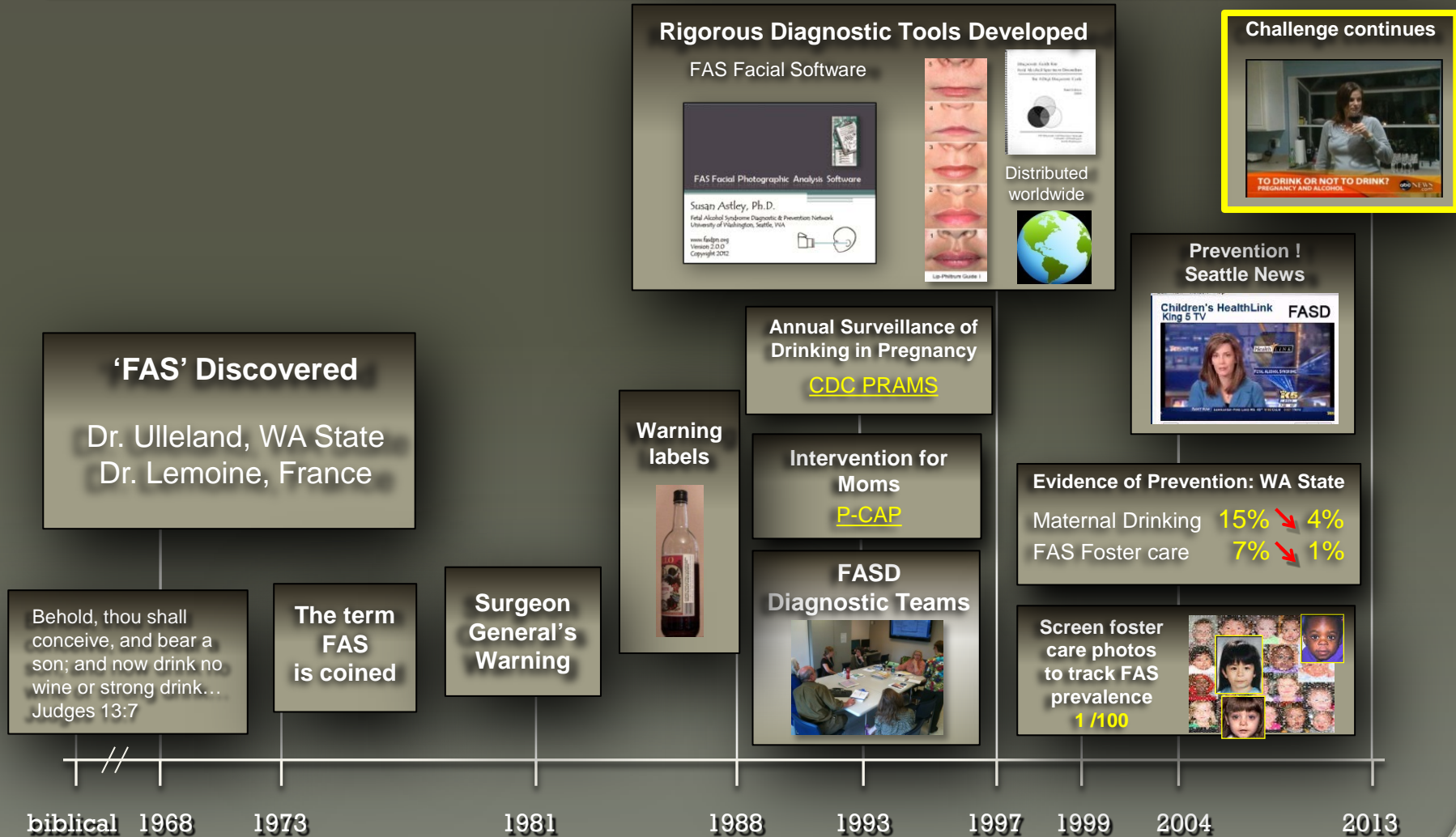
- Target a High-Risk Population: Tracking the prevalence of FAS over time in a high-risk foster care population offers a more accurate and efficient alternative to tracking the prevalence of FAS across a larger, more diffuse general population. If statewide prevention efforts and statewide reduction 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.
- Track FAS, not FASD: 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



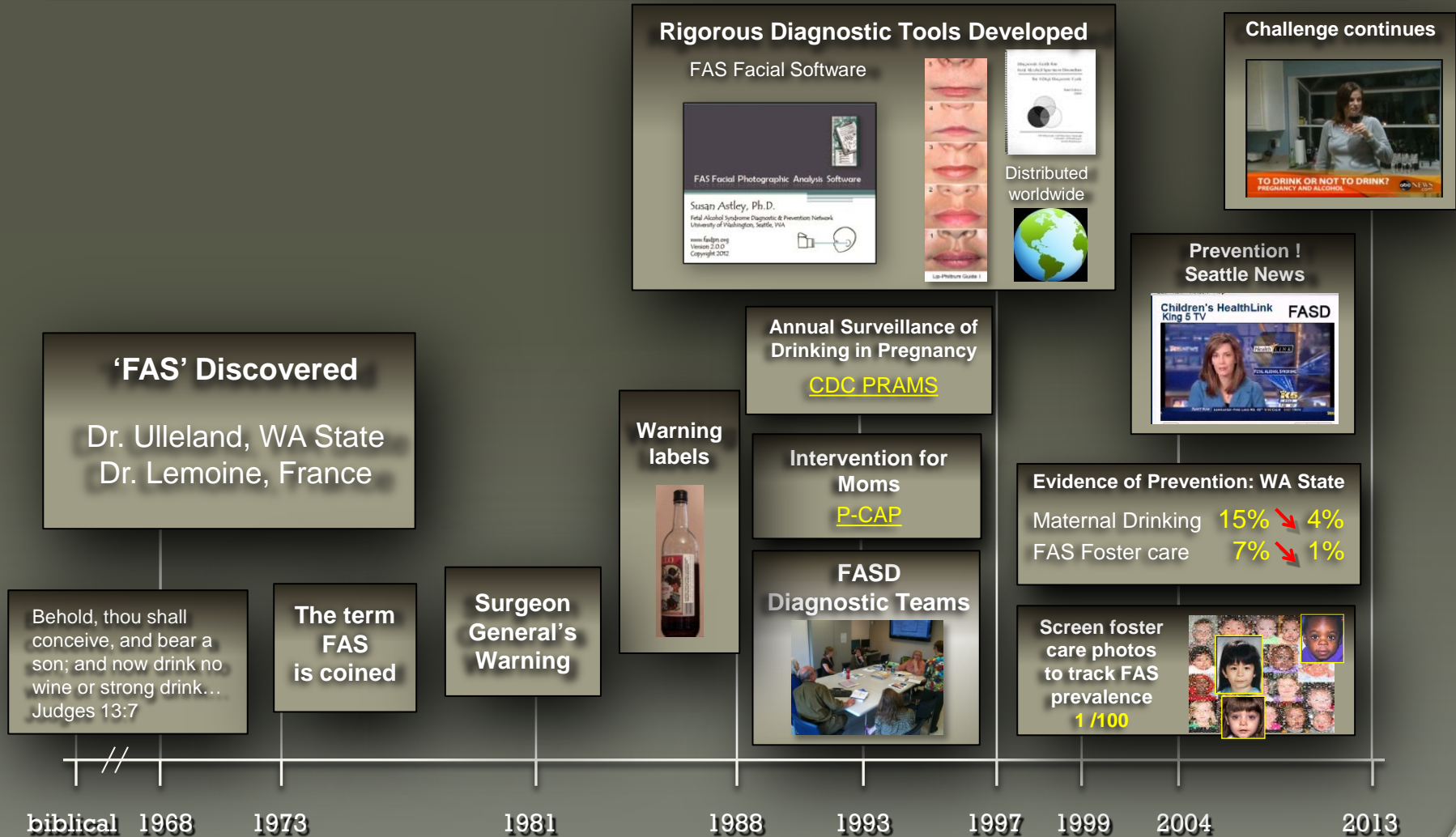
The Challenge Continues

ABC News: 2010



Watch [video](#)

FASD: Discovery to Prevention in WA State



References

1. Astley SJ, et al., FASD primary prevention through FAS diagnosis: I. Identification of high-risk mothers through the diagnosis of their children. *Alc Alc* 2000;35(5):499.
2. Astley SJ 2004. Diagnostic Guide for FASD: The 4-Digit Diagnostic Code, 3rd ed, Univ of Washington Publication Services, Seattle WA.
3. Astley SJ, 2004. FASD 4-Digit Diagnostic Code Online Course fasdpn.org.
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.
6. Astley SJ. Diagnosing FASD. In: *Prenatal Alcohol Use and FASD: Diagnosis, Assessment and New Directions in Research and Multimodal Treatment*. Eds Aduato and Cohen, Bentham, 2011.
7. Astley SJ. Validation of the FASD 4-Digit Diagnostic Code. (submitted 2013).
8. Astley SJ. Twenty years of patient follow-up surveys confirm a FASD 4-Digit Code interdisciplinary diagnosis led to substantial access to and benefit from interventions. (submitted 2013)
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