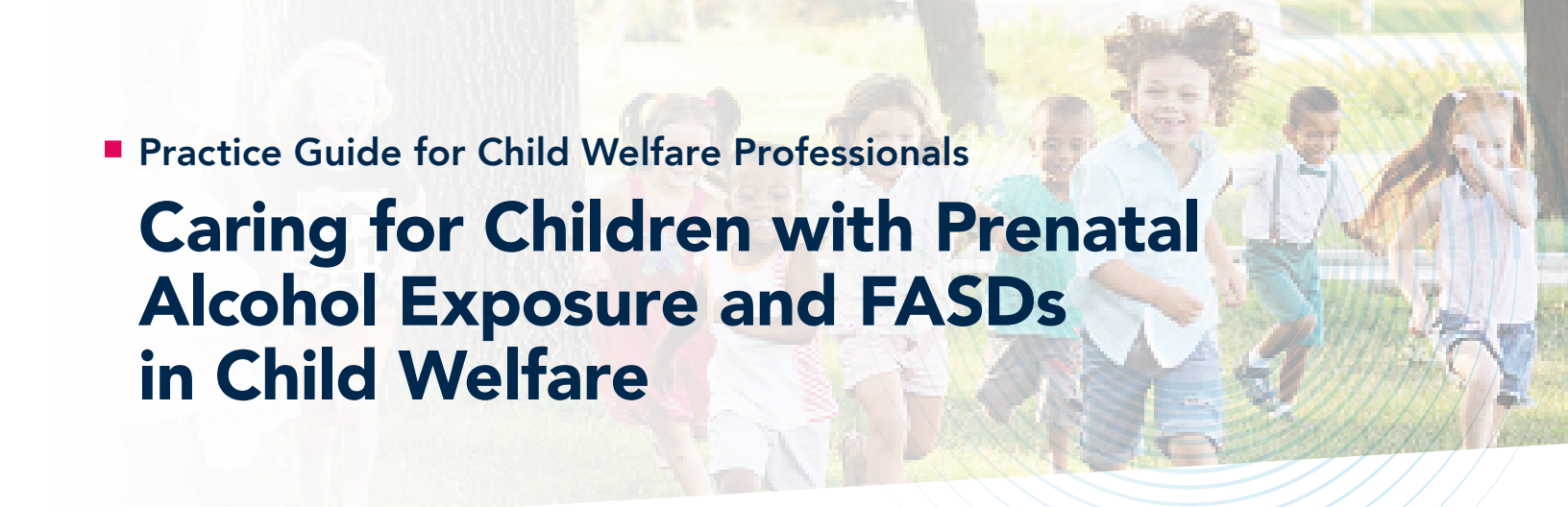




■ Practice Guide for Child Welfare Professionals

Caring for Children with Prenatal Alcohol Exposure and FASDs in Child Welfare

Recognize the Signs of Prenatal Alcohol Exposure and FASDs

Fetal alcohol spectrum disorders, or FASDs, is the umbrella term for a group of diagnoses that can occur in a person exposed to alcohol before birth (also referred to as “prenatal alcohol exposure”).¹ People with FASDs can have lasting effects, including behavior, learning, and physical difficulties that can lead to lifelong risks and adversities. Everyone with an FASD is unique and has areas of both strength and challenge.

While children with FASDs are overrepresented in the child welfare system, the majority (over 80 percent) have not received a diagnosis under the FASD umbrella or have been misdiagnosed (Chasnoff et al., 2015). Accurate identification of FASDs ensures a child receives essential FASD-informed services and can help reduce stress for both children and their families. An important part of your role as a child welfare professional is to help parents and caregivers understand how alcohol exposure before birth and FASDs can affect a child and family. You can help recognize the characteristics of FASDs, refer a child for a diagnostic assessment if needed, and connect families with FASD-informed services and supports to improve a child’s safety, permanency, and well-being.

FASDs and the Child Welfare System

The prevalence of FASDs is high among children involved in the child welfare system. Recent estimates show that about 18% of children in foster care have an FASD (Engesether et al., 2024), compared to national estimates of up to 5% of school-aged children (May et al., 2018). Children with FASDs are at an increased risk for maltreatment, home instability, and entering foster care (Jaudes & Mackey-Bilaver, 2008; Maclean et al., 2017). Early identification and intervention are key to reducing the risk of adverse life outcomes for children with FASDs such as school failure, homelessness, incarceration, and poor health. As a child welfare professional, you can provide supports and access to FASD-informed services to mitigate these risks and promote positive child and family outcomes.

¹ The information included in this guide is intended for child welfare professionals supporting children possibly exposed to alcohol before birth and their families, whether or not a child has received a diagnosis under the FASD umbrella



About Alcohol Exposure Before Birth and FASDs

Relevant professional health organizations—including the American Academy of Pediatrics, American College of Obstetricians and Gynecologists, and American Academy of Family Physicians—state that **no amount of alcohol is safe to consume at any point during pregnancy.**

Neurobehavioral and neurodevelopmental issues caused by alcohol exposure before birth are a direct result of changes to the developing brain in these areas: the cerebellum, hippocampus, corpus callosum, and frontal lobes. Differences in these areas of the brain can lead to issues with impulse control, difficulties with both long-term and short-term memory, challenges understanding cause and effect, and issues with speech and language development and executive functioning.

While you as a child welfare professional are not responsible for diagnosing children, **awareness of the potential effects of alcohol exposure before birth can help you refer a child for diagnostic assessment and the right support services.** Understanding the experiences and needs of children and their caregivers, and actively engaging the family every step of the way, can prepare you to offer individualized—and effective—support to families, which can help keep families together whenever possible and reduce the need for ongoing child welfare involvement.

Did You Know?

- **Nearly 14% of women who are pregnant (or 1 in 7) reported drinking alcohol** during the previous 30 days (Gosdin et al., 2022).
- Alcohol consumption during pregnancy happens regardless of **income level, education level, geography, religion, or other background factors.**
- **Polysubstance use during pregnancy is common.** Approximately 40% of women who were pregnant who reported current alcohol consumption also reported current use of other substances, including tobacco, marijuana, and opioids (England et al., 2020).

Alcohol Consumption in Pregnancy

Misinformation about alcohol consumption during pregnancy is widespread. Pregnant women may receive different messages from their doctors, social workers, family members, and friends.



It's important to discuss this misinformation with families and ensure they have the most accurate information possible. It's also important to refrain from

judging families for any reason—always assume a parent has their child's best interest in mind. Exposing a child to alcohol before birth does not mean a parent is or was negligent. It also does not mean that a parent has an alcohol use disorder.

"I am not a pregnant woman who drank. I am an alcoholic woman who got pregnant."

—Peggy Way, FASD Consultant and Partner, member of Circle of Hope, and an individual with lived experience as a birth mother of an individual with an FASD

Alcohol Exposure Before Birth and FASD Myth Busters

Myth: *"A little alcohol during pregnancy is okay."*

Fact: There is no safe amount of alcohol during pregnancy. Even small amounts of alcohol can potentially harm the developing fetus and increase the risk of FASDs.

Myth: *"FASDs only happens if the mother has an alcohol use disorder."*

Fact: FASDs can occur in babies born to birthing parents who consume alcohol at any level during pregnancy. The risk is higher with heavier and more frequent alcohol consumption, but no level of alcohol is considered safe.

Myth: *"FASDs can be reversed or cured."*

Fact: FASD is a life-long, whole-body disorder that can affect all aspects of daily life. Early identification and intervention can improve outcomes for children with FASDs.

Myth: *"FASDs are only a concern if alcohol is consumed in the first trimester."*

Fact: FASDs can occur if alcohol is consumed at any point during pregnancy because the baby's brain and organs are developing throughout gestation. It is important to encourage a woman who is pregnant to abstain from alcohol throughout their entire pregnancy.

Myth: *"You only have to stop drinking liquor when you are pregnant. Wine and beer are fine."*

Fact: Beer, wine, hard sodas, and mixed drinks all have alcohol. There is no safe type of alcohol to consume during pregnancy.

Myth: *"A child with an FASD can be identified by facial features, such as a thin upper lip."*

Fact: Facial features are not a reliable method to identify children who may have an FASD. Exact numbers are difficult to obtain, but current estimates are that less than 20% of children exposed to alcohol before birth will have all three cardinal facial features of exposure (Kuehn et al., 2012).



Children may go on to develop an FASD even when their parent used alcohol before they knew they were pregnant, or when their parent received misinformation and consumed small amounts of alcohol during their pregnancy assuming it was safe for their baby.

Not every child exposed to alcohol before birth will be affected, or affected in the same way, and this can depend on many factors, including genetics, when alcohol was consumed during pregnancy, and social determinants of health that impact a family's access to healthcare, prenatal care, and healthy food.

Exhibit 1. Possible Behaviors and Effects of Fetal Alcohol Spectrum Disorders²

Neurocognitive effects:

- Developmental delays (speech, walking, and fine motor skills)
- Difficulty with executive functioning (organization, planning, and problem-solving)
- Learning challenges (especially in math)
- Memory difficulties (making the same mistake many times)
- Challenges in visual-spatial reasoning

Adaptive functioning effects:

- Delays in toilet training
- Difficulty processing spoken language
- Difficulty with peer relationships
- Risk of victimization from peers and others
- Challenges with day-to-day life tasks
- Difficulty learning or understanding body cues (hunger, anger, and fatigue)
- Needs extra support to complete activities of daily living (hygiene and dressing)

Self-regulation effects:

- Difficulty regulating emotions and behaviors
- Challenges in establishing, organizing, sustaining, and shifting attention
- Difficulties with impulse control
- Tantrums that are more frequent and intense than would be expected for chronological age

Physical health effects:

- Physical symptoms such as short stature, small eyes, flat upper lip, and a flat nose
- Increased likelihood of chronic ear infections
- Growth difficulty including being small for gestational age at birth and slow weight gain
- Eye and vision problems, such as strabismus
- Congenital health disorders, including heart defects and cleft lip/palate
- Seizures
- Challenges with balance, coordination, and development of motor skills
- Musculoskeletal problems, including congenital joint contractures

² Categories presented in exhibit 1 incorporate diagnostic criteria for Neurobehavioral Disorder Associated with Prenatal Alcohol Exposure (ND-PAE) in the Diagnostic and Statistical Manual of Mental Disorders, (5th edition; DSM-5) (Doyle & Mattson, 2015; Hagan et al., 2016) and diagnostic criteria for fetal alcohol syndrome (FAS), partial fetal alcohol syndrome (PFAS), alcohol-related neurodevelopmental disorder (ARND), and alcohol-related birth defects (ARBD) (Mattson et al., 2019).



Diagnosing FASDs can be complex. There is no biomarker to test for FASDs. Signs and behaviors are not typically obvious at birth and may not become clear until preschool or early elementary school age, or even into the teenage years. Additionally, [many of the symptoms of an FASD can overlap with other diagnoses](#), such as attention-deficit hyperactivity disorder (ADHD), autism spectrum disorder (ASD), anxiety, and learning disabilities as well as trauma. This is why an [assessment from trained professionals](#) is so important. Child welfare professionals have a unique opportunity to make referrals to a specialist (someone who knows about FASDs) given their close working relationship with families.

Diagnoses Under the Fetal Alcohol Spectrum Disorder (FASD) Umbrella

The terms “prenatal alcohol exposure” and “fetal alcohol spectrum disorders” are not clinical diagnoses but general terms. Instead, you may see one of these diagnoses in a child’s record:

- **Fetal alcohol syndrome (FAS):** FAS is the most involved end of the FASD spectrum. People with FAS have central nervous system problems, minor facial features, and growth problems. People with FAS can have problems with learning, memory, attention span, communication, vision, or hearing. They might have a mix of these problems. People with FAS often have a hard time in school and trouble getting along with others.
- **Partial fetal alcohol syndrome (pFAS):** When a person does not meet the full diagnostic criteria for FAS but has a history of prenatal alcohol exposure and some of the facial features, as well as a growth problem or issues with their central nervous system, the person is considered to have pFAS.
- **Alcohol-related neurodevelopmental disorder (ARND):** People with ARND might have intellectual disabilities and problems with behavior and learning. They might do poorly in school and have difficulties with math, memory, attention, judgment, and poor impulse control.
- **Alcohol-related birth defects (ARBD):** People with ARBD might have problems with hearing or the heart, kidneys, or bones. They might have a mix of these issues.
- **Neurobehavioral disorder associated with prenatal alcohol exposure (ND-PAE):** A child with ND-PAE will have problems in three areas: (1) thinking and memory, where the child may have trouble planning or may forget material he or she has already learned; (2) behavior problems, such as severe tantrums, mood issues (for example, irritability), and difficulty shifting attention from one task to another; and (3) trouble with day-to-day living, which can include problems with bathing, dressing for the weather, and playing with other children.

Source: National Center on Birth Defects and Developmental Disabilities, Centers for Disease Control and Prevention, 2024.



To be diagnosed, a person must experience symptoms severe enough to affect their daily life.

Diagnosed or not, children with alcohol exposure before birth may face challenges that can affect their learning and relationships with family members and peers as well as overall well-being.

Children with FASDs have many strengths, including helpfulness, generosity, resilience, determination, and friendliness. Like everyone, people with FASDs have talents, passions, and goals. Families who care for children with an FASD often find profound joy and companionship in their relationships and interactions with their children (Kautz-Turnbull et al., 2022).

What Is it Like Having a Fetal Alcohol Spectrum Disorder (FASD)?

“I was diagnosed with fetal alcohol syndrome at 1 year of age, but it’s just a small part of who I am. It’s not my entire essence. It does affect every area of my life. But like any diagnosis, we are so much more than just that.”

—Emily Hargrove, [Lived Experiences with Fetal Alcohol Spectrum Disorders](#)

Having an FASD affects many aspects of an individual’s life but is still only a part of who they are as a person. In the video series, [Lived Experiences with Fetal Alcohol Spectrum Disorders](#), individuals and family members share their experiences with FASDs and insights into diagnosis, support, stigma, and resilience.

Want to Learn More About FASD?

- [Fetal Alcohol Spectrum Disorders](#) (Centers for Disease Control and Prevention)
- [FASD fact sheet](#) (FASD United)
- [Understanding FASD: The Signs, Strengths and Challenges](#) (Proof Alliance)

Your Role as a Caseworker

In your role as a caseworker, you can learn to **recognize the signs of possible FASDs**, and if you observe or hear about these signs from caregivers, you can [provide information to families](#) as well as [help them access and manage tailored services and supports](#).

What to Look or Listen for

Recognizing that a child may be affected by alcohol exposure before birth can be challenging. Your knowledge of developmental milestones, family history, culture, and expected behaviors—combined with knowledge gained about FASDs—may provide context for considering the child’s behaviors. Exhibit 2 presents the signs and behaviors in children of different ages that in aggregate may show that a referral for further diagnostic assessment is warranted.



Exhibit 2. Indicators of Possible Alcohol Exposure Before Birth at Different Ages³

Infants and young children	School-age children and teens
Mood/Behavior Regulation	
• Difficulty getting to sleep, staying asleep • Easily frustrated, frequent outbursts • Prolonged tantrums • Trouble adapting to change, easily overstimulated, and gives up easily • Difficulty calming down or being soothed • Cannot play independently or entertain themselves (age appropriately) • May be more active than other babies	• Difficulty getting to sleep or staying asleep • Frequently upset • Has trouble fitting in with others • Tests or pushes limits • Extreme moodiness • Challenges with regulating emotions
Attention	
• Difficulty shifting attention • Difficulty maintaining focused play or exploring a toy • Limitations in independent play skills	• Difficulty with sustained attention • Easily distracted • Difficulty shifting attention
Impulse Control	
• Difficulty waiting • Disorganized play • Interrupts others • Running off from caregivers	• Trouble thinking before acting • Problems with delaying gratification, taking turns • Difficulties with impulse control, engages in risky behavior • Trouble following rules in the moment despite knowing the rules • Running off from caregivers • Persistent tantrums and outbursts

³ Information included in exhibit 2 is adapted from Hagan et al., 2016.



Infants and young children	School-age children and teens
Communication	
• Language delays • Difficulty using language to express themselves • Difficulty following multi-step instructions • Excess talking	• Difficulty understanding jokes, metaphors • Difficulty following conversations • Making comments out of context • Problems linking words with feelings • Difficulty following multi-step instructions
Social	
• Overly friendly with strangers • Difficulty understanding social cues • Low awareness of personal space / boundaries • Difficulty interacting with peers • Low awareness of their impact on others • Difficulty learning from own experiences / interactions	• Difficulty understanding the motives of others or their impact on others • Poor judgment in choice of friends, easily led • Makes inappropriate social overtures • Demands a lot of attention • Difficulty making / keeping friends • Difficulty learning from their own experiences / interactions • Struggle to navigate peer conflicts
Daily Living	
• Delays in early feeding skills, toileting, and bathing • Problems carrying out common daily routines, such as getting dressed • Struggles with understanding time	• Problems managing daily schedule / time management • Difficulty managing money • Poor hygiene and self-care • Difficulty maintaining employment
Motor	
• Delayed fine and gross motor skills • Frequent falls, accident prone • Poor balance and coordination • Poor drawing and writing and difficulty using utensils or managing buttons and zippers	• Problems in visual motor integration • Poor handwriting • Difficulty learning coordinated motor skills



Considerations for Your Practice

Consider if alcohol exposure before birth may be helpful to think about as a factor in a child's life if they:

- Have a sibling who has been diagnosed with an FASD (Esper & Furtado, 2014).
- Were exposed to other substances before birth, as polysubstance use is common.
- Have a parent with a history of alcohol use disorder.
- The child is small in size, including small at birth.
- Experience placement instability (at home, in care placements, and in child care or school settings). Neurobiological challenges as a result of FASD may worsen family stress and conflict that can be associated with more removals and/or placement changes.
- Are diagnosed with ADHD, autism, or intellectual disability but their treatment is not as effective as expected.
- Have been or will be referred for behavioral or mental health services for signs and symptoms of alcohol exposure before birth or FASDs.
- Are involved in the juvenile justice system and show signs and symptoms of alcohol exposure before birth or FASDs.

Considerations for Child Welfare Supervisors

As you support caseworkers in bringing FASD-informed approaches to the forefront of their practice, you can:

- Use existing opportunities with caseworkers to discuss the signs and symptoms of potential alcohol exposure before birth and possible FASD, including one-on-one supervision, unit meetings, team decision-making meetings, and case conferences.
- Support caseworkers in identifying a child's unique strengths, abilities, talents, and gifts.
- Share information about [agency and community resources](#) to assess, diagnose, and support a possible child with FASD, and support caseworkers in navigating referrals and services.
- Support caseworkers in finding potential natural supports to help caregivers and other adults in the child's life understand how exposure to alcohol before birth might influence the child's behavior and development, and how to respond with positive support (Rutman, 2016).



For More Information on Alcohol Exposure Before Birth and FASDs

- [Understanding Fetal Alcohol Spectrum Disorders: Child Welfare Practice Tips](#) (National Center on Substance Abuse and Child Welfare, 2022)
- [Fetal Alcohol Spectrum Disorders Toolkit](#) (American Academy of Pediatrics)
- [“Fetal Alcohol Spectrum Disorders: Impacts and Implications”](#) (SuPPoRT Colorado FASD Awareness Work Group, 2022)
- [“Fetal Alcohol Spectrum Disorders: Bending the Trajectory”](#) webinar (National Center on Substance Abuse and Child Welfare, 2023)
- [“Fetal Alcohol Spectrum Disorders”](#) webinar (North American Council on Adoptable Children, 2021)

About the Resource Collection

Visit the [Resource Collection for Caring for Children with Prenatal Alcohol Exposure and FASDs in Child Welfare](#) to find more guides, tools, and resources.

The resources in this collection support child welfare professionals in:

- [Recognizing the signs](#) of prenatal alcohol exposure and FASD
- [Engaging families and building trust](#) through information and support
- [Coordinating care and referrals](#) for diagnostic assessment and services
- [Strengthening and expanding services](#) by enhancing system capacity

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