



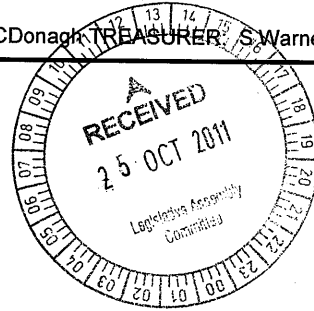
E01 Sub 2

NATIONAL COUNCIL OF WOMEN OF W.A. Inc.

Affiliated with National Council of Women of Australia and International Council of Women



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24 October 2011

Dr Brian Gordon
The Principal Research Officer
Education and Health Standing Committee Legislative Assembly
Parliament House
PERTH WA 6000

Dear Sir

Re: Submission on Improving Educational Outcomes

In reference to your call for submissions, attached please find our submission for Item 5 Foetal Alcohol Syndrome for your committee to report to the Parliament.

Yours sincerely

Dr Dawn Butterworth
President
NCWWA

Foetal Alcohol Syndrome: identification and naming an old condition.

History gives a very clear picture of women drinking alcohol for as long as alcohol has been available. (Ancient Greece 356-323 BC & Ancient Egypt)

Read also the accounts of babies failing to thrive and unusual facial appearances (D.L. Ashman 1997), and it is easy to see the occurrence of foetal alcohol syndrome long before modern medical research identified and named it. (Jones. K. Smith. 1975)

However we now have a name and a great many identifying features to give this insidious condition all the attention it deserves.

Apart from FAS, there are two other terms – foetal alcohol effects (FAE) (Better Health Channel 2008) and neurodevelopment disorder (ARND) (Better Heath Channel 2008) and these refer to effects on a baby who has some but not all of these features.

At birth, FAS signs can include (Better Health Channel 2008).

- Low birth weight.
- Smaller than normal head circumference (microcephaly)
- Small eyes.
- Flattened face.
- Flattened bridge of the nose.
- Underdeveloped vertical ridges that run from the nose to the upper lip (philtrum)
- Thinner than normal upper lip.
- Smaller lower jaw. (Micrognathia)
- Heart defects
- Tightening of muscle, tendons, ligaments or skin restricting movements of elbows or knees (joint contractures)

- Babies severely affected by FAS are at risk of dying before birth (Better Health Channel 2008). However if they live and develop then they will experience a range of difficulties (Better Health Channel 2008) including ;

- Low IQ (around 70) Average is 100.
Developmental delays.
- Behaviour problems.
Learning difficulties.
- Memory problems
- Increased risk of behaviour problems – for example, attention deficit hyperactivity disorder.
- Increased risk of mental health difficulties such as depression and psychosis. Increase risk of alcohol and drug misuse.

Research into the number of babies born with FAS varies. Figures range from 0.02 to 2.7 per 1,000 babies born. (Better Health Channel 2008) Foetal alcohol effects may be more common than this but the exact figure is unknown.

The syndrome appears to occur more often in Indigenous communities. This could be related to drinking patterns, nutrition and environmental factors. (Better Health Channel 2008).

It is now considered unsafe for any alcohol to be consumed during pregnancy (Better Health Channel 2008) and when considering pregnancy, as damage to the foetus can occur during the early hours of conception.

Jones. K. Smith D (1975). " the fetal alcohol syndrome ". Teratology 12 (1): 1-10.
doi:10.1002/tera.1420120102.pmid 1162620.

Teratology 1975 Aug;12 (1) 1-10

THE FETAL ALCOHOL SYNDROME

Jones KL Smith DW.

A specific pattern of malformation involving prenatal-onset growth deficiency, developmental delay, craniofacial anomalies, and limb defects is now recognized in offspring of chronic alcoholic women.

Historic evidence suggests that this is not a new observation. A French study of 127 offspring of alcoholic mothers indicates that this specific syndrome has been recognised in other parts of the world. Many of the features of this disorder could be related to the kind of malorientation of brain structure seen at the autopsy of one patient described herein.. The frequency (43%) of adverse outcome of pregnancy for chronic alcoholic women suggests that serious consideration be given to early termination of pregnancy in severely chronic women.

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