

**FASD Informed-Care improves trust, relationships, and quality of care**

SUPPORT & ACCOMODATIONS

Children with FASDs usually require a multidisciplinary approach to ensure the most effective outcomes.

***No medications treat the underlying injury of FASDs; rather, medications can target comorbidities that have a substantial impact on a child's functioning and quality of life.***

*Interventions for developmental issues often involve specialist physicians, allied professionals, and educators.*

***Success hinges on implementation of care plans at home, in the school system, with all providers, across the lifespan.***



**The Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program for children with Medicaid, can also support kids and families to get the unique services they may need such as:**

- Screening for Sensory Processing and Communications Disorders
- Physical, Occupational, or Speech Therapies
- Specialized Family Therapies, Coaching, and Disability Supports

<https://medquest.hawaii.gov/content/dam/formsanddocuments/resources/Provider-Resources/epsdt/EPST-Overview.pdf>

## Getting REAL about FASD:

### WHY DOES DIAGNOSIS MATTER?

#### Right Diagnosis = Right Care



#### UNIVERSAL BASIC ASSUMPTIONS for FASD-INFORMED CARE:

- ✓ **Compassion and curiosity are the basis for treating someone with dignity.**
- ✓ **All people deserve dignity and support to succeed.**
- ✓ **All people's brains and bodies are different.**
- ✓ **The brain and central nervous system are the primary controllers of human behavior.**



**Hawai'i FASD Action Group**

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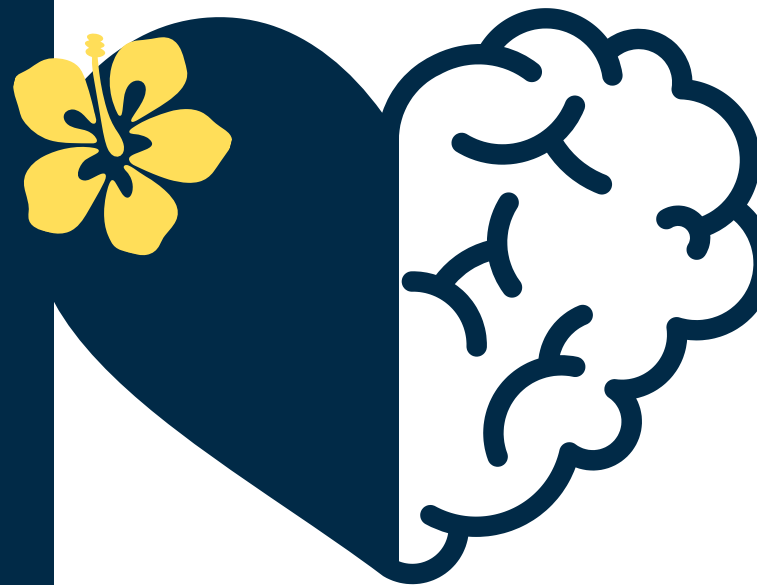
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# Mind

## Matters

*Getting real about*  
**Fetal Alcohol Spectrum Disorders**

### A Brief Guide on FASD Screening, Diagnosis, and Management for Pediatric and Primary Care Providers in Hawai'i



**“Invisible No More”**

**Hawai'i FASD Action Group**

# What are FASDs?

## INTRODUCTION

Fetal Alcohol Spectrum Disorders (FASDs) are a continuum of disabilities that have in common brain and central nervous system effects, and sometimes physical characteristics and anomalies.

**FASDs are diagnoses of exclusion and usually require a multidisciplinary evaluation to support holistic approaches to complex care.**

**Some of the primary categories of FASDs are:**

- Alcohol-related neurodevelopmental disorders (ARND) – behavioral and/or cognitive deficits but normal growth and structural development (*most common*)
- Fetal alcohol syndrome (FAS) – a recognizable pattern of dysmorphic features, growth deficiency, structural brain malformations, and neurobehavioral disabilities.
- Partial fetal alcohol syndrome (PFAS) – may not involve the obvious growth deficiency or facial abnormalities and frequently goes undetected.
- Alcohol-related birth defects (ARBD) – facial dysmorphism and other structural anomalies of FAS but no growth or development issues.

**Confirming maternal alcohol use can be complicated is not required by some criteria.**

Early identification, referral, and intervention are especially important for improving long-range outcomes. The main goal of management is to minimize the impact of FASDs on development, function, learning, and the family through behavioral, educational, and therapeutic strategies.

# TRANSPARENT & STRENGTHS- BASED

**At this time,  
scientific consensus is that  
NO amount of alcohol  
during pregnancy is safe.**

Because pregnancy and alcohol use are complicated,  
**ALL PROVIDERS**  
should be knowledgeable,  
non-judgmental, and feel comfortable  
talking about the full spectrum of FASDs.

## COMMON STRENGTHS

**Compassionate & Friendly  
Trusting & Generous  
Highly Verbal  
Creative & Artistic  
Hands-On Learners  
Persistent, Resilient & Self-Aware**



*Because most children with FASDs lack the characteristic physical findings of FAS yet have significant functional impairment, this can put them at risk for “invisible” discrimination. Many of these strengths can be taken out of context, or easily manipulated in the wrong settings.*

**Keiki need the right SUPPORTS for  
their kind of STRENGTHS.**

Flannigan K, Wrath A, Ritter C, McLachlan K, Harding KD, Campbell A, Reid D, Pei J. Balancing the story of fetal alcohol spectrum disorder: A narrative review of the literature on strengths. *Alcohol Clin Exp Res.* 2021 Dec;45(12):2448-2464. doi: 10.1111/acer.14733. Epub 2021 Nov 16. PMID: 34716704; PMCID: PMC9299043.

# TESTING & INDICATORS

*There is currently no specific diagnostic test for FASDs.*

**Diagnosis is by criteria and provider knowledge:**

- Executive and adaptive functioning issues
- Motor functioning delays or deficits (gross and/or fine motor)
- Attention and hyperactivity problems and sensory/stimulation issues
- Social skills problems, issues with planning and cause and effect
- Other domains include pragmatic language problems, memory deficits (especially working memory), and difficulty responding to common interventions/practices
- Global cognitive deficit (decreased IQ or developmental delay in those too young for formal IQ assessment)
- Cognitive or significant developmental discrepancies (e.g. specific learning disabilities, especially math and/or visual-spatial deficits)
- Other unique family and context considerations

Bale, M.J. (2025). Fetal Alcohol Spectrum Disorders: Pediatric Primary Care Guide DOI: 10.26075/d-xpv4-4ca5, <https://trip.utah.edu/fetal-alcohol-spectrum-disorders-pediatric-primary-care-guide/>

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