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Deputy Mark Ward, TD
Dáil Éireann
Leinster House
Kildare Street
Dublin 2

RE: PQ 45065/24

To ask the Minister for Health the reason there are no standard diagnostic policies or guidelines for diagnosing or treating children with foetal alcohol spectrum disorder in Ireland; what steps are being taken to establish these policies; and if he will make a statement on the matter.

Dear Deputy Ward,

The Health Service Executive has been requested to reply directly to you in relation to the above parliamentary question, which you submitted to the Minister for Health for response. I have consulted with the National Clinical Programme for Paediatrics & Neonatology on your question and have been informed that the following outlines the position.

FASD (foetal alcohol spectrum disorder) is a broader term than foetal alcohol syndrome (FAS) and it includes those affected by antenatal exposure to alcohol, but who do not fulfil the full criteria for FAS - the full criteria being antenatal growth retardation, facial dysmorphology, central nervous system dysfunction and neuro-behaviour disabilities. It is not known what level of alcohol is toxic to the foetus. The HSE's advice is that no amount of alcohol at any stage of pregnancy is safe for a baby.

Every woman presenting at the first antenatal visit at the relevant maternity service is specifically asked by the midwife about their prescribed medication, alcohol and recreation drug use history and whether it has been discontinued for the current pregnancy. If a disclosure is made regarding the on-going use of drugs or alcohol in pregnancy, an automatic referral is made to the relevant medical social work (MSW) department. The mother will then be met by a social worker during who undertakes a social and psychological assessment.

Where deemed necessary and appropriate, a referral is made to a dedicated Drugs Liaison Midwife or other equivalent professional based in the relevant addiction services that support the maternity service.

In some cases, the mother may already be known to these services, having accessed them previously for care and support. An individualised support and education plan for the mother is then created, with further links being made with community-based addiction services and family support services as required. The focus is on reducing alcohol and drug intake and ensuring that the woman is fully informed regarding the impact of substance abuse on the pregnancy and the risk for the new-born infant.

Where specific risk thresholds are reached in relation to child protection, a referral is also made to TUSLA. Aids and supports provided can include referrals for stabilisation and detox placement in pregnancy, all to target minimising / eliminating, where possible, the risks to both the mother and the unborn infant.

After the birth, the infant is assessed by the paediatric medical, midwifery and nursing staff. If an infant exhibits withdrawal symptoms, they are admitted to the neonatal unit. The medical term for the withdrawal condition that babies can suffer from is Neonatal Abstinence Syndrome. The magnitude of the withdrawal symptoms is quantified using the Finnegan's Score system. Where the symptom score reaches a defined threshold, the infant is placed on medication to alleviate their symptoms. Particular attention is paid to the infant's feeding pattern as it is often erratic during the acute phase of the

withdrawal symptoms. In many cases, it can take a number of weeks for the baby's symptoms to resolve. While the infant is in hospital they are also seen by the medical social worker who provides support to the mother and her family.

After discharge from the neonatal unit, the infant is followed up in the baby clinic and if there are concerns about the infant, they are referred to the early intervention team. Particular emphasis is placed on the baby's feeding, weight gain, physical condition and neurodevelopmental progress. In addition, the mother is followed up by the public health nurse, social worker and TUSLA, as required.

The frequency of foetal alcohol syndrome is difficult to determine. First, there must a clear documented history of alcohol use during the pregnancy. Second, the description of a low birth weight baby with a distinctive facial pattern and subsequent hyperactivity and cognitive problems. This complete picture is uncommon in clinical practice.

Partial cases of foetal alcohol syndrome are where there is a history of alcohol ingestion and the baby has some cognitive problems, but no typical facial features. The other problem is that pregnant women with an alcohol problem may also be taking other recreational drugs. In these circumstances it is difficult to extract the specific effect of the alcohol from the effects of the other drugs.

The HSE Alcohol Programme in HSE Health and Wellbeing has established an Expert Advisory Group on FASD Prevention.

Additionally, the HSE offers a module called 'Hidden Harm'. This module outlines the impact of alcohol and drug use in pregnancy on babies.

In addition, the HSE's Making Every Contact Count (MECC) in Maternity Training Programme [available on HSELand.ie] provides health service management and staff with a training programme that enables those who complete it to be equipped to deliver brief interventions with women. The training programme covers the main lifestyle risk factors for chronic disease namely tobacco, alcohol and drug use, physical inactivity and unhealthy eating.

Prevention can be implemented at a number of levels. Primary prevention is aimed at increasing public awareness about the dangers of alcohol in pregnancy to the foetus. Secondary prevention involves targeted screening and support for women at increased risk of excess alcohol exposure during the pregnancy. Tertiary prevention is the provision of support and services for women with the likelihood of another pregnancy with FASD.

It is agreed by all health care professions and social workers that the provision of repeated consistent advice about the risks of alcohol in pregnancy is of the upmost importance.

I trust this information is of assistance to you, but should you have any further queries please do not hesitate to contact me.

Yours sincerely

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Anne Horgan
General Manager