

Description of Neurodevelopmental Behaviors

- **Delayed speech development** - This might be manifested by difficulty learning and retaining new words or by grammatical errors in speech that are not normal for the child’s age.
- **Attention deficits** – The child may be easily distracted, have difficulty with focus, or be overly active
- **Altered motor skills** – The child might demonstrate difficulty with activities requiring hand-eye coordination, problems with computer games (such as typing), or in playing physical games or sports.
- **Learning deficits** — This might be manifested by difficulty retaining new information, needing more time to complete tasks, having trouble with numerical concepts or difficulty with abstract ideas.
- **Caregiver concerns** — Parents, daycare providers, and other caregivers might have a wide variety of concerns about the child’s behavior, including, but not necessarily limited to, difficulty keeping friends, lack of normal fear, difficulty following directions, impulsive behavior, difficulty switching from one activity to the next, or low tolerance for frustration..

Other Physical Abnormalities

There may also be some physical abnormalities associated with fetal alcohol exposure. These include:

- **Ophthalmologic** - Corneal or lens problems, ptosis, strabismus, and retinal abnormalities (optic disc abnormalities)
- **Otologic** - Conductive hearing loss, sensorineuro hearing loss, and posterior rotation of external ear
- **Cardiac** - Heart murmur, which includes atrial septal defect, ventricular septal defect, and truncus arteriosus
- **Limb** - Fusion of radius and ulna, palmar crease (hockey stick), and digit malformation

Summary *(please summarize data from the preceding page)*

- | | | | |
|---|-----------------------------------|-----------------------------------|---|
| At-risk maternal alcohol use | <input type="checkbox"/> yes | <input type="checkbox"/> not sure | <input type="checkbox"/> none |
| I. Growth Pattern | <input type="checkbox"/> abnormal | <input type="checkbox"/> not sure | <input type="checkbox"/> normal pattern |
| II. Facial Malformation | <input type="checkbox"/> present | <input type="checkbox"/> not sure | <input type="checkbox"/> none noted |
| III. Neurodevelopmental | <input type="checkbox"/> concerns | <input type="checkbox"/> not sure | <input type="checkbox"/> none present |
| IV. Other Physical Abnormalities | <input type="checkbox"/> yes | <input type="checkbox"/> not sure | <input type="checkbox"/> none detected |

If I, II, & III are positive - Refer to local genetics/FAS assessment team (if no history of maternal alcohol use, we still recommend referral, as child may have a non-alcohol-related birth defect).

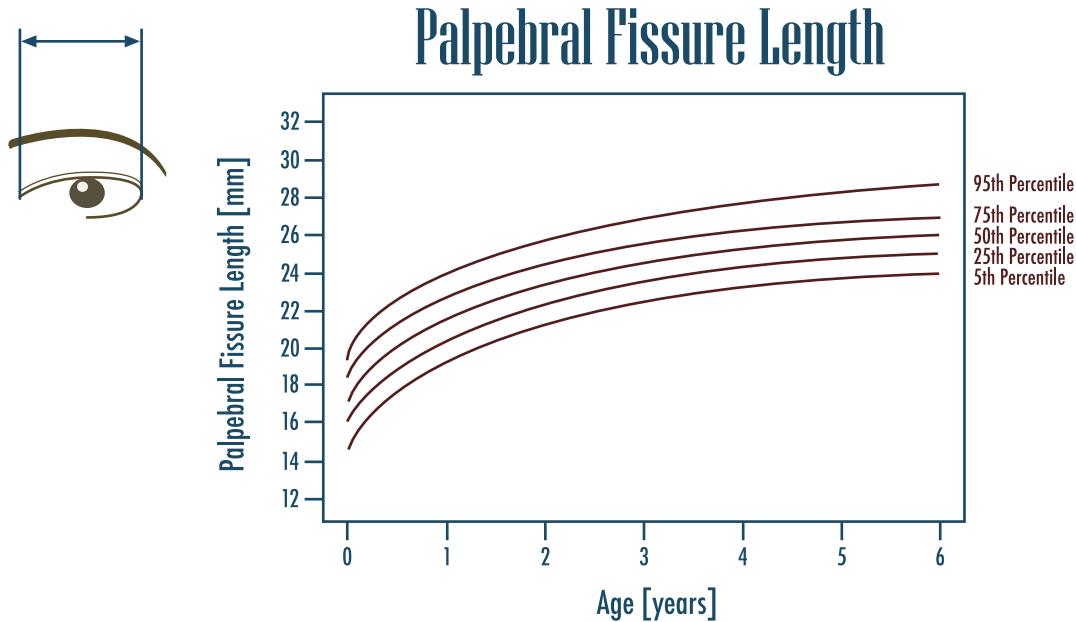
If I, II, or III are positive and a history of maternal alcohol use exists, consult an FAS specialist.

Call _____ (list number of local referral clinic/consultant)

If maternal alcohol use is identified, encourage mother to become abstinent to prevent future alcohol exposed pregnancy - suggest appropriate alcohol treatment service.

PALPEBRAL FISSURE LENGTH NORMS

These illustrations present normative information for clinicians relative to the length of palpebral fissures. The graph on this page contains information on White children from birth to 6 years. The chart gives Mean Palpebral Fissure Lengths in Black and Hispanic children.



Data from 343 white children presented by Thomas IT, et al: *JPaediatr* 111:267, 1987. The graph stops at age 6 since there is a negligible difference (approximately 0.75 mm) between ages 6 and 14.

MEAN PALPEBRAL FISSURE LENGTH IN BLACK AND HISPANIC CHILDREN (MM)

	Black Male	Black Female	Puerto Rican Male	Puerto Rican Female
< 1 year	29	27	27	27
1-2 years	29	29	29	29
3-5 years	34	32	31	31
6-15 years	33	34	33	32

Data collected on 170 Black and 170 Hispanic children (ages 1 month to 16 years), New York City. Iosub S, et al: *Pediatrics*, 1985;75:318.

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