

Description of Neurodevelopmental Behaviors

- **Short attention span** - This might be manifested as an inability to stick to one task and difficulty "shutting out" noises and lights and confusion around the child.
- **Increased activity** - This child doesn't stay in one place for long. The child seems to be moving about almost all the time and may be impulsive.
- **Altered motor skills** - The child may have trouble learning motor skills—especially involving unfamiliar movements. The child might avoid certain toys that require fine motor coordination and may have trouble picking up small objects.
- **Increased stress reactivity** — The child might overreact to stressful situations, such as separations from parent or during inoculations.

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 |

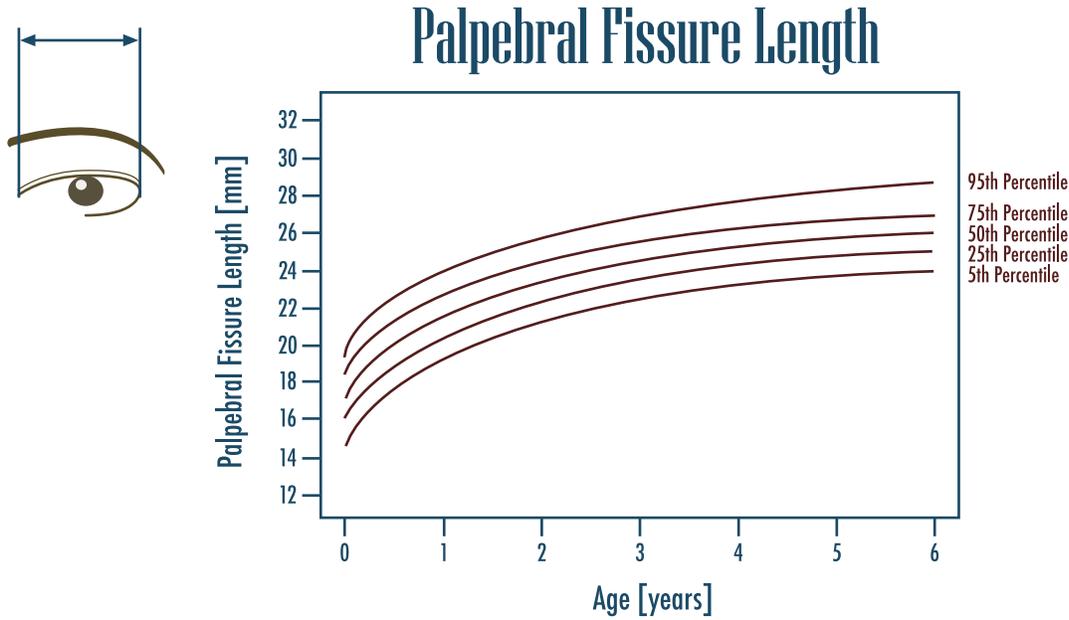
If I, II, & III are positive - Refer to local genetics/FAS assessment team (if no history of maternal alcohol use, we still recommend referral, as child may have a non-alcohol-related birth defect).
 If I, II, or III are positive and a history of maternal alcohol use exists, consult an FAS specialist.

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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