



Early Intervention: 'Likely FASD', PAE Identification, & Direct FASD Referral Pathways:

The following paragraphs have been included by the Department of Health & Social Care new guidance on treating Alcohol as follows:

24.9.2 Ongoing monitoring of the child's development:

'If children do not meet their developmental milestones, you should refer them through local FASD diagnostic and support pathways. This will usually mean referring the child to local services for children with established neurodevelopmental issues. You should sensitively discuss any need for assessment with the parents in a non-judgemental way. Where local pathways do not exist, you can refer children and adults to the national clinic for FASD (UK wide).'

24.8.3 The newborn baby with PAE & 24.8.3 The newborn baby with PAE:

'Complex neurodevelopmental problems resulting from FASD may not appear until many years later, although a small number of babies could show features consistent with FASD. If there has been significant PAE, or babies have clinical features consistent with FASD, clinicians working with the baby should identify the baby as being 'at risk of FASD due to PAE' and refer them for follow-up using local pathways.'

24.8.3 The newborn baby with PAE:

'If a child is adopted and later needs to be assessed for developmental problems, information on PAE should be considered as part of the assessment.'

24.8.3 The newborn baby with PAE:

'When considering safeguarding issues concerning the newborn infant, clinicians must act in line with child safeguarding legislation and guidance (see section 24.7.4 on safeguarding above). They should carry out any agreed actions recorded in the safeguarding birth plan and share all relevant information with local children's social care services.'

Full guidance downloadable here in 'Clinical Guidance for Alcohol issued November 2025;
<https://www.gov.uk/guidance/clinical-guidelines-for-alcohol-treatment/24-pregnancy-and-perinatal-care>

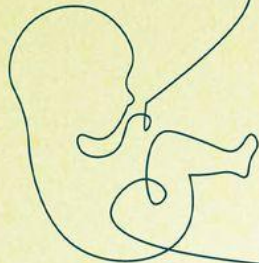
Become 'FASD Informed' to foster a deeper understanding in creating a more supportive environment for those impacted by Prenatal Exposure to Alcohol
<https://www.fasdinformed.co.uk/training>

There
are

3

clinical codes

in SNOMED CT recommended
by national guidance
(FASD) [QS204]



The new NICE Quality Standard
for FASD and SIGN 156 Guidance
for children and young people
exposed prenatally to alcohol
require that FASD is reliably
recorded in patient records



Primary care teams can
help by ensuring that a
diagnosis of FASD or related
findings are **accurately
recorded** in electronic
patient records

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It's important that
people know so they
know how to treat us

PERSON WITH FASD



FASD

1894471000000108 - Fetal Alcohol
Spectrum Disorder (FASD) with sentinel
facial features

1894461000000101 - Fetal Alcohol
Spectrum Disorder (FASD) without
sentinel facial features

2078801000000102 - At increased risk
of FASD (fetal alcohol spectrum disorder)



Diagnosing clinicians can
help to ensure that diagnosis
of FASD or related findings
are recorded in primary care,
by recording the diagnosis
on clinical letters together
with an action for primary
care to code the diagnosis.



Find out
more



<https://www.bristol.ac.uk/population-health-sciences/centres/cph/research/alcohol/fasd/>

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