



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.'

Training:

The guidance in section 24.12 is for midwives working in antenatal care and for practitioners in alcohol treatment services.

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NICE Quality Standard 204 recommends that commissioners should make sure that midwives providing antenatal care:

- are aware of the risks to the fetus of drinking alcohol in pregnancy and the advice in the UK chief medical officers' low-risk drinking guidelines on alcohol consumption in pregnancy
- have training on FASD awareness
- have training in alcohol brief interventions (see chapter 3 for guidance on alcohol brief interventions)
- The alcohol clinical guidelines development group recommend that alcohol treatment services make sure their practitioners also have training in the above areas.

NICE Clinical Guidance for Alcohol 110 recommends that training should be given to:

- healthcare professionals on multi-agency needs assessment and national guidelines on information sharing
- healthcare professionals on the social and psychological needs of women with alcohol or drug problems
- healthcare staff and non-clinical staff, such as receptionists, on how to communicate sensitively with women with alcohol or drug problems

The alcohol clinical guidelines development group also recommend that:

- training should include trauma-informed practice and awareness-raising about stigma experienced by women and other people who are pregnant and have problem alcohol use, particularly those who have previously had children removed from their care (see section 2.2.2 on stigma in chapter 2 on principles of care)
- **healthcare practitioners' knowledge could be enhanced through multi-agency training where maternity care staff, alcohol treatment staff and social workers share their expertise.**

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>

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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

“
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.



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

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