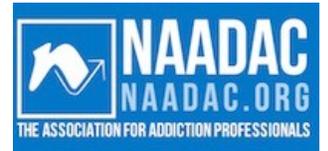


Questions Asked During Live Webinar Broadcast on 02/10/2016



Can a mother who was born with a prenatal alcohol consumption related diagnosis have a baby with related symptoms even if she does not drink?

A: No, maternal drinking is required for a child to be born with fetal alcohol syndrome. This is not a genetic issue handed down from mother/father to child.

Can children overcome reading and math skills given time and counseling?

A: No. Generally speaking, learning disabilities are a brain dysfunction. The child will have to learn how to overcome learning difficulties through specialized classroom instruction and techniques. Counseling will not impact learning problems.

Many times when there are concerns about FASD, there is not definitive information about fetal alcohol exposure (as is often true in foster care). Is there any way to make the diagnosis if degree/timing alcohol exposure is unknown but suspected?

A: Yes. If there is suspected alcohol use and the characteristics are present, the disorder can be diagnosed.

How can we determine that the damage was done by alcohol and not by their social status and nutrition?

A: The damage by alcohol is evident in cognitive functioning that remains constant despite environmental changes. Nutritional issues in early childhood can affect brain development as well, leaving lasting impacts on neurological functioning. If both alcohol exposure and nutritional deficits exist simultaneously, a distinction about what caused which difficulties may not be possible. Instead, the focus will need to be on how to intervene with those children to maximize cognitive functioning.

How much exposure to alcohol in the early stage of pregnancy does it take for FAS to develop?

A: This is unknown. There have been cases where an expectant mother has ingested very little alcohol relatively speaking and had a child born with Fetal Alcohol Syndrome and other cases where an expectant mother has drunk excessively and not had a child born with the syndrome. Also, the biological predisposition of the unborn child is important regarding the fetus' ability to tolerate maternal alcohol ingestion. In short, there are not clear answers regarding this question.

Is the severity of facial deformities an indicator as to the severity of brain "deformities"?

A: Yes and no. There are sometimes significant cognitive deficits in children not having the hallmark facial characteristics. However, if a child has the facial characteristics, they generally have significant accompanying cognitive difficulties.

Is there a difference in the effect on the fetus, due to alcohol use in the mother, when the cultural norm generationally is to imbibe alcohol on a daily basis?

A: Great question to which I don't have the answer. Based on what I know about genetics, the answer is possibly, since there may be a genetic tolerance for the substance that has evolved over time.

So, are you saying that for all mothers who drink, their babies will have FASD?

A: No. It depends upon the fetus' ability to tolerate exposure to the teratogen as well as how much the mother drinks. There are factors that are variable.

You talk about the importance of the mother not drinking during the first month. What about the father who donates the sperm, should he not be drinking as well.

A: There is no indication that the father's drinking has any effects on the fetus. It's the mother's drinking while the fetus is developing that affects the unborn child. It's what role the alcohol plays in development that is the issue, not what alcohol does to the egg and sperm prior to conception.

We used to consider some dysmorphology in kids with FASD. Are these factors not considered at this time?

A: Yes, these factors are considered at this time.

The patients I work with who have FASD are often involved with the criminal justice system in some capacity, usually probation. What suggestions do you have for recommendations to supervising officers, judges and attorneys?

A: I think it's extremely important that those involved in the legal system understand the cognitive limitations of individuals having FASD and work with them accordingly. It is very important to educate probation officer, judges, and lawyers about the cognitive deficits and what that individual will need to be successful given their limitations.

Could Paulette review what is white matter and what is gray matter?

A: White matter is the part of the brain cell (neuron) that transmits information to other brain cells. The gray matter is the part of the brain cell that processes incoming information from other brain cells and then decides how to respond to that incoming information.