UNDERSTANDING FASD BY EXAMINING ITS PHYSICAL HEALTH IMPACTS ACROSS THE LIFESPAN.

FASD

BEYOND THE BRAIN

Beyond The Brain

This article broadens understanding of FASD by examining its physical health impacts across the lifespan. While FASD is often described primarily as a neuro-developmental condition, the authors summarize evidence showing effects on cardiovascular, immune, metabolic, musculoskeletal, and stress-response systems.

These whole-body impacts help explain why individuals with FASD may experience chronic health conditions, fatigue, pain, and complex medical needs that are not always recognized as related to prenatal alcohol exposure.

When care focuses narrowly on behavior or learning, physical health concerns may be overlooked or treated in isolation.

The authors argue that separating "brain-based" outcomes from physical health complicates care and increases the risk of fragmented services. Instead, they call for integrated, whole-person healthcare that recognizes the interconnected nature of physical and neurological health.

For families, this perspective can be validating. It helps explain why challenges may persist even when educational or behavioral supports are in place, and why coordinated healthcare is essential.

For service providers, it reinforces the importance of collaboration across medical disciplines and ongoing monitoring of physical health needs.

For NEAFAN readers, this article strengthens advocacy for care models that recognize FASD as a lifelong, whole-body condition. It supports moving away from siloed services toward integrated approaches that better reflect the lived experience of lived experiences individuals with FASD and their families.

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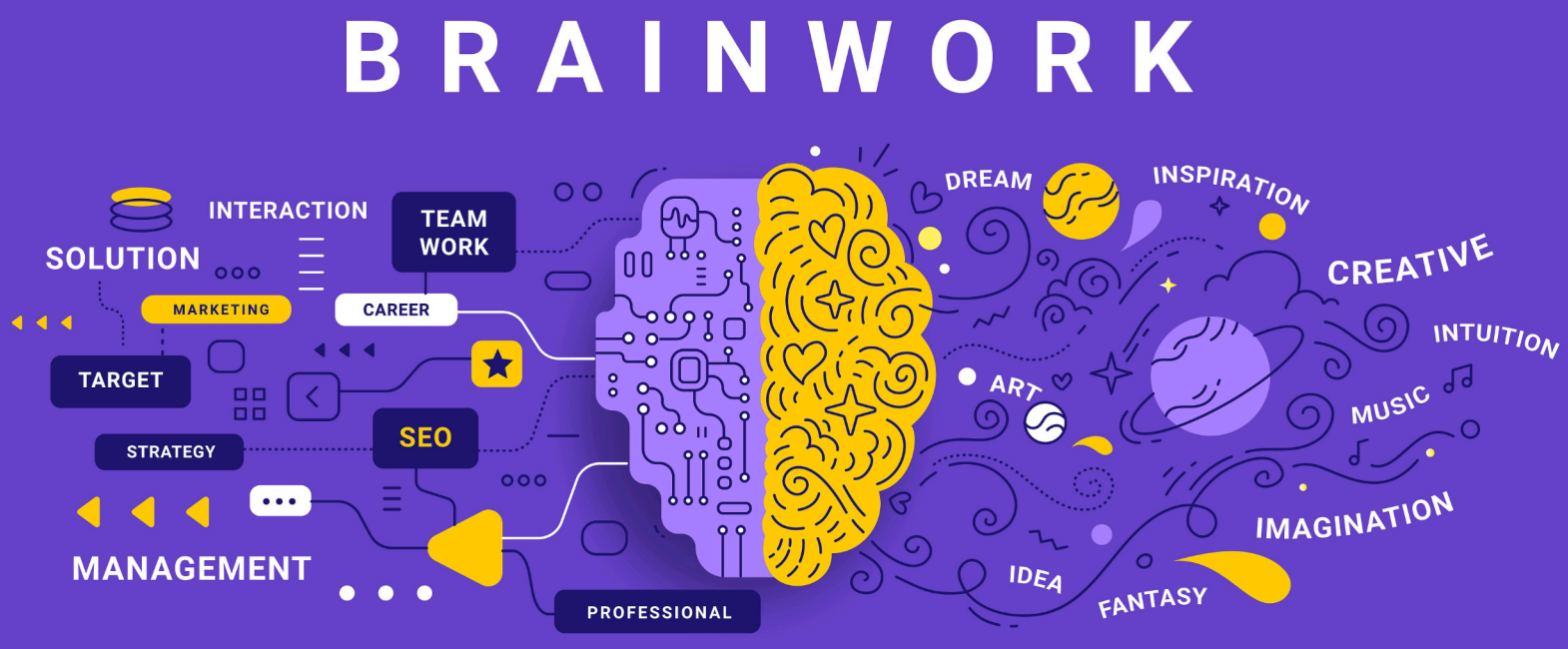


Diagnosis as a Starting Point, not a Label.

This Canadian study examines how patterns of prenatal alcohol exposure and diagnostic profiles relate to later health and social outcomes for children and youth with FASD. Rather than treating diagnosis as an endpoint, the research emphasizes its value as a practical planning tool—helping families, educators, and service providers anticipate needs and respond earlier.

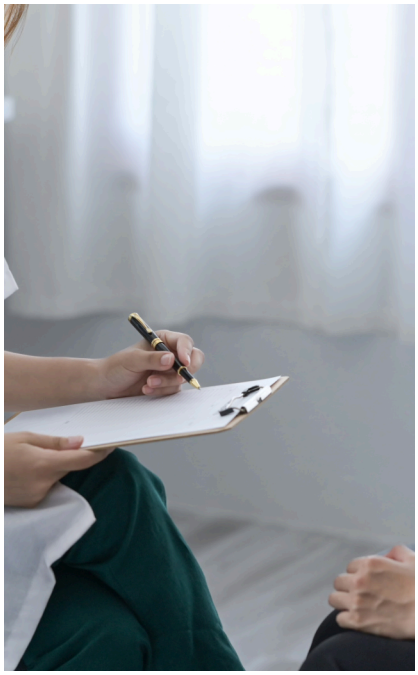
The findings show that outcomes vary widely and are shaped by multiple factors, including exposure patterns, co-occurring conditions, and access to timely supports. This reinforces an important message for families: challenges associated with FASD are not a reflection of effort, motivation, or parenting quality. They arise from complex neurodevelopmental and health factors that require informed, coordinated responses.

The study highlights how clearer understanding of diagnostic profiles can support better planning across systems. When diagnosis is paired with appropriate supports—such as educational accommodations, consistent routines, and responsive services—individuals with FASD are more likely to experience stability and improved quality of life. When diagnosis is delayed or unsupported, risks increase, not because of the diagnosis itself, but because systems fail to act on it.

For NEAFAN readers, this article reinforces that diagnosis is most meaningful when it leads to action. It supports moving away from viewing diagnosis as a label and toward understanding it as a guide for support, advocacy, and long-term planning. It also contributes to reducing stigma by reframing diagnosis as a tool for understanding and safety rather than limitation.

Source Article Link

> “Alcohol use in pregnancy is shaped by personal, social, & structural forces.”



How Teacher Awareness Can Change Student Outcomes.

This article examines how teachers' ability to recognize FASD-related learning and behavior differences can prevent exclusionary discipline and reduce later adverse life experiences.

The study focuses on educators' knowledge, confidence, and capacity to implement preventative strategies within classroom settings.

The findings show that when teachers understand FASD and adjust expectations, students are less likely to experience repeated discipline, exclusion, or escalation into crisis pathways. Preventative strategies—such as predictable routines, clear communication, and regulation-focused supports—help create learning environments where students can participate and succeed.

The authors emphasize that exclusionary discipline often reflects unmet needs rather than intentional misconduct. When students with FASD are misunderstood, punitive responses can compound stress, disrupt learning, and increase long-term risk across education, justice, and health systems.

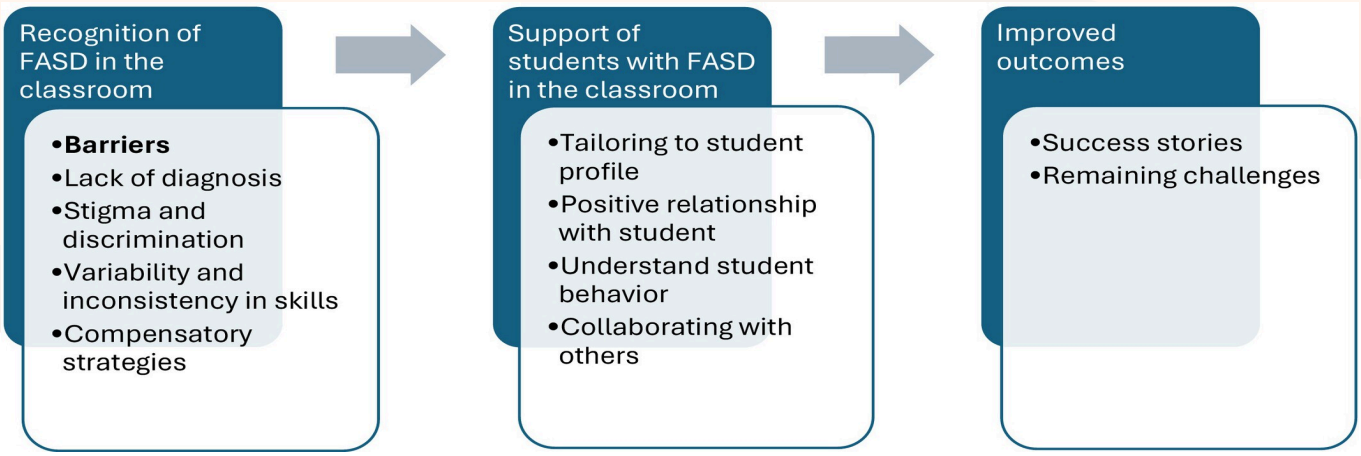
For families, this research reinforces the importance of collaboration and advocacy with schools. For educators and administrators, it highlights training and support as essential prevention tools, rather than optional enhancements.

Understanding in the classroom can prevent lifelong harm.

For NEAFAN readers, the article positions schools as a critical prevention setting. When difference is understood and supported, schools can reduce harm and promote stability. When it is misunderstood, systems can unintentionally increase risk. This research supports investment in teacher training as a protective, evidence-informed strategy.

Source Article Link

Evidence Based Support.



This article presents the first evidence-based clinical guideline focused specifically on interventions for individuals with FASD. Drawing on systematic evidence, the guideline evaluates which interventions demonstrate meaningful benefit and where evidence remains limited, mixed, or emerging. By clearly distinguishing between well-supported approaches and those still under investigation, the guideline provides a practical foundation for informed decision-making in clinical and community settings.

Rather than promoting a single approach, the guideline emphasizes individualized, developmentally informed supports that evolve across the lifespan. Interventions addressing self-regulation, behaviour, learning, and daily functioning show the strongest evidence when they are structured, consistent, and delivered by trained professionals within stable, supportive environments. The importance of caregiver involvement and environmental accommodation is also underscored.

The authors caution against one-size-fits-all solutions. Effective intervention depends not only on the strategy itself, but on how well it is matched to the individual and implemented consistently across home, school, health, and community contexts. Coordination across systems is identified as a key factor influencing outcomes.

Importantly, the guideline highlights gaps between evidence and access. Even when effective interventions exist, families may face long waitlists, geographic barriers, or limited availability of trained providers, reducing real-world impact. For families and service providers, this guideline offers reassurance that effective supports do exist, while also calling for stronger implementation, workforce training, and system coordination.

Evidence-based support brings clarity to complex needs.

For NEAFAN readers, the article reinforces the need to invest not only in evidence-based interventions, but in making them accessible, sustainable, and responsive to individual needs and contexts.

Source Article Link

Let's Talk

The Prevention Conversation

It's time to talk about alcohol and pregnancy

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Amy Tobin, B. Ed, is the FASD Prevention Conversation Facilitator with NEAFAN (Northeast Alberta FASD Network) and an adoptive mother of two. Prior to motherhood, she was an elementary school teacher with the Fort McMurray Public School District for six years. Her passion for FASD, and its prevention, began when she became a mother via adoption and was introduced, personally, to the beauty and perplexity of parenting those with prenatal alcohol exposure. Since then, she has dedicated much of her time to learning about, and educating others, on the effects of alcohol during pregnancy and Fetal Alcohol Spectrum Disorder. Her approach is one that takes into consideration the complexities that adoption, generational, and cultural trauma can play within FASD.

PREVENTION CONVERSATION

The Prevention Conversation program aims to raise awareness of FASD and FASD Prevention among target populations including Healthcare and Social Service Providers, Women of Childbearing Age, Partners, Families, Friends and Caregivers. The Project is geared towards highlighting the importance of screening all women in child bearing age for alcohol use and the risks associated with FASD, improving supports for these women and promoting involvement of community members and primary care providers.

The Prevention Conversation is aimed at encouraging a community wide awareness of FASD and prevention, developing the skills within the community to engage in non-judgmental, empathetic conversations about alcohol use during pregnancy. The Prevention Conversation is centered around increasing knowledge of FASD through training service providers on the use of screening tools to engage women in the Prevention Conversation.

To book a **Prevention Conversation** presentation, please contact:

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AWARENESS

PREVENTION

ASSESSMENT

SUPPORT

Alberta's FASD Priorities.

Alberta's work on FASD focuses on strengthening awareness and prevention, improving access to high-quality assessment, and ensuring that individuals and caregivers receive practical support throughout life. Prevention efforts emphasize compassionate, non-judgmental approaches that recognize how trauma, poverty, mental health, and social pressures shape alcohol use in pregnancy. The goal is to reduce stigma, offer culturally safe services, and create supportive environments where healthy choices are possible.

Another area of focus involves assessment and ongoing support. Because FASD is complex, accurate diagnosis relies on multidisciplinary teams and trauma-informed communication, along with equitable access across Alberta, including rural regions. Once a diagnosis is made, the emphasis shifts to long-term, coordinated support that helps people succeed in school, work, relationships, and daily routines. Families and caregivers also benefit from resources, recognition, and consistent assistance. Together, these efforts help Alberta build a more compassionate, evidence-informed system for individuals with FASD.

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