FASD CLINICAL TOOLKIT

FASD Clinical Quick Reference

For GPs, health visitors, school nurses, paediatricians and CAMHS clinicians.

FASD Compass
fasdcompass.co.uk/clinical-quick-reference/

When to consider FASD

- A child has significant physical, developmental or behavioural difficulties and there is probable prenatal alcohol exposure
- Neurodevelopmental delay, or a developmental profile that is unexplained
- All three sentinel facial features are present, whatever the alcohol history
- ADHD, autism or learning difficulties where prenatal alcohol exposure has not been considered
- Children who are looked after or adopted, and young people in mental health or justice services, have higher rates of prenatal alcohol exposure. Being in one of these groups is not evidence of exposure.

Sources: SIGN 156 sections 2.1.4, 3 and 3.6.

What information to gather

- The alcohol history: type, amount, pattern, frequency and timing, and who gave the information
- Other exposures in pregnancy, including tobacco, drugs and prescribed medicines
- Birth history and growth, including the Red Book
- Developmental, medical and family history, ideally a three-generation family tree
- Social history, including changes of carer and adverse experiences
- Reports from school, therapists, psychology and CAMHS

Families can use the Before You See the GP checklist to collect this.

When to refer

- NICE QS204 Statement 3: “Children and young people with probable prenatal alcohol exposure and significant physical, developmental or behavioural difficulties are referred for assessment.” (NICE)
- Refer sensitively, and explain the reason to the family
- Local routes include community paediatrics, a child development centre or CAMHS
- Consider clinical genetics for atypical features, or where alcohol exposure is uncertain
- Infants and young children with all three facial features but no microcephaly should be referred to a clinical geneticist (SIGN 156 section 3.5)

See FASD Referral: A Guide for GPs and routes when there is no local service.

What to assess

- Growth, including head circumference plotted on UK-WHO charts. Microcephaly is OFC below the 3rd centile.
- The three sentinel facial features: palpebral fissure length, philtrum and upper lip
- Associated physical features and birth defects, recorded but not diagnostic
- The 10 SIGN 156 neurodevelopmental areas, using standardised measures
- Co-occurring conditions and differential diagnoses, including genetic causes

Severe impairment in three or more areas meets the SIGN 156 threshold for pervasive brain dysfunction. See the Clinicians page.

When the alcohol history is unavailable

- Record the exposure as unknown, not as absent
- Look for records: maternity notes, GP records, adoption or care medical reports
- Unsubstantiated information, lifestyle, other drug use or exposure in a previous pregnancy cannot, on their own, confirm exposure in the index pregnancy (SIGN 156 section 2.1.2)
- FASD with sentinel facial features can be diagnosed when exposure is unknown. FASD without sentinel facial features needs confirmed exposure.
- Do not guess about exposure from care history or social circumstances
- Assess and support the child’s needs anyway. Other diagnoses, such as ADHD or language disorder, can still be made.

Source: SIGN 156 sections 2.1.1, 2.1.2 and 3.1.

Supporting a child while they wait

- Support should be based on needs, not on a diagnosis
- Treat co-occurring conditions, such as ADHD, sleep problems or anxiety, as usual
- Write to school about the child’s needs, so SEN support can start
- Signpost the family to carer support and to National FASD
- Agree who the family can contact if things get worse

Share While You Wait: FASD Support Without a Diagnosis and the School Support Toolkit.

Language that helps

Use non-blaming phrases such as “when alcohol was consumed during pregnancy”. Many birth mothers did not know they were pregnant, or did not know the risks. SNOMED CT: FASD with sentinel facial features 1894471000000108. FASD without sentinel facial features 1894461000000101. At increased risk of FASD 2078801000000102.

FASD Compass · Reviewed November 2026 by Dr Inyang Takon, Consultant Neurodevelopmental Paediatrician. Based on SIGN 156 (sign.ac.uk) and NICE QS204 (nice.org.uk/guidance/qs204). An educational resource, not a diagnostic tool. It does not score, diagnose or rule out FASD, and it does not decide who should be referred. Use clinical judgement and local policy.