

South Australian Paediatric Clinical Practice Guidelines

Fetal Alcohol Spectrum Disorder

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Note:

This guideline provides advice of a general nature. This statewide guideline has been prepared to promote and facilitate standardisation and consistency of practice, using a multidisciplinary approach. The guideline is based on a review of published evidence and expert opinion.

Information in this statewide guideline is current at the time of publication.

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Health practitioners in the South Australian public health sector are expected to review specific details of each patient and professionally assess the applicability of the relevant guideline to that clinical situation.

If for good clinical reasons, a decision is made to depart from the guideline, the responsible clinician must document in the patient's medical record, the decision made, by whom, and detailed reasons for the departure from the guideline.

This statewide guideline does not address all the elements of clinical practice and assumes that the individual clinicians are responsible for discussing care with consumers in an environment that is culturally appropriate and which enables respectful confidential discussion. This includes:

- The use of interpreter services where necessary,
- Advising consumers of their choice and ensuring informed consent is obtained,
- Providing care within scope of practice, meeting all legislative requirements and maintaining standards of professional conduct, and
- Documenting all care in accordance with mandatory and local requirements

Explanation of the aboriginal artwork:

The aboriginal artwork used symbolises the connection to country and the circle shape shows the strong relationships amongst families and the aboriginal culture. The horse shoe shape design shown in front of the generic statement symbolises a woman and those enclosing a smaller horse shoe shape depicts a pregnant woman. The smaller horse shoe shape in this instance represents the unborn child. The artwork shown before the specific statements within the document symbolises a footprint and demonstrates the need to move forward together in unison.



Cultural safety enhances clinical safety.

To secure the best health outcomes, clinicians must provide a culturally safe health care experience for Aboriginal children, young people and their families. Aboriginal children are born into strong kinship structures where roles and responsibilities are integral and woven into the social fabric of Aboriginal societies.

Australian Aboriginal culture is the oldest living culture in the world, yet Aboriginal people currently experience the poorest health outcomes when compared to non-Aboriginal Australians.

It remains a national disgrace that Australia has one of the highest youth suicide rates in the world. The over representation of Aboriginal children and young people in out of home care and juvenile detention and justice system is intolerable.

The cumulative effects of forced removal of Aboriginal children, poverty, exposure to violence, historical and transgenerational trauma, the ongoing effects of past and present systemic racism, culturally unsafe and discriminatory health services are all major contributors to the disparities in Aboriginal health outcomes.

Clinicians can secure positive long term health and wellbeing outcomes by making well informed clinical decisions based on cultural considerations.

The term 'Aboriginal' is used to refer to people who identify as Aboriginal, Torres Strait Islanders, or both Aboriginal and Torres Strait Islander. This is done because the people indigenous to South Australia are Aboriginal and we respect that many Aboriginal people prefer the term 'Aboriginal'. We also acknowledge and respect that many Aboriginal South Australians prefer to be known by their specific language group(s).

Purpose and Scope of PCPG

The 'Fetal Alcohol Spectrum Disorder' (FASD) Paediatric Clinical Practice Guideline (PCPG) is primarily aimed at medical staff working in any of the primary care, local, regional, general or tertiary hospitals. It may however assist the care provided by other clinicians such as nurses. The information is current at the time of publication and provides a minimum standard for the assessment and diagnosis of FASD; it does not replace or remove clinical judgement or the professional care and duty necessary for each specific case.

Table of Contents

Purpose and Scope of PCPG.....	2
Introduction.....	2
Recommendation.....	2
Acknowledgements.....	3
Document Ownership & History.....	3

Introduction

NOFASD has given permission to use their website to access the Australian Guide to the diagnosis of FASD. NOFASD link to the Australian Guideline at: https://www.fasdhub.org.au/siteassets/pdfs/australian-guide-to-diagnosis-of-fasd_all-appendices.pdf

NOFASD Australia is funded by the Australian Government through the Department of Health. The NOFASD website and Helpline provides information for professionals on Fetal Alcohol Spectrum Disorder at <https://www.nofasd.org.au/>.

The FASD focussed pathways in Australia at the FASD Hub provides a clinical source of information at <https://www.fasdhub.org.au/>.

Recommendation

The SA Child and Adolescent Health Community of Practice, Statewide Paediatric Clinical Practice Guideline Reference Group recommends clinicians in South Australia providing health care to children and young people follow the Australian guideline in the assessment and diagnosis of Fetal Alcohol Spectrum Disorder:

https://www.fasdhub.org.au/siteassets/pdfs/australian-guide-to-diagnosis-of-fasd_all-appendices.pdf

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Acknowledgements

The South Australian Child and Adolescent Health Community of Practice gratefully acknowledge the contribution of clinicians and other stakeholders who participated throughout the development process of the Fetal Alcohol Spectrum Disorder Guideline as well as NOFASD and the SA Paediatric Clinical Practice Guideline Reference Group.

Document Ownership & History

Developed by: SA Child & Adolescent Health Community of Practice
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Endorsed by: SA Safety and Quality Strategic Governance Committee

Next review due: 15/08/2024

ISBN number: 978-1-76083-189-9

PDS reference: CG323

Policy history: Is this a new policy (V1)? **Y**
Does this policy amend or update an existing policy? **N**
If so, which version?
Does this policy replace another policy with a different title? **N**
If so, which policy (title)

Approval Date	Version	Who approved New/Revised Version	Reason for Change
15/08/19	V1	SA Health Safety & Quality Strategic Governance Committee	Original approved version.

