

Seven Signs That a Child Has Been Exposed to Alcohol or Drugs In-Utero

By Lori Gertz

www.lorigertz.com

Experts now estimate one-half to three-quarters of a million infants are born each year who have been exposed to one or more illicit drugs in utero. When legal drugs, alcohol and tobacco are added, the figure rises to considerably more than one million substance exposed infants.

Brady, Posner, Lang, & Rosati 1994.

The incidence of prenatal alcohol and drug exposure is imprecise at best. Some of the estimates often cited include:

Illicit Drugs in the US

- Chasnoff (1989): 11% of all newborns [459,690 each year] are exposed to illicit drugs
- Schipper (1991): A substance exposed infant is born more frequently than every 90 seconds

Alcohol in the US

- Gomby and Shiono (1991): 2.6 million infants each year are prenatally exposed to alcohol
- US DHHS (1990), Streissguth & Giunta (1988): FAS affects each year between 1.3 and 2.2 children per 1,000 live births in North America

In the International Adoption Arena

- Aronson (1997) reviewed 131 medical records of children adopted from Russia and found that 2 children met the strictest requirements for FAS: 1.53% or 15 per 1,000 births - 8 times greater than world incidence. She also found that 12.5% of the children had a history of maternal alcohol abuse in the medical records.

With facts and figures like these, we are all likely to come into contact with someone who is either drug or alcohol exposed whether we are aware of it or not.

After I learned and became sensitive to the signs of what to look for in the faces and behaviors of others who might potentially have been exposed, I had a whole new take on the fact that many of the professionals who worked with my prenatally wounded daughter had no idea what these signs looked like. How would other parents know?

I had conversations with frustrated camp counselors, the occasional teacher, and many therapists who thanked me for giving them some visibly simple cues to look for in identifying someone who was potentially going undiagnosed. There were true A-HA moments as those providers finally realized why their behavioral interventions might not be working. It was like a light-bulb went on and because I was someone who openly parented an exposed child they respected the ability to talk to me about it.

Now I'm not suggesting that we use these tools to diagnose outside of a therapeutic environment or make judgment calls on another child or that child's family. This list should be a tool to give you insights on what to have assessed or to make suggestions to someone else. If I had been given a list like this, I would have known what to look for. My daughter had all 5 major facial anomalies and every single one of Streissguth's criteria for diagnosis of FAS at birth, but no one at the hospital...heck, not one of the first 38 doctors or practitioners I took her to knew what exposure looked like. I never knew until I knew. Let's end that ignorance, here and now.

Here are the Seven Signs you can look for that point to a child being exposed prenatally to alcohol or drugs:

1. Facial Abnormalities (FASD*)

*The physical symptoms of FASD** (fetal alcohol spectrum disorders) can include visible facial abnormalities, growth deficiencies, and skeletal and organ deformities in addition to central nervous system handicaps and behavioral problems.*

- Small head
- Flat or absent groove between nose and upper lip(philtrum)
- Smooth and thin upper lip
- Small eye openings
- Webbing between eyes and base of nose
- Failure of eyes to move in same direction
- Short, upturned nose
- Flattened cheekbones
- Sunken nasal bridge
- Low set or malformed ears
- profusion of facial hair

2. Growth Deficiencies (FASD and Cocaine where noted)

- Small body size and weight (cocaine)
- Slower than normal physical and motor development
- Failure to 'catch up' in growth

3. Skeletal Deformities (FASD and Cocaine where noted)

- Deformed ribs and sternum
- Curved spine
- Caved-in chest wall
- Bent, fused, webbed or missing fingers or toes
- Extra fingers
- Abnormal palm creases
- Impaired vision and hearing affecting learning ability

- Limited movement of joints
- Hip dislocations
- Small skull (Cocaine)

4. Central Nervous System Damage (FASD and Cocaine where noted)

- Acute sensitivity to sound
- Irritability
- Attention problems (often misdiagnosed as ADHD)
- Hyperactivity
- Lower average IQ
- Poor coordination
- Teamwork difficulties
- Developmental delays
- Motor problems

5. Organ Deformities (FASD and Cocaine where noted)

- Gastrointestinal abnormalities (Cocaine)
- Respiratory problems (Cocaine)
- Cardiovascular problems
- Cardiac murmurs
- Kidney troubles
- Hernias
- Shortened fingers
- Impaired palate or hole in roof of mouth

6. Cognitive and Behavioral Impairments (FASD)

- Impaired ability to use and comprehend language and process and store information
- IQ scores ranging from normal to severely mentally retarded, with a mean score of 65. (These scores do not appear to improve over time)
- Often display a number of inappropriate or "challenging" behaviors: (Cocaine)
 - Impulsivity
 - Poor attention
 - Difficulty making transitions
 - As students age, their impulsivity becomes restlessness
 - Stealing
 - Lying
 - Inappropriate social interactions
 - The greatest problem often is a marked discrepancy between seemingly high verbal skills and inability to communicate effectively.
 - Poor self control
 - Inadequate communication skills

7. Physical symptoms of Prenatal Drug Exposure (Cocaine, Heroin, PCP, Methamphetamines)

The physical symptoms of prenatal drug exposure can include early birth and low birth weight (<5lbs at birth), visible signs of withdrawal at birth, ongoing sleep disturbances, feeding difficulties, neurological, vestibular and proprioceptive issues as well as language and developmental delays.

(Newborn/- 15 months)

- Withdrawal
- Tremors
- Irritability
- Feeding difficulties and failure to thrive
- Sleep disturbance (frequent nighttime awakenings until four to six months of age)
- Extreme sensitivity to stimuli
- Poor visual tracking

(Toddlers 16-36 mos)

- Minimal play strategies
- Atypical social interactions

(Child Age 3-5)

- Feeding difficulties
- Poor fine motor development
- Balance problems
- Sleep disturbance
- Language development delays
- Delayed discrimination and attachment
- Effects tend to become most apparent in the second half of the first year and become strongly apparent in the second year
- Behavioral Disturbances
- Hyperactive
- Short Attention spans
- Lose control easily
- Mood swings
- Problems transitioning from one activity to another
- Difficulty with processing auditory or visual info

(Older Child)

- Below Average weight and height
- Differences in "motor" rather than "mental" scores particularly for those children exposed to cocaine and narcotics
- Behavioral effects may be more apparent than cognitive deficits during this period since many skills important in the measurement of intelligence are not fully developed

Note:

There has not been sufficient research into the long-term biological effects of drug exposure on

older children and teenagers, however, we do know that children with the behaviors described above are at greater risk of abuse and neglect, learning disabilities, and behavioral problems.

There are many unknowns involved in trying to predict the outcomes of children exposed to drugs and alcohol. While we know that there are certain physical problems and behavioral that may remain with the child, in a structured and nurturing environment, many of these children are able to grow and develop quite normally.

Regardless of their health status, all children who have any history at all of prenatal substance exposure should receive developmental evaluations on a regular basis: at least once during the first six months; at twelve months; and at least every year thereafter until school age. Early identification of social, language, cognitive, and motor development problems is essential for the most effective intervention to support the child and the family.

*While these facial anomalies appear less pronounced over time, deficits and impairments in the other categories do not. Victims of FAS never catch up in size or cognitive ability to their non-affected peers (Streissguth et al. 1991b; US DHHS 1990; Jessup & Green 1987; Streissguth, Clarren, & Jones 1985; Rosett & Weiner 1984; Iosub et al. 1981; Streissguth, Herman, & Smith 1978a,b; Hanson, Jones, & Smith 1976).

**Fetal alcohol spectrum disorders (FASD) include fetal alcohol syndrome and other conditions in which children have some, but not all of the symptoms of fetal alcohol syndrome, such as alcohol-related neurodevelopmental disorder (ARND) alcohol-related birth defects (ARBD), and (FAE) Fetal Alcohol Effects.

About the Author:

Lori Gertz was born and raised in Western Massachusetts. A writer since she was six, her love for proverbial ink on paper led her to a 14 year magazine publishing career followed by 15 more years running her own [strategic marketing](#) company. She is the author of the Amazon bestseller [Be the News: A Guide to Going Viral With Your Human Interest Story](#), [several longstanding blogs](#), multiple published articles and is a national advocate for the awareness of Fetal Alcohol Spectrum Disorder.

She has created a resource for parents struggling with many of the same issues on
[Facebook.com/lorigertzauthor](#)
[Twitter @lorigertzauthor](#)
[www.lorigertz.com](#)

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