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01 November 2023

Deputy Shortall
Dáil Éireann,
Leinster House
Dublin 2

PQ 44436/23: To ask the Minister for Health the measures being taken to ensure that individuals with foetal alcohol spectrum disorder (FASD) and their families have access to FASD-informed services in healthcare, education and social services tailored to their specific needs; and if he will make a statement on the matter.

PQ 44432/23: To ask the Minister for Health if there are plans to develop clear clinical guidelines for the diagnosis of foetal alcohol spectrum disorder; and if he will make a statement on the matter.

PQ 44431/23: To ask the Minister for Health if there is an ongoing collection of data regarding the relationship between pregnancy outcome indicators and alcohol consumption patterns during pregnancy; if he plans to establish a national register for foetal alcohol spectrum disorder; and if he will make a statement on the matter.

Dear Deputy Shortall,

The Health Service Executive has been requested to reply directly to you in the context of the above Parliamentary Question, which you submitted to the Minister for Health for response. I have examined the matter and the following outlines the position.

Every woman presenting at the first antenatal visit at the relevant maternity service, is specifically asked by the midwife about their prescribed medication, alcohol and recreation drug use history and whether it has been discontinued during the current pregnancy. If a disclosure is made regarding the on-going use of drugs or alcohol in pregnancy, an automatic referral is made to the relevant medical social work department. The mother will then be met by a social work during which an assessment will be undertaken from a psychological and social perspective.

Where deemed necessary and appropriate, a referral is made to a dedicated Drugs Liaison Midwife or other equivalent professional based in the relevant addiction services that support the maternity service. In some cases, the mother may already be known to these services, having accessed them previously for care and support. An individualized support and education plan for the mother is then created, with further links being made with community based addiction services and family support services as required, with the focus being on reducing alcohol and drug intake and ensuring that the woman is fully informed

regarding the impact of substance abuse on the pregnancy and the risk for the new-born infant. Where specific risk thresholds are reached in relation to child protection, a referral is also made to TUSLA. Aids and supports provided can include referrals for stabilization and detox placement in pregnancy, all targeting minimising / eliminating where possible the risks to both the mother and the unborn infant.

After the birth, the infant is assessed by paediatric and neonatal staff. If an infant exhibits signs of withdrawal they are admitted to the relevant Neonatal Unit. The magnitude of the withdrawal symptoms is assessed using the Finnegan's Score. The infant is placed on medication where necessary. In many cases it can take a number of weeks for the symptoms to settle. Further to discharge, the infant is followed up in the baby clinic and if there are concerns about the infant's progress and development they are referred to the early intervention team. In addition, the mother is followed up by the social worker and public health nursing and TUSLA as required.

The frequency of fetal alcohol syndrome is difficult to determine. First there must a clear documented history of alcohol use during the pregnancy. Second, the classical description is that of a low birth weight baby with a distinctive facial pattern, and subsequent hyperactivity and cognitive problems. This complete picture is rare in clinical practice.

There is debate around the reliability of the diagnosis of partial cases of fetal alcohol syndrome where there is a history of alcohol ingestion and the baby has some cognitive problems but no typical facial features. The other problem is that pregnant women with an alcohol problem may also be taking other recreational drugs. In these circumstances it is difficult to extract the specific effect of the alcohol on the baby from the effects of the other drugs.

In relation to staff training, the HSE offers a module called 'Hidden Harm'. This module outlines the impact of alcohol and drug use in pregnancy on babies. In addition, the HSE's Making Every Contact Count (MECC) in Maternity Training Programme, available on HSELand.ie, provides health service management and staff with a training programme that enables those who complete it to be equipped to deliver brief interventions with women. The training programme covers the main lifestyle risk factors for chronic disease namely tobacco, alcohol and drug use, physical inactivity and unhealthy eating.

It is agreed by health care professions and social workers that the provision of repeated consistent advice about the risks of alcohol in pregnancy is of the upmost importance.

I trust this clarifies the matter.

Yours sincerely,

Mary-Jo Biggs, General Manager, National Women and Infants Health Programme