Baby Think It Over® Program

FAS Manikin

VERSION 1.5
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INTRODUCTION

Realityworks manufactures and markets the Baby Think It Over® Program. The Program teaches teens about the responsibilities of parenthood. The infant simulator, plus its related materials, comprise the Baby Think It Over® Program.

The idea for the Fetal Alcohol Syndrome (FAS) Manikin began in December of 1997. Louise Carleton, R.N., consults on FAS through her company, Behavioral Health Care Solutions, Inc. She called Realityworks with an idea for a manikin that would show the physical signs of FAS.

Louise uses an “FAS Baby Shower” activity to teach people about alcohol’s effects on the unborn. She passes around a healthy looking doll as part of the shower. Groups that hosted the event also wanted to show a doll that looks like an infant with FAS.

Mary Jurmain, chief executive officer and president of Realityworks, agreed enthusiastically to the idea. Louise provided photos of real FAS infants as models. The FAS Manikin is a composite of the photos. It is not meant to look like any one FAS infant.

The FAS Manikin is an effort to teach about the dangers of drinking while pregnant. Realityworks is dedicated to helping students feel the reality of life’s decisions. The FAS Manikin shows teens what can happen when a pregnant woman chooses to drink and a fetus is exposed to alcohol.

The FAS Manikin is not an infant simulator. It does not cry and need care. It is meant for display and discussion purposes in the classroom. Ideally, the Manikin can be compared to the healthy bodies of Baby Think It Over® infant simulators. Students can talk about the effects alcohol has on an unborn infant.

Crucial! There are three key ideas that you should explain to teens:

1. The FAS Manikin represents a “worst case scenario” of an FAS infant. It is an extreme example. The physical defects shown on the Manikin are the most visible signs of FAS, and do not appear in all cases of FAS.

2. An important thing to remember about FAS and Fetal Alcohol Effects (FAE) is that they most often involve some level of brain damage. Physical defects may also be present, but often are not. You should stress the behavioral and mental birth defects as well. They are not as easily seen, but problems with learning, social skills, and behavior will impact a child with FAS/FAE for life.

3. FAS is the leading cause of preventable mental disabilities. However, it should be stressed that not every child with a learning disability has a mother who drank during pregnancy.

Note: The terms FAS and FAE are the most commonly used terms that describe children who have been affected by their mothers’ alcohol use during pregnancy. Alcohol-Related Birth Defects (ARBD) and Alcohol-Related Neurological Disorders (ARND) are terms that can also describe these children. The terms are defined on page 5. The definitions are based on information from the National Organization on Fetal Alcohol Syndrome (NOFAS). For simplicity, FAS/FAE are the terms most often used in these materials.

Not everyone with a learning disability is the child of a parent who drank during pregnancy.
This professional review is designed for educators. It is meant to be a refresher course about Fetal Alcohol Syndrome (FAS) and Fetal Alcohol Effects (FAE). Information changes often as researchers learn more about these conditions. This review is an attempt to give you the most accurate and up-to-date information possible.

The problem

FAS/FAE is a problem found in all races and all socio-economic groups. In the United States, between 1,300 and 8,000 infants are born with FAS every year. However, because it is hard to diagnose these conditions, exact numbers have not been determined.

FAS is hard to diagnose for several reasons.

1. No one symptom alone can identify FAS.
2. There are no widely accepted medical tests to diagnose FAS.
3. Some behavioral and mental problems may not develop until a child is older.
4. It is hard to get a good assessment of the mother’s alcohol use.
5. Many health care providers are unfamiliar with and untrained in the issues of alcohol use among pregnant women.

At least one out of every five pregnant women uses alcohol and/or drugs, even though no safe amount of alcohol has been set for a pregnant woman. One standard drink is defined as one 12-ounce bottle of beer, one 5-ounce glass of wine, or one 1.5-ounce shot of liquor. Even one drink a day has not been determined safe.

The damage alcohol does can depend on how much, as well as when, during the pregnancy the mother drinks. Drinking at any time during pregnancy can cause birth defects.

Important! Binge drinking can be just as harmful to an unborn infant as a small amount of alcohol every day. For women, binge drinking is defined as having four or more drinks in a row. Even one instance of binge drinking can be very harmful to an unborn infant.

Alcohol is a teratogen that causes cell death. This cell death can result in various levels of brain damage and/or birth defects. Whenever a woman stops drinking, she lowers the risk of having an infant with FAS/FAE.

FAS/FAE

FAS is a birth defect that affects growth, the brain, and the face. It is characterized by behavior problems, learning disabilities, pre- and post-natal growth retardation, and specific facial abnormalities. It is the leading cause of preventable mental disabilities.

FAS does not refer to an infant born drunk or addicted to alcohol. However, some infants with FAS have withdrawal symptoms.

Fetal Alcohol Effects (FAE) is a term that is widely used to describe children who have some symptoms of FAS, but do not meet the full criteria for FAS.

There are no defined criteria for FAE. It is not a defined diagnosis, even though the symptoms are just as debilitating for children who have FAE. Often, a child with FAE will have mental and behavioral symptoms but no physical symptoms.

FAS is the leading cause of preventable mental disabilities.
Alcohol’s effects

FAS was first defined in 1973. A group of doctors coined the term to describe certain birth defects found in children born to alcoholic women. FAS is not hereditary, because the birth defects are not genetically linked. They are caused by the mother’s alcohol use.

When a woman drinks while pregnant, the fetus is exposed to the same amount of alcohol she drinks, and for a longer period of time. Alcohol passes from the mother’s bloodstream to the fetus through the placenta. The alcohol runs through the fetus’s bloodstream, out into the amniotic fluid that surrounds it, and is taken in a second time.

A fetus cannot process alcohol. It must depend on the mother to rid the alcohol from its system. As the mother’s body does this, alcohol is absorbed by the fetus’s tissue that has high water content (the brain, liver, pancreas, kidney, lungs, thymus and heart).

The level of alcohol in the fetus’s blood is often two times higher than in the mother’s blood.

Developing organs are at greatest risk for damage from alcohol during the first trimester. An increased risk of spontaneous abortion occurs in the second trimester. Drinking during the third trimester can interfere with the infant’s growth, including growth of the brain.

Drinking by the father may also affect a pregnancy. Alcohol enters the man’s testicles through the blood and lowers his sperm count. It lowers sperm’s ability to swim, and affects the process by which sperm are selected to fertilize the egg.

Heavy alcohol use by the man can also be linked to infertility, low birth weight and long-term, permanent damage to the child.

Characteristics

Symptoms of FAS can include mental retardation, slowed growth, central nervous system damage, head and facial abnormalities and behavioral abnormalities. It is important to note that these symptoms may appear in many children who do not have FAS.

The first area is slowed physical growth before and after birth. Children with FAS are often smaller than normal when they are born. They gain weight at about 33 percent of the normal rate. They are often very slender although they eat well.

Children with FAS may have certain physical defects, most of which occur in the face and head. These include short eye openings, drooping eyelids, and a crescent-shaped fold of skin over the inner corner of the eye (this is normal in some ethnicities). Other symptoms are a low nose bridge, flattened midface (area between eyes and mouth), flat, smooth philtrum, thin upper lip, and small head.

Problems with joints and limbs may also occur. Fingers may curve sideways toward the middle finger, joints may be abnormally spaced, or a child may be unable to straighten a finger at one or more joints.

Finally, mental and behavioral problems affect children with FAS all their lives. Children and adults with FAS are often mildly to severely mentally disabled.

FAS infants have poor sucking responses, feeding problems, and uneven sleeping and eating patterns. They are often cranky, easily distracted, and very sensitive.

Young children have a short attention span, poor short-term memory, delays in walking and talking, low IQ, and are often hyperactive.
Older children have poor social skills, bad judgement, temper tantrums, and repeated instances of lying, stealing, and disobeying. Many are unable to think abstractly (about money, time, etc.), separate fact from fantasy, and lack problem solving skills.

While the physical symptoms often lessen or disappear with age, people with FAS carry the mental and behavioral problems with them into adulthood. Adults with FAS are often seen as too talkative, impulsive, hungry for attention, are unable to think ahead, can't understand danger, and act inappropriately for someone their age in social settings.

Children with FAE do not have all the symptoms required to be diagnosed with FAS. They may not have physical symptoms.

However, most do suffer from many of the same mental and behavioral problems that are seen in FAS children.

Even if a person has some of these symptoms, it does not mean that his or her mother drank alcohol while pregnant. A diagnosis of FAS must be made by a medical professional. Many factors must be present, one of which should be a determination of the extent of the mother's alcohol use.

**Terminology**

**Alcohol-Related Birth Defects (ARBD)** - describes a range of physical problems in children whose mothers drank during pregnancy; includes anomalies such as heart defects, sight/hearing problems, joint anomalies, etc.

**Alcohol-Related Neurological Disorders (ARND)** - describes a range of mental disorders in children whose mothers drank during pregnancy; includes attention deficit disorders, behavior disorders, etc.

**Fetal Alcohol Syndrome (FAS)** - FAS is a birth defect that affects growth, the brain, and the face. It is characterized by behavior problems, learning disabilities, pre/post-natal growth retardation, and specific facial abnormalities.

**Fetal Alcohol Effects (FAE)** - describes children who have some symptoms of FAS, but do not meet the full criteria for FAS.

**Piltrum** - Vertical groove that runs from under the nose to the upper lip.

**Teratogen** - an agent that causes physical or developmental defects in the fetus. Alcohol, cigarettes, and drugs are examples of teratogens.
CURRICULUM SUGGESTIONS

The FAS Manikin is most effective when used with Drug-Affected Baby, and after your students have participated in a parenting simulation with a healthy infant simulator. More involved class activities are available in The Gamble™ Learning Module, available from Realityworks.

Day One: Give students the “Pre-KKnowledge Worksheet”
This worksheet is meant to show you and your students how much—or little—they know about FAS/FAE. You may want to reassure students that the worksheet is for information and discussion only, and will not be graded.

Show National Organization on Fetal Alcohol Syndrome video
Discuss the effects alcohol and drugs have on unborn infants. Ask students what they thought of the video and its message. What impacted them the most?

Go over the answers to the “Pre-KKnowledge Worksheet”
Discuss all answers. Discuss what happens to an unborn infant when the mother drinks alcohol—how it is ingested by the infant, etc. Talk about the reasons a woman would drink while pregnant.

Day Two: Do a physical demonstration
You will need: • one raw egg
• one wine glass
• one ounce of alcohol
Break the raw egg into the glass and add the ounce of alcohol. Watch the clear part of the egg develop white streaks as the alcohol “cooks” it. This represents an infant’s brain on alcohol. You may want to start this demonstration at the start of class, and check it often to watch the “cooking” process.

Give students the “Women and Alcohol Worksheet”
This worksheet is meant to spark discussion about how alcohol affects women, and how alcohol affects men differently. Discuss how alcohol use by the mother affects the unborn infant, but also how alcohol abuse by the father can affect the infant’s health.

Introduce the FAS Manikin
Pass the Manikin around the room and let each student hold it. Compare the Manikin to what a healthy infant would look like. Discuss the physical defects, stressing that the Manikin is a worst-case scenario. If you have the Drug-Affected Baby or Demonstrator, compare the head size to the FAS Manikin’s head. Discuss the mental and behavioral abnormalities. Explain that not every one with a learning disability or mental disability has FAS/FAE.

Day Three: Give students the “FAS/FAE Crossword” and “FAS/FAE Matching” worksheets
These worksheets are intended to get students to work with the terms and definitions associated with FAS/FAE. Discuss answers and use worksheets to generate discussion about terms and their definitions.

Assign a research project
The resource list on page 8 is a good starting point. Turn the research into a contest—which students can find facts about FAS/FAE that haven’t been discussed in class yet, or the most statistics about FAS/FAE?

Day Four: One week later, give students the “Post-KKnowledge Worksheet”
This worksheet challenges students to come up with full answers, instead of selecting from a group of multiple choice answers. It is more difficult, and should be given after students have learned about FAS/FAE.
Vinyl Care

Never immerse the FAS Manikin in water.

Never place the FAS Manikin on newsprint or on new, unwashed clothing. The inks and dyes can stain the vinyl.

If the vinyl becomes discolored, use the cleaning kit available from Realityworks. You can also use baby wipes, or scrub the body with a mildly abrasive scrubbing pad. Many stains are impossible to remove. Prevention should always be stressed.

For built-up grime, smear the body with petroleum jelly. Place it in a warm, sunny area for several hours. Wipe it off with a damp cloth.

Some brands of acne cleansing pads, hair spray, or nail polish remover may help remove stains. However, these can also remove paint from the Manikin's face and hair.

Joint Lubrication

If the body joints become dry and stiff, place a small amount of Baby Think It Over® Joint Lubricant in the joint and rotate. This will prevent tearing caused by dry joints.

Storage

Storing the FAS Manikin wrapped in the receiving blanket or protective bag will protect the paint on the face and hair.

Additional Program Materials, vinyl cleaner, joint lubricant, and other supplies are available from Realityworks. Call 800.830.1416 for information on cost and availability.

Keeping the FAS Manikin wrapped in its receiving blanket will protect the vinyl from stains while students handle it.

If you experience any problems or have questions about your FAS Manikin, please call 800.830.1416 weekdays between 8 a.m. and 5 p.m., Central Time.

Repairs needed because of improper use or deliberate vandalism are not covered by warranty. However, repair service is available for a reasonable charge.

If possible, ship the Manikin in its original packaging. The plastic bag will protect the paint on the Manikin's face and hair, and the original box will minimize shifting during shipment.

You must receive a Return Authorization number before returning a product for repair. Please call 800.830.1416 to reach your Regional Representative.
## RESOURCES

### Web Sites

- **www.nofas.org**
  Site sponsored by the National Organization on Fetal Alcohol Syndrome, a nonprofit organization dedicated to eliminating birth defects caused by alcohol consumption during pregnancy.

- **http://depts.washington.edu/fadu/**
  Site sponsored by The Fetal Alcohol and Drug Unit at the University of Washington School of Medicine, a research unit dedicated to the prevention, intervention and treatment of FAS and ARBD.

- **www.thearc.org/faqs/fas.html**
  Site sponsored by The Arc, the country’s largest voluntary group committed to the welfare of all children and adults with mental retardation and their families.

- **www.thearc.org/misc/faalist.html**
  An FAS/FAE resource and materials guide, sponsored by The Arc.

- **www.cdc.gov/nceh/cddh/fashome.htm**
  Site sponsored by the Centers for Disease Control and Prevention (CDC) and the National Center for Environmental Health (NCEH).

- **www.acbr.com/fas**
  Site sponsored by the TRIUMF Project offers software downloads of FAS information. (Teaching & Research for the Identification, Understanding & Management of Fetal Alcohol Syndrome).

- **www.arium.org/fas.html**
  Site sponsored by ARIUM (Addiction Resources, Information, Utilization & Mission)

- **www.fascets.org**
  Site sponsored by FASCETS (Fetal Alcohol Syndrome Consultation, Education and Training Services, Inc.).

### Organizations

- **National Organization on Fetal Alcohol Syndrome (NOFAS)**
  216 “G” Street North East
  Washington, DC 20002
  Phone 202.785.4585
  Fax 202.466.6456
  information@nofas.org

- **Fetal Alcohol and Drug Unit**
  University of Washington School of Medicine
  Dept. of Psychiatry and Behavioral Sciences
  180 Nickerson St., Suite 309
  Seattle, WA 98109
  Phone 206.543.7155
  Fax 206.685.2903

- **Clean Water International**
  9077 - 161st Street West
  Lakeville, MN 55044
  wicklund@tc.umn.edu

- **The TRIUMF Project**
  2445 Old Lakeshore Road
  Bright’s Grove, Ontario N0N 1C0
  Phone & Fax 519.869.8026
  FAS@acbr.com

- **The Fetal Alcohol Syndrome Family Resource Institute**
  P.O. Box 2525
  Lynnwood, WA 98036
  Phone 253.531.2878

- **Addiction Resources, Information, Utilization & Mission (ARIUM)**
  144 Glasgow Street
  Guelph, Ontario N1H 4W8, Canada
  arium@yahoo.com

- **Fetal Alcohol Syndrome Consultation, Education and Training Services, Inc. (FASCETS)**
  15500-L NW Ferry Road
  Portland, OR 97231-1331
  info@fascets.org
Instructor’s Guide to Worksheets

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Before making a new form, you may want to check to see if a form is available from Realityworks that will suit your needs.
1. FAS is the leading preventable cause of mental retardation in the United States.

2. FAS is when a baby is born intoxicated or addicted to alcohol.

3. How many births does FAS affect in the U.S. a year?
   a) 2,000-4,000
   b) 1,300-8,000
   c) 2,600-10,000
   d) 5,100-13,000

4. Which symptom is NOT a characteristic of FAS?
   a) slowed growth
   b) tremors
   c) low IQ
   d) None of the above

5. When was FAS clearly defined?
   a) 1953
   b) 1963
   c) 1973
   d) 1983

6. Women who drink excessively before pregnancy are less likely to drink during pregnancy.
   a) True
   b) False

7. How many drinks are safe for a woman to consume while pregnant?
   a) 1 per day
   b) 1 per week
   c) No hard liquor, but beer and wine are safe.
   d) There is no safe level of drinking while pregnant.

8. Which is NOT a physical symptom of FAS?
   a) thin upper lip
   b) fold of skin over the inner corner of the eye
   c) abnormally large head
   d) low nasal bridge

9. At least one out of every pregnant woman uses alcohol and/or other drugs.

10. Some of the possible effects of FAS are:
    a) abnormally small head
    b) mental retardation
    c) short attention span
    d) all of the above

11. Birth defects can result when the mother drinks during which trimester of her pregnancy?
    a) Only the first trimester
    b) The first and second trimesters
    c) Any of the trimesters
    d) Only the third trimester

12. Why is it so hard to diagnose FAS?
    a) It is hard to determine how much alcohol the mother drank.
    b) There are no accepted tests to diagnose FAS.
    c) Symptoms of FAS can also be symptoms of other conditions.
    d) All of the above.

13. Sperm damaged by alcohol use can cause a miscarriage.
   a) True
   b) False

14. FAS cannot pass from one generation to the next because it’s not a genetic birth defect.
   a) True
   b) False

15. How much higher is the level of alcohol in the amniotic fluid than in the mother’s bloodstream?
    a) Same
    b) Double
    c) Triple
    d) Doesn’t affect it

16. Who can cause birth defects by drinking alcohol?
    a) the mother
    b) the father
    c) neither
    d) the mother and the father

17. Alcohol abuse lowers a man’s testosterone level and sperm count.
    a) True
    b) False

18. FAE describes children who have some symptoms of prenatal alcohol exposure but do not meet the diagnostic criteria for FAS.
    a) True
    b) False

19. A fetus suffers the effects of drugs and alcohol for the same amount of time as the mother.
    a) True
    b) False

20. Children with FAS/FAE can be cured.
    a) True
    b) False
Women and Alcohol: Test Your Knowledge

The Women and Alcohol worksheet is adapted with permission from the “Test Your Knowledge on Women’s Alcohol and Other Drug Use” quiz, posted on the Hazelden Foundation website at www.hazelden.org. It is designed to illustrate how alcohol affects women as compared to men, and to show what characteristics are unique to women who use alcohol or drugs.

1. Which substance do women abuse most?
   a) alcohol  
   b) cocaine  
   c) heroin  
   d) crack

2. Which effect of alcoholism affects more women than men?
   a) liver disease  
   b) suicide  
   c) alcohol-related accidents  
   d) all of the above

3. Of the 15.1 million people who are alcoholics, how many are women?
   a) 15.1 million (all)  
   b) 4.6 million (1/3)  
   c) 3 million (1/5)  
   d) 7.55 million (1/2)

4. Alcohol abuse decreases a woman’s life expectancy by:
   a) 15 years  
   b) 10 years  
   c) 5 years  
   d) It doesn’t decrease her life expectancy.

5. What percentage of women who enter treatment for substance abuse have been victims of physical or sexual abuse?
   a) 25-30%  
   b) 50-65%  
   c) 75-80%  
   d) 95-100%

6. What percentage of women being treated for alcoholism have also been diagnosed with depression?
   a) 33%  
   b) 44%  
   c) 55%  
   d) 66%

7. How many infants born each year are believed to suffer the effects of their mother’s drug use?
   a) 3,750  
   b) 37,500  
   c) 375,000  
   d) 3,750,000

8. Women who have an alcohol addiction:
   a) are judged less harshly by their family and society than men who drink.  
   b) are less likely than men to hide their drinking.  
   c) may be more protected than men by their families and law enforcement authorities and discouraged from seeking treatment.  
   d) all of the above

9. Women usually choose NOT to seek treatment because they fear:
   a) losing their children  
   b) prison  
   c) losing their significant other  
   d) all of the above

10. Women who drink alcohol during their pregnancies increase chances of their babies being born with:
    a) low birth weight  
    b) small stature  
    c) defects  
    d) all of the above
FAS/FAE Matching Worksheet

Each term on the left has something to do with FAS/FAE or drinking during pregnancy. Match the term with its definition by putting the letter of the correct definition next to the term.

1. placenta
   - c. the organ that connects the fetus to the mother

2. standard drink
   - h. one 12-ounce bottle of beer, one 5-ounce glass of wine, or one 1.5 ounce of liquor

3. diagnosis
   - j. a conclusion that identifies a disease or condition from its signs and symptoms

4. alcohol
   - e. any fermented or distilled intoxicating beverage containing ethanol

5. fetus
   - b. a birth defect that affects growth, the brain, and the face. It is characterized by behavior problems, learning disabilities, pre/post-natal growth retardation, and specific facial abnormalities.

6. prenatal
   - m. three, 3-month periods into which human pregnancy is divided

7. teratogen
   - l. an agent that causes physical or developmental abnormalities in the fetus

8. midface
   - n. the area between the eyes and mouth

9. FAE
   - i. describes children who have some symptoms of FAS, but do not meet the full criteria for FAS

10. trimesters
    - d. three, 3-month periods into which human pregnancy is divided

11. philtrum
    - k. colorless fluid that surrounds the fetus in the uterus and protects the fetus from injury

12. FAS
    - a. vertical groove that runs from under the nose to the upper lip

13. amniotic fluid
    - a. vertical groove that runs from under the nose to the upper lip

14. manikin
    - o. while still in the womb; before birth

15. malformations
    - f. deformities; abnormal shapes or structures
FAS/FAE Crossword

Across

1. Wine, beer, hard liquor, etc.
2. FAS has _______ and mental symptoms
4. Causes harm to a fetus
5. Newborn child
6. An imperfection
9. Vertical groove between nose and mouth
11. Drinking can cause this in men
12. Having to do with the mind
14. Unborn child
16. Medical conclusion based on symptoms
17. Standard _____ is one beer, glass of wine, or shot
18. Young person
21. The Baby Think It Over® FAS ________
22. Area between eyes and mouth

Down

1. Surrounds fetus in the womb (2 words)
2. Carries alcohol from the mother to the infant
3. Term describing physical defects caused by alcohol
7. Term for specific set of birth defects caused by alcohol
8. Three-month period of pregnancy
10. Male persons
13. With child
15. Infant dies before birth
19. Female persons
20. Drinking puts baby at _____ for FAS
Post-Knowledge Worksheet

This worksheet is designed to test your students’ knowledge after education about FAS/FAE.

1. Define Fetal Alcohol Syndrome.

FAS is a birth defect that affects growth, the brain, and the face. It is characterized by behavior problems, learning disabilities, pre/post-natal growth retardation, and specific facial abnormalities. It is caused by a woman drinking while she is pregnant.

2. List 3 of the 5 main characteristics of FAS.

- Slowed physical growth
- Specific head and facial abnormalities
- Mental retardation

3. What causes FAS?

The mother’s drinking of alcohol during pregnancy.


5. FAS affects _______ births per year in the United States.

6. List five possible symptoms of FAS.

All possible:
- Mental retardation
- Poor sucking reflexes
- Short attention span
- Low IQ
- Poor memory
- Hyperactivity
- Delays in walking and talking
- Poor social skills
- Bad judgement
- Temper tantrums
- Inability to think abstractly
- Lack of problem solving skills
- Unpredictable sleeping and eating patterns
- Irritability
- Easily distracted
- Extreme sensitivity
- Too talkative
- Impulsive
- Hungry for attention
- Inability to think ahead
- Inability to understand danger

7. The vertical groove that runs from under the nose to the upper lip is called the philtrum.

8. How many drinks are safe for a pregnant woman to drink?  None.

9. At least one out of every five pregnant women uses alcohol and/or other drugs.

10. How does alcohol pass from the mother to the fetus?  Through the placenta.

11. Give two reasons why it is so hard to diagnose FAS.

- No one symptom alone can identify FAS is older
- There are no widely accepted medical tests to diagnose FAS
- Some behavioral and mental problems don’t develop until the child is older
- Many health care providers are unfamiliar with the issues of alcohol use among pregnant women.

12. During what trimester is it safe for a pregnant woman to drink?

There is no safe time during pregnancy for the mother to drink.

13. List two ways that alcohol can affect a man’s fertility.

All possible: Lowers sperm count, diminishes sperm’s ability to swim, affects process by which sperm are selected to fertilize the egg.


Something that causes physical or developmental abnormalities in the fetus. Alcohol, cigarettes and other drugs are examples.

15. Describe the difference between Fetal Alcohol Syndrome and Fetal Alcohol Effects.

FAS is a defined diagnosis; FAE is a term used to describe children who have some symptoms of FAS but do not meet the full criteria (or similar answers).

16. What year was the term FAS first introduced?

1973

17. Does FAS pass from one generation to the next? Why or why not?

No. It is not a genetically linked birth defect.

18. List three of the organs in an infant that are most affected by alcohol.

All possible: Brain, liver, pancreas, kidney, lungs, thymus, heart.

19. What aspects of the mother’s drinking determine the severity of damage done to the fetus?

How much the mother drinks, and during what trimester the mother drinks.

20. Is it easy to get statistics about FAS and FAE? Why or why not?

No. There are many complex factors—both are very hard to diagnose.
Worksheets

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Before making a new form, you may want to check to see if a form is available from Realityworks that will suit your needs.

Materials for use with the Baby Think It Over® Program only.
Circle the correct multiple choice answer, or circle true or false.

1. FAS is the leading preventable cause of mental retardation in the United States.
   a) True  
   b) False

2. FAS is when a baby is born intoxicated or addicted to alcohol.
   a) True  
   b) False

3. How many births does FAS affect in the U.S. a year?
   a) 2,000-4,000  
   b) 1,300-8,000  
   c) 2,600-10,000  
   d) 5,100-13,000

4. Which symptom is NOT a characteristic of FAS?
   a) slowed growth
   b) tremors
   c) low IQ
   d) None of the above

5. When was FAS clearly defined?
   a) 1953  
   b) 1963  
   c) 1973  
   d) 1983

6. Women who drink excessively before pregnancy are less likely to drink during pregnancy.
   a) True  
   b) False

7. How many drinks are safe for a woman to consume while pregnant?
   a) 5 per day
   b) 2 per day
   c) No hard liquor, but beer and wine are safe.
   d) There is no safe level of drinking while pregnant.

8. Which is NOT a physical symptom of FAS?
   a) thin upper lip
   b) fold of skin over the inner corner of the eye
   c) abnormally large head
   d) low nasal bridge

9. At least one out of every _____ pregnant women uses alcohol and/or other drugs.
   a) two  
   b) five  
   c) eight  
   d) fifteen

10. Some of the possible effects of FAS are:
    a) abnormally small head  
    b) short attention span  
    c) mental retardation  
    d) all of the above

11. Birth defects can result when the mother drinks during which trimester of her pregnancy?
    a) Only the first trimester
    b) The first and second trimesters
    c) Any of the trimesters
    d) Only the third trimester

12. Why is it so hard to diagnose FAS?
    a) It is hard to determine how much alcohol the mother drank.
    b) There are no accepted tests to diagnose FAS.
    c) Symptoms of FAS can also be symptoms of other conditions.
    d) All of the above.

13. Sperm damaged by alcohol use can cause a miscarriage.
    a) True  
    b) False

14. FAS cannot pass from one generation to the next because it's not a genetic birth defect.
    a) True  
    b) False

15. How much higher is the level of alcohol in the amniotic fluid than in the mother's bloodstream?
    a) Same  
    b) Double  
    c) Triple  
    d) Doesn't affect it

16. Who can cause birth defects by drinking alcohol?
    a) the mother
    c) neither
    b) the father
    d) the mother and the father

17. Alcohol abuse lowers a man's testosterone level and sperm count.
    a) True  
    b) False

18. FAE describes children who have some symptoms of prenatal alcohol exposure but do not meet the diagnostic criteria for FAS.
    a) True  
    b) False

19. A fetus suffers the effects of drugs and alcohol for the same amount of time as the mother.
    a) True  
    b) False

20. Children with FAS/FAE can be cured.
    a) True  
    b) False
Women and Alcohol: Test Your Knowledge

Circle the correct multiple choice answer.

1. Which substance do women abuse most?
   a) alcohol
   b) cocaine
   c) heroin
   d) crack

2. Which effect of alcoholism affects more women than men?
   a) liver disease
   b) suicide
   c) alcohol-related accidents
   d) all of the above

3. Of the 15.1 million people who are alcoholics, how many are women?
   a) 15.1 million (all)
   b) 4.6 million (1/3)
   c) 3 million (1/5)
   d) 7.55 million (1/2)

4. Alcohol abuse decreases a woman’s life expectancy by:
   a) 15 years
   b) 10 years
   c) 5 years
   d) It doesn’t decrease her life expectancy.

5. What percentage of women who enter treatment for substance abuse have been victims of physical or sexual abuse?
   a) 25-30%
   b) 50-65%
   c) 75-80%
   d) 95-100%

6. What percentage of women being treated for alcoholism have also been diagnosed with depression?
   a) 33%
   b) 44%
   c) 55%
   d) 66%

7. How many infants born each year are believed to suffer the effects of their mother’s drug use?
   a) 3,750
   b) 37,500
   c) 375,000
   d) 3,750,000

8. Women who have an alcohol addiction:
   a) are judged less harshly by their family and society than men who drink.
   b) are less likely than men to hide their drinking.
   c) may be more protected than men by their families and law enforcement authorities and discouraged from seeking treatment.
   d) all of the above

9. Women usually choose NOT to seek treatment because they fear:
   a) losing their children
   b) prison
   c) losing their significant other
   d) all of the above

10. Women who drink alcohol during their pregnancies increase chances of their babies being born with:
    a) low birth weight
    b) small stature
    c) defects
    d) all of the above
FAS/FAE Matching Worksheet

Each term on the left has something to do with FAS/FAE or drinking during pregnancy. Match the term with its definition by putting the letter of the correct definition next to the term.

___ 1. placenta       a. vertical groove that runs from under the nose to the upper lip
___ 2. standard drink  b. a birth defect that affects growth, the brain, and the face. It is characterized by behavior problems, learning disabilities, pre/post-natal growth retardation, and specific facial abnormalities.
___ 3. diagnosis       c. the organ that connects the fetus to the mother
___ 4. alcohol         d. a form that represents the human figure
___ 5. fetus           e. any fermented or distilled intoxicating beverage containing ethanol
___ 6. prenatal        f. deformities; abnormal shapes or structures
___ 7. teratogen       g. from the third month to birth, an infant in the womb is called this
___ 8. midface         h. one 12-ounce bottle of beer, one 5-ounce glass of wine, or one 1.5 ounce of liquor
___ 9. FAE             i. describes children who have some symptoms of FAS, but do not meet the full criteria for FAS
___ 10. trimesters     j. a conclusion that identifies a disease or condition from its signs and symptoms
___ 11. philtrum       k. colorless fluid that surrounds the fetus in the uterus and protects the fetus from injury
___ 12. FAS            l. an agent that causes physical or developmental abnormalities in the fetus
___ 13. amniotic fluid m. three, 3-month periods into which human pregnancy is divided
___ 14. manikin         n. the area between the eyes and mouth
___ 15. malformations  o. while still in the womb; before birth
Across
1. Wine, beer, hard liquor, etc.
2. FAS has _______ and mental symptoms
4. Causes harm to a fetus
5. Newborn child
6. Deformity
9. Vertical groove between nose and mouth
11. Drinking can cause this in men
12. Having to do with the mind
14. Unborn child
16. Medical conclusion based on symptoms
17. Standard _____ is one beer, glass of wine, or shot
18. Young person
21. The Baby Think It Over® FAS __________
22. Area between eyes and mouth

Down
1. Surrounds fetus in the womb (2 words)
2. Carries alcohol from the mother to the infant
3. Term describing physical defects caused by alcohol
7. Term for specific set of birth defects caused by alcohol
8. Three-month period of pregnancy
10. Male persons
13. With child
15. Infant dies before birth
19. Female persons
20. Drinking puts baby at _____ for FAS
1. Define Fetal Alcohol Syndrome.

2. List 3 of the 5 main characteristics of FAS.

3. What causes FAS?

4. Can FAS be cured?

5. FAS affects ________ births per year in the United States.

6. List five possible symptoms of FAS.

7. The vertical groove that runs from under the nose to the upper lip is called the __________.

8. How many drinks are safe for a pregnant woman to drink?

9. At least one out of every ________ pregnant women uses alcohol and/or other drugs.

10. How does alcohol pass from the mother to the fetus?

11. Give two reasons why it is so hard to diagnose FAS.

12. During what trimester is it safe for a pregnant woman to drink?

13. List two ways that alcohol can affect a man’s fertility.


15. Describe the difference between Fetal Alcohol Syndrome and Fetal Alcohol Effects.

16. What year was the term FAS first introduced?

17. Does FAS pass from one generation to the next? Why or why not?

18. List three of the organs in an infant that are most affected by alcohol.

19. What aspects of the mother’s drinking determine the severity of damage done to the fetus?

20. Is it easy to get statistics about FAS and FAE? Why or why not?