Report for NFOG found – educational visit at the Fetal Alcohol Syndrome Diagnostic & Prevention Network at the Center on Human Development & Disability, University of Washington, Seattle, USA

Due to the generous funding from the NFOG Fund I have been able to carry out a clinical and research visit at The Center on Human Development & Disability at the University of Washington in Seattle, USA.

After 25 years of research into the potential effects of alcohol use during pregnancy it has been a long-standing wish of mine to visit professor Susan Hemingway, who in the 1990's invented the 4-digit code to diagnose children born with Fetal Alcohol Spectrum Disorders (FASD) .

Meeting with professor Hemingway and her team has been a most instructive experience. Daily lessons gave a deep understanding of the conditions included in the umbrella term FASD and all the challenges that follow. Various definitions of FASD exist, but professor Hemingway's remains the one that is actually validated, and her facial feature guide is used on several continents and included in the Danish national guideline on FASD.

The epidemiologic research of prenatal alcohol exposure and its consequences that has been undertaken at The Center on Human Development & Disability by professor Hemingway and her team has been amazing to be introduced to. Not only to see how there now is an evidenced based way of diagnosing FASD, but also to get an insight into the study methodology.

At clinic days I was invited to observe how a multidisciplinary team screened children for FASD. The multidisciplinary team consisted of a pediatrician, a speech-language pathologists, an occupational therapist, a psychologist, a social worker and a family advocate, spent weeks on collecting information and previous test results on each child attending the clinic, and then spent more than half a day to exam each child. The day included a detailed interview of the child's caregivers – often foster parents – to get an impression of how the child copes in everyday life, and what special needs the child may have, according to the caregivers. The child would then be tested using different cognitive tests, language tests, motor tests etc., the test battery being chosen for each child based on the information previously provided. From pictures of the child, the palpebral fissure, the philtrum and the upper lip would be measured to rank if the child had the characteristics facial features of a child with FAS(D).

Results from the testing and other important information from medical records, school reports etc. would then determinate if the child should be considered for a FASD diagnosis, and a detailed personal intervention plan would be prepared and presented for the family.

When not attending the lectures or the clinic, I had the opportunity to read and work at the university library at the University Library at the University of Washington, as seen below. Awesome!

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