

What are the differences between FASD and neonatal abstinence syndrome (NAS)?

Using substances like alcohol or opioids during pregnancy can affect the fetus. Drinking during pregnancy can cause fetal alcohol spectrum disorders (FASD).¹ Using certain substances like opioids or meth can cause neonatal abstinence syndrome (NAS). While NAS is mainly linked to opioids (such as heroin, codeine, oxycodone, methadone, and/or buprenorphine), some prescription medications (like antidepressants) and illegal substances (such as meth) have been found to cause NAS as well.²

Although both FASD and NAS are caused by substance use during pregnancy, there are many differences between these two conditions. One of the major differences is that NAS can be treated, but FASD is lifelong.

Below we have listed some of the common symptoms of FASD and NAS. Things that are in bold are effects that are seen in both conditions. Please note that not every person with prenatal substance exposure will have an FASD or NAS. Not every person with FASD or NAS will have all of the effects listed.

FETAL ALCOHOL SPECTRUM DISORDER (FASD)

- Affects as many as 5% of children in the United States³
- Caused by drinking during pregnancy⁴
- Not caused by exposure during nursing; although it can have other effects on the child, alcohol exposure during⁵ nursing does not cause FASD
- Early intervention can help⁶
- Low birth weight⁷
- Microcephaly (the head and brain are much smaller than expected)⁸
- Not linked with withdrawal symptoms
- Has lifelong effects⁹

NEONATAL ABSTINENCE SYNDROME (NAS)

- Affects less than 1% of children in the United States¹⁵
- Caused by substance use during pregnancy¹⁶
- Not caused by exposure during nursing; although it can have other effects on the child, substance exposure during nursing does not cause NAS¹⁷
- Early intervention can help¹⁸
- Low birth weight¹⁹
- Newborn experiences withdrawal symptoms (such as high-pitched cry, restlessness, and/or seizures)²⁰

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FETAL ALCOHOL SPECTRUM DISORDER (FASD)

NEONATAL ABSTINENCE SYNDROME (NAS)

- Most effects are not noticeable right after birth
 - Effects can include: sensitivity to light, touch taste, smells, or sound; issues with speech and language; hyperactive and impulsive behavior; and short attention span^{10, 11, 12, 13, 14}

- Effects are usually noticeable right after birth²²
 - Effects can include: vomiting; sweating; fever; tremors; excessive crying; poor eating skills; and sleep problems

POSSIBLE EFFECTS	ALCOHOL	TOBACCO	OPIOIDS	METH	COCAINE	MARIJUANA
LOW BIRTHWEIGHT	X	X	X	X	X	X
PREMATURE BIRTH	X	X	X		X	
BIRTH DEFECTS	X	X	X		X	
CHANGES IN BRAIN STRUCTURE AND/OR FUNCTIONING	X	X	X	X	X	X
COGNITIVE EFFECTS	X	X	X	X	X	X
BEHAVIORAL EFFECTS	X	X	X	X	X	
DECREASED MOTOR SKILLS	X	X	X	X		

Chart sources: ^{23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45}

Sources :

1. FAS Diagnostic and Prevention network. The 4 diagnoses under the FASD umbrella. <https://depts.washington.edu/fasdpn/htmls/fasd-fas.htm>
2. MedlinePlus. Neonatal abstinence syndrome. <https://medlineplus.gov/ency/article/007313.htm>
3. May et al. Prevalence of Fetal Alcohol Spectrum Disorders in 4 US Communities, JAMA. 2018;319 (5):474-482.
4. Burd L, Blair J, Dropps K. Prenatal alcohol exposure, blood alcohol concentrations and alcohol elimination rates for the mother, fetus and newborn. Journal of Perinatology. 2012;32(9):652-659.
5. Canada FASD Research Network. Breastfeeding and fetal alcohol spectrum disorder. <https://canfasd.ca/wp-content/uploads/sites/35/2016/05/Breastfeeding-and-FASD-EN.pdf>
6. Peadon E, Rhys-Jones B, Bower C, Elliott EJ. Systematic Review of Interventions for Children with Fetal Alcohol Spectrum Disorders. BMC Pediatrics. 2009;9(35).
7. Subramoney S, Eastman E, Adnams C, Stein DJ, Donald KA. The Early Developmental Outcomes of Prenatal Alcohol Exposure: A Review. Frontiers in Neurology. 2018; 9(1108).

Sources Continued:

8. Treit S, Zhou D, Chudley AE, et al. Relationships between Head Circumference, Brain Volume and Cognition in Children with Prenatal Alcohol Exposure. *PLoS ONE*. 2016;11(2):1-15.
9. Noor S, Milligan ED. Lifelong Impacts of Moderate Prenatal Alcohol Exposure on Neuroimmune Function. *Frontiers in Immunology*. 2018.
10. Masotti P, Longstaffe S, Gammon H, Isbister J, Maxwell B, Hanlon-Dearman A. Integrating care for individuals with FASD: results from a multi-stakeholder symposium. *BMC Health Services Research*. 2015;15(1):1-12.
11. Peadar E, Elliott EJ. Distinguishing between attention-deficit hyperactivity and fetal alcohol spectrum disorders in children: clinical guidelines. *Neuropsychiatr Dis Treat*. 2010;6:509-515.
12. Pei J, Leung WSW, Jampolsky F, Alsbury B. Experiences in the Canadian criminal justice system for individuals with Fetal Alcohol Spectrum Disorders: Double jeopardy?. *Canadian Journal of Criminology & Criminal Justice*. 2016;58(1):56-86.
13. Gross AC, Deling LA, Wozniak JR, Boys CJ. Objective measures of executive functioning are highly discrepant with parent-report in fetal alcohol spectrum disorders. *Child Neuropsychology*. 2015;21(4): 531-538.
14. Subramoney S, Eastman E, Adnams C, Stein DJ, Donald KA. The Early Developmental Outcomes of Prenatal Alcohol Exposure: A Review. *Frontiers in Neurology*. 2018; 9(1108).
15. Ko JY, Patrick SW, Tong VT, Patel R, Lind JN, Barfield WD. Incidence of Neonatal Abstinence Syndrome — 28 States, 1999–2013. *MMWR Morb Mortal Wkly Rep* 2016;65:799–802.
16. Bass PFI. Neonatal abstinence syndrome. *Contemporary Pediatrics*. 2015;32:26.
17. Holmes AP, Schmidlin HN, Kurzum EN. Breastfeeding considerations for mothers of infants with neonatal abstinence syndrome. *Pharmacotherapy*. 2017;37(7):861-869.
18. Patrick SW, Davis MM, Lehmann CU, Cooper WO. Increasing incidence and geographic distribution of neonatal abstinence syndrome: United States 2009 to 2012. *Journal of Perinatology*. 2015;35(8):650-655.
19. Children's Minnesota. Neonatal abstinence syndrome: symptoms and treatment. <https://www.childrensmn.org/educationmaterials/childrensmn/article/15500/neonatal-abstinence-syndrome-symptoms-and-treatment/>
20. March of Dimes. Neonatal abstinence syndrome (NAS). [https://www.marchofdimes.org/complications/neonatal-abstinence-syndrome-\(nas\).aspx](https://www.marchofdimes.org/complications/neonatal-abstinence-syndrome-(nas).aspx)
21. Kocherlakota P. Neonatal abstinence syndrome. *Pediatrics*. 2014;134(2):e547-61.
22. Stanford Children's Health. Neonatal abstinence syndrome. <https://www.stanfordchildrens.org/en/topic/default?id=neonatal-abstinence-syndrome-90-P02387>
23. Janisse JJ, Bailey BA, Ager J, Sokol RJ. Alcohol, tobacco, cocaine, and marijuana use: Relative contributions to preterm delivery and fetal growth restriction. *Substance Abuse*. 2014;35:60-67.
24. Lambert BL, Bauer CR. Developmental and behavioral consequences of prenatal cocaine exposure: A review. *Journal of Perinatology*. 2012;32:819-828.
25. Diaz SD, Smith LM, LaGasse LL, et al. Effects of prenatal methamphetamine exposure on behavioral and cognitive findings at 7.5 years of age. *Journal of Pediatrics*. 2014;164:1333-1338.
26. Viteri OA, Soto EE, Bahado-Singh RO, Christensen CW, Chauhan SP, Sibai BM. Fetal anomalies and long-term effects associated with substance abuse in pregnancy: A literature review. *American Journal of Perinatology*. 2015;32(5):405-415.
27. Lebel C, Roussotte F, Sowell ER. Imaging the impact of prenatal alcohol exposure on the structure of the developing human brain. *Neuropsychol Rev*. 2011;21:102-118.
28. Hennessy G. Marijuana and pregnancy. *American Journal on Addictions*. 2018;27:44-45.
29. Hackshaw A, Rodeck C, Boniface S. Maternal smoking in pregnancy and birth defects: a systematic review based on 173 687 malformed cases and 11.7 million controls. *Hum Reprod Update*. 2011;17(5):589-604.
30. Lind JN, et al. Maternal use of opioids during pregnancy and congenital malformations: A systematic review. *Pediatrics*. 2017;139(6).
31. Landi N, Avery T, Crowley MJ, Wu J, Mayes L. Prenatal cocaine exposure impacts language and reading into late adolescence: Behavioral and ERP evidence. *Dev Neuropsychol*. 2017;42(6):369-386.
32. Forman LS, Liebschutz JM, Rose-Jacobs R, Richardson MA, Cabral HJ, Heeren TC, Frank DA. Urban young adults' adaptive functioning: Is there an association with history of prenatal exposure to cocaine and other substances? *Journal of Drug Issues*. 2017;47(2):261-276.
33. Abar B, et al. Examining the relationships between prenatal methamphetamine exposure, early adversity, and child neurobehavioral disinhibition. *Psychology of Addictive Behaviors*. 2013;27(3):662-673.
34. Minnes S, Lang A, Singer L. Prenatal tobacco, marijuana, stimulant, and opiate exposure: outcomes and practice implications. *Addict Sci Clin Pract*. 2011;6(1):57-70.
35. Yazdy MM, Desai RJ, Brogly SB. Prescription opioids in pregnancy and birth outcomes: A review of the literature. *Journal of Pediatrics Genetics*. 2015;4:56-70.
36. Irner TB. Substance exposure in utero and developmental consequences in adolescence: A systematic review. *Child Neuropsychology*. 2012;18(6):521-549.
37. Zhang A, Marshall R, Kelsberg G, Safranek S. What effects—if any—does marijuana use during pregnancy have on the fetus or child? *The Journal of Family Practice*. 2017;66(7):462-466.
38. Mamluk L, Edwards HB, Savović J, et al. Low alcohol consumption and pregnancy and childhood outcomes: Time to change guidelines indicating apparently 'safe' levels of alcohol during pregnancy? A systematic review and meta-analyses. *BMJ Open*. 2017;7:e015410.
39. Bailey BA, Sokol RJ. Prenatal alcohol exposure and miscarriage, stillbirth, preterm delivery, and Sudden Infant Death Syndrome. *Alcohol Research & Health*. 2011; 34(1):86-91.
40. Flak AL, Su, Bertrand J, Denny CH, Kesmodel US, Cogswell ME. The association of mild, moderate, and binge prenatal alcohol exposure and child neuropsychological outcomes: A meta-analysis. *Alcoholism: Clinical and Experimental Research*. 2014;38(1):214-226.
41. Taggart TC, Simmons RW, Thomas JD, Riley EP. Children with heavy prenatal alcohol exposure exhibit atypical gait characteristics. *Alcohol Clin Exp Res*. 2017;41(9):1648-1655.
42. Yeoh SL, Eastwood J, Wright IM. Cognitive and motor outcomes of children with prenatal opioid exposure: A systematic review and meta-analysis. *JAMA Netw Open*. 2019;2(7):e197025.
43. El Marroun, H., Schmidt, M., Franken, I. et al. Prenatal Tobacco Exposure and Brain Morphology: A Prospective Study in Young Children. *Neuropsychopharmacol*. 2014;39:792-800.
44. Wright TE, Schuetter R, Tellei J, Sauvage L. Methamphetamines and pregnancy outcomes. *J Addict Med*. 2015;9(2):111-117.
45. Grewen K, Salzwedel AP, Gao W. Functional connectivity disruption in neonates with prenatal marijuana exposure. *Front Hum Neurosci*. 2015;5(601).