heart problems are more common than in normal babies, and genital-urinary problems also occur. An increased incidence of spina bifida, hip dislocation, and delayed skeletal maturation occurs among FAS children.

Neonatal death rates for FAS babies are higher than normal and this may be due to the fact that "the mother is intoxicated at the time of birth and the baby . . . then goes through withdrawal, which accounts for the higher mortality." Death rates in early infancy are also higher than normal, usually because of a failure to thrive. This may be due to poor parenting skills and a poor home environment which, itself, may be a result of parental alcohol use.[9]

Children with FAS have a higher-than-normal incidence of other health problems, including staggered gait in walking ("tremor ataxia"), speech impediments, dental problems, vision problems, and hearing difficulties. The organic cerebellar damage, which lies at the base of many of the FAS victim's health problems, produces the erratic behaviour and learning deficits, all of which interfere with mother-child bonding, making parenting very difficult.

FAS babies are very irritable when they are born, dislike being touched, and they have a very high-pitched crying. This may further complicate the mother-child relationship: "If the mother is also alcoholic and has a child who is very irritable and doesn't like being touched, then she also is an individual who has a lot of poor coping skills." In such a dysfunctional family situation, the FAS child may suffer significant physical, emotional, or even sexual abuse. Such abuse may account for a high mortality rate among FAS children in early infancy.[10]

In many families where a child is born with foetal alcohol syndrome (or foetal alcohol effects), there are other complicating factors which may be included under the general heading of "environment". Where the family is in the lower socio-economic category, poverty and malnutrition, and general poor health of the mother may also be factors that affect the health of the child. Maternal smoking and the mother's use of other substances or drugs may also compromise the health of the offspring. If the father also is drinking, or using other substances, this will contribute to a dysfunctional family situation and affect the health of the child.

FOETAL ALCOHOL EFFECTS

Foetal alcohol effects, or FAE, is, on the surface, less severe than foetal alcohol syndrome in that the victims suffer fewer and less serious impacts from maternal alcohol consumption. In general, the individual's IQ is higher and is often in the normal range. Physical abnormalities are much fewer and less pronounced than those suffered by FAS victims. As Dr. Casiro stated, "babies with foetal alcohol effects don't have all the physical characteristics the ones with the full syndrome have."

Individuals with foetal alcohol effects do exhibit significant alcohol-related injuries, however. The testimony received by the Sub-Committee indicates that much of the damage suffered by FAE victims is neurological and is expressed as hyperactivity, behavioural problems, learning disabilities, and a general inability to function normally in a social milieu. Children with FAE may, in fact, face more serious problems in later life than will FAS children. Many of them suffer sufficiently severe neurological damage to make them socially dysfunctional, but their overall symptoms as infants are not often correctly diagnosed and early medical intervention will usually not happen.

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9 Proceedings, Issue 9, p. 23.

10 Proceedings, Issue 9, p. 24.