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FASD | Fetal Alcohol Spectrum Disorder
AR | Australian Registry

Biannual Data Summary Report

June 2025

National surveillance of Fetal Alcohol Spectrum Disorder (FASD)

1 January 2015 to 30 June 2025

The Fetal Alcohol Spectrum Disorder Australian Registry (FASDAR) houses national surveillance data on de-identified cases of FASD in children aged less than 15 years and reported to the Australian Paediatric Surveillance Unit (APSU). From study inception on 1 January 2015 to 30 June 2025, 1898 notifications of FASD have been made to the APSU. For 1770 (93.2%) of these notifications a case report form was provided by the reporting clinician and contained sufficient data to verify the FASD diagnosis. After internal review of data, there were 1432 confirmed cases of FASD identified during this period.

Sociodemographics
The median age at diagnosis was 8.8 years and of the sample, 65.2% were male, 53.2% Aboriginal and/or Torres Strait Islander, and 43.3% in foster care. Notified cases were from New South Wales (24.3%), Victoria (21.7%), Western Australia (20.0%), Queensland (18.8%), Northern Territory (8.1%), South Australia (4.3%), Tasmania (2.0%), and Australian Capital Territory (0.8%). Almost half of the children lived in major cities (49.6%), and remote/very remote areas were overrepresented (15.6%).

FASD diagnosis
FASD with 3 sentinel features was diagnosed in 16.1% of children and microcephaly (occipital frontal circumference <3rd %ile) was reported in almost one-fifth of children (18.2%).

Prenatal alcohol exposure
Prenatal alcohol exposure was confirmed in the vast majority of children (97.1%) with most having high or very high-risk prenatal alcohol exposure. Congenital anomalies were reported in 31.9%.

Neurodevelopment
The most common functional domains with severe neurodevelopmental impairment were attention (82.0%); executive function, including impulse control and hyperactivity (76.8%); adaptive behaviour, social skills or social communication (75.3%); language (63.7%); academic achievement (60.7%); cognition (49.2%); and motor skills (45.1%).

Comorbidities
Comorbidities were frequently reported, the most common being attention deficit hyperactivity disorder (ADHD) (67.3%), communication disorders (60.2%), trauma, stress-related or attachment disorders (50.9%), motor disorders (31.8%), sleep disorders (28.4%), intellectual disabilities (27.7%), anxiety (27.0%), autism spectrum disorder (24.2%), and specific learning disorders (23.4%).

It should be noted that reporting by clinicians to the APSU is voluntary. Most reports come from specialist FASD Assessment clinics. FASD is likely under-recognised and under-diagnosed. Underreporting has been identified from some states.

Acknowledgements

Suggested citation

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