

**606 PRIMARY PREVENTION OF FAS. TARGETING WOMEN AT HIGH RISK THROUGH THE FAS DIAGNOSTIC AND PREVENTION NETWORK.** SJ Astley, Ph.D.; D Bailey, M.N., T Talbot. M.S.W., SK. Clarren, M.D., Dept. of, Pediatrics, Univ. of Washington, Seattle WA.

The incidence of fetal alcohol syndrome (FAS) can be measurably reduced by targeting intervention efforts to women at highest risk for producing children with FAS.

Eighty birth mothers of children diagnosed with FAS using the WA State FAS Diagnostic and Prevention Network criteria were administered a structured interview to document their sociodemographic profiles, social support systems, reproductive history, family planning practices, substance use, alcohol treatment history, IQs, and life-time psychiatric co-morbidities.

Eighty women were interviewed (68% Caucasian, 24% Native American, 8% African American, Hispanic). These women were, on average, 15.1 years old when they first started drinking, 22.9 when they drank the most, 25.8 at their first attempt to stop drinking, 26.9 when they gave birth to the index child with FAS, 34.7 when their child was diagnosed with FAS and 37.5 when they were interviewed. Selected descriptives include: did not complete high school (39%); mean IQ ( $91 \pm 15$ ); sexually and or physically abused (95%); had a parent with alcohol use problems (79%); total number of children born (272), number born with alcohol exposure after the child with FAS (61); mean parity of the child with FAS (2.6); proportion of pregnancies per woman that were either unplanned, had no birth control, or were exposed to alcohol (73%, 81% and 73%); most preferred method of birth control Depo provera (32%); and 85% screened positive for three or more psychiatric co-morbidities with PTSD and depression most common. Half had achieved sobriety by the time of the child's FAS diagnosis. Women who achieved sobriety had significantly higher IQs (94 Vs 87) and larger social support groups than women who failed to achieve sobriety.

By focusing initial primary prevention efforts on women who have already had a child with FAS, the number of women targeted for primary prevention intervention would be manageable within current funding and facility parameters and each successful intervention would clearly represent measurable FAS prevention.