

Fetal and Infant Monitoring If Exposed to Alcohol

5 Tips From Clinical Experts



1 Monitor fetal growth monthly by ultrasound

Refer to maternal-fetal medicine specialist or obstetrician if growth is abnormal. Alcohol use during pregnancy is associated with obstetrical complications such as intrauterine growth restriction, placental abruption, and preterm labour. These outcomes are also linked to other factors such as lack of adequate prenatal care, co-occurring use of other substances, or social determinants.



2 Check for anatomical anomalies

If any anomalies, refer to maternal-fetal medicine specialist or obstetrician. Some anomalies associated with fetal alcohol exposure (e.g., heart defects, microcephaly) can be detected prenatally. However, alcohol-related neurodevelopmental outcomes are not diagnosable in the prenatal period.



3 Consider electronic fetal monitoring (EFM) during labour

The decision to perform EFM should be based on obstetrical indications (e.g., fetal growth restriction, congenital anomalies, other maternal risk factors) and the overall clinical scenario, rather than substance use alone. Refer to the [SOGC Fetal Health Surveillance: Intrapartum Consensus Guideline \(2020\)](#) for details.



4 Perform *Eat Sleep Console* assessment

Use within 4–6 hours of birth and every 2–4 hours after feeding. The [Eat Sleep Console Care Tool](#) is an evidence-informed assessment focused on the comfort and care of infants experiencing withdrawal from substances and promotes non-pharmacological interventions and family involvement in the care of the infant.



5 Conduct a complete neurodevelopmental assessment

Infants prenatally exposed to substances are at risk for developing a wide spectrum of physical, emotional, and developmental problems including [Fetal Alcohol Spectrum Disorder \(FASD\)](#) and [Neonatal Abstinence Syndrome \(NAS\)](#). Conduct assessments after birth and at regular follow-ups.