Stellenbosch
UNIVERSITY
IYUNIVESITHI
UNIVERSITEIT

SACENDU 60th Bi-Annual In-Person Symposium

From prevention to participation

Lizahn Cloete

SACENDU SYMPOSIUM

From prevention to participation

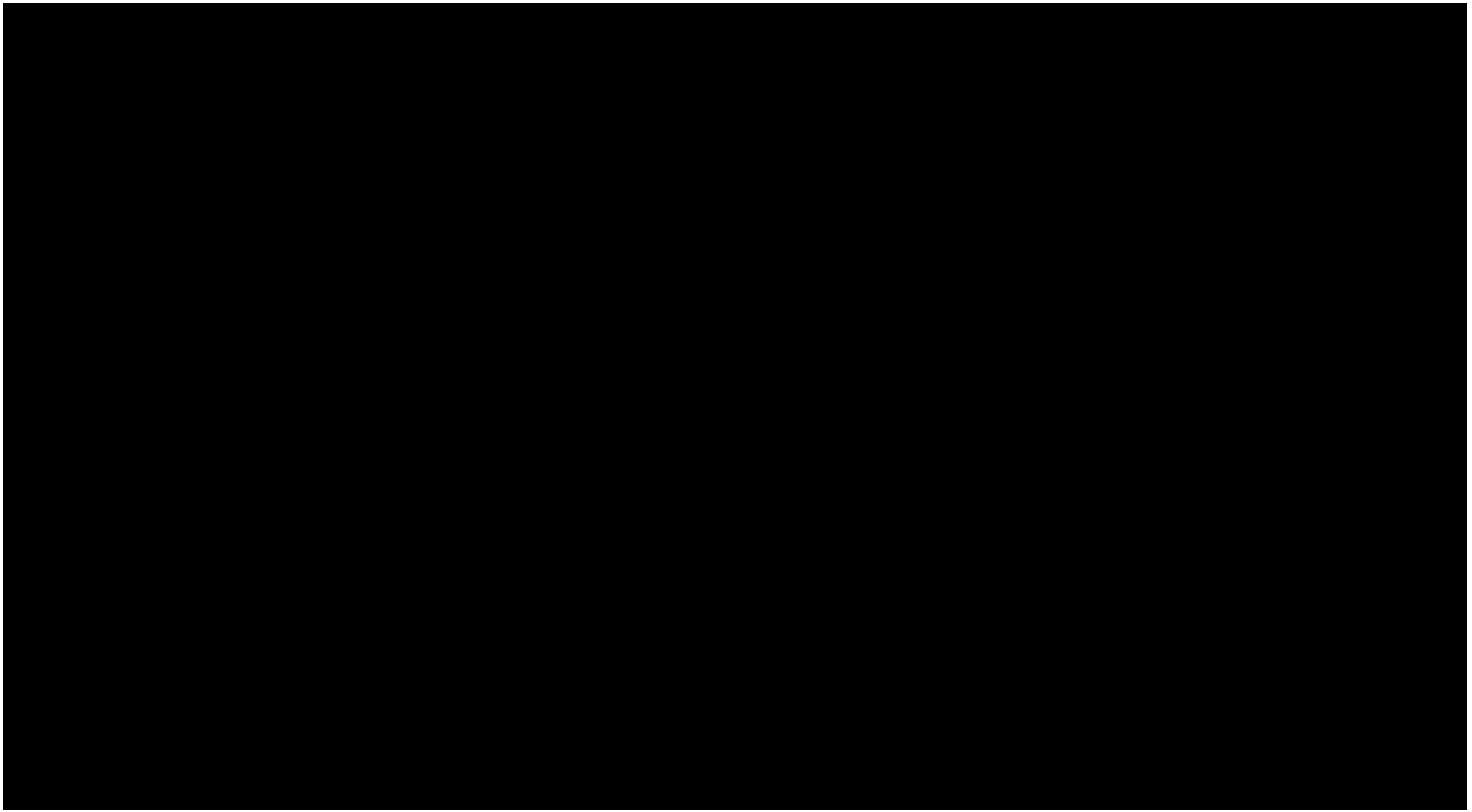
Changing life trajectories in FASD

Lizahn Cloete

Division of Occupational Therapy
Stellenbosch University

With acknowledgement to FASfacts· DSD · KROAR · CPD · SACENDU





Alcohol Crosses the Placenta — At Every Stage, It Can Harm the Developing Baby

There is **no known safe amount, no safe time**, and **no safe type** of alcohol during pregnancy.

Before implantation
Weeks 1–2



All-or-nothing period

- Alcohol can disrupt cell division and implantation.
- May result in loss of pregnancy (often before a woman knows she is pregnant).

Early embryonic stage
Weeks 3–8



Major organs begin to form

- Alcohol can interfere with the development of the brain, heart, spine and other organs.
- Increases risk of miscarriage and major birth defects.

Fetal stage – early
Weeks 9–14



Growth and refinement

- Alcohol can affect brain development, facial features and organ systems.
- Disruption to cell growth, movement and communication.

Fetal stage – mid
Weeks 15–28



Rapid brain development

- Alcohol can reduce brain size, affect neuron connections and interfere with learning and behaviour development.
- May contribute to growth restriction (small size for gestational age).

Fetal stage – late
Weeks 29–birth



Maturation and preparation for birth

- Alcohol can continue to affect brain maturation, behaviour and self-regulation.
- Increases risk of preterm birth, low birth weight and ongoing neurodevelopmental difficulties.

The bigger picture



- Alcohol easily crosses the placenta and reaches the baby's bloodstream.
- The fetus cannot metabolise alcohol, so it stays in their system for longer and at higher levels.
- Alcohol can affect development at any stage of pregnancy.

Possible long-term effects (Fetal Alcohol Spectrum Disorder – FASD)

- **Cognitive difficulties** — learning, memory, attention
- **Behavioural difficulties** — impulse control, mental health
- **Social and emotional challenges** — relationships, independence
- **Physical effects** — growth restriction, facial differences, hearing/vision problems
- **Lifelong impact** — support needs can continue into adulthood

Choose a healthier future

The best way to prevent FASD is to avoid alcohol entirely during pregnancy and while trying to conceive.

Healthy choices today. Brighter tomorrows.

Every pregnancy is unique. Supporting alcohol-free pregnancies helps give every child the best possible start in life.

Prevention avoids lifelong participation barriers

Completely preventable

— yet exposure can alter development, learning and everyday participation across the life course.

1 CHILDREN

Development and learning

2 FAMILIES

Care, support and opportunity

3 COMMUNITIES

Education, health and inclusion

Prevention is a public-health priority. Participation is the lifelong response.

Source: SACENDU Symposium materials supplied by Prof Lizahn Cloete.

One continuum links research, systems work and advocacy

RESEARCH

FASD prevention and maternal–child health

Policy and guideline development

Community and stakeholder engagement

01

SYSTEMS WORK

Collaboration with FARR

Provincial and national policy engagement

Knowledge translation

02

ADVOCACY

Awareness

Early identification

Family-centred support

03



Source: SACENDU slide deck materials; policy paper referenced in supplied source.

Policy is necessary— but implementation must be intersectoral

RECOGNITION

FASD is a public-health concern

COORDINATION

A coherent policy response is needed

IMPLEMENTATION

Delivery remains the challenge

COLLABORATION

Health, education and social development must act together

A guideline can set direction; coordinated systems turn direction into prevention.

THE MISSING PIECE

Participation is the missing bridge after prevention fails

Traditional discourse

Exposure

Diagnosis

Deficits

The underused lens

Occupation — what children do

Participation — where children belong

Inclusion — who makes space

Opportunity — what everyday life enables

The decisive question is not only “What caused the impairment?” but “What participation is now possible?”

Source: SACENDU Symposium materials supplied by Prof Lizahn Cloete.

SACENDU data can activate referral and intervention



FASD remains a leading preventable developmental disability.

SACENDU can help make the pathway visible before children disappear between services.

Source: SACENDU Symposium materials supplied by Prof Lizahn Cloete.

CYCC residents face overlapping barriers

Children and adolescents aged 11–17 in a Western Cape youth care centre



The service gap

Limited meaningful leisure restricts participation

A six-week programme tested structured physical activity

6 WEEKS

DESIGN

Quantitative pre–post · convenience sample

MEASURES

Creative Participation Assessment (CPA)
MUGI checklist (FMS)

31 **complete cases · ages 11–17**



Source: Abstract 2 — structured physical-activity pilot study.

RESULTS

74.2%

23 of 31 residents improved creative ability



Creative ability improved significantly.

Fundamental movement skills did not change significantly.

CPA: Z = −3.201, p = .001 · FMS: p = .18 · no control group

A participation pathway can change life trajectories



Each hand-off must be designed—not assumed.

The continuum only works when services stay connected to everyday occupations and belonging.

Source: SACENDU Symposium materials supplied by Prof Lizahn Cloete.

Capacity grows through students and international partnership

PEOPLE

PhD students

Master’s students

Emerging practitioners

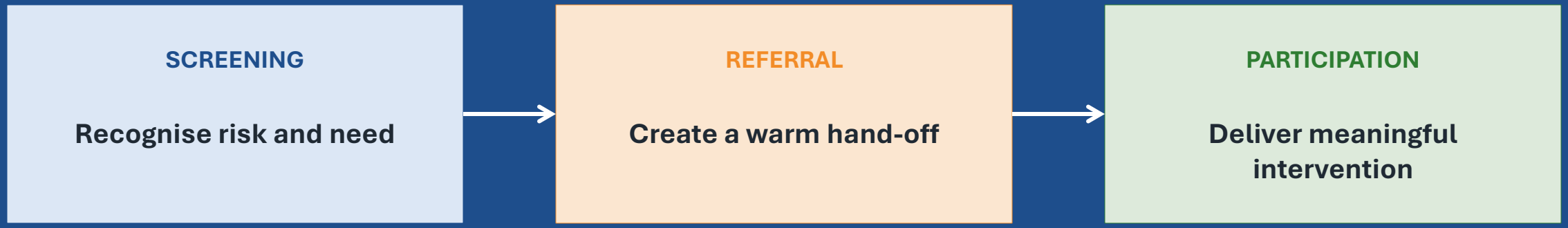
PARTNERSHIP



Research becomes transformation when capability travels across people, institutions and borders.

Source: SACENDU Symposium materials supplied by Prof Lizahn Cloete.

SACENDU can connect screening to participation support



OCCUPATIONAL THERAPY

KINDERKINETICS

SOCIAL DEVELOPMENT

PUBLIC HEALTH

The opportunity is a shared pathway—not another isolated programme.

Prevent FASD when we can.

Enable participation always.

Structured physical activity may strengthen creative participation.

Promising pilot evidence warrants further research—without a control group, interpret cautiously.

Prof Lizahn Cloete · Stellenbosch University



