



# Preventing Fetal Alcohol Spectrum Disorder (FASD) in Canada: Current practices and future directions

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2. CanFASD, The National Action Team on Prevention

# Overview

## 1. Methods

- a) Four-part FASD prevention framework
- b) Delphi gap analysis

## 2. Results

- a) Participants
- b) Provincial scan of current prevention efforts
  - Barrier and opportunities

## 3. Recommendations



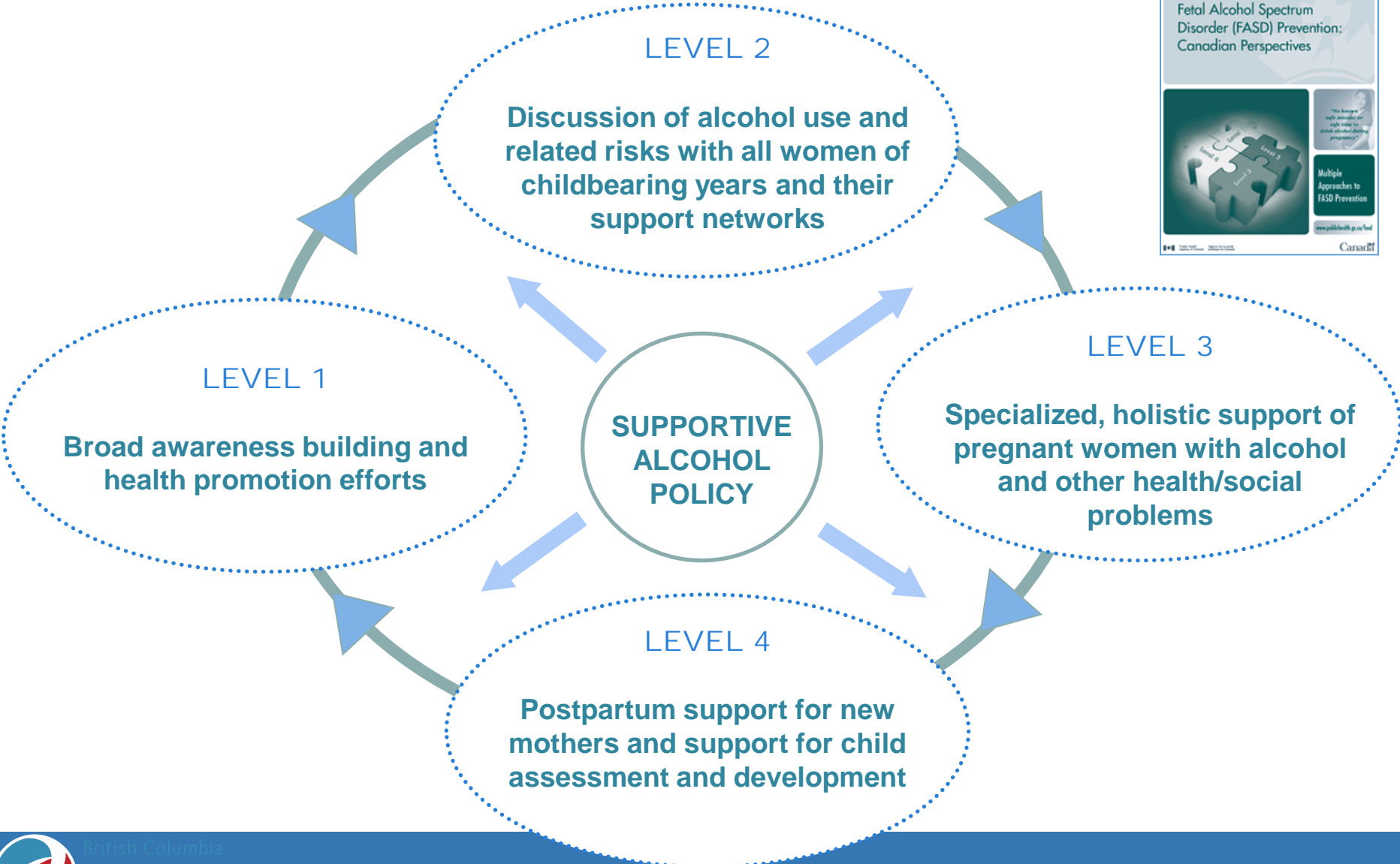
# Purpose of the Project

1. Provide an *overview of current promising FASD prevention efforts* in Canada.
2. Determine *gaps relative to best practice* (as identified in academic and grey literature).
3. Analyze and promote reflection by experts on *how to close the gap between promising practice and current practice.*



# METHODS

# The project used this framework as a foundation



# Project Overview

A. Gathering evidence to support the different levels of FASD prevention (**Scoping review**)

**B. Delphi process with experts**

1. Online survey 1
2. Online survey 2
3. Comment on summary report



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# RESULTS



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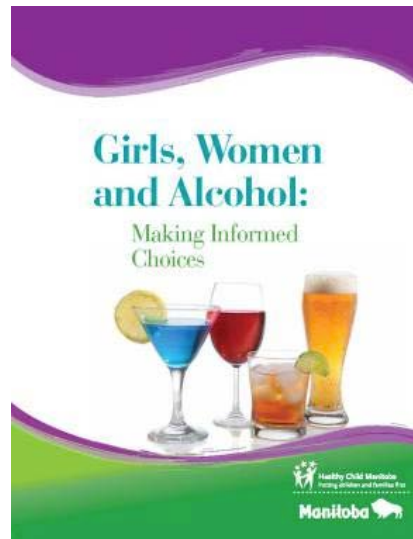
# Participants, by province

	Invited	Consented	Round 1	Round 2		Round 3	
			Online survey	Barriers and opportunities	Recommended approaches	Provincial scan	Recommended approaches
Alberta	5	4	4	3	2	3	3
BC	10	8	6	6	4	2	2
Manitoba	6	4	4	2	1	2	1
New Brunswick	1	1	1	1	1	1	1
Nova Scotia	4	4	4	3	3	1	1
Newfoundland	2	2	2	0	0	0	0
NWT	2	1	1	0	0	0	0
Nunavut	2	0	0	0	0	0	0
Ontario	5	5	4	4	3	2	1
PEI	1	1	0	0	0	0	0
Quebec	5	2	1	1	1	1	1
Saskatchewan	4	3	3	3	3	3	1
Yukon	3	1	1	1	1	1	1
<b>Total</b>	<b>50</b>	<b>36</b>	<b>31</b>	<b>24</b>	<b>19</b>	<b>16</b>	<b>12</b>
		72%	86%	67%	53%	44%	33%
		(of invited participants)		(of consented participants)			



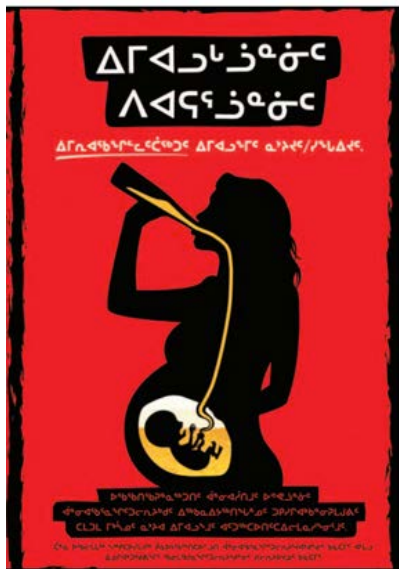
# Level 1: Broad awareness building and health promotion efforts

- Development of health education materials (e.g. pamphlets, posters etc.)
- Low risk drinking guidelines
- Awareness campaigns
- Warning signs and labelling



Canada's Low-Risk Alcohol Drinking Guidelines

Drinking is a personal choice. If you choose to drink, these guidelines can help you decide **when, where, why** and **how**.



ALCOHOL & PREGNANCY DON'T MIX.

HEALTHY MOTHERS & BABIES NEED EVERYONE'S SUPPORT.

www.HealthLinkBC.ca | just dial 8-1-1  
BC LIQUORSTORES  
www.bcliquorstores.com



# Level 2: Discussion of alcohol use with all women of childbearing years

- Brief intervention, including motivational interviewing
  - e.g. Project Choices (alcohol & contraception)
- Training for health care and social service providers
  - Continuing education



## ALCOHOL SCREENING, BRIEF INTERVENTION & REFERRAL: A CLINICAL GUIDE

This resource provides an overview of a simple 3-step alcohol screening, brief intervention and referral process.

- 1 SCREENING AND ASSESSMENT
- 2 BRIEF INTERVENTION AND REFERRAL
- 3 FOLLOW-UP AND SUPPORT

It incorporates Canada's Low-Risk Alcohol Drinking Guidelines into your routine alcohol screening.

More details and related resources can be found at  
[WWW.SBIR-DIBA.CA](http://WWW.SBIR-DIBA.CA)

### Alcohol, Contraception, and Preconception

Information for Service Providers

Most FASD prevention efforts focus on *avoiding alcohol use during pregnancy*, but another option is to *prevent pregnancy during alcohol use*. Service providers can work towards ensuring effective and accessible contraception for all women who drink alcohol during their childbearing years and can address alcohol use with women who are considering or planning a pregnancy.

#### Strategies for Reducing Alcohol-Exposed Pregnancies

- 1 Reducing alcohol use
- 2 Increasing use of effective contraception
- 3 Both reducing alcohol use and increasing use of effective contraception

#### Alcohol Use and Unintended Pregnancies

- 50% Approximately one half of all pregnancies are unintended. The highest rate of unintended pregnancy occurs in the age group of women at highest risk of binge drinking (ages 15 to 19)
- 62% Percentage of women who report drinking alcohol in the three months prior to pregnancy
- 11% Percentage of women who report binge drinking before knowing they were pregnant

#### Preconception Care: Helping Women Prepare for Pregnancy

While 50% of pregnancies are unplanned, this also means that 50% of pregnancies are planned. Service providers can help women to consider:

- ▶ What are the reasons I choose to drink?
- ▶ In what ways is alcohol a part of my life?
- ▶ How would I feel about not drinking at all at the next party I am invited to?
- ▶ Do I associate drinking with smoking, eating, watching TV or other activities?

#### Can alcohol use affect fertility?

Emerging research suggests that alcohol use can have both short- and long-term effects on fertility.

- ▶ Light drinking (1-5 drinks a week) can reduce a woman's chances of conceiving
- ▶ Long-term heavy drinking can cause adult women to have irregular periods or stop ovulating, cause periods to stop altogether or they can have an early menopause.
- ▶ Heavy drinkers who do become pregnant are more likely to have a miscarriage
- ▶ Heavy drinking or large drinking can lead to vomiting and reduce the effectiveness of the birth control pill (emergency contraception is an option)

#### References

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3. Canadian Institute for Child Health. (2008). *Canadian Institute for Child Health: Canada's leading authority on child health*. Canada: Available at: <http://www.cihi.ca/en>
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Counseling on Women and Substance Use • [www.counseling-ws.org](http://www.counseling-ws.org)

# Level 3: Specialized, holistic support of pregnant women with alcohol issues

- Specialized maternity care
- Community-based programs
  - “One-stop access model”
    - e.g., Sheway, HerWay Home
- Addiction treatment for pregnant women



Canada  
Community Action Program  
for Children (CAPC)



Home • [Early Intervention Programs](#) • [Breaking the Cycle](#)

SHARE

Breaking the Cycle



# Level 4: Postpartum support for new mothers and support for child assessment and development

- Mentoring programs
  - e.g. Parent–Child Assistance Program (PCAP) model
- Parenting supports
- Peer support



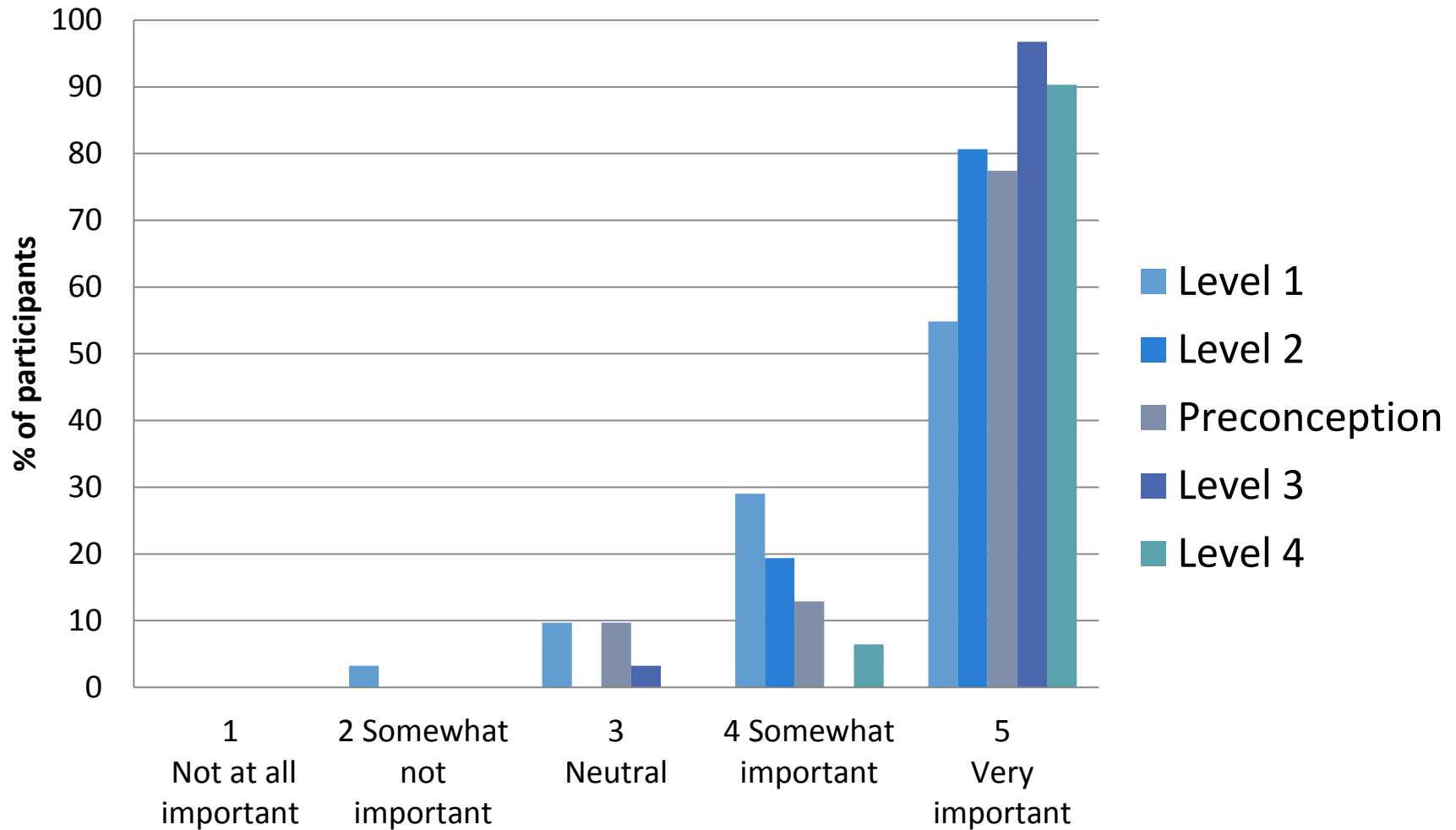
*Programme Jessie*  
Ensemble pour protéger les tout-petits



Parent Mentoring Program of Saskatchewan



# Perceived Importance



# Examples of key barriers

- **Level 1** – lack of visible services to direct women to after awareness campaigns
- **Level 2** – stigma associated with reporting alcohol use and lack of provider competence
- Lack of funding for **Level 3** services and challenges in operationalizing coordinated models
- Lack of continuum of care between **Level 3 and Level 4**



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# Examples of key opportunities

- **Level 1** – many opportunities for awareness raising
- **Level 2** – primary care and many others can do identification/screening
- **Level 3** services can integrate trauma-informed and culturally safe approaches
- **Level 4** services tailored to the specific needs of each woman, can increase social support, and can help women retain custody of their children



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# RECOMMENDATIONS



# Level 1: Broad awareness building and health promotion efforts

## Key Messages:

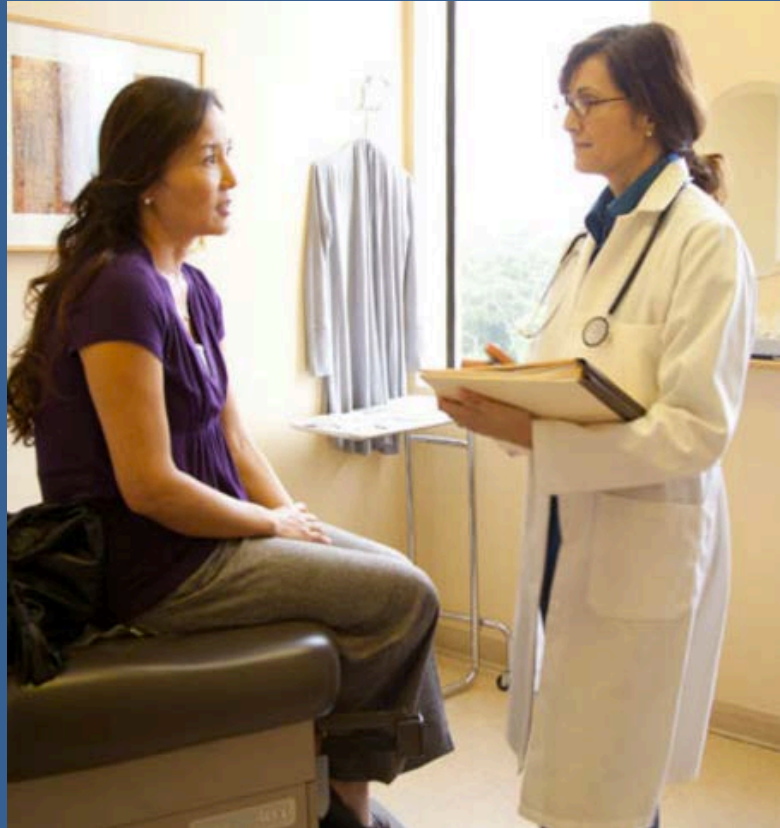
- Coordination
- Clarification
- Innovation



# Level 2: Discussion of alcohol use with all women of childbearing years

## Key Messages:

- Facilitation
- Coordination
- Barrier Reduction



# Level 3: Specialized, holistic support of pregnant women with alcohol issues

## Key Messages:

- Consolidation
- Collaboration
- Cooperation



# Level 4: Postpartum support for new mothers

## Key Messages:

- Extension
- Coordination
- Evaluation

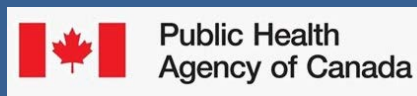


# Thank you

For a full description of the findings of this project see:

Poole, N., Schmidt, R.A., Green, C., Hemsing, N. (2016) Prevention of Fetal Alcohol Spectrum Disorder: Current Canadian Efforts and Analysis of Gaps. *Substance Abuse: Research and Treatment, Suppl. 1*, 1-11. DOI: 10.4137/SART.S34545

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