



British Columbia
Centre of Excellence
for Women's Health

Perinatal Services BC
A Program of the Provincial Health Services Authority



Discussing alcohol with pregnant women: An exploration of the recommendations in the SOGC's Consensus Clinical Guidelines

Women's Health Practice and Policy Series

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Alcohol and pregnancy

WHAT IS FASD?

The range of damage from in uterine ethanol exposure

Fetal Alcohol Spectrum Disorder FASD

Fetal Alcohol Syndrome

Partial Fetal Alcohol Syndrome

Alcohol Related Neurodevelopmental Disorder

Static Encephalopathy: alcohol exposed

- Atypical brain development
- +/- Some facial abnormalities
- +/- Growth delays
- +/- Organ malformations

Alcohol affects every area of the brain

- Brain stem **Regulation of state**
- Cerebellum **Motor Skills** coordination /balance
- Limbic system **Attention**
- Cerebrum (left temporal lobe) **Speech and language**
- Frontal lobes **Executive functioning**
- Multiple locations **Learning, memory, cognition**
- Whole brain **Adaptive skills and applications**

ALARMERS

- **A**daptation
- **L**earning
- **A**ttentions
- **R**easoning
- **M**emory
- **M**otor
- **E**xecutive function
- **R**egulation of state
- **S**peech /language

Challenges for health care providers

ISSUES UNDERLYING ALCOHOL USE IN PREGNANCY

Issue: Barriers to discussing alcohol use with pregnant women

- Women report that guilt, shame and fears of losing their children to child welfare authorities prevent them from getting the help they need with alcohol problems

Poole, N., & Isaac, B. (2001). *Apprehensions: Barriers to Treatment for Substance-Using Mothers*. Vancouver, BC: British Columbia Centre of Excellence for Women's Health

- Physicians report that they don't feel fully prepared to discuss substance use with women

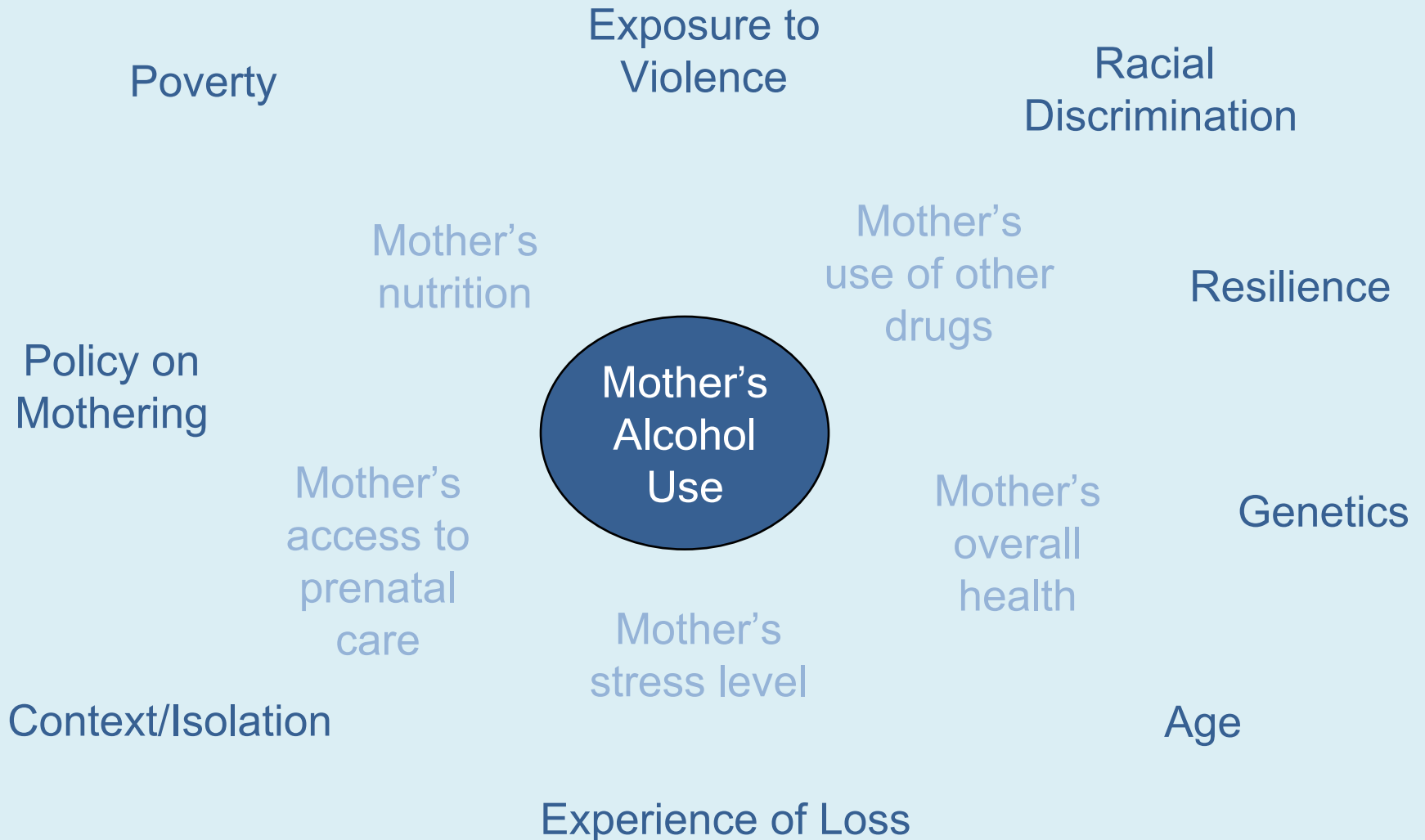
Tough, S. C., Clarke, M. E., Hicks, M., & Clarren, S. (2005). *Attitudes and approaches of Canadian providers to preconception counselling and the prevention of Fetal Alcohol Spectrum Disorders*. *Journal of FAS International*, 3, e3.



Issue: Lack of recognition and tailored support

- Problem alcohol use in women is often not recognized or treated.
- Stigma associated with alcohol use in pregnancy is not factored into our discussions and interventions
- Often health care providers use confrontational, proscriptive or substance-focused approaches, which can be ineffective in supporting paced and achievable change in substance use by women

It's Not Only About Alcohol



Issue: Realities of the lives of birth mothers with children with FASD

Study of birth mothers of 160 children with

FAS Of the 80 who were able to be interviewed:

- 100% seriously sexually, physically or emotionally abused
- 80% had a major mental illness
- 80% lived with men who did not want them to quit drinking

Recommendation re understanding the context of women's drinking in pregnancy (Chapter 6)

4. Health care providers should be aware of the risk factors associated with alcohol use in women of reproductive age.



Evidence based practice – addressing the continuum of alcohol use

RECOMMENDATIONS FROM THE SOGC GUIDELINES

Recommendations re Screening

1. Universal screening for alcohol consumption should be done periodically for all pregnant women and women of child-bearing age. Ideally, at-risk drinking could be identified before pregnancy, allowing for change.
2. Health care providers should create a safe environment for women to report alcohol consumption.
3. The public should be informed that alcohol screening and support for women at risk is part of routine women's health care.

How?

- Single question method
 - Motivational interviewing approach
 - Other forms of supportive dialogue
-
- Standardized screening tools
 - Laboratory-based screening

Motivational Interviewing



Rollnick, S., Miller, W.R., Butler, C.C. (2008). *Motivational Interviewing in Health Care: Helping Patients Change Behaviour*. New York: Guildford Press.

Rollnick et al. (2005). Consultations about changing behaviour. *British Medical Journal*, Vol 331: 961-963.

Open-Ended Questions

Questions that do not invite short answers (yes/no).

“What do you know about the effects of drinking in pregnancy?”

“Can you tell me a bit about your drinking patterns before you knew you were pregnant? Have you been able to stop or cut down since you found out? Do you have any concerns about your drinking?”

“I would like to understand how you see things. Tell me how you think the alcohol is impacting your health?”

Recommendations re Brief Intervention

5. Brief interventions are effective and should be provided by health care providers for women with at-risk drinking.
6. If a woman continues to use alcohol during pregnancy, harm reduction/treatment strategies should be encouraged.
7. Pregnant women should be given priority access to withdrawal management and treatment.
8. Health care providers should advise women that low-level consumption of alcohol in early pregnancy is not an indication for termination of pregnancy.

How?

Table 11

6Rs - principles of effective interventions

1. Relationship
2. Recognition
3. Respect
4. Responsibility
5. Routine
6. Repetition

Assess, Advise, Assist

- **ASSESS** Discuss the risks of alcohol use and assess to determine level of risk or dependence.
- **ADVISE** Provide and discuss information about a variety of healthy choices appropriate to her reproductive stage. Tailor the advice/information provision based on what she already knows.
- **ASSIST** Work with a woman to set goals based on her situation. Assist her to plan change(s), keep the discussion open and support self efficacy. Assist her in getting the help she needs, by making referrals to other agencies or follow-up depending on her situation

Tailoring Ask Advise Assist

Assess Target Group	Advise	Assist	Recommended Approach
All Women	<ul style="list-style-type: none">• Low risk drinking guidelines• Info about FASD		Very brief intervention

Tailoring Ask Advise Assist

Assess Target Group	Advise	Assist	Recommended Approach
Low Risk	<ul style="list-style-type: none"> • Information about FASD • Discuss low risk drinking guidelines: <ul style="list-style-type: none"> ▪ Pre-conception - avoid at risk drinking ▪ Pregnant—safest not to drink (no known safe amount) ▪ Post-natal - breast feeding and drinking 	<ul style="list-style-type: none"> • Drink size information and low risk drinking guidelines • Birth control information as required • Educational materials on risk of heavy alcohol use and FASD for woman and partner/significant others • Support for goal setting • Breast feeding pumping and timing charts 	<p>Brief Intervention</p> <p>Routine check each pre-natal or well-women visit</p>

Tailoring Ask Advise Assist

Assess Target Group	Advise	Assist	Recommended Approach
Moderate-High Risk	<ul style="list-style-type: none"> • Information about health risks of heavy alcohol use including dependency • Information about FASD • Pre-conception - avoid at risk drinking and/or use contraception • Pregnant—safest to not drink (no known safe amount) or reduce to lowest possible level, and reduce harms associated with drinking • Post-natal - breast feeding and drinking 	<ul style="list-style-type: none"> • Drink size information and low risk drinking guidelines • Birth control as required • Clear message and feedback • Elicit and support motivation to change • Assistance with goal setting and reducing harms • Follow-up visit with partner if possible or support person of her choice • Referral to services as needed • Post-natal breastfeeding pumping and timing charts 	<p>Multiple-Contact Brief Interventions</p> <p>Motivational Interviewing</p> <p>Follow-up phone calls if pregnant, not using birth control, breastfeeding</p>



Examples reflecting the continuum of alcohol use in pregnancy

SCENARIOS

Janine

- is 26 years old and comes to your office to discuss her concerns. She discovered two weeks ago that she was pregnant. This is her first pregnancy and it was unplanned. An ultrasound done today confirms a gestational age of 8 weeks. A few weeks ago she was at an anniversary celebration for friends and had three glasses of wine. The day before she discovered she was pregnant she went with some co-workers to a bar after work and had two drinks. She has consulted several sources on the Internet and has now come requesting a termination of pregnancy.

Alana

- is 30 years old, presenting with an unplanned first pregnancy at 10 weeks. After the death of her partner two years ago, Alana started drinking a shot or two of vodka with juice every morning and a bottle of wine every night. She conceived a few months ago after being out at bar and doesn't remember what happened or who she was with. She wants to continue the pregnancy. She has few friends outside of work and her parents and sister live in the UK. She feels she can't sleep without alcohol, but she wants to keep the baby from being damaged.

Values to Guide our Work on FAS

Respect

Understanding

Compassion

Hope



How does discussion of alcohol fit into your practice?

What further supports beyond they guidelines do you need, if any?

DISCUSSION

Consensus Statement on
**Fetal Alcohol Spectrum
Disorder (FASD) –
Across the Lifespan**



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<http://www.fasd-cmc.alberta.ca/education-training/archived-sessions/categories/ihe-consensus-development-conference/>