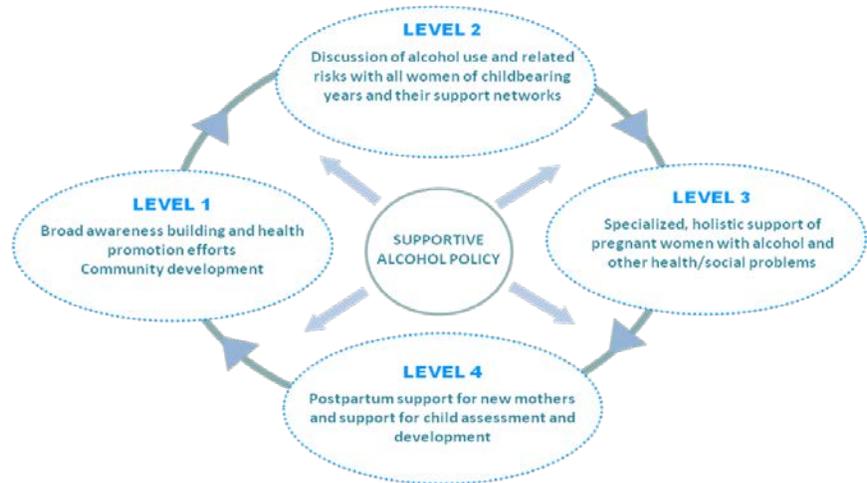


## PREVENTION of Fetal Alcohol Spectrum Disorder (FASD) A multi-level model

*This resource is adapted from [Fetal Alcohol Spectrum Disorder \(FASD\) Prevention: Canadian Perspectives](#) published by the Public Health Agency of Canada in 2008. This 2013 update has been reviewed by members of the Canada FASD Research Network's Action Team on FASD Prevention from a Women's Health Determinants Perspective.*

FASD prevention involves much more than providing information about the risks of alcohol use in pregnancy. This issue paper summarizes what has been learned about the prevention of FASD in the course of implementation of prevention initiatives across Canada. Canadian prevention specialists have identified four mutually reinforcing prevention approaches as effective in delivering FASD prevention, linked to overall alcohol strategies. The four levels span general and specific practices that assist women to improve their health and the health of their children, with support from family, support networks, services and community. The four levels of FASD prevention include:

1. The **first** level of prevention is about raising public awareness through campaigns and other broad strategies. Public policy initiatives and health promotion activities supportive of girls' and women's health are also key to this level of prevention. The inclusion of a broad range of people at the community level is important to advancing social support and change.



2. The **second** level of prevention is about girls and women of childbearing years having the opportunity for safe discussion about reproductive health, contraception, pregnancy, alcohol use, and related issues, with their support networks and healthcare providers.
3. The **third** level of prevention concerns the provision of supportive services that are specialized, culturally safe and accessible for women with alcohol problems, histories of violence and trauma and related health concerns. These trauma-informed, harm-reduction-oriented recovery services are needed not only for pregnant women, but also before pregnancy and throughout the childbearing years.
4. The **fourth** level of prevention is about supporting new mothers to maintain healthy changes they have been able to make during pregnancy. Postpartum support for mothers who were not able to make significant changes in their substance use during pregnancy is also vital to assist them to continue to improve their health and social support, as well as the health of their children.

**Supportive alcohol policy** is at the centre of the four mutually reinforcing levels of prevention. Evidence-based alcohol policies, when widely implemented, have considerable potential to reduce the health and social harms from alcohol, including influencing rates of FASD through each level. Alcohol policies are critical because they determine the availability of alcohol and other aspects of the environment in which decisions about drinking are made.

## Level 1 RAISING AWARENESS

### OBJECTIVE: BROAD-BASED AWARENESS AND HEALTH PROMOTION

This first level of prevention is directed broadly to all sectors of society, including girls and women of childbearing years. It is designed to:

- raise awareness of the risks of drinking in pregnancy, and alternatives to alcohol use during pregnancy
- signal where help for those who need support for managing drinking is available, and
- promote involvement by community members in bringing awareness to action on FASD prevention

Factors Influencing FASD Risk	DESCRIPTION
Genetics Age Other substance use Nutritional status Access to prenatal care Poverty Housing Stigma and racial discrimination Past and current experiences of violence and abuse Access to contraception Child welfare and mothering policies	<p>Resource materials, campaigns, warning labels and signs, and other forms of public education are examples of how people have brought awareness-raising goals into action. This level of prevention is a foundation for the other three levels of prevention, reaching the largest numbers of people, sparking awareness and reducing stigma and blame.</p> <p>In addition to awareness initiatives, community development strategies are a key component of Level 1 FASD prevention. Such strategies bring awareness to women’s alcohol use and related health and social issues, and connect that awareness to the work on diagnosis and intervention, involving everyone interested in FASD in working together on community and system-level changes.</p> <p><b>BENEFITS</b></p> <p>Information is a foundation for the public, for women, for service providers and health system planners to act on FASD prevention. This level of prevention can foster connections among all these sectors to make the service system more welcoming to women with substance use problems, and</p>

to work on a range of community-level solutions that support the health of women, children, families and communities.

### KEY RESOURCES:

- *What We Have Learned: Key Canadian FASD Awareness Campaigns* - Public Health Agency of Canada - <http://www.phac-aspc.gc.ca/publicat/fasd-ac-etcaf-cs/>
- *Keys to a Successful Alcohol and Pregnancy Communication Campaign* - Best Start Ontario Resource Centre - [http://www.beststart.org/resources/alc\\_reduction/pdf/keys.pdf](http://www.beststart.org/resources/alc_reduction/pdf/keys.pdf)
- *Canada's Low-Risk Alcohol Drinking Guidelines* - <http://www.ccsa.ca/eng/priorities/alcohol/canada-low-risk-alcohol-drinking-guidelines/Pages/default.aspx>
- *Girls, Women, and Alcohol: Making Informed Choices - Healthy Child Manitoba* - [http://www.gov.mb.ca/healthychild/fasd/alcohol\\_women.pdf](http://www.gov.mb.ca/healthychild/fasd/alcohol_women.pdf)

### CONSIDERATIONS

This level of prevention is important for women, their partners and communities who lack information about the risks of alcohol use in pregnancy and/or where to get assistance. Messages directed to women in general may not be helpful to some subgroups, and tailored messaging may be required for girls and women based on age, income, ethnicity and other differences. There is value in having messages in health clinics where most women access prenatal care, but this information is also needed in community based programs, social service agencies and other points of access for women.

## Level 2 BRIEF COUNSELLING WITH GIRLS AND WOMEN OF CHILDBEARING AGE

### OBJECTIVE: DISCUSSING ALCOHOL USE WITH ALL GIRLS AND WOMEN OF CHILDBEARING YEARS

The second level of prevention involves collaborative discussion of alcohol use and related risks with all women of childbearing years, as well as with their support networks. It also involves discussion of ways of coping without alcohol, available prenatal supports, and pregnancy planning.

### DESCRIPTION

Physicians and many other health and social service providers have a significant role in FASD prevention through providing information and brief support to women on low-risk drinking guidelines and on the risks of drinking in pregnancy in particular. Such discussions need to be routine; however surveys of physicians and midwives in Canada have found that while almost all are aware of FASD, less than half of care providers *consistently* discuss smoking, alcohol use or addiction with *all* women of childbearing age. Further, many do not feel adequately prepared to care for pregnant women who have substance use problems. There is strong evidence for the effectiveness of brief collaborative, motivational interviewing approaches for reducing the risk of women having an alcohol-exposed pregnancy. In fact, a service provider who takes an empathetic, collaborative approach is one of the strongest predictors of whether a woman will be able to change her alcohol and drug use.

### BENEFITS

When this level of prevention is in place, the risks of drinking in pregnancy are discussed with all girls and women, and a range of options and resources for having healthy pregnancies are provided to enhance women's decision making and access to supports where needed. Girls and women who are using alcohol in risky ways are helped to reduce or stop their alcohol use or to choose contraception that is appropriate for them. Women who are pregnant and who have substantial alcohol and other health problems are linked to the comprehensive care described in Level 3 prevention.

### KEY RESOURCES:

- *FASD Modules 1, 2, 3* - Free, online, accredited continuing medical education courses developed by a consortium of all seventeen Canadian medical schools - [www.mdcme.ca/fasd](http://www.mdcme.ca/fasd)
- *Alcohol Screening, Brief Intervention and Referral: Helping Patients Reduce Alcohol-related Risks and Harms* - The College of Family Physicians and the Canadian Centre on Substance Abuse - [www.sbir-diba.ca](http://www.sbir-diba.ca)
- *Alcohol Use and Pregnancy: Consensus Clinical Guidelines* - Society of Obstetricians and Gynecologists of Canada - <http://sogc.org/guidelines/alcohol-use-and-pregnancy-consensus-clinical-guidelines/>
- *Supporting Change: Preventing and Addressing Alcohol Use in Pregnancy Handbook* [http://www.beststart.org/resources/alc\\_reduction/pdf/participant\\_hndbk\\_june05.pdf](http://www.beststart.org/resources/alc_reduction/pdf/participant_hndbk_june05.pdf)

### CONSIDERATIONS

Some subgroups of women, such as middle class women, have reported that they were not given the information they needed. It is important that all girls and women of childbearing years be asked what they know about the risk of alcohol use in pregnancy and provide information and support tailored to their need.

Fear of judgment or being reported to child protection authorities are significant barriers to many girls and women who need help. A trauma-informed approach that is non judgmental and focuses on the relationship first of all is therefore critical.

Assisting service providers who are willing to develop their competence in discussing alcohol use and related risks with all women of childbearing years is a critical component of FASD prevention. Discussion and provision of brief support are more likely to be done by primary health care and other service providers than by specialized addictions workers. That is why training for every service provider is important, so they feel confident, committed and competent in discussing substance use.

## Level 3 SPECIALIZED PRENATAL SUPPORT

### OBJECTIVE: REACHING AND ASSISTING GIRLS AND WOMEN AT HIGHEST RISK

The third level of prevention involves the provision of respectful and holistic care and treatment for girls and women who are using alcohol during pregnancy, and have related health, social and financial concerns.

### DESCRIPTION

Level 3 FASD prevention is delivered through specialized, holistic support of pregnant women with substance use problems and other health and social concerns. In urban settings this support is often provided through a combination of outreach and “one stop” drop-in services, and in smaller settings through a network of community-based services. Across the constellation of services, a woman can be provided with support on a range of factors which influence her alcohol use.

A critical aspect of this level of FASD prevention is overcoming pervasive barriers to access. A culturally safe, non-judgmental approach, paired with accessible and comprehensive services helps reduce barriers to care. Services that operate from a trauma-informed and harm reduction perspective are effective in supporting improvement in women’s health by their recognition and acceptance of the pace and type of change women are able to make, and their respect for the strategies women use to cope with difficult life circumstances.

In addition, mother-centred addictions treatment needs to be readily available to pregnant women and mothers with substance use problems. Addictions treatment services (and withdrawal management and stabilization services ) need to provide priority access to pregnant women, and to tailor the programming to address practical needs, such as time for rest and prenatal appointments.

### BENEFITS

Level 3 FASD prevention work supports women’s connection to the services they need. Often, these specialized supports can be a first positive experience with health and other systems of care by women with substance use problems who have been disempowered by societal disapproval of substance use by women, by their social, geographical or economic status, and/or their experience of violence. Evaluations of Level 3 prevention services show women who access these services benefit in physical health improvement, nutritional status, access to stable housing, connection to substance use treatment, parenting capacity and ability to retain custody of their children and in many other ways. In the context of Level 3 prevention services, women may be assisted with healing from current or past experiences of violence in their lives. The support women receive in Level 3 prevention services also has positive impacts on the birth weights and health of their babies, including prevention of FASD.

### KEY RESOURCES:

- *Supporting Pregnant and Parenting Women who Use Substances: What Communities are Doing to Help*, [http://www.canfasd.ca/files/What\\_Communities\\_Are\\_Doing\\_to\\_Help\\_February\\_7\\_2013.pdf](http://www.canfasd.ca/files/What_Communities_Are_Doing_to_Help_February_7_2013.pdf).
- 10 Fundamental Components of FASD Prevention from a Women's Health Determinants Perspective. <http://www.canfasd.ca/wp-content/uploads/2013/02/ConsensusStatement.pdf>
- *Reducing the Impact: Working with pregnant women who live in difficult life situations* [www.beststart.org/resources/anti\\_poverty/pdf/REDUCE.pdf](http://www.beststart.org/resources/anti_poverty/pdf/REDUCE.pdf)
- *Women working toward their goals through AADAC Enhanced Services for Women (ESW) Summary Report* <http://www.albertahealthservices.ca/Researchers/if-res-women-working-towards-goals-technical.pdf>
- *Integrated programs for women with substance use issues and their children: a qualitative meta-synthesis of processes and outcomes* - <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2789048/>

### CONSIDERATIONS

At this level of FASD prevention it is especially important that women's fears about removal of their children are addressed. Women need to be confident that a range of supports will be “wrapped around” the mother-baby pair, to help mothers create safety and health for themselves and their children. A welcoming, health-oriented approach, taken by networked providers who have specialties in women’s health, prenatal and maternity care, substance use and addictions,

mental wellness, trauma-informed practice, housing, income and vocational supports, and child health and welfare can achieve this end. Evaluations and research in this area highlight the importance of addressing a woman's immediate pragmatic needs and the determinants underlying her alcohol and other health concerns, not merely focusing on her substance use.

## **Level 4 Postpartum and New Mother Support**

### **OBJECTIVE –SUPPORT FOR NEW MOTHERS WITH ALCOHOL PROBLEMS**

This level of FASD prevention involves supporting new mothers to maintain healthy changes in their alcohol use and related health and social issues that they have been able to make during pregnancy. It also involves supporting new mothers who were not able to make changes in their substance use during pregnancy, to continue to assist them to improve their health and social support, as well as the health of their children. It may also involve early intervention services for their children.

### **DESCRIPTION**

Level 4 FASD prevention comprises ongoing holistic, non-judgmental health care, social support, advocacy and peer support--all designed to make it safe to be a mother who has, or has had, alcohol problems. It also supports women who do not have alcohol problems who wish to begin drinking moderately again, to arrange their breastfeeding schedule to reduce the risk of alcohol exposure through breast milk. Assistance is important both for women who have been able to stop using in pregnancy to prevent relapse, and for women who have continued to struggle with alcohol problems and/or who are birth mothers of children with FASD.

Level 4 FASD prevention can include traditional parenting programs and integrated services for infants such as infant development and early childhood intervention programs. Many existing programs and services focus on the postpartum period of six weeks following birth; yet research has shown that women and their infants benefit from longer-term support which allow for sustained changes and the development of strong relationships and skill-building. Longer-term services also contribute to the early identification of infants and young children with FASD. In addition they can also provide support and advocacy for women to have access to children who have been removed. Some women are able to make changes after the birth of the baby and this assistance can support reunification.

### **BENEFITS**

*For mothers who are breastfeeding* – It is important for mothers who are breastfeeding to have accurate information on the risks of alcohol exposure via breast milk and how to reduce this risk.

*For mothers who have been able to reduce their alcohol use during pregnancy* - It can be vital to help these women with continuing to manage their use and access related supports which help them reduce risk.

*For mothers in recovery* - As recovery from substance use problems and addiction is a process, it is crucial to help new mothers with addiction problems who have been able to achieve abstinence goals during pregnancy to continue with their recovery.

*For mothers with ongoing alcohol problems and/or with children affected by FASD* - Comprehensive support provided in the three years postpartum has been demonstrated to help mothers who are still facing alcohol problems and birth mothers of children with FASD to make changes that improve their health, increase their ability to parent, and reduce the risk of having another child affected.

*For infants and children whose mothers have been supported throughout and after pregnancy* - Infants and children who are involved with their mothers in a comprehensive early childhood program of support have demonstrated enhanced developmental outcomes.

### **KEY RESOURCES:**

- *On breastfeeding-* [www.hc-sc.gc.ca/hl-vs/babies-bebes/nutrition/index-eng.php](http://www.hc-sc.gc.ca/hl-vs/babies-bebes/nutrition/index-eng.php) and [www.motherisk.org/women/updatesDetail.jsp?content\\_id=347](http://www.motherisk.org/women/updatesDetail.jsp?content_id=347)

- *On early infant care and development - Baby Steps: caring for babies with prenatal substance exposure* - BC Ministry of Children and Family Development, Vancouver Coastal Health, and Vancouver Aboriginal Child & Family Services Society - [http://www.mcf.gov.bc.ca/foster/pdf/BabySteps\\_Sept2011.pdf](http://www.mcf.gov.bc.ca/foster/pdf/BabySteps_Sept2011.pdf)
- *On mentoring program - Experiences of Women Involved in Mentoring* [http://www.canfasd.ca/wp-content/uploads/2013/02/NAT\\_4\\_ExperiencesofWomenInvolvedinMentoring\\_eFinalReport2011-12.pdf](http://www.canfasd.ca/wp-content/uploads/2013/02/NAT_4_ExperiencesofWomenInvolvedinMentoring_eFinalReport2011-12.pdf)
- *On basing service development for mothers and children on relational theory - Breaking the Cycle Compendium, The Roots of Relationship* [www.mothercraft.ca/uploads/BTC%20Compendium%20F%20DEC07.pdf](http://www.mothercraft.ca/uploads/BTC%20Compendium%20F%20DEC07.pdf)
- *On women-centred approaches - Women's Lives and Women's Health – A critical part of FASD Prevention* [www.mikmaqfamilyresources.ca/documents/womensLiveswomensHealth.pdf](http://www.mikmaqfamilyresources.ca/documents/womensLiveswomensHealth.pdf)

## CONSIDERATIONS

It is critical to continue to understand how to effectively support mothers and their families – both those mothers who were able to stop drinking in pregnancy and those who were not. Most mothers of children with prenatal alcohol exposure are eager to do all they can to assist their children in accessing these intervention and supports. Through this process of helping their children, mothers can be assisted in resolving feelings of guilt and self-blame regarding the effects of their alcohol use in pregnancy, and be supported to address substance use and related issues, and prevent the births of subsequent children who may be affected.

## CONCLUSION

Canadian service providers and health system planners have made tremendous strides towards implementing comprehensive FASD prevention strategies. Utilizing this multi-level framework for prevention has helped to effectively tailor our work to reach women with differing needs for information and support. It has also allowed for the engagement a wide range of advocates, service providers, health system planners, researchers, governments and communities in FASD prevention work.

*For more information on FASD Prevention see*

**Website:** <http://www.canfasd.ca/research-teams/prevention/prevention-from-a-womens-health-determinants-perspective/>

**Blog:** <http://fasdprevention.wordpress.com/>

**Email:** Network Action Team on FASD Prevention Lead [npool@cw.bc.ca](mailto:npoole@cw.bc.ca)