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# PREVENTING FASD AND FAS

## Working with pregnant women who use substances

All women want the best for their babies. They want to have safe pregnancies and healthy babies. Women who use alcohol and other substances are no different. However, substance use during pregnancy increases the risk of pregnancy complications and harm to the fetus. The most well known harmful effect is fetal alcohol syndrome (FAS) and fetal alcohol spectrum disorder (FASD). FAS encompasses a range of physical and mental disabilities. A child affected by FAS has growth deficiencies, non-typical facial features and deficits in general intellectual functioning. FASD describes the range of physical and mental disabilities that can result from prenatal exposure to alcohol.

This document summarizes what is known about the lives of women who are at risk of having problems with their pregnancy because of substance use, and how service providers can work with women who use substances to help them safely negotiate through their pregnancy.

### Why do some women use substances during pregnancy?

There are several reasons why women continue to use substances while pregnant. In the early stages, some women are unaware they are pregnant, mostly because the pregnancy may be unplanned and is typically not confirmed until the second or third month.

Some women are unaware of the effects of drinking, smoking and other drug use on the fetus or have been given inaccurate or incomplete information. As a result, they continue using substances, unaware of the negative effects this could have on the fetus.

Women who use substances may not be able to stop on their own, even if they want to. They may feel powerless against their addiction and continue to use even when they understand the negative effects it could have on their pregnancy.

### What else might cause problems in pregnancy if the woman is using substances?

Even though women want to do what's best for the health of their babies, other social circumstances may interfere with their best intentions. While some of the effects of alcohol and other drug use on the developing fetus are known, it is also important to keep in mind that many other factors besides prenatal exposure to substances can negatively affect a pregnancy and the health of a fetus.

For more information and to find an addiction services office near you, please call the 24-hour Helpline at 1-866-332-2322.

These can include

- exposure to violence or abuse
- poverty
- homelessness
- trauma
- mother's stress level
- access to prenatal care
- mother's overall health
- mother's nutrition
- genetics
- experiences of loss
- racial discrimination

### Why is it difficult for pregnant women to seek treatment for their substance use?

Most women who use substances typically do want to quit or cut down their use when they discover they are pregnant. However, these women face many barriers in seeking treatment for their substance use.

#### Stigma

*She said to me, "How could you do this to your baby?" and I could see the disgust in her face and I felt like...dying.*

One of the main reasons pregnant women who use substances do not seek treatment is because they are aware of the stigma attached to mothers who use substances. They often feel guilt and shame because of the attitudes of others, and because they understand their substance use may cause harm to the fetus.

This stigma often prevents pregnant women from seeking help from health and social service professionals. Some treatment professionals find it difficult to overcome their negative attitudes toward women who use substances while pregnant. Rather than judgment from health-care workers, women need compassion, hope and encouragement.

#### Child care and custody issues

*I was afraid that if I told my social worker I was going to a treatment program, he would take away my children.*

Lack of child care and fear of losing custody of the children are primary concerns for women considering treatment for their substance use. Providing reliable, affordable, quality child care may reduce barriers for women seeking treatment services.

In situations where women have no child care options other than to relinquish custody of the children in order to enter treatment, making the decision to seek treatment may be even more difficult.

#### Other barriers

Some women encounter resistance from the people in their lives. A woman's partner may actively or indirectly prevent her from seeking help, and family and friends may not be supportive of her efforts to change.

Women may also experience emotional barriers such as fear, denial, low self-esteem, or feelings of powerlessness that can prevent them from pursuing treatment.

Treatment barriers such as negative past experiences, a lack of gender-specific programs or restrictive admission criteria can also make it more difficult for a woman to obtain treatment.

Physical access to treatment services is hampered for women who have transportation, financial, distance and isolation issues.

### What is effective in working with pregnant women who use substances?

#### Harm reduction approach

*A lot of the girls that are pregnant don't have a problem coming to get needles. It's not like they would be ashamed or anything like that because we've always tried to make it so that they don't feel uncomfortable, that we can still connect up with them. So, we don't give them that kind of feeling, like they would be embarrassed to come and get needles from us.*

Most women do want to quit or cut down their use when they find out they are pregnant. Even if a woman continues to use substances during her pregnancy, any improvements she can make to her overall mental and physical health will improve the well-being of both mother and fetus. These improvements can range from regular meals to reduced substance use to methadone maintenance to safe injection practices.

It is important that women are able to obtain services related to addictions treatment, nutrition, health care, counselling, etc., even if they continue to use.

This is called a harm reduction approach.

### Non-judgmental professional support

*She didn't look at me like I was a bad parent.  
She didn't look at me like I was a bad person.  
She looked at me as a human being with problems.*

Women often cite supportive professionals as one of the most helpful factors in their choice to pursue treatment options. To foster this atmosphere of support, it is important that service providers are non-judgmental and compassionate in their care of women who use substances. Women need to feel they can come for help and not be judged by those who are helping them. And because some women come for help having experienced traumatic events in their lives, it is essential there is an atmosphere of trust in the helping environment.

It is important that service providers examine their own personal feelings toward women who use substances. Those who are able to listen without judgment, and to offer support and suggestions in an empathetic and supportive manner, serve women best.

### Multi-faceted approach

*For some women the addictions are simply bigger than all of us put together, and even if they have periods of recovery they often still crash and burn if their guy leaves them or Uncle Joe beats them up or whatever.*

Effective treatment of pregnant women with substance use issues requires more than treating the substance use in isolation. Service providers must address the complex lives of these women and how that complexity contributes to their substance use. Past physical and emotional trauma, family history, mental and physical health, parenting issues, housing concerns and legal matters each require consideration and perhaps even intervention and treatment.

### Integrated services

*I don't have a whole lot of contact with [the addictions counsellors] after the initial intake is made. It's like they're handling the addiction stuff and they're getting all of that into place, and I'm doing all of the more concrete supports.*

Ideally, all of women's service needs would be met at one site. Due to limited resources, most agencies have difficulty meeting the myriad needs of pregnant women who use substances. An alternative to having one agency take on all tasks would be to have several agencies operating under one roof. This may mean having a health clinic down the hall from an addictions counsellor and a housing organization, as well as other social support services.

This improves access to services and increases the chances that women will take the opportunity to seek assistance for a variety of concerns.

An example of this type of comprehensive programming is the Sheway program in Vancouver, British Columbia. Sheway is a community program operating in Vancouver's poorest neighborhood. It provides holistic services to pregnant women with substance use issues, and support to mothers and their families until the children are 18 months old. Sheway offers a variety of practical services including food, clothing, diapers and car seats along with professional services including medical and nursing care, social and financial support, nutritional counselling, alcohol and other drug counselling, and advocacy on legal and housing issues. Referrals to resources in the community are also available. Sheway's outreach counsellors visit women in their homes.

### Collaboration among agencies

*Sometimes [the addictions counsellor] and I are on the phone or just in a short meeting together, like what can we do together? What can we do for this woman? What do you think we should try? So somebody else to bounce some ideas off of and share ideas with... It's a piece of the pie that's very necessary.*

In complex situations, a variety of agencies must work together to assist women even when they operate at different sites. For example, lack of child care and fear of losing custody are barriers for women considering addictions treatment.

Collaboration between addictions agencies, parenting assistance programs and child welfare agencies could work to break down these barriers. The collaborative approach builds relationships between agencies and could make referrals from one agency to another less awkward.

### Outreach

*Initially when I met her, I met her when I was at [an inner-city agency]. That's how I got introduced to her. And she did kind of say that she was there whenever I needed.*

Outreach services are often at the forefront of reducing access barriers for clients. Barriers such as transportation, distance, cost, and isolation are reduced when clients are able to connect with services outside the usual treatment environment. Outreach workers generally reach clients or potential clients by circulating in their familiar social environments. Women who are otherwise unable or unwilling to seek standard treatment still receive

service from their outreach worker. Through that relationship, women benefit from treatment and connect with other resources in their community.

An example of an outreach service is the Enhanced Services for Women (ESW) program provided by Alberta Health Services. ESW provides outreach treatment service, connects women to other treatment options (like detox, methadone maintenance or residential treatment) and links them to community resources that can assist with other issues like housing, income and health supports.

### Fostering the mother-child relationship

*True recovery for a mother usually works only when it includes her children. (Finkelstein, 1996, p. A-6)*

As suggested by Poole (2003), an important factor in developing services for women is consideration of both the mother and child as recipients of service.

Because women often identify the care of their children as their first priority, any key decisions they must make (for example, seeking addictions treatment) are tempered by child care concerns. Mothers with substance use issues are best served by addictions services that offer child care options.

### What can service providers do to improve the outcome for mother and child?

#### Ask the hard questions

When women in treatment are asked what encouraged them to seek help, many report the key is having a caring professional ask about their substance use and listen in a non-judgmental manner to what they have to say. However, although health and social service providers are often in the position to ask sensitive questions about substance use, it does not always happen.

It is important that service providers remember they already have the skills needed to have a conversation with a woman about her substance use. These skills are no different from the skills used to help clients with other problems. Service providers need to be supportive, non-judgmental, encouraging and hopeful. Not having specific expertise in addictions should not keep service providers from inquiring about substance use.

Asking substance use screening questions is important because it

- opens the door for educating women about the effects of alcohol and other drugs
- helps women identify problems and discuss the need to change
- provides the opportunity for women to begin considering the need for treatment

Service providers should be screening all pregnant women for substance use. No one can assume by looking at a woman that she is or is not using alcohol or other substances.

### Examine their own beliefs and practices

Service providers should examine their own feelings about pregnant women and substance use and consider how best to serve these clients, considering all of the factors outlined above. Whether treating a client, referring her to other professionals, or developing programming for pregnant women who use substances, service providers should take into account the complexities of the lives and relationships of the women they serve.

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