

# Fetal Alcohol Spectrum Disorder (FASD) Prevention: Canadian Perspectives



*“No known safe amount or safe time to drink alcohol during pregnancy”*

**Multiple Approaches to FASD Prevention**

[www.publichealth.gc.ca/fasd](http://www.publichealth.gc.ca/fasd)



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# Introduction

Fetal Alcohol Spectrum Disorder (FASD) is the term used to describe the range of harms that can result from prenatal alcohol exposure. FASD is often found in combination with a range of other health and social problems faced by pregnant women. These harms can include vision and hearing problems, as well as slow growth and brain damage that result in lifelong problems with attention, memory, reasoning and judgment. Fetal Alcohol Spectrum Disorder (FASD) is a leading known cause of developmental disability in Canada. As important as this issue is, effective prevention remains a key challenge.

This resource describes what has been learned about prevention of FASD in the course of implementation of health promotion and prevention strategies across Canada. It outlines a four-part framework for FASD prevention and promotion of women's and children's health which has been identified by a group of Canadian experts as they have developed and evaluated FASD prevention initiatives at the community, provincial/territorial and national levels. This prevention resource reflects a pan-Canadian vision for both preventing FASD and improving the outcomes for those who are already living with it.

This is a practical resource, created to assist those who are planning or expanding FASD prevention programming designed

to reach and support women of childbearing years. It has as a foundation the practice-based wisdom of program providers in Canada, and at the same time, it is important to note that the programs listed here are examples only, and do not form an exhaustive list of the FASD prevention programming in Canada.

## The Four-Part Model of Prevention

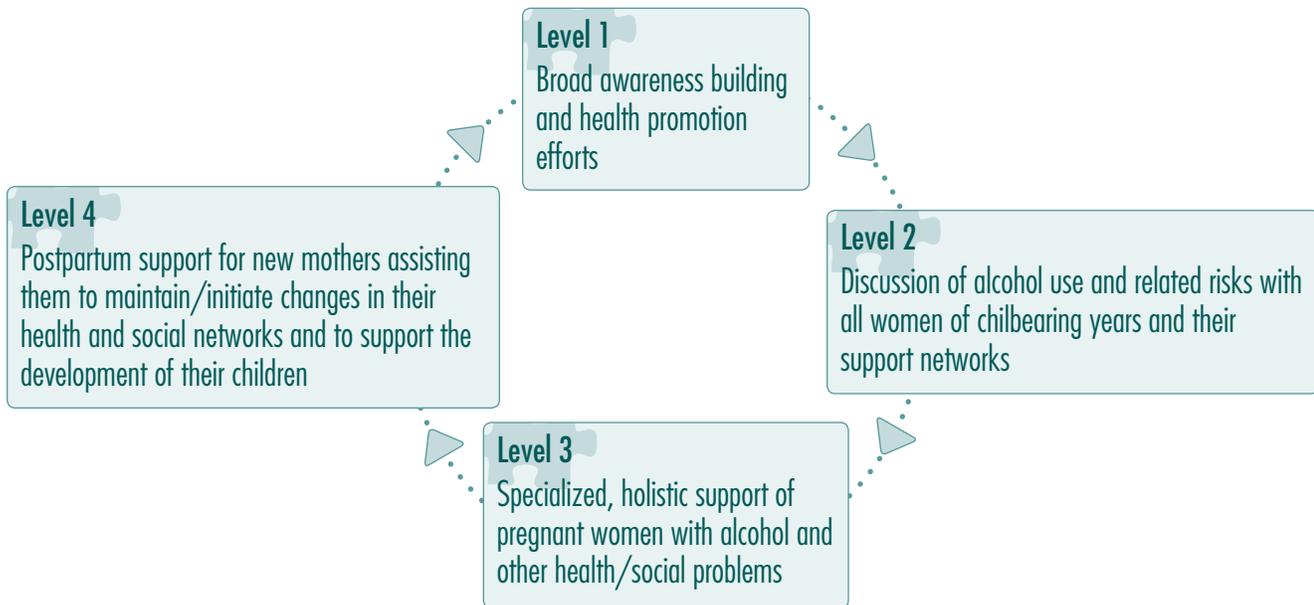
FASD prevention work is complex; it involves much more than providing information about the risks of alcohol use in pregnancy. Preventing risky alcohol use by pregnant women (and mothers before and after pregnancy) does not take place at only one point in time, nor does it occur through a single interaction with one care provider.

Over the past decade in Canada, health promotion and prevention specialists have been learning about how to prevent FASD using multi-sectoral, holistic approaches. Beyond advice to not drink while pregnant, these newer, holistic approaches have demonstrated that helping women plan their pregnancies, obtain prenatal care, improve their nutrition, reduce stress in pregnancy and heal from root causes of addiction such as experience of violence – all contribute to improving women's health and reducing the risk of having a child affected by FASD.



Canadian prevention specialists have identified four mutually reinforcing prevention approaches as effective in delivering FASD prevention. The four levels of prevention span general and

specific practices that assist women to improve their health and the health of their babies, with support from family, support networks, services and community. They include:



**Figure 1**

1. The **first level of prevention** is about raising public awareness through campaigns and other broad strategies. Closely linked to public awareness/social marketing, campaigns can be public policy and health promotion activities that are supportive of girls' and women's health. The engagement and involvement of a broad range of people at the community level is key to advancing social support and social change.
2. The **second level of prevention** is about girls and women of childbearing years having the opportunity for safe discussion of pregnancy, alcohol use, and related issues, with their support networks and healthcare providers.
3. The **third level of prevention** is even more specific. It is about the provision of recovery and support services that are specialized, culturally specific and accessible for women with alcohol problems and related mental health concerns. These services are needed not only for pregnant women, but also before pregnancy and throughout the childbearing years.
4. Finally, the **fourth level of FASD 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. This will assist them to continue to improve their health and social support, as well as the health of their children. Early interventions for children who potentially have FASD are also important at this stage.



# 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

## Description



Pamphlets, prevention campaigns, warning signs in bars, 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, and sparking awareness and reduction in stigma and blame.

Community development strategies are also a key component of Level 1 FASD prevention. People are getting together to bring awareness to women's substance use and related health and social issues, and to link those working with children, youth and adults who are affected by FASD. It is about connecting the people in a position to contribute to awareness and action and involving them in working together on community and system-level changes.

## Benefits

For some women, this type of information is sufficient to create or maintain positive changes in their health. This level of prevention has the potential to provide good information to everyone who needs it to make decisions about alcohol use in pregnancy. This level of prevention also serves to connect people so they can work together to make the service system more welcoming to women with substance use problems and to work on a range of community-level solutions that support the health of women and children.



## Examples of Level 1 – Prevention in Action

### Info sheets

- Alberta Alcohol and Drug Abuse Commission – Effects Series  
[www.aadac.com/547\\_1430.asp](http://www.aadac.com/547_1430.asp)
- BC Health files (multilingual fact sheets)  
[www.bchealthguide.org/healthfiles/hfile38d.stm](http://www.bchealthguide.org/healthfiles/hfile38d.stm)

### Media campaigns

- Saskatchewan Prevention Institute campaign  
[www.preventioninstitute.sk.ca/home/Media](http://www.preventioninstitute.sk.ca/home/Media)
- Yukon Health and Social Services “This is our baby”  
[www.hss.gov.yk.ca/publications](http://www.hss.gov.yk.ca/publications)
- Ontario’s Best Start campaign  
[www.beststart.org/resources/alc\\_reduction/index.html](http://www.beststart.org/resources/alc_reduction/index.html)

### Booklet

- From AWARE/CAMH booklet on women and alcohol  
[www.camh.net/About\\_Addiction\\_Mental\\_Health/Drug\\_and\\_Addiction\\_Information/Women\\_and\\_Alcohol/index.html](http://www.camh.net/About_Addiction_Mental_Health/Drug_and_Addiction_Information/Women_and_Alcohol/index.html)

### Information line

- Motherisk Help line 1-877-327-4636  
[www.motherisk.org](http://www.motherisk.org)

### Speakers bureau

- Saskatchewan Prevention Institute  
[www.preventioninstitute.sk.ca/home/Program\\_Areas/Alcohol,\\_Tobacco\\_\\_Other\\_Drugs/Fetal\\_Alcohol\\_Spectrum\\_Disorder\\_\(FASD\)/Saskatchewan\\_FASD\\_Speakers\\_Bureau](http://www.preventioninstitute.sk.ca/home/Program_Areas/Alcohol,_Tobacco__Other_Drugs/Fetal_Alcohol_Spectrum_Disorder_(FASD)/Saskatchewan_FASD_Speakers_Bureau)

### Community development strategies

- Northern Family Health Society in Prince George, BC  
[www.nfhs-pg.org/documents/healthy-fasd-brochure.pdf](http://www.nfhs-pg.org/documents/healthy-fasd-brochure.pdf)
- FASD Community Circle, Victoria, BC  
[www.fasdvictoria.org/article.php?story = Whoweare](http://www.fasdvictoria.org/article.php?story = Whoweare)



## Key Resources

### Web Resources

- Canadian Centre on Substance Abuse (CCSA)  
[www.ccsa.ca/CCSA/EN/Topics/](http://www.ccsa.ca/CCSA/EN/Topics/)  
[www.ccsa.ca/CCSA/EN/Topics/Populations/FASD.htm](http://www.ccsa.ca/CCSA/EN/Topics/Populations/FASD.htm)

### Research Summary

- *What We Have Learned: Key Canadian FASD Awareness Campaigns*, Public Health Agency of Canada  
[www.phac-aspc.gc.ca/publicat/fasd-ac-etcaf-cs/index-eng.php](http://www.phac-aspc.gc.ca/publicat/fasd-ac-etcaf-cs/index-eng.php)

### Evaluation Summary

- Best Start Ontario *Keys to a Successful Alcohol and Pregnancy Communication Campaign*  
[www.beststart.org/resources/alc\\_reduction/pdf/keys.pdf](http://www.beststart.org/resources/alc_reduction/pdf/keys.pdf)

### First Canadian statement on prevention of FASD

- *Joint Statement: Prevention of Fetal Alcohol Syndrome (FAS) Fetal Alcohol Effects (FAE) in Canada (October 1999)*  
[www.phac-aspc.gc.ca/fasd-etcaf/index-eng.php](http://www.phac-aspc.gc.ca/fasd-etcaf/index-eng.php)  
[www.phac-aspc.gc.ca/fasd-etcaf/publications-eng.php](http://www.phac-aspc.gc.ca/fasd-etcaf/publications-eng.php) (see archives)

## Reflections on Level 1 – Prevention

This level of prevention is important for women who lack information, have misconceptions, or need to know how to access services related to prenatal alcohol use. If awareness is already high, Level 1 prevention strategies may be a lower priority. Where increased awareness is needed, 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 at community-based programs, social service agencies and other points of access for women. People don't change because they see a poster, they change because they see a poster in the context of a place they trust, and then a conversation starts, and then you go from there...



# Level 2 Brief Counselling with Girls and Women of Childbearing Age

## OBJECTIVE:

### Discussing Alcohol Use with All Girls and Women of Childbearing Age

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, prenatal supports available, and pregnancy planning.

## Description

Physicians have long been recognized as important providers of information and support. However, many other service providers who come into contact with girls and women in many settings have also been found to be helpful when they provide information and brief support. In fact, Level 2 FASD prevention involves system-wide commitment on the part of all service providers working with women to engage in informed and respectful discussion of alcohol and other substance use.

A 2002 survey of physicians and midwives in Canada [1] found that while 94% knew about FASD, less than half of care providers consistently discussed smoking, alcohol use or addiction with women of childbearing age. Further, only 54% felt prepared to care for pregnant women who had substance use problems. 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.

There is strong evidence for the effectiveness of brief collaborative, motivational interviewing approaches [2] 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 [3].

## 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 during pregnancy,

and those with substantial alcohol and other health problems are linked to the comprehensive care described in Level 3 prevention.

## Examples of Level 2 – Prevention in Action

### Multi-sectoral training of providers

- ActNow BC-Healthy Choices in Pregnancy  
[www.hcip-bc.org](http://www.hcip-bc.org)

### Training for physicians and others on substance use and pregnancy

- PRIMA (Pregnancy-Related Issues in the Management of Addictions)  
[www.addictionpregnancy.ca/](http://www.addictionpregnancy.ca/)

### Online learning module for physicians

- Fetal Alcohol Spectrum Disorder Module 1: Preventing and Addressing Alcohol Use in Pregnancy  
[www.MDcme.ca](http://www.MDcme.ca)

### Information and support line for women and professionals

- Motherisk Help line 1-877-327-4636  
[www.motherisk.org](http://www.motherisk.org)

### Community-based services that discuss substance use with pregnant women

- Canada Prenatal Nutrition Programs  
[www.phac-aspc.gc.ca/dca-dea/programs-mes/cnpn\\_main\\_e.html](http://www.phac-aspc.gc.ca/dca-dea/programs-mes/cnpn_main_e.html)

### Aboriginal service providers

- See Inter Tribal Health’s OAR approach under Level 4.

## Key Resources

### The HELP Guide for Professionals

- Enhanced Services for Women – Help Guide  
Alberta Alcohol and Drug Abuse Commission  
<http://aadac.andornot.com/>



**SMART Guide** – To order contact [aware@kos.net](mailto:aware@kos.net)

- *Motivational Approaches Within the Stages of Change for Pregnant Women Who Use Alcohol: A Training Manual for Service Providers*  
[www.mothercraft.ca/dispatcher.asp?page=275](http://www.mothercraft.ca/dispatcher.asp?page=275)

### **Supporting Change: Preventing and Addressing Alcohol Use in Pregnancy Handbook**

- [www.beststart.org/resources/alc\\_reduction/index.html](http://www.beststart.org/resources/alc_reduction/index.html)

### **Trainer's Guide to Motivational Interviewing**

- *Enhancing Motivation for Change—A Learner's Manual for the American Indian/Alaska Native Counselor*  
[www.oneskycenter.org/education/documents/AmericanIndianTrainersGuidetoMotivationalInterviewing.pdf](http://www.oneskycenter.org/education/documents/AmericanIndianTrainersGuidetoMotivationalInterviewing.pdf)
- [www.motivationalinterview.org](http://www.motivationalinterview.org)

### **Respect is key to helping pregnant women with substance use problems: a conversation with Pam Woodsworth**

- [www.ccsa.ca/CCSA/EN/Topics/Populations/FASDPrevention.htm](http://www.ccsa.ca/CCSA/EN/Topics/Populations/FASDPrevention.htm)

## **Reflections on Level 2 – Prevention**

This level of prevention is critical to girls and women having the information and support they need to have a healthy pregnancy and reduce the risk of having a child with FASD. In the past, not all girls and women have been asked about their alcohol use. Furthermore, the experience of stigmatization, or even a perception or fear of judgment on the part of service providers is a barrier to girls and women seeking services. Some subgroups of women, such as middle class women who are birth mothers of children with FASD, have reported that they were not given the information they needed. It is therefore

important to ask all girls and women of childbearing years what they know about the risk of alcohol use in pregnancy and provide information and support tailored to their need.

Discussion and provision of brief support are more likely to be done by primary health 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 problems. 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 provided in rural and urban settings, women can be provided with support on a range of factors which influence their alcohol use.

A critical aspect of this level of FASD prevention is overcoming pervasive barriers to access care. A culturally relevant, non-judgmental approach, paired with

accessible and comprehensive services helps reduce barriers to care. Services that operate from a harm reduction perspective are effective in supporting improvement in women’s health by their recognition and acceptance of the pace and types of change women are able to make.

In addition, mother-centred addictions treatment needs to be readily available to pregnant women and mothers with substance use problems. While all addictions treatment services provide priority access to pregnant women, often the programming has not been tailored to their needs. For example the programming may require daily time commitments that do not allow enough time for rest and prenatal appointments. Promising outreach initiatives and community-based, day and residential programming, that are more supportive of the needs of pregnant women and new mothers are being developed.

## Benefits

Level 3 FASD prevention work supports women’s connection to the services they need, and 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, and/or by their social, geographical or



economic status. 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 [4-6].

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.

## Examples of Level 3 – Prevention in Action

### Community-based programs

- Breaking the Cycle: A Chance for New Beginnings, Toronto, ON  
[www.breakingthecycle.ca/](http://www.breakingthecycle.ca/)
- Sheway, Vancouver Coastal Health, Vancouver, British Columbia  
[www.vch.ca/women/sheway.htm](http://www.vch.ca/women/sheway.htm)
- Maxxine Wright Place Project for High Risk Pregnant and Early Parenting Women, Surrey, BC  
[www.atira.bc.ca/maxxinewright.html](http://www.atira.bc.ca/maxxinewright.html)
- Alberta Alcohol and Drug Abuse Commission (AADAC) Enhanced Services for Women Initiative, Edmonton, Calgary, and Grande Prairie, AB  
[www.aadac.com/547\\_1221.asp](http://www.aadac.com/547_1221.asp)
- Stop FASD, Manitoba  
[www.gov.mb.ca/healthchild/fasd/stopfasd.html](http://www.gov.mb.ca/healthchild/fasd/stopfasd.html)
- Jean Tweed Centre's, Pathways to Healthy Families, Toronto, ON (and the 17 other ECD-Addictions initiatives in Ontario – see link to the evaluation of this programming, below – Final Evaluation Report)  
[www.jeantweed.com/i-pathways.asp](http://www.jeantweed.com/i-pathways.asp)  
[www.jeantweed.com/documents/FinalECDReportAugust28.pdf](http://www.jeantweed.com/documents/FinalECDReportAugust28.pdf)
- Centre for Northern Families, Yellowknife, NWT  
[www.real-eyes.ca/cnf/index.html](http://www.real-eyes.ca/cnf/index.html)
- BC Association of Pregnancy Outreach Programs, (BCAPOPOP), BC  
[www.bcapop.ca](http://www.bcapop.ca)



## Specialized maternity care programs

- Fir Square Combined Care Unit at BC Women's Hospital & Health Centre, Vancouver, BC  
[www.whri.org/projectsandpeople/documents/FirSquareWriteUp.pdf](http://www.whri.org/projectsandpeople/documents/FirSquareWriteUp.pdf)
- Toronto Centre for Substance Use in Pregnancy (T-CUP), St. Joseph's Health Centre, Toronto, ON  
[www.stjoe.on.ca/pro\\_tcup.php?refer = pro\\_family\\_health.php](http://www.stjoe.on.ca/pro_tcup.php?refer = pro_family_health.php)

## Key Resources

- *Early Childhood Development Addiction Initiative: Final Evaluation Report*  
[www.jeantweed.com/documents/FinalECDReportAugust28.pdf](http://www.jeantweed.com/documents/FinalECDReportAugust28.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)
- *Nurturing Change: Working effectively with high-risk women and affected children to prevent and reduce harms associated with FASD*  
[www.mothercraft.ca](http://www.mothercraft.ca) (Please see Publications and Resources Section)
- *Women working toward their goals through AADAC Enhanced Services for Women (ESW): Summary Report*  
[www.aadac.com/documents/women\\_working\\_towards\\_goals\\_summary.pdf](http://www.aadac.com/documents/women_working_towards_goals_summary.pdf)
- *Exposure to Psychotropic Medications and Other Substances during Pregnancy and Lactation: A Handbook for Health Care Providers*  
[www.camh.net/Publications/Resources\\_for\\_Professionals/index.html](http://www.camh.net/Publications/Resources_for_Professionals/index.html)  
[www.camh.net/Publications/Resources\\_for\\_Professionals/Pregnancy\\_Lactation/index.html](http://www.camh.net/Publications/Resources_for_Professionals/Pregnancy_Lactation/index.html)

## Reflections on Level 3 – Prevention

At this level of FASD prevention it is especially important that women's fears about apprehension 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 linked providers who have specialties in women's

health, prenatal, addictions, maternity care, housing, education 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 Support

## OBJECTIVE:

### Postpartum Support for 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.

Previous conceptualizations of prevention of FASD often did not include provision of

support in the postpartum period. However, increasingly, assistance is seen as 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 aims to provide postpartum support for mothers to continue to improve their health, as well as the health of their children. It can also include programming for mothers such as traditional parenting programs.

## 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 [7, 8].

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

*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 [9].

*For mothers with ongoing alcohol problems and/or with children affected by FASD – Comprehensive support provided in the*

3 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 [10].

## Examples of Level 4 – Prevention in Action

### Community-based mentoring programs in Aboriginal communities

- Health Canada's First Nation and Inuit Health Branch  
[www.hc-sc.gc.ca/fniah-spnia/famil/preg-gros/intro-eng.php](http://www.hc-sc.gc.ca/fniah-spnia/famil/preg-gros/intro-eng.php)

### Community-based mentoring programs in Non Aboriginal communities

- Stop FASD, Manitoba  
[www.gov.mb.ca/healthchild/fasd/stopfasd.html](http://www.gov.mb.ca/healthchild/fasd/stopfasd.html)

### Community Action Programs for Children (CAPC) programs such as

- Breaking the Cycle in Toronto  
[www.breakingthecycle.ca](http://www.breakingthecycle.ca)
- Healthy Generations Family Support Program in Sioux Lookout  
[www.clsiouxlookout.com/fasd.htm](http://www.clsiouxlookout.com/fasd.htm)
- Interagency FASD Program in Winnipeg  
[www.ifasd.mb.ca](http://www.ifasd.mb.ca)

### Multifaceted programming

- Crabtree Corner Family Resource Centre, Vancouver, BC  
CAPC, postpartum housing, 12 week FASD support group, Intergenerational FASD support group Crabtree Corner  
[www.ywcavan.org/content/Crabtree\\_Corner/258/31/113](http://www.ywcavan.org/content/Crabtree_Corner/258/31/113)

### Postpartum discussion approach – OAR (Own Act and Reflect)

- Intertribal Health Authority – Vancouver Island  
[www.intertribalhealth.ca/](http://www.intertribalhealth.ca/)
- Home visiting program – Healthy Families – Yukon  
[www.hss.gov.yk.ca/programs/family\\_children/early\\_childhood/healthy\\_families/](http://www.hss.gov.yk.ca/programs/family_children/early_childhood/healthy_families/)



## Traditional parenting programming

- Skookum Jim Friendship Centre in Whitehorse  
[www.skookumjim.com](http://www.skookumjim.com)
- Housing support Maxxine Wright  
[www.atira.bc.ca/mwhousing.html](http://www.atira.bc.ca/mwhousing.html)

## 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)  
[www.motherisk.org/women/updatesDetail.jsp?content\\_id=347](http://www.motherisk.org/women/updatesDetail.jsp?content_id=347)
- *Evaluation of the Moms Mentoring Moms program, Victoria, BC*  
[www.fasdcircle.org/resources/Moms\\_Mentoring\\_Moms\\_Final%20Report.pdf](http://www.fasdcircle.org/resources/Moms_Mentoring_Moms_Final%20Report.pdf)
- *On basing service development for mothers and children on relational theory*  
*The Breaking the Cycle (BTC) Compendium: Vol. 1 The Roots of Relationship*  
[www.mothercraft.ca](http://www.mothercraft.ca) (Please see Publications and Resources Section)
- *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)

## Summary of Research

- Dell, C.A., & Roberts, G. (2006). *Research Update: Alcohol use and pregnancy: An Important Canadian Public Health and Social Issue*  
[www.phac-aspc.gc.ca/publicat/fasd-ru-ectaf-pr-06/pdf/fasd-ru-ectaf-pr-06\\_e.pdf](http://www.phac-aspc.gc.ca/publicat/fasd-ru-ectaf-pr-06/pdf/fasd-ru-ectaf-pr-06_e.pdf)

## Reflections on Level 4 – Prevention

In primary health care settings, and in other community-based services and advocacy programs, it will be important to continue to find effective ways to support mothers and their families – both those mothers who were able to stop drinking in pregnancy and those who were not.

Early support that links children with prenatal alcohol exposure to the interventions and supports they may require, is important. Most

mothers are eager to do all they can to assist their children in accessing these 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 supported to address their substance use and related issues, and prevent the births of subsequent children who may be affected.



# Conclusion

Canadian service providers and health system planners are making tremendous strides in conceptualizing and implementing comprehensive FASD prevention strategies. Utilizing this four 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, providers and communities in FASD prevention work.

More advocates, services and communities are invited to take up this work. It is hoped that more research will inform this work and that evaluation of the work currently being undertaken will be made possible. May the framework, ideas, practice examples and resources described in this booklet be helpful in inspiring and linking those interested in this work.



# References

1. Tough, S.C., et al., *Attitudes and Approaches of Canadian Providers to Preconception Counselling and the Prevention of Fetal Alcohol Spectrum Disorders*. Journal of FAS International, January 2005. **3**: p. e3.
2. Floyd, R.L., et al., *Preventing Alcohol Exposed Pregnancies: A Randomized Control Trial*. American Journal of Preventive Medicine, 2007. **32**(1): p. 1-10.
3. Miller, W.R. and S. Rollnick, *Motivational Interviewing: Preparing People for Change*. 2nd ed. 2002, New York, NY: The Guilford Press.
4. Watkins, M. and D. Chovanec, *Women working toward their goals through AADAC Enhanced Services for Women*. March 2006, AADAC: Edmonton, AB.
5. Poole, N., *Evaluation Report of the Sheway Project for High Risk Pregnant and Parenting Women*. 2000, British Columbia Centre of Excellence for Women's Health: Vancouver BC.
6. Motz, M., et al., *Breaking the Cycle: Measures of Progress 1995-2005* Journal of FAS International, Special Supplement, 2006. **4**(e22).
7. Little, R.E., et al., *Alcohol, breastfeeding, and development at 18 months*. Pediatrics, 2002. **109**(5): p. e72.
8. Gigla, R. and C. Binns, *Alcohol and lactation: A systematic review*. Nutrition & Dietetics, 2006. **63**(2): p. 103-116.
9. Hume, L. and N. Bradley, *Reaching Mothers and Children Affected by Substance Use*, in *Highs and Lows: Canadian Perspectives on Women and Substance Use*, N. Poole and L. Greaves, Editors. 2007, Centre for Addiction and Mental Health: Toronto, ON. p. 257-262.
10. Grant, T.M., et al., *Preventing alcohol and drug exposed births in Washington State: intervention findings from three Parent-Child Assistance Program sites*. American Journal of Drug and Alcohol Abuse, 2005. **31**(3): p. 471-490.



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