

***Alcohol & Tobacco:
Collaborative Intervention
with Pregnant Women***



Rounds

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ActNow BC Healthy Choices in Pregnancy

Two targets set to support the reduction of alcohol use in pregnancy:

- A 50% increase in women counseled about the risks of alcohol use during pregnancy
- All Health Authorities are to have focused FASD prevention strategies

www.actnowbc.gov.bc.ca

A partnership of:

BC Women's Hospital and Health Centre

BC Centre of Excellence for Women's
Health

BC Reproductive Care Program



Issue: Fetal Alcohol Syndrome & FASD

Fetal Alcohol Spectrum Disorder (FASD) describes a range of disabilities that may affect people whose mothers used alcohol while they were pregnant.

There are three categories used to describe the full syndrome (FAS):

- 1) A pattern of facial anomalies
- 2) Growth deficiencies
- 3) Central nervous system impairment

Estimates for the full syndrome are 1 to 2 per 1000 live births

Fetal Alcohol Spectrum Disorder

ALARM is a mnemonic for common disabilities associated with prenatal alcohol exposure:

- Adaptive Behaviour
- Language
- Attention
- Reasoning
- Memory

A

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Issue: Risky alcohol use in pregnancy and beyond

- 12-14% of mothers indicated they used alcohol during their last pregnancy in Canadian Community Health Survey 2001
- In the 2004 Canadian Addiction Survey:

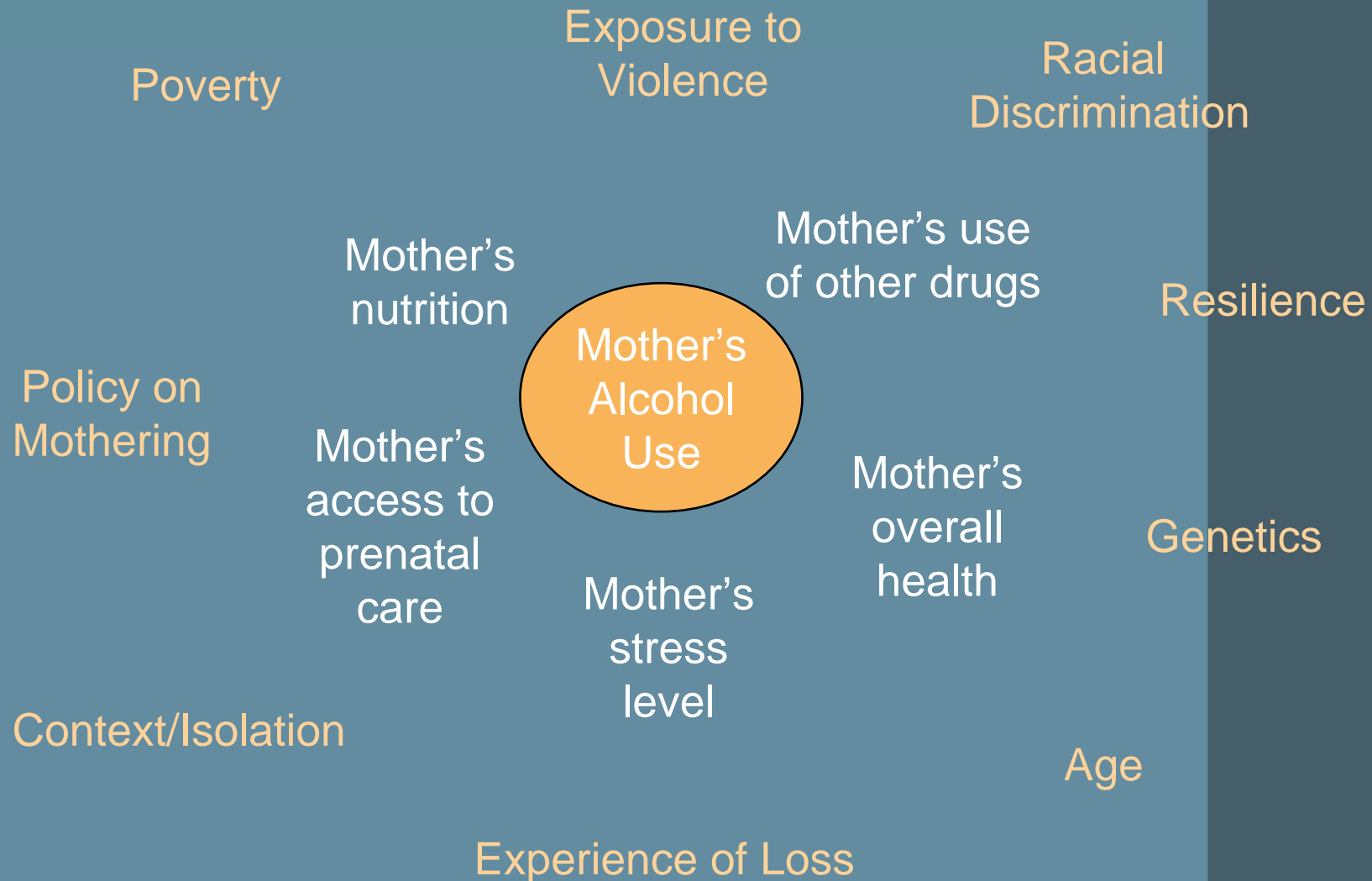
15% of young women 18-19 yr & 11% of women 20 -24 yr reported heavy, frequent drinking

Issue: Recognizing sex differences in impact of alcohol

- Women are more likely than men to develop cirrhosis after consuming lower levels of alcohol over a shorter period of time
- Women are more likely to develop brain shrinkage and impairment, gastric ulcers and alcoholic hepatitis with heavy alcohol use
- Heavy alcohol use compromises bone health in girls



Issue: It's Not Only About Alcohol



Issue: Impact of tobacco use in pregnancy

- Increased risk of placental abnormalities
- Increased risk of premature labour and delivery
- Increased risk of spontaneous abortion, miscarriage, stillbirth and early infant death
- Low birth weight
- Increased risk of SIDS

Issue: Recognizing sex differences in impact of tobacco

- Smoking is associated with a twofold increase in risk of coronary events and threefold increase in risk for myocardial infarction (MI) among women
- A recent study found that female smokers were approximately **2.7** times as likely to develop lung cancer as male smokers of similar age and smoking history

Issue: Recognizing levels of tobacco use in sub populations of women

The overall decline in women's smoking in Canada masks subpopulations of girls and women who exhibit high or persistent rates of smoking

Teenage Girls & Young Women

Among Canadian women age 18-19 years, **28%** are current smokers in 2003

Aboriginal Women

In British Columbia in 2000, **32%** of Aboriginal adolescent girls reported current use of cigarettes

Women Living on Low Income

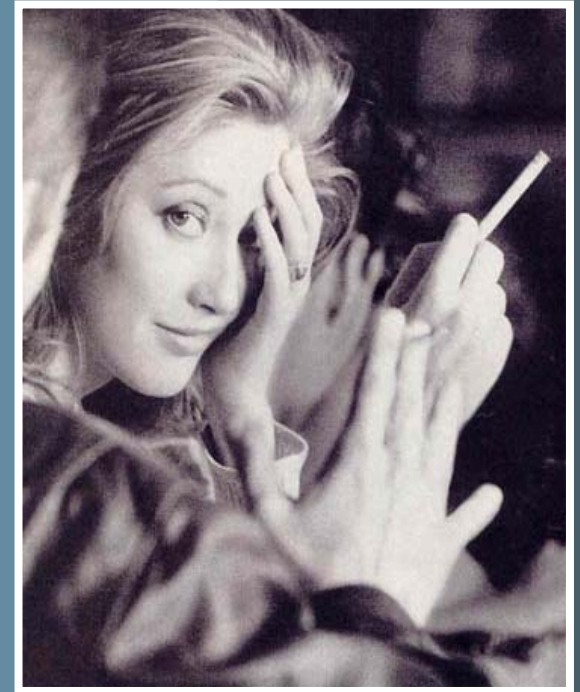
1999 statistics report that the prevalence of smoking is **35%** among Canadian women living on low income

18%



Issue: Postpartum relapse

- The focus on quitting smoking for the baby as opposed for one's own health and other internal motivations, means that most women who have been able to quit smoking during pregnancy relapse postpartum



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

Issue: Lack of recognition and tailored support

- Problem alcohol use in women is often not recognized or treated
- 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

4.3% of mothers identified with risky alcohol use in antenatal records

Recommended framework:

- ✓ Mother-centred
- ✓ Harm reduction oriented
- ✓ Motivational

Issue: Stigma

“Often the babies’ mothers won’t accept what their addiction has done to another human being. They’re almost always in denial about any impact to the baby”

from *Rescuing infants from the depths of Victoria’s crystal meth crisis* Globe and Mail, Friday January 19, 2007

“Rep. Mary Helen Garcia, D-Las Cruces, wants to make it a crime to give birth to a child who has Fetal Alcohol Syndrome. She has introduced House Bill 141, which would make such an occurrence a misdemeanor, unless the child dies, in which case it would be a second-degree felony. Misdemeanors carry a prison term of six months to one year. Second-degree felonies are punishable by a maximum of nine years in prison.” From *New Mexico legislative news*, January 23, 2007



Role of Health Professionals

in educating and intervening with women on alcohol and other drug use **before** and **during** the perinatal period:

Talk about substance use with **all** women

Identify those who need help with reducing drinking and other substance use

Discuss the level and type of change women are ready to make

Support women by keeping the discussion open, and providing / assisting with connections to needed services

Talk about substance use with all women

- Important to ask permission: “Would you like to know more about the effect of ... on?”
- Use general statements such as, “Generally women feel...” or “What happens to most women...”
- Finish with inquiring about how the patient understands the information: “What do you make of this?” or “How does this tie in with your use of...?”



Identify those who need help with reducing drinking

- Focus on what is normal versus abnormal (typical day versus difficult day)
- “Tell me about a typical day. Where does your use of alcohol fit in?”
- Ask about substance use before and during pregnancy – any changes?
- Exceptions – “Tell me about a time when alcohol wasn’t in your life?, What was different then?”
- Offers a starting point for looking at strengths and supports self-efficacy.

Discuss the level and type of change women are ready to make

- Increase awareness of risks and assess readiness to change
- “What do you make of this? I wonder how you have been affected by alcohol during your pregnancy?”
- Want to explore importance and confidence to make changes
- Important component of initial assessment

Readiness to Change

Importance

(Why should I change?
Personal values and
expectations of the
importance of change)

Confidence

(How will I do it?,
Self-efficacy)

Readiness

Two orange arrows point from the 'Importance' and 'Confidence' sections towards the 'Readiness' section, indicating that these two factors contribute to a person's readiness to change.

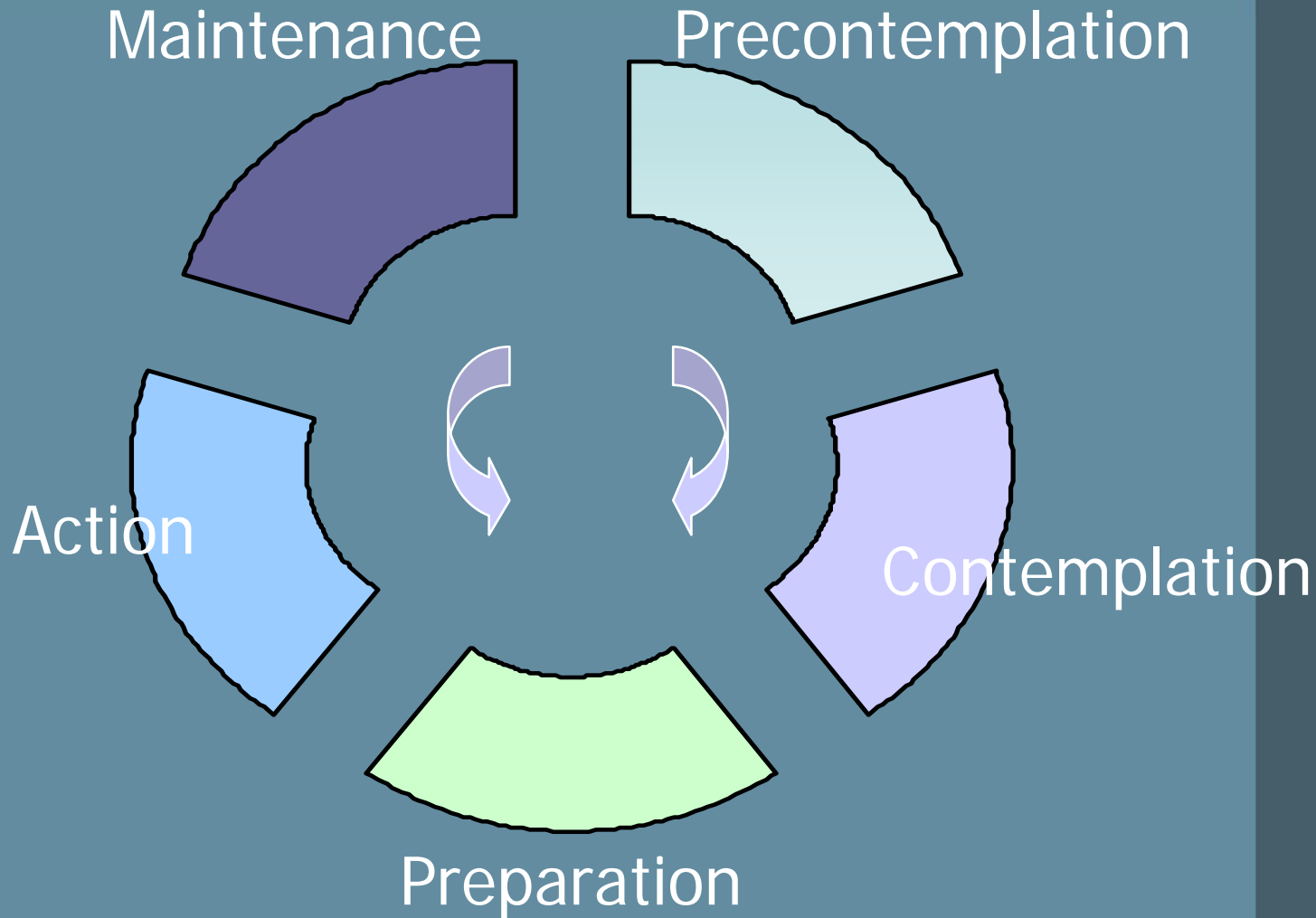
“How do you feel at the moment about changing your alcohol/nicotine use?” (0-10)

“If you decided right now to stop drinking alcohol, how confident do you feel about succeeding with this?” (0-10)

Support women by keeping the discussion open

- Make referrals as needed
- Very important to have congruence between intervention and woman's goal
- Making a treatment referral for a woman who is precontemplative will not be effective
- Continue to monitor and support throughout pregnancy and post partum
- Be aware of relapse risk, keep discussion open

Stages of Change



Informal Discussion

- Focus on both *mother and baby*
- Recognize how alcohol and tobacco use can be positive coping mechanisms
- Find balance between risk and self-efficacy
- Don't rush the woman to quitting
- Use harm reduction strategies – encourage any and all small changes that reduce risk and recognize the context of a woman's life
- Develop rapport, express concern
- Offer choices and ask permission

The approach you take is one of the strongest indicators of whether a woman will change.

Resources available on the risks of alcohol use in pregnancy

Resources are available to support you in your work with women:

- Alcohol and pregnancy campaign materials – can order from www.silink.ca
- Q&A sheet from the BCRCPC guidelines
- BC Nurseline info sheet
- Babies Best Chance Handbook
- Is it Safe for my Baby? Booklet - CAMH
- Info sheets, posters - AADAC

Provincial Supports

- BC NurseLine
Toll-free in BC [1-866-215-4700](tel:1-866-215-4700)
- Pregnancy Outreach Programs
www.bcapop.ca
- Alcohol & Drug Information & Referral
Service Toll-free [1-800-663-1441](tel:1-800-663-1441)
- Substance Use Information: Centre for
Addiction Research BC
www.silink.ca

Resources

There are a number of resources available to support you in undertaking discussion of alcohol use with pregnant women including:

- BCRCP Guidelines www.rcp.gov.bc.ca
- Smart Guide
- AADAC Help Guide for Professionals
- Motherisk www.motherisk.org
- PRIMA www.addictionpregnancy.ca

Perinatal Exposure to Psychotropic Medications and Other Substances: A Handbook for Health Care Providers

This handbook, to be published in spring 2007, includes information and recommendations for family physicians, pharmacists, psychiatrists, midwives and nurse practitioners about safety and risks associated with use of medications and substances during pregnancy and breast-feeding. To pre-order this handbook to be mailed to you (at no charge*), please complete the form below.

CAMH

Motherisk

SickKids

Resources on the risks of tobacco use in pregnancy

Print Materials

- Expecting to Quit - BCCEWH
http://www.bcccewh.bc.ca/PDFs/Expecting_to_Quit.pdf
- The little quit smoking book – BC Ministry of Health (in press)
- Catching Our Breath: A Journal About Change for Women Who Smoke, Women's Health Clinic Winnipeg
- Small Steps Matter - AADAC

Resources on the risks of tobacco use in pregnancy

Websites

- BC Quitline www.quitnow.bc.ca
1-877-455-2233
- Pregnets www.pregnets.ca

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www.bccewh.bc.ca