

**Supporting Change:
Screening for Alcohol and
other Drug Use in Pregnancy**

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Best Start Resource Centre

- Maternal, newborn and child health
- Ontario Ministry of Children and Youth Services
- Provide:
 - education
 - consultation
 - resources
 - bulletin
 - website

Substance Use

- 14% used alcohol in pregnancy
- 20% smoked tobacco in pregnancy
 - Most frequent in young, single women with less supports and lower education
- Illegal substance use in pregnancy
 - 6% used an illegal substance
 - 3% used cannabis
 - 1% used cocaine

Health Care Providers Actions

- 94% ask pregnant women about alcohol use
- 62% use a standardized screening tool
- 85% discuss effects of alcohol with pregnant women who report binge or heavy drinking
- 65% discuss effects of alcohol with pregnant women who report moderate alcohol use

Health Care Providers Actions

- 88% say no alcohol during pregnancy
- 54% feel prepared to care for pregnant women with alcohol problems
- 71% know where to access services
- 58% there is not enough time to ask about alcohol use

Evidence of success

- We can:
 - Raise awareness about alcohol and pregnancy
 - Reduce the number of women who drink in pregnancy
 - Reduce the length of alcohol use and the amount of alcohol use in pregnancy

Critical strategies

- Prevention of FASD
- People with FASD
- Awareness
- Screening
- Services
- Diagnosis
- Services
- Understanding

Key Clinical Practices

- ASK all women of childbearing age re substance use
- ASK all pregnant women re substance use
- ADVISE all women planning a pregnancy re substance use
- ADVISE all pregnant women re substance use
- ADVISE women who used substances during their pregnancy to seek advice
- ASSIST women to address their substance use through information, counseling, care and referral to appropriate programs and services

What do women know?

- Awareness is growing
- High levels of awareness on some topics
- Messages less well understood: risks of small to moderate alcohol use, consequences of alcohol use, quantifying alcohol use
- Most women plan to quit if pregnant
- Many women say they receive no information or misinformation from their health care provider
- Groups with lower levels of awareness include higher SES, age 35+, higher levels alcohol use, men (Ontario data from 2006)

Who Drinks During Pregnancy?

- 15-25% of women drink alcohol when pregnant
- Higher income, higher education, over age 30, successful career
 - more likely to be moderate/daily drinkers and more likely to report alcohol use in pregnancy
- Women also at risk:
 - living in poverty or isolation, poor nutrition
 - poor prenatal care
 - multiple drug users
 - young women

Interview Questions

- How much alcohol do you drink?
- Do you smoke? If yes, how many cigarettes per day?
- Have you ever used cocaine, marijuana or any other recreational drug? (modify based on drugs used in your community)
- What's your drug of choice?
- What route do you use for this/these recreational drug(s)?
- Have you ever used drugs by injection?

How to Ask

- Explain that you will be asking a standard series of health questions that are directed to all patients in order to improve health
- Avoid questions that suggest that you want a negative response. Once the patient responds negatively, it is difficult to explore the issue further:
 - **Negative:** You don't drink, do you?
 - **Positive:** How much alcohol do you drink?

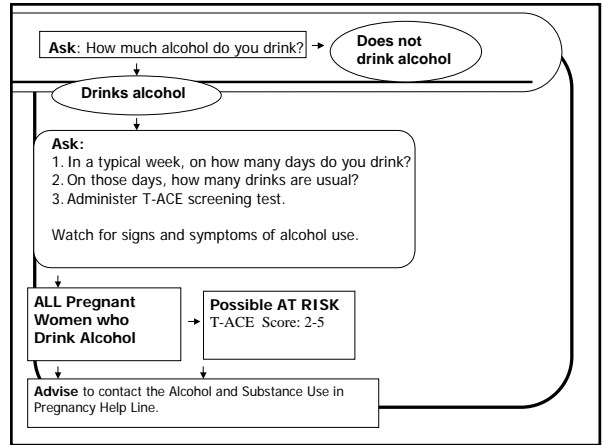
When to Ask

- Ask everyone as alcohol use is widespread and most show no symptoms of alcohol use
- Ask often
- Key times to assess alcohol use are:
 - Initial visit
 - Annual gynecological visit
 - Preconception visit
 - Visits for confirmation of pregnancy
 - Mid pregnancy (24-28 weeks)
 - Exit visit (32-36 weeks gestation)

	Does not want to be Pregnant	Planning a Pregnancy	During Pregnancy
Ask -frequency -quantity -T-ACE	-determine risks to the woman and of an unplanned pregnancy	-determine risks to woman and to future pregnancy	-determine risks to woman and to the fetus
Advise -advise on stopping drinking	"If you decide to get pregnant, it is safest to stop drinking"	"It is safest to stop drinking before you get pregnant"	"It is safest to stop drinking when pregnant"
Advise -advise on risks	"Your level of alcohol use may put you at risk for an unplanned pregnancy"	"Alcohol can harm a developing fetus"	"Call Motherisk for information and advice"
Assist -brief intervention -information -referrals -follow-up	-discuss reliable long lasting birth control methods	-assist in delaying pregnancy until she has stopped drinking alcohol	-if patient is unable to stop drinking, assist in reducing alcohol use as much as possible

When Asking:

- Be non-judgmental, calm and direct
- Let her know that you ask all pregnant women
- Listen to her concerns
- Refrain from negative comments or reactions
- Focus on the mother as well as the baby
- Be sensitive to broader issues such as poverty, abuse
- Make positive statements about the fact that the woman is seeking prenatal care and about progress
- Ask questions more than once



T-ACE

- Tolerance - How many drinks does it take to make you high?
 - Score 2 for more than 2 drinks
 - Score 0 for 1 or 2 drinks
- Annoyance - Have people annoyed you by criticizing your drinking?
 - Score 1 for yes
- Cut Down - Have you ever felt you ought to cut down your drinking?
 - Score 1 for yes
- Eye Opener - Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hang over?
 - Score 1 for yes

• Possible At Risk Score=2 or more points
• Low Risk= 0 or 1 points

Signs of alcohol use

Physical Findings:	Psychological Findings:	Red Flags:
<ul style="list-style-type: none"> • Alcohol on breath • Scars, injuries • Hypertension • Symptoms of withdrawal • Tachycardia • Tremors • Slurred speech 	<ul style="list-style-type: none"> • Memory loss • Depression • Anxiety • Panic • Paranoia • Unexplained mood swings 	<ul style="list-style-type: none"> • Repeat injuries • Numerous emergency visits • Late entry to prenatal care • Missed appointments • Patient intoxicated • Previous child with FAS • Extramural delivery • History of abuse by partner • STDs (including AIDS) • Compliance problems • Family history of substance abuse

ALL pregnant women who drink alcohol:

1. ADVISE that it is safest to stop drinking
2. ADVISE by providing personalized feedback and information
3. ADVISE women unable to stop drinking, to reduce drinking
4. ASSIST through referral to appropriate resources
5. ASSIST through continued follow-up and support

POSSIBLE at-risk:

1. NEED for further assessment
2. ASSESS readiness and ability to stop drinking
3. ASSESS level of alcohol dependence
4. ARRANGE for medical detoxification

Advise all women, often

■ Advise all women that no alcohol is the safest choice in pregnancy

- Note: Medical management is needed
- During withdrawal
 - During and following delivery

ADVISE about the risks

■ Use positive statements to provide an accurate assessment of risks.

• **Positive:** If you stop drinking you have a better chance of having a healthy baby.

• **Negative:** Your drinking has already damaged your baby.

• **Positive:** Your concern for your baby will help you be a good mother.

• **Negative:** If you really loved your baby, you would not drink so much.

Stages of Change

■ Women need different types of help, depending on their stage of change

- **Pre-contemplation** – not thinking about change
- **Contemplation** – thinking about change
- **Preparation** – getting ready to change
- **Action** – working on making changes
- **Maintenance** – trying to stay “changed”

Relapse – is a part of the process

Resistance

■ *“I don’t plan to quit drinking any time soon.”*

■ *“My sister drank throughout her pregnancy and the baby is fine.”*

■ *“I don’t know why my husband is worried about my drinking. I don’t drink any more than any of my friends.”*

Resistance	<i>"You can't make me stop drinking. I have my rights."</i>
Denial	<i>"FASD is only a problem for pregnant women who are alcoholics."</i>
Anger	<i>"Why don't you mind your own business?"</i>
Rationalizing	<i>"I know lots of women who drank in pregnancy and all of their children are fine."</i>
Avoidance	changing the subject, ignoring messages

Harm reduction

- Many women are not ready, willing or able to consider complete abstinence
- An abstinence only approach may alienate women from prenatal care
- Prenatal care and reduction in alcohol use can improve maternal and newborn outcomes
- Assist patients unable to consider complete abstinence to reduce alcohol use as much as possible
- Help patients improve general health in other ways

Motivational Approaches

- Ask open-ended questions
- Listen reflectively
- Summarize
- Affirm
- Elicit self motivational statements

- Address the underlying reasons for substance use

The Conversation

- Ask what she has heard about substance use and pregnancy
- Ask if she can see herself making changes to her substance use
- Ask how important it is to her and how confident she is of making changes
- Suggest some small steps
- Help her develop a plan

Referrals

- Public health
- Aboriginal health and support services
- Nutrition programs
- Programs for children and families
- Pregnancy support programs
- Food banks
- Prenatal classes
- Women's shelters
- Detox
- Treatment

Barriers to Treatment

- Guilt and shame
- Fear of losing children
- Opposition from family & friends
- Lack of training in assessment and referral
- Lack of services
- Childcare, finances etc

Case 5

Colleen is a researcher in a university science department. She's 36 years old, and is 6 weeks pregnant. Colleen has been married for 7 years, jogs 2 miles a day and does not smoke. In the fall and winter semesters she works about 50 hours a week. She has been trying to get pregnant for a year, and is delighted with the prospect of having a baby. She's been taking prenatal vitamins.

Case 6

Monica is 22 years old and has no current health concerns. She is single, unemployed and living on social assistance. She is about 18 weeks pregnant and just started prenatal care. The pregnancy was not expected, but she seems reconciled to the idea of parenthood. Money is tight, so it is hard for her to buy healthy food. Monica smokes a pack a day and is trying to cut down. She does not take any drugs or medications. She has gained 5 pounds during her pregnancy.

Improving Care for Pregnant

Women who Drink Alcohol

- What is working?
- What is not working?
- How can we improve services? Which actions are most important?
- How can existing services become more sensitive to issues of culture?
- What actions can you take to improve care for pregnant women?

Health Care Provider Information

- Motherisk website, www.motherisk.org
- FAS Toolkit, www.ccsa.ca
- Best Start CME training and resources, www.beststart.org
- AADAC Help Guide, www.aadac.com
- PRIMA Guide, <http://dfcm.med.utoronto.ca/research/prima/Home.html>

Best Start Resource Centre

- Online CME course about assessing and addressing alcohol use in pregnancy, available at MDcme.ca
- Posters, brochures, tear of sheets, desk references about alcohol use in pregnancy available at www.beststart.org

How we can help

Best Start Resource Centre
www.beststart.org
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