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Women's health experts recommend screening and recording of alcohol use before and during pregnancy to help prevent Fetal Alcohol Spectrum Disorder (FASD)

Ottawa – Featured in the August edition of the *Journal of Obstetrics and Gynaecology Canada* is a new consensus clinical practice guideline which recommends that screening for alcohol consumption be done periodically for all pregnant women and women of child-bearing age.

The guideline developed by the Society of Obstetricians and Gynaecologists of Canada (SOGC), and endorsed by the Canadian Association of Midwives (CAM), the Canadian Association of Perinatal and Women's Health Nurses (CAPWHN), the College of Family Physicians of Canada (CFPC), Motherisk, and the Society of Rural Physicians of Canada (SRPC), advances recommendations for health professionals on best practice methods to assess, counsel and intervene with respect to alcohol consumption, to help prevent Fetal Alcohol Spectrum Disorder (FASD).

This new guideline, funded by the Public Health Agency of Canada, is based on a comprehensive review of scientific evidence and best-practice methods related to various prevention initiatives and screening tools, to encourage their appropriate use in clinical practice. This will increase the ability of health professionals to offer information and counseling about risks prior to conception, throughout pregnancy and while breastfeeding.

The Honourable Leona Aglukkaq, Federal Minister of Health, supported the introduction of this new guideline on alcohol in pregnancy by saying: "*Our Government recognizes the significant toll Fetal Alcohol Spectrum Disorder has on Canadian families and society. The new consensus clinical practice guidelines spell out that no alcohol is the safest choice during pregnancy to help Canadian mothers of today and tomorrow have healthier birth outcomes.*"

The screening and recording of alcohol use before and during pregnancy is considered to be a practical way to improve maternal-child health outcomes through:

1. early identification and reduction of problem maternal drinking;
2. early identification of exposed infants; and
3. earlier diagnosis of FASD.

Some health-care providers feel uncomfortable asking about alcohol use. Others lack knowledge of the alcohol treatment and counseling services available in their community, are pressed for time, or believe that screening for alcohol use is beyond the scope of their practice. This new guideline seeks to make alcohol screening and support for women at risk a routine part of any visit with a health-care professional.

"Also of concern is the lack of consistency of medical advice regarding low-level drinking. This guideline clearly states that there is no known safe time, amount or type of alcohol to consume during pregnancy," said Dr. Ahmed Ezzat, President of the SOGC. "Discussion of alcohol use in a collaborative manner will promote informed decisions."

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While asking questions about alcohol and other substance use should become standard practice, counseling women to help them reduce or eliminate at-risk alcohol use is equally important. There is good evidence that brief counseling interventions are effective.

“Counseling of young women can not only reduce at risk drinking behavior, but also increase the use of contraception. This guideline should help ensure that health professionals deliver a more consistent message to Canadian women. Protocols and advice regarding alcohol use and pregnancy should not be different from one province to another, from one hospital to another, or from one health-care professional to another” expressed Dr. Pascal Croteau, vice-president, Quebec section of the SRPC.

“While abstinence is the best choice for a woman who is or might become pregnant, it is not always a feasible option for a woman who has become substance dependent. We must be ready to encourage and offer harm reduction and treatment strategies for these women,” said Dr. Gideon Koren, Director of the Motherisk Program at Toronto’s Hospital for Sick Children.

A number of reasons can make women less likely to disclose problems associated with alcohol use. Women’s substance abuse remains highly stigmatized. Some women encounter significant resistance from partners, friends, and family when they are interested in treatment. This guideline suggests that it’s up to health-care providers to find ways to broach the topic in a respectful and professional way in order to create a safe environment for women to report alcohol consumption.

“The need for all practitioners to engage in respectful and thorough prenatal care with women while working to reduce harm for the fetus is essential. These guidelines provide both of these directions, respect for women and harm reduction.” stated Ms. Gisela Becker, President of the Canadian Association of Midwives.

In fact, this guideline suggests that pregnant women with problematic drinking or alcohol dependence should be given priority access to withdrawal management and treatment programs. We want to help ensure that women everywhere are getting the most effective screening and counseling possible when it comes to alcohol consumption before and during pregnancy.

“We know that education and screening of the mother for problem drinking has huge potential for prevention,” added Luisa Ciofani, representative for CAPWHN. “It is imperative that we tackle potential issues with women and families early on, when change is still possible, and serious challenges can be prevented.”

Contact:

Geneviève St-Gelais
Society of Obstetricians and Gynaecologists of Canada
(613) 730-4192 or 1-800-561-2416, extension 329

