

# 5 Things to Know About: Level 2 FASD Prevention

## Discussions of Alcohol Use & Related Risks

1

Brief Support can reduce Alcohol-Exposed Pregnancies

2

Asking about Alcohol Use can be a "Doorway to Conversation"

3

Brief Support is rooted in Trust and Respect

4

Brief Support can address more than Alcohol

5

Conversations can include Partners and Support Networks

## WHAT IS LEVEL 2 FASD PREVENTION?



### Conversations

Level 2 FASD prevention focuses on opportunities for respectful, supportive discussion with everyone in childbearing years about alcohol use, and reproductive health issues.



### Alcohol & More

Conversations about alcohol, other substance use and overall health & wellness can reduce alcohol-related harms and promote health for those planning a pregnancy.



### Brief Support

Level 2 FASD prevention involves brief and targeted support for those who may be sexually active and using alcohol, as well as those who are currently pregnant.

### THINKING ABOUT PREGNANCY?

a booklet to reflect on alcohol  
use before you are pregnant



2022

## Effective Level 2 Approaches to Prevent FASD

- Universal implementation of brief interventions
- Using evidence-based approaches (e.g., motivational interviewing)
- Integration of trauma-informed and culturally-grounded approaches
- Combining discussions on substance use with reproductive health (e.g., Project CHOICES)



centre of excellence  
for women's health

[www.cewh.ca](http://www.cewh.ca)

[f](#) [@](#) [in](#) @CEWHca



## 5 Things to Know About: Level 2 FASD Prevention

## 1. Brief Support can reduce Alcohol-Exposed Pregnancies

Brief interventions are short, collaborative conversations, between health and social service providers and their clients. Brief interventions may be formal or informal, a one-time event or a series of conversations over a period of time; what is important is the quality of the conversation. Effective brief interventions are non-confrontational, recognize societal pressures, consider clients' and patients' privacy and comfort, and provide the opportunity for trust and relationship-building between pregnant women and their care providers. To engage in brief interventions and support, it can be helpful to communicate why you are asking these questions, personalize the discussion to clients' and patients' needs, and appreciate the steps they have taken, as you co-create next steps. Evidence shows that brief support can reduce alcohol use in the preconception period and significantly increase the likelihood of abstinence from alcohol during pregnancy.

## 2. Asking about Alcohol Use can be a "Doorway to Conversation"

There are many models and terms used to describe the process of brief intervention and support, including screening, brief intervention, and referral to treatment (SBIRT). Many of these models use checklists or flow charts to guide the conversation between women and care providers. However, not all service providers feel comfortable using these tools because it does not align with their practice approach or context. Reframing these discussions as “doorways to conversation” can encourage a range of providers (including doctors, midwives, anti-violence workers, Indigenous health workers, sexual health service providers, pregnancy outreach workers, etc.) to routinely engage in respectful conversations about alcohol use in pregnancy. Through creating this “doorway to conversation”, health and social service providers can empower women and gender-diverse individuals to share what they already know about the risks of alcohol use, and offer individually tailored support and information. It can also help normalize conversations about alcohol use in pregnancy, which can in turn build trust and safety, encourage ongoing dialogue, and foster self-efficacy and confidence.

### 3. Brief Support is rooted in Trust and Respect

Brief interventions and support provide the opportunity to build trust between women and their care providers. Through developing an ongoing dialogue, providers and pregnant people can explore the possibility of change and plan for how that change can occur. Building trust and respect are essential for women and gender diverse individuals to feel safe sharing information about their alcohol use and their ideas for what may be helpful. Some people at risk for having alcohol-exposed pregnancies will have experienced trauma, abuse, and/or neglect; further emphasizing the need for services grounded in empathy, non-judgement, and relationship-building. Creating safe environments that support choice, autonomy, and collaboration empowers individuals to make informed decisions without fear of judgement, blame, or shame. Health and social care providers and support systems can help facilitate self-determined care by respecting individual values and worldviews, decision-making, and individual reproductive rights.

#### 4. Discussions can Address More Than Alcohol

Brief interventions and support can connect alcohol use to broader factors such as a use of effective birth control, mental wellness, and all determinants of health. Given that many pregnancies in Canada are unplanned, discussions that addresses both alcohol use and contraception are particularly important for reducing the risk of alcohol-exposed pregnancies. Broadening the conversation beyond alcohol use can provide more opportunities for choice, whether it be through changing or increasing use of effective contraceptive methods or reducing alcohol use, or both, to prevent alcohol exposed pregnancies. Brief intervention and support can also address multiple substances and multiple health issues at one time. A combination approach recognizes how substance use can be connected to other areas of women's lives (e.g., their relationships) or how facets of their lives (e.g., housing, experiences of violence) can make it difficult to make changes. This approach helps foster environments where the realities of women's lives are considered in meaningful ways.



## 5. Conversations can Include Partners and Other Supportive People

Preventing alcohol use during pregnancy is not the sole responsibility of a pregnant individual. Involving partners and support networks can cultivate a supportive environment for reducing substance use. Including others in conversations increases understanding of the risks associated with alcohol use in pregnancy and emphasizes the importance of everyone playing a part. Engaging partners and support networks can promote alcohol-free environments and activities, and can encourage lasting behavioural changes that optimize maternal and fetal health outcomes and support the wellness for the whole family. It is important to speak to patients and clients to see who they would like involved in these discussions, as strategies for involving partners and support networks will vary.

## Resources and References

Centre of Excellence for Women's Health & Canada FASD Research Network. [2003] Prevention of Fetal Alcohol Spectrum Disorder (FASD): A multi-level model. <https://canfed.ca/wp-content/uploads/publications/PREVENTION-Of-Fetal-Alcohol-Spectrum-Disorder-FASD-A-multi-level-model.pdf>

Centre of Excellence for Women's Health & Canada FASD Research Network. [2020] 10 fundamental components of FASD prevention from a women's health determinants perspective. <https://canfed.ca/wp-content/uploads/publications/Consensus-Statement-10-Fundamental-Concepts-of-FASD-Prevention.pdf>

Centre of Excellence for Women's Health. [2018]. Talking about substance use during pregnancy: Collaborative approaches for health care providers. [https://cewh.ca/wp-content/uploads/2018/07/Collaborative-Convention-Ideas\\_Sep-19-2018.pdf](https://cewh.ca/wp-content/uploads/2018/07/Collaborative-Convention-Ideas_Sep-19-2018.pdf)

Latif, A. S. [2020]. The importance of understanding social and cultural norms in delivering quality health care – A personal experience commentary. Tropical Medicine and Infectious Disease, 15(1). Article 22. <https://doi.org/10.3390/tropicalmed501022>

Lyall, V., Wolfson, L., Reid, N., Poole, B., Moritz, K. M., Browne, A. J., & Askew, D. E. [2013]. The problem is that we hear a lot of everything... A qualitative systematic review of factors associated with alcohol use, reduction and in pregnancy. The International Journal of Environmental Research and Public Health, 10(7), 1446. <https://doi.org/10.3390/ijerph10071446>

Mathos, T., Wolfson, L., Gels, K., & Poole, N. [2019]. New approaches to brief intervention on substance use during pregnancy. Canadian Journal of Midwifery Research and Practice, 10(1), 21-31. <https://www.cupm.ca/content/uploads/2019/06/New-Approaches-to-Brief-Intervention-on-Substance-Use-during-Pregnancy.pdf>

Mathos, T., Poole, N., Wolfson, L., Schmidt, R., Hemmings, K., & Gels, K. [2019]. *Online to Conversation: Brief intervention on substance use with girls and women* (Centre of Excellence for Women's Health). <https://cewh.ca/wp-content/uploads/2019/08/Online-to-Conversation-10-16-19-2019.pdf>

Poole, N., Schmidt, R., Breen, C., & Hemmings, N. [2018]. Prevention of fetal alcohol spectrum disorder: Current Canadian efforts and analysis of gaps. Substance Abuse: Research and Treatment, 10, 1-11. <https://doi.org/10.4236/asur.2018.104004>

Prevention Conversation (n.d.). The FASD Prevention Conversation: A Shared Responsibility program. <https://www.preventconconversation.org/>

Wolfson, L., Harding, K., & Poole, N. [2018]. The role of partners in fetal alcohol spectrum disorder prevention. Canadian Fetal Alcohol Spectrum Disorder Research Network. <https://canfed.ca/wp-content/uploads/publications/Prevention-Role-of-Partners-in-Fetal-Alcohol-Spectrum-Disorder-Prevention.pdf>