Policy Webinar Report

Preconception and FASD Prevention: Understanding and Implications for Policy Makers

September 29, 2022

CanFASD
CANADA FASD RESEARCH NETWORK

Canada Northwest FASD Partnership

This event was to stimulate discussion for policymakers and enhance understanding of the opportunities and challenges informing those intending to become pregnant about the risks of alcohol and pregnancy. Preconception health care involves health promotion, education, and counselling interventions to support individual's health and provide proactive support for reducing harm. Dr. Nancy Poole and Lindsay Wolfson shared what is known about preconception education and interventions related to FASD prevention; opportunities for knowledge translation in an increasingly digital world; and challenges that policymakers face when planning for the integration of preconception care within health systems. Ideas for awareness raising, cross-sectoral collaboration, and supportive alcohol policy were also discussed.

This report is intended to assist you with sharing the information with others in your government. Canada FASD Research Network (CanFASD) is honoured to support the efforts to improve the knowledge of Canadians about the risks of alcohol and pregnancy.

Facilitator:
Mr. Darren Joslin worked for the Government of Alberta for 31 years in the Social Services and Health sectors. His work focused on a number of different areas including Fetal Alcohol Spectrum Disorder (FASD), Mentoring and Youth Homelessness. He was the Co-Chair of the Alberta FASD Cross-Ministry Committee during the development and initial implementation of Alberta's FASD 10-Year Strategic Plan. As a member of the Canada Northwest FASD Partnership, he was involved in the establishment of the Canada FASD Research Network.

Presenters:

Nancy Poole, PhD, LLD (Hon.), is the Director of the Centre of Excellence for Women's Health a research and knowledge exchange centre hosted by BC Women's Hospital + Health Centre in Vancouver. In that role she leads knowledge translation, network development and research related to improving policy and service provision on a range of women's health and social justice concerns, including substance use issues.Nancy is also the Prevention Lead for the CanFASD, guiding a pan-Canadian network of researchers, service providers, policy analysts and community-based advocates working on FASD prevention.

Lindsay Wolfson, MPH, is the Research Manager at the Centre of Excellence for Women's Health and a researcher with the CanFASD. She holds a Master of Public Health, Social Inequities and Health, from Simon Fraser University. Lindsay is responsible for research and collaboration on projects relating to women's substance use and stigma reduction, Fetal Alcohol Spectrum Disorder prevention, Indigenous health and wellness, and the integration of gender, trauma, culture, and equity-informed approaches into policy, research, and practice.

Pre-reading Material:

Poole, N., Stinson, J., Wolfson, L., Huber, E. (2022). Beyond screening: Ideas and actions to address preconception substance use., *International Journal of Birth Education* 9(2), 27 – 32.

What is meant by preconception care and how is it related to FASD prevention?

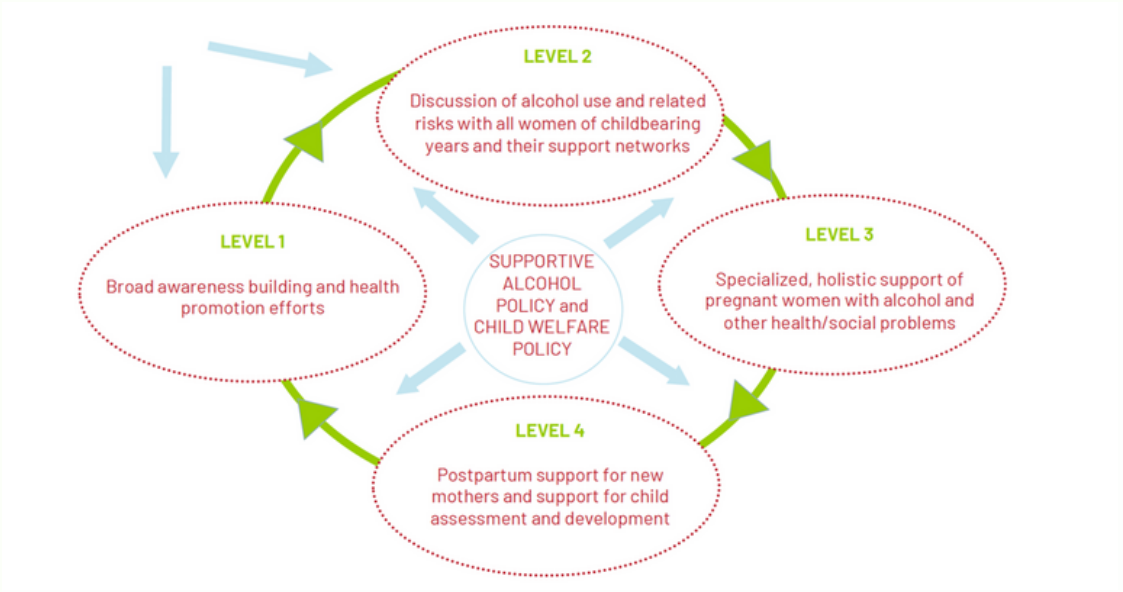
- Approx. 80% of men and women drink alcohol
- Approx. 20% of men and women drink alcohol at risky levels

Preconception care is a set of health promotion, education and counselling interventions that aim to identify and modify health risks or pregnancy outcomes for people of all genders through prevention and management. The preconception period is commonly defined as three months before conception; however, preconception care is part of a continuum of care that promotes health during the reproductive years, including the inter-conception period. The inter-conception period refers to the time between pregnancies, including, but not restricted to, the postpartum period. Interventions may have a focus on: protection (i.e., folic acid supplementation), avoiding harms (i.e., of alcohol use during pregnancy), and/or managing conditions (i.e., diabetes).

Preconception care is relevant for anyone who may conceive in the future and preconception interventions can be important tools in addressing the risks to healthy pregnancy outcomes such as substance use, nutritional deficiencies, and chronic disease. Many maternal and paternal risk factors can impact the outcomes and are modifiable in the preconception period. Preconception interventions should be:

- Cost effective
- Contribute to preventing preterm births, improving birth outcomes, preventing prenatal alcohol exposure, and reducing infant and maternal mortality.
- In the case of FASD prevention, care providers should also support preparation on alcohol reduction before pregnancy and support critical thinking about alcohol use overall.

Preconception interventions most closely align with Level 1 and Level 2 Prevention, in the Four-Part Model of Prevention:



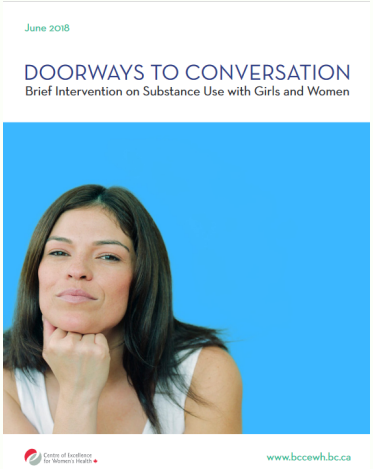
https://canfasd.ca/topics/prevention/

Discussing substance use in the preconception period can reduce alcohol and other substance use in pregnancy. For example, pre-pregnancy alcohol use is a predictor of alcohol use during pregnancy and smoking fewer cigarettes pre pregnancy is a predictor of quitting smoking during pregnancy. However, it is not only about alcohol, but also social and structural factors including: nutrition, substance use, access to prenatal and other health care, exposure to violence, racial discrimination, resilience, genetics, age, experience of loss, isolation, and poverty.

Evidence-Based Approaches

There are several evidence-based approaches to connecting with people in the preconception period that can engage in different settings (primary care, community-based, workplace, and online) and with a range of audiences:

1. **Brief Interventions** are collaborative conversations between individuals and healthcare providers about health and social concerns. These can be one-on-one, with a couple, or with groups of women to help modify risk factors



and pregnancy outcomes. Brief interventions are relational, should focus on women's strengths and be both trauma-informed, and harm reduction orientated. Brief interventions can be done by a range of providers and can address multiple concerns simultaneously. Dual focused supports can help women to navigate barriers for change, including mental health concerns, and increasing access to/awareness of safe contraception use to prevent pregnancy and alcohol-exposed pregnancy. Focusing on multiple issues can be supportive in populations with pre-existing health concerns such as diabetes or fertility concerns. For more information on brief interventions, see Doorways to Conversation: Brief Intervention on Substance Use with Women and Girls.

2. **Group Interventions** can help create a safer space for women to address substance use and can be connected to spaces where women already gather. They can link women in high school or college settings; women and girls in community programming; pregnancy or postpartum groups; and nutritional programming. Group programming may have the opportunity to be more culturally responsive.

3. **Community-Based Social Marketing and Work Strategies** can increase awareness and facilitate behaviour change. For instance, having prevention messaging and free pregnancy tests available in women's restrooms in Yukon helped promote informed decisions about alcohol consumption. Workplace education and policy initiatives can also support preconception care.

4. **Technology-based Interventions** recognize that women access information online and may provide the anonymity and breadth of information they can find online. This can include mobile pregnancy apps, websites, avatars, social media sites. Some providers have also embraced technology through personalized online brief interventions (i.e., e-checkup to go on university campuses or B-SAFER in emergency departments).

Challenges and Opportunities for Action

Since the 1990s, some key challenges to preconception care have included:

- Women most in need of preconception care are the least likely to receive support
- Fragmented health services
- Lack of accessible treatment
- Inadequate physician reimbursement for providing counselling services
- Lack of uptake from professionals who are not motivated to make change
- Lack of emphasis on health promotion and risk assessment
- Need for further exploration of evidence-based perception interventions
- Lack of linkage to supportive alcohol policy.

However, we have the capacity to:

1. Integrate preconception care into care that is already being provided;
2. Address the social determinants of health, and reflect on how women access health information and address gender inequality (be gender transformative);
3. Effectively engage, train, and fund providers; and,

4.Link FASD awareness and preconception interventions with supportive alcohol policies – such as national alcohol guidance, alcohol and pregnancy policies, outlet density, warning labels, etc.

Prompting Engagement in Preconception Care

Many populations are interested in receiving preconception information. Smith and colleagues (2022)
found that three groups of individuals positively responded to preconception alcohol advice:

- women in substance use treatment
- adolescents in schools (particularly with a high incidence of alcohol use and FASD)
- general population of men and women of reproductive age

Preconception is also seen as an opportunity to build on other relevant medical concerns (e.g., previous miscarriage).

Engaging Health Care Providers

Health care providers recognize preconception as an opportunity to promote behavior change. However, not everyone embeds it into their practice. There can also be apprehension from providers about how to engage in these conversations, despite women seeking health care providers as a trusted source of information. Healthcare providers note that they both require additional time and budgets to cover any additional costs that would be incurred to add preconception to standard care. Training health care providers and service providers to have supportive and non-judgmental conversation about alcohol use during pregnancy is essential. 'The Prevention Conversation' can be accessed through the CanFASD website.

Involving Men and Partners

Family planning and preconception health have historically not focused on men and partner(s). Involving men in preconception and prenatal care, messaging, and support can help reduce the weight of pregnancy planning for women.

Further, when both partners are involved in preconception care, behaviour change is more feasible and it is a key aspect in achieving gender equality to improve men and women's overall health. For more information: https://canfasd.ca/wp-content/uploads/publications/the-role-of-partners-in-fetal-alcohol-spectrum-disorder-prevention.pdf

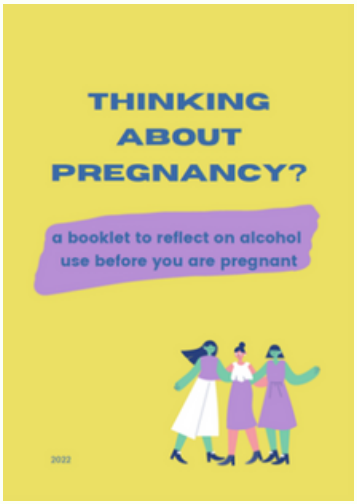
Other Policy Areas

Linking with other substances, policy domains, and determinants of health can be helpful in supporting preconception health. For example, Bayrampour et al. (2021) explored the impacts of cannabis legalization on alcohol use in BC. They found the prevalence of cannabis use during the preconception period increased from 11.74% to 19.38%, that the prevalence of smoking during the preconception period decreased by almost half, and alcohol use and illicit substance use did not change significantly.

Prompting Action

CanFASD has led work on awareness raising, including through the ThinkFASD campaign, which had a website, posters, and videos geared towards people planning a pregnancy and who were already pregnant.

Thinking About Pregnancy



The Centre of Excellence for Women's Health and CanFASD developed a booklet for women/couples – or women and their providers – to reflect on alcohol use when they are planning a pregnancy.

This booklet is available for download from the CanFASD and the CEWH websites.

For Reflection:

1.How might this booklet facilitate education and action by health system partners, community funded partners, workplaces, government websites, other partnered websites (ready or not!), texting app partners, etc.?
2.How do you think this workbook can be used to address both policymaker and practitioner concerns?
3.What else is needed to support preconception care in your jurisdiction?

If you want print copies in your jurisdiction, please contact Lindsay Wolfson at lindsay.wolfson@gmail.com for the print files. We have ensured that there is space in the booklet to add provincial/health authority logos.

Key Considerations

- Reaching women in the preconception period is an evidence-based strategy to reduce alcohol-exposed pregnancies. There are several best practices, including brief interventions, group interventions, technology-based interventions, community policy and workplace strategies
- To increase uptake in preconception interventions, providers need to feel confidence and competent to engage in brief interventions. Doorways to Conversation includes 50 ideas for brief intervention that providers can use when working with women and their partner(s). Some providers may also feel more comfortable having a tool in their hand, so they can walk together with women. Printing the 'Thinking about Pregnancy' booklet for providers in your jurisdiction may be one way of supporting their practice.
- Preconception interventions can be tailored and individualized to women to meet their unique needs
- Preconception care, as well as policies related to alcohol and pregnancy, must be supportive rather than punitive
- Responses must also be non-stigmatizing, health promotion oriented, attend to women and fetal health, and can promote collaboration in order to attend to the complexity of women's lives and be structurally supportive.

Additional Reflection Questions

When we are thinking about reaching women in the preconception period:

- Which type(s) of intervention – education, brief support, empowerment, referral, integrated with other interventions, etc. would be most supportive?
- What population are we trying to reach?
- What setting(s) would be most appropriate for preconception interventions – health care, online, community, Indigenous specific, workplace?
- What partner(s) do you need in order to affect change?
- What is the role of government and policymakers?
- What resource(s) would be supportive?