

The Role of Partners in Fetal Alcohol Spectrum Disorder Prevention

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KEY MESSAGES

Women's substance use is heavily influenced by other people. Fetal Alcohol Spectrum Disorder (FASD) prevention efforts have largely focused on initiatives for women and girls. However, as women's substance use is influenced by their partners in important ways, it is recommended that health and social service providers expand their focus to include interventions that reach and engage partners in preconception health and pregnancy planning, as well as helpful changes in alcohol consumption and relational support during pregnancy. Such interventions can be synchronized with available interventions for women and girls to support both partners in the preconception and pregnancy periods.

Issue:

Fetal Alcohol Spectrum Disorder (FASD) prevention efforts have focused on initiatives for women and girls [1]. In doing so, prevention efforts have not often reached or engaged women's partners, despite research evidence demonstrating that women's partners play a significant role in maternal alcohol consumption [2-4].

This issue paper highlights the role of partners in influencing maternal alcohol consumption and offers suggestions to further integrate partners into FASD prevention efforts. Although most research to date has focused largely on the role of fathers in contributing to women's substance use, we acknowledge that partners can be men, women, or gender-diverse people, and that some women may have multiple partners or may be single by choice or circumstance.

Background:

Pregnancy, fetal, and infant health have traditionally been seen as the sole responsibility of women [3, 5]. However, women's substance use is often influenced by other people [3, 4, 6]. For example, women who live with a partner who drinks heavily are more likely to drink alcohol in pregnancy [6-8]. Similarly, women are less likely to consume alcohol when they are encouraged by their partners not to drink [2].

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Changes in women's health behaviours to more closely mirror their partner's habits can be motivated by a desire to maintain relationships by enhancing connection and socializing with their partner [9]. However, women's patterns of use can also be impacted by coercion or fear of violence, whereby women are forced to use, or not use, substances [8, 10], or are using as a coping strategy to deal with social stressors [8]. As such, partners play a significant role in maternal alcohol consumption [3, 4, 6]. Therefore, recognizing that there are many contributing factors to women's alcohol use in pregnancy, particularly the role of their partners, is critical to developing and delivering comprehensive FASD prevention programs for both partners.

1. Relational Influences on Maternal Alcohol Use

A woman's home environment, and her partner's involvement in pregnancy and parenting, can influence her perceptions and patterns of substance use. Women most commonly describe drinking within their homes, with a smaller number of women reporting drinking at a friend's house, pub/bar, or restaurant [11]. Living with a partner who is actively using alcohol or other substances can increase a woman's exposure to alcohol and other substance use, contribute to her stress relating to her own substance use, threaten her welfare or the welfare of her children, and require her to act as a mediator between her partner and children [10].

The quality of the relationship can also impact maternal alcohol use. When women are less satisfied in their relationship, or do not feel comfortable discussing relationship problems with their partner, they report being more likely to continue drinking in pregnancy [3, 4]. Furthermore, when women are more satisfied in their relationship, and supported to reduce their consumption through partners reducing their own use or encouraging women not to drink, women report being less likely to consume alcohol in pregnancy [2, 12]. Therefore, available research evidence suggests that partners can contribute to, or protect against, maternal alcohol consumption. How partners maintain and contribute to their relationship during the preconception, pregnancy, and parenting periods can facilitate communication between partners about patterns of use.

2. Maternal Alcohol Use and Partner Violence

Understanding the interconnectedness between alcohol use in pregnancy and intimate partner violence is integral to FASD prevention efforts [4, 8, 10, 13, 14]. Women who are pregnant experience higher rates of intimate partner violence compared to non-pregnant women [4, 15]. In relationships where women experience violence, women may have a difficult time reducing alcohol use, obtaining birth control, or having contraceptive autonomy out of fear of violence [16]. Additionally, partners may use alcohol or other substances as a control mechanism. For example, partners may force women to use substances, or stop women from accessing substance use treatment services, in order to maintain control in the relationship [16, 17]. Women may also use alcohol and other substances as a way to self-medicate or to help cope with day-to-day stressors and the effects of violence on their mental and physical wellness [1, 8,

16, 18]. Increasing awareness of the influences of partner violence on substance use, as a coping mechanism and a barrier to accessing services, can be key to FASD prevention initiatives.

3. Gendered Expectations in Preconception Health

It is also important to address the gendered and societal expectations related to pregnancy and parenting [19]. Family planning and preconception health have not traditionally been seen as an important strategy for men's health or fatherhood [5]. Men are not routinely screened for health behaviours that could affect maternal health outcomes [20] nor are they often encouraged to be actively involved in preconception health planning and care [5, 19]. Research with men has indicated that they often express limited knowledge about fertility and preconception health compared to women, who have been shown to be more knowledgeable about preconception health behaviours and interventions [5, 21, 22]. Expectant fathers may also be reluctant to engage in health promotion interventions out of fear of ridicule [23]. However, there are emerging exceptions to these patterns, including preconception materials from the Best Start Resource Centre [24] and programs that support men's health and engage men about their health [25]. When there is more action on gender norms and relations, and men's health, by health advocacy groups, then gendered attitudes regarding health promotion by and for partners is more likely to shift to support partners' efforts to reduce substance use in pregnancy and prepare for fatherhood [5, 21, 23].

Implications:

This paper summarizes the current research evidence on partners' role in maternal alcohol consumption and prenatal alcohol exposure.

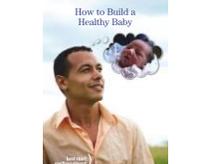
- Preconception care is important for partners in improving pregnancy outcomes, preparing partners for parenthood, and enhancing reproductive health for pregnant women and mothers [21]. Inclusion of partners in FASD prevention efforts, including resource development, health promotion initiatives, and best practice guidelines, can inform partners and health care providers as to how they can contribute to FASD prevention efforts and change their substance use patterns [8].
- Partners have a significant impact on women's substance use. Many partners would like to support women in changing their substance use or make changes themselves. Having both partners involved in preconception health can increase the likelihood of reducing or abstaining from alcohol use in pregnancy [26]. Partner involved treatment, such as brief interventions or alcohol behavioural couples therapy, have been found to be effective in reducing alcohol consumption and in improving positive relationship functioning [2, 11, 12, 17, 20, 27].
- Some women may not feel comfortable or safe with joint interventions, or with providers engaging with their partners [17, 27]. Strategies for involving partners will vary and decisions on how or whether to involve partners should be at the discretion of women [17]. Synchronized interventions, as opposed to joint interventions, may be key.

- Health promotion and FASD prevention initiatives that use an encouraging and positive approach, such as brief interventions that use Motivational Interviewing approaches, are more likely to evoke change on behalf of both partners [23, 28]. Moreover, these approaches are tailored to the individual, increasing access to tailored supports and services for partners in the preconception, pregnancy, and postpartum periods.

This paper does not discuss fathers’ alcohol use in the preconception period as it relates to the genetic and epigenetic contributions from men. For more information on this topic, please refer to our companion issue paper, [Genetic and Epigenetic Perspectives on the Role of Fathers in Fetal Alcohol Spectrum Disorder](#) (2019).

Recommended Resources:

The following FASD prevention resources are existing examples of engaging with men about their health, preconception health, and fatherhood.

	<p>This is Why <i>Saskatchewan Prevention Institute</i> This information card provides information about FASD and suggestions for how to support their partners to avoid alcohol use in pregnancy. https://skprevention.ca/</p>
	<p>Alcohol, Pregnancy and Prevention of Fetal Alcohol Spectrum Disorder: What Men Can Do to Help <i>Centre of Excellence for Women’s Health</i> This resource provides 12 ideas for how men can contribute to FASD prevention. http://bcccewh.bc.ca/</p>
	<p>Men’s Information: How to Build a Healthy Baby <i>Best Start Resource Centre</i> This resource outlines the role of men in preconception, pregnancy, and parenting and provides resources for fathers and fathers-to-be on health and parenting, father involvement, and substance use reduction. https://www.beststart.org/</p>
	<p>Dads in Gear This program is for expectant and new fathers who want to be involved in parenting, healthy, and smoke-free. A culturally-informed curricula is available for Indigenous men who want to bring the program to their community. http://dadsingear.ok.ubc.ca/</p>

Conclusion:

Going forward, a greater emphasis on partners’ influence on maternal substance use will be important to increasing the effectiveness of FASD prevention initiatives. Increased access to tailored individual and couples’ interventions for all partners can increase preconception knowledge, evoke helpful changes in partners’ alcohol consumption, enhance maternal health outcomes, and support healthier relationships.

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