FAR SEAS

FETAL ALCOHOL REDUCTION &
EU KNOWLEDGE EXCHANGE AFTER SEAS

Preventing prenatal alcohol exposure and FASD – FAR SEAS findings

Joan Colom Farran, Carla Bruguera, Lidia Segura and Katarzyna Okulicz-Kozaryn, Marta Zin-Sędek, Claudia Gandin, Emanuele Scafato, Fleur Braddick, Silvia Matrai, Rebecca Gordon, Alice Matone on behalf of the FAR SEAS team.

Acknowledgement: The FAR SEAS project has been funded by the EU Health Programme 2014-2020 under a service contract 20187106 with the Health and Digital Executive Agency (HaDEA) acting under the mandate from the European Commission (DG SANTE). **Disclaimer:** Views expressed in this presentation does not necessarily reflect the views of the Commission and/or HaDEA or any other body of the European Union.

FAR SEAS

FETAL ALCOHOL REDUCTION &
EU KNOWLEDGE EXCHANGE AFTER SEAS

We have no conflict of interest to declare

Acknowledgement: The FAR SEAS project has been funded by the EU Health Programme 2014-2020 under a service contract 20187106 with the Health and Digital Executive Agency (HaDEA) acting under the mandate from the European Commission (DG SANTE). **Disclaimer:** Views expressed in this presentation does not necessarily reflect the views of the Commission and/or HaDEA or any other body of the European Union.

FAR SEAS

FAR SEAS is a tendered EC service contract awarded to a tendering group lead by the CLÍNIC Foundation for Biomedical Research (FCRB, Spain).

Objectives FAR SEAS:

- Promote regional strategies to reduce and prevent fetal alcohol syndrome and fetal alcohol spectrum disorder (FASD)
- knowledge exchange and capacity building among EU Member States

FAR SEAS

- **The FAR SEAS project**

  Joan Colom, Subdirectorate General on Addictions, HIV, STI and Viral Hepatitis

- **Inventory and guidelines to reduce alcohol consumption in women of child-bearing age**

  Carla Bruguera, Subdirectorate General on Addictions, HIV, STI and Viral Hepatitis

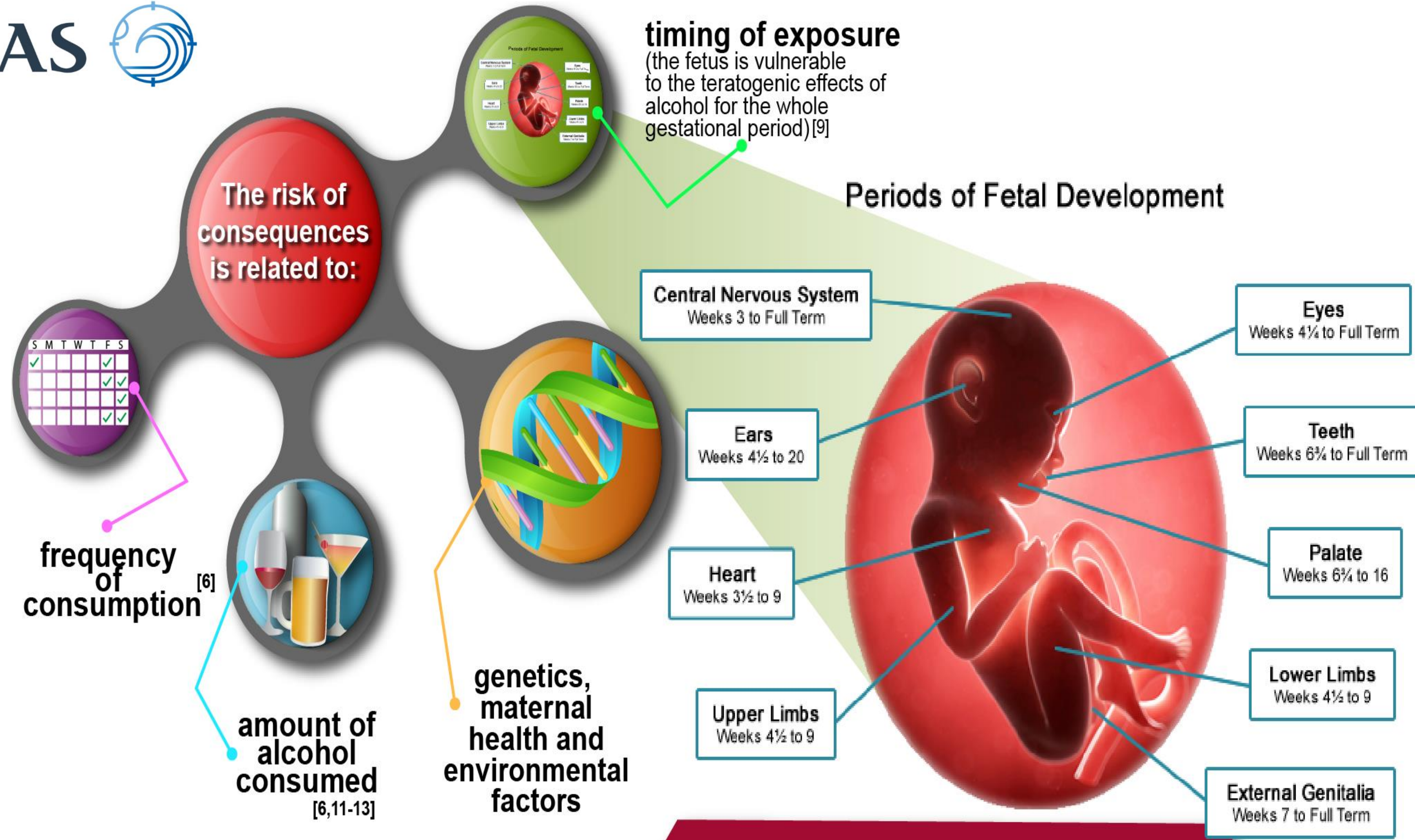
- **Training package for professionals**

  Lidia Segura, Subdirectorate General on Addictions, HIV, STI and Viral Hepatitis

- **The pilot study findings**

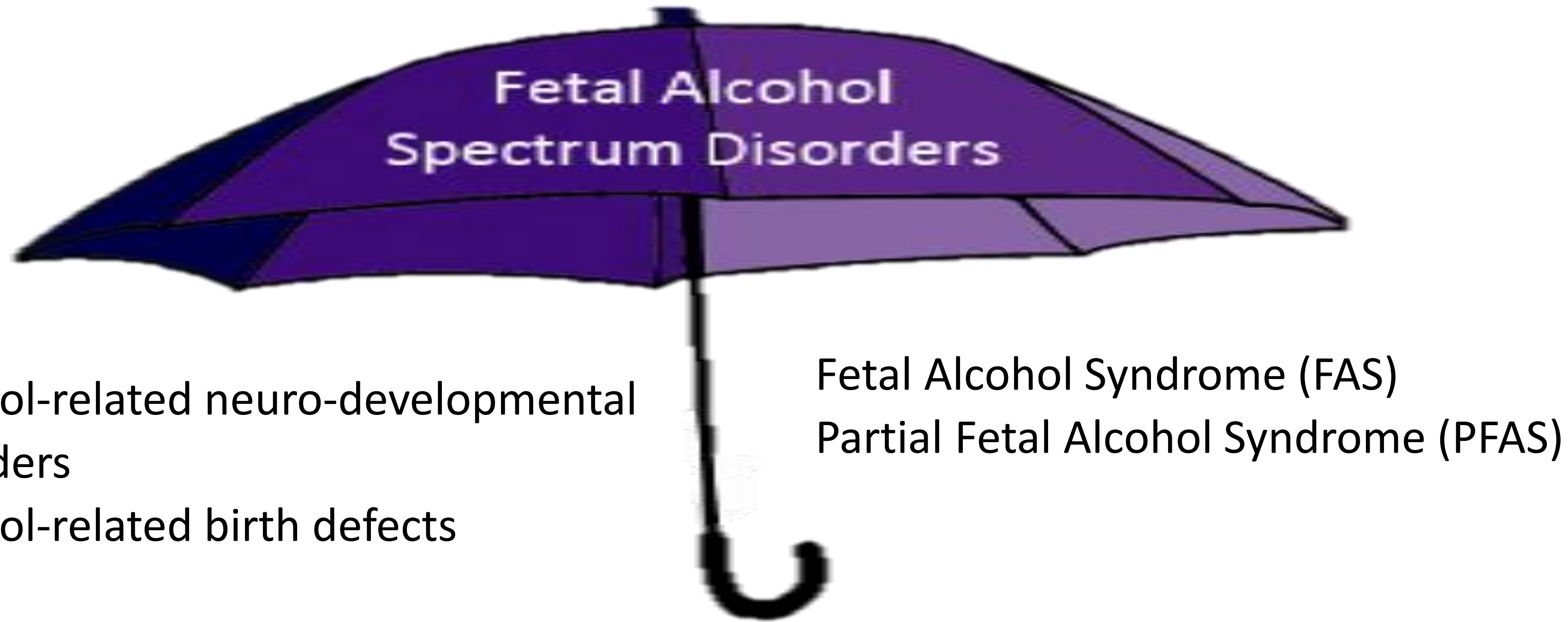
  Katarzyna Okulicz-Kozaryn, Institute of Mother and Child

FAR SEAS



https://gplearning.racgp.org.au/Content/Tempo/201801AlcholInPregnancy.html

FASD



Alcohol-related neuro-developmental disorders
Alcohol-related birth defects

Fetal Alcohol Syndrome (FAS)
Partial Fetal Alcohol Syndrome (PFAS)

- FASD is NOT a diagnostic category but an umbrella term describing a range of birth defects and neuro-developmental disorders related to prenatal alcohol exposure
- Fetal alcohol syndrome (FAS) is the most severe form of alcohol related harm to the fetus

Source: Supporting Change: preventing and addressing alcohol use in pregnancy. Ontario's Maternal, Newborn and Early Child Development Resouce Center

FASD

- Growth problems
- Growth: height and/or weight significantly below average
- Growth deficiencies can occur during pregnancy (small for gestational age), at birth, or at any time

Central nervous system deficits

Structural: Observable physical damage to the brain or brain structures

Neurological: assessed when structural impairments are not observable or do not exist

Functional: Deficits, problems, delays or abnormalities:

- Decreased IQ
- Specific learning problems, reading, spelling and/or math
- Fine or gross motor problems
- Communication or social interaction problems
- Attention problems and/or hyperactivity
- Memory deficits
- Executive functioning

FAS

To be diagnosed with FAS, an individual must have 3 dysmorphic facial features:

1. Smooth philtrum: flattened or absent groove between the nose and upper lip
2. Thin vermillion: thin upper lip
3. Small palpebral fissures: decreased eye width

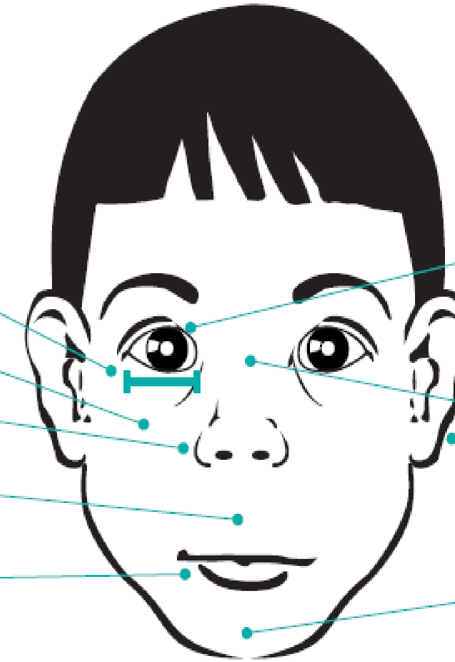
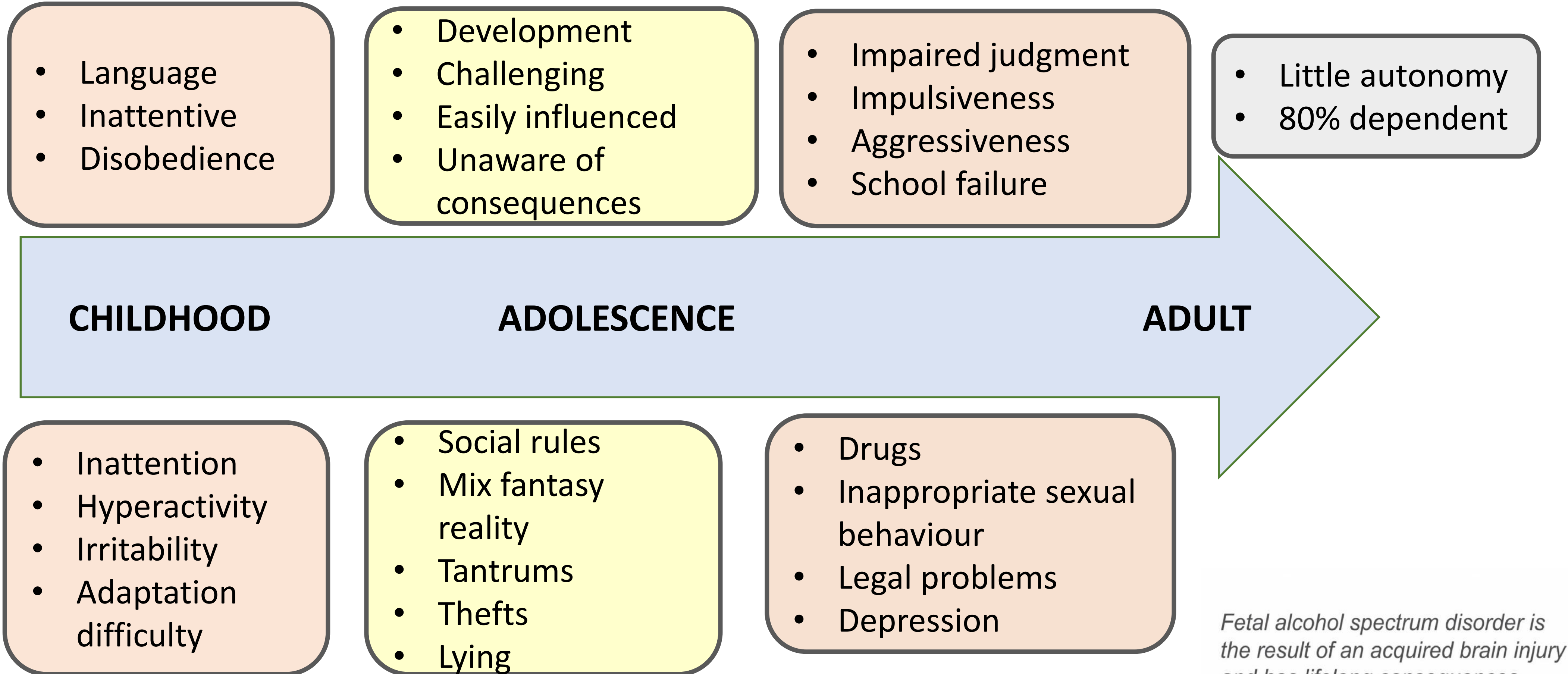


***Figure 1:** Characteristic Facial Features of Fetal Alcohol Syndrome (FAS)*

FASD long term effects and consequences

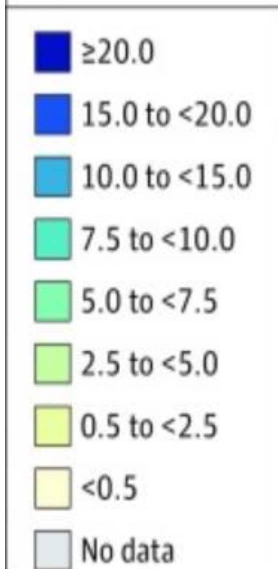
Secondary disabilities of FAS develop later in life, as a result of CNS damage.

These can be reduced with early intervention and appropriate support services.



Fetal alcohol spectrum disorder is the result of an acquired brain injury and has lifelong consequences

FAR SEAS



Global Prevalence of Fetal Alcohol Spectrum Disorder Among Children and Youth in the General Population in 2012

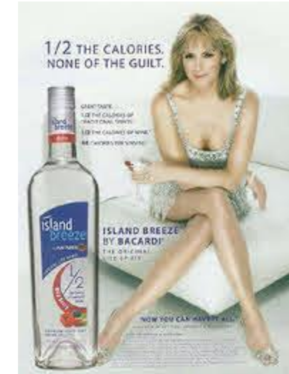
Data are expressed as number per 1000 population.

Lange, et al. 2017

- Global prevalence -> **7.7 per 1000 population** (95% CI, 4.9-11.7 per 1000 population).
- The WHO European Region -> **19.8 per 1000 population**; 95% CI, 14.1-28.0 per 1000 population)

Alcohol industry strategies

- The alcohol industry increasingly targets women by:
  - New alcohol products e.g. fruit-flavoured beers, low-calorie (light) beverages, alcopops
  - Portraying those drinks as glamorous and aligning them with women's empowerment and female friendship



Alcohol industry and pregnancy

- Big Alcohol and bodies funded by the alcohol industry are:
  - Providing health information to appear as "part of the solution" and play a greater role in regulation
  - Encouraging women to keep using alcohol in pregnancy
  - Publishing false and misleading information:

"light alcohol use in pregnancy is safe" (Drinkaware (UK)
"risk to the fetus is reduced considerably if you have only one drink every now and then" (Educ'alcool Canada)

  - Using strategic ambiguity and other tactics to "nudge" women to continue drinking in pregnancy to protect the female market
  - The alcohol industry poses a potential risk to public health, specifically to pregnant women and unborn children, and should have no role in disseminating health information

Source: The Guardian, 2019, Lim AWY et al, 2019, Movendi, 2019

FAR SEAS

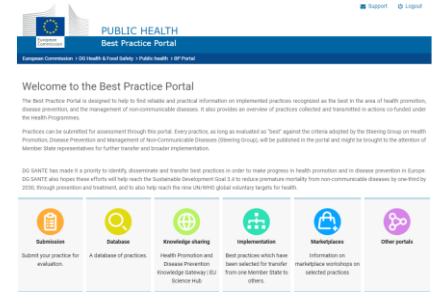
FETAL ALCOHOL REDUCTION &
EU KNOWLEDGE EXCHANGE AFTER SEAS

Inventory and guidelines to reduce alcohol consumption in women of child-bearing age

Carla Bruguera
Subdirectorate General on Addictions, HIV, STI and Viral Hepatitis

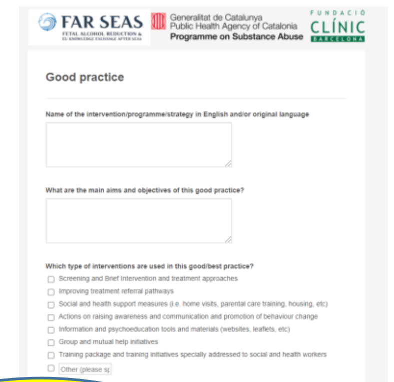
Acknowledgement: The FAR SEAS project has been funded by the EU Health Programme 2014-2020 under a service contract 20187106 with the Health and Digital Executive Agency (HaDEA) acting under the mandate from the European Commission (DG SANTE). **Disclaimer:** Views expressed in this presentation does not necessarily reflect the views of the Commission and/or HaDEA or any other body of the European Union.

FAR SEAS Good and best practices in Europe



Goal: to inform 1) the Guidelines to reduce alcohol consumption in women of child-bearing age and 2) the pilot study.

Relevant evidence-based practices were collected using three strategies (November 2019 – February 2020) :



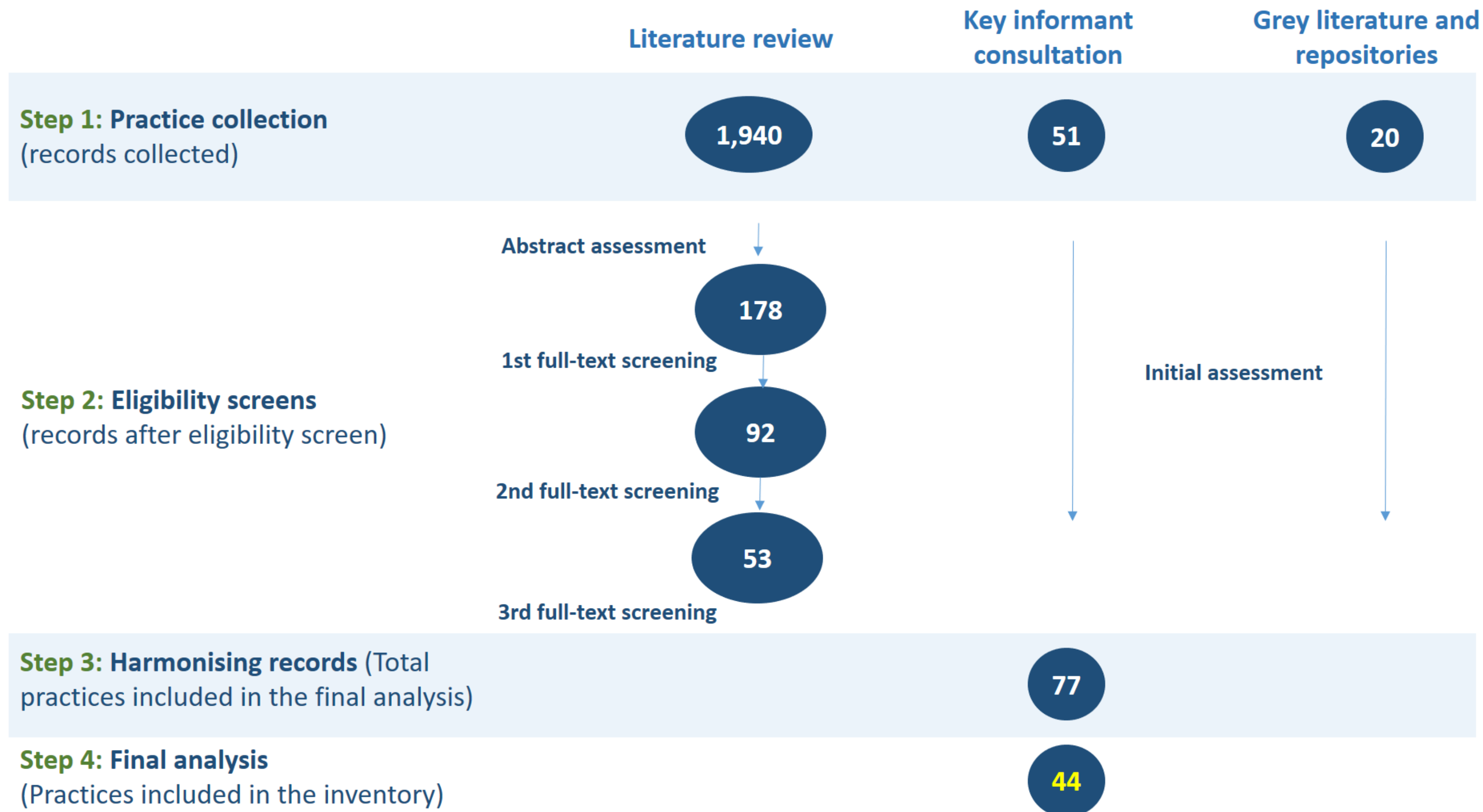
- A literature review of 19 open access database. Practices from 2010 onwards
- A review of relevant repositories of grey literature, such as the EC Best practice Portal, EMCDDA
- A consultation with key European and international informants:
  - 6 expert networks (EUFAS, EUFASD, INEBRIA, APN, RED SAMID, RARHA)
  - 3 organizations (EMCDDA, WHO, CHAFEA)
  - And additional key informants to reach the 27 EU countries plus 7 countries from the rest of Europe.

Can you identify good and best practices in your national/regional/local context to reduce alcohol related harm, including the prevention of FASD, in women of child-bearing age, and in pregnant women in particular?

Good and best practices in Europe

FAR SEAS

Methods



Final analysis according to EC best practice portal **exclusion criteria** (relevance, intervention characteristics, evidence and theory based and ethical aspects) + some type of **evaluation**

Could not consider (gaps information):

- **Core criteria** (effectiveness and efficiency of the intervention, and equity)
- **Qualifier criteria** (transferability, sustainability, intersectorial coordination and participation).

FAR SEAS

Good and best practices in Europe

Products

Annual campaigns to inform about the risks of alcohol in Pregnancy
Alcohol free pregnancy (Norway)

GENERAL INFORMATION

Country	Netherlands
Name	Alcoholvrije Zwanger (in English: Alcohol-free Pregnancy) b Maanden Niet (In English: Nine Months Zero)
Abstract	The intervention is an online computer tailored intervention ai use during pregnancy. This intervention is for all pregnant wo are using alcohol during their pregnancy. The course consist the three trimesters of pregnancy. During these sessions, questions and receive tailored feedback about their alc pregnancy; knowledge of the harmful effects of alcohol u perception, attitude and social influence on alcohol c intention, action and coping plans regarding quitting recruited through midwives or directed through pre websites. A total of 60 Dutch midwifery practices, randomly a recruited 135 health counseling, 116 computer ta respondents from February to September 2011. Afte the effect of the interventions on alcohol use. Results showed that computer-tailoring responder often compared to usual care respondents 6 mont 51/93, 55%; P=.04). Alcohol-free Pregnancy is the updated version of Ni were mainly textual, visual and with additions of tips and knowledge ba literature. Since the underpinnings and concepts are still the same as Nine Months Zero, it is likely that Alcohol-free Pregnancy will be just as effective. There is a desire to investigate the effectiveness in the future.
Source	Grey literature; Systematic review; Key informant
Funding	Institution of education, public health and/or research
Level	National **Context** E-health; Health centre

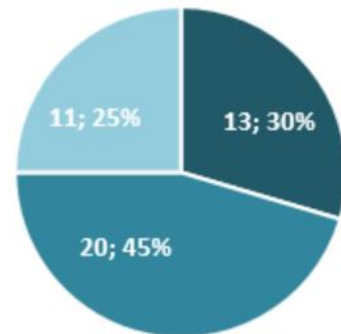
Aims and objectives	The main aim is that pregnant women who drink alcohol, stop drinking. Main objectives are: - to increase knowledge of harmful effects of alcohol use during pregnancy, - better understanding that advantages of not drinking are more important than the disadvantages, - better skills in dealing with absence of social support to abstain from alcohol during pregnancy, - to help making plans to achieve alcohol abstinence during pregnancy.
	DEVELOPMENT
Stakeholder involvement	Target groups; Intermediate target groups (health professionals, management of health centres, etc.); Funders; researchers; other
Logic model	The intervention is based on the I-Change Model (De Vries, et al., 2003).
Elements of planning	Literature review; Needs assessment; Detailed plan of action; Financial plan; Human resource management plan; time schedule; Partners' agreement; Communication plan; Evaluation plan
	IMPLEMENTATION
Time frame	Single or non-recurring
Target group(s)	Pregnant women; health professionals
Communication channels	Newspapers/magazines; Brochures/leaflets; Social media; website; E-mail; Meetings/conferences with experts/colleagues; Direct communication; guidelines; scientific publications
Components	Yes
Core activities	ebi; Information and psychoeducation tools and materials (websites, leaflets, etc); Training package and training initiatives specially addressed to social and health workers
Activities description	The intervention is an online computer tailored intervention aimed to reduce alcohol use during pregnancy. This intervention is for all pregnant women, regardless if they are using alcohol during their pregnancy. The course consists of 3 sessions, spanning the three trimesters of pregnancy. During these sessions, pregnant women fill in questions and receive tailored feedback about their alcohol consumption during

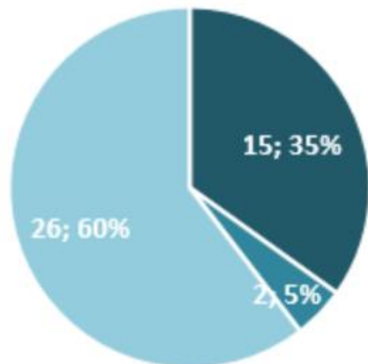
Sections	Fields	Categories/values
General information	Country	In-depth details
	Name	In-depth details
	Abstract	In-depth details
	Source	Systematic review; key informant; grey literature
	Funding	National/regional/local government; Institution of education, public health and/or research; Non-governmental organization; Private sector company/organization; Alcohol industry; Other
	Level	National; regional; local
	Context	Community; health centre; e-health; Other
	Aims and objectives	in-depth details
Development	Stakeholder involvement	Target groups; Intermediate target groups (health professionals, management of health centres, etc.); Economic operators; Government (national, regional, local); Funders; Researchers; Representatives of civil society (NGOs); other
	Logic model	in-depth details
	Elements of planning	Literature review; Needs assessment; Detailed plan of action; Financial plan; Human resource management plan; Time schedule; Partners agreement; Communication plan; Evaluation plan; Other
Implementation	Time frame	Continuous; Periodic; single or non-recurring
	Target group(s)	General population; Pregnant women; Child-bearing age women; Women with Alcohol/drug related disorders; women; partner; parents; families; health professionals; society; other
	Communication channels	TV; Radio; Newspapers and magazines; Billboards; Brochures/leaflets; Telephone/mobile; Social media; Website; E-mail; Meetings/conferences with experts/colleagues; Direct communication; Guidelines; Scientific publications; other
	Components	Multicomponent; Single
	Core activities	Face-to-face Screening and Brief Interventions; Face-to-face extended interventions; Online interventions; Improving treatment referral pathways; Social and health support measures (i.e. home visits, parental care training, housing, etc); communication actions to raise awareness and promote of behaviour change; Information and psychoeducation tools and materials (websites, leaflets, etc.); Group and mutual help initiatives; Training package and training initiatives specially addressed to social and health workers; Other (describe)
	Activities description	in-depth details
Evaluation	Responsibility	External; Internal
	Type	RCT; Cohort study; Pre-post study; Cross-sectional; Qualitative; Other
	Methods and results	In-depth details
	Outcomes	Stakeholders and/or target population acceptability; Changes in alcohol health literacy; Changes in alcohol consumption; Changes in contraception use; Changes in pregnant women social network; Changes in professionals practice; other (please describe)
	Follow up	Yes (description); no
Additional information	References	In-depth details

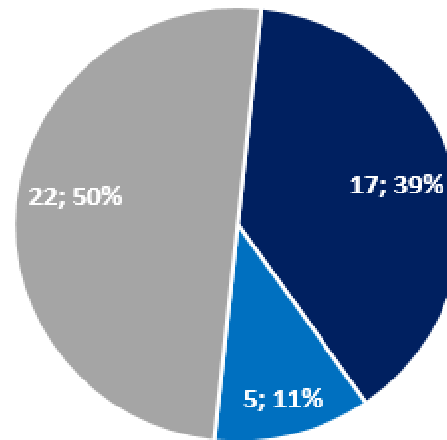
FAR SEAS

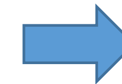
Best practices results

- In general, practices were funded by governments or public institutions
- Almost half of practices were implemented at regional level
- The majority of practices took place in health services
- In general, practices were single component
- The most common aim was to raise awareness of the dangers of drinking during pregnancy





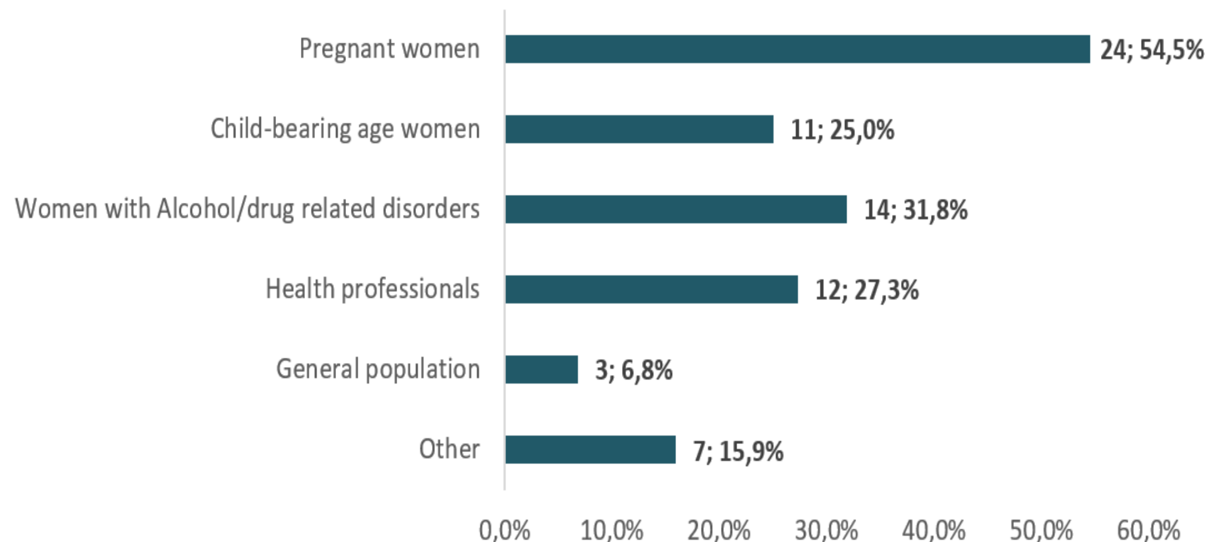


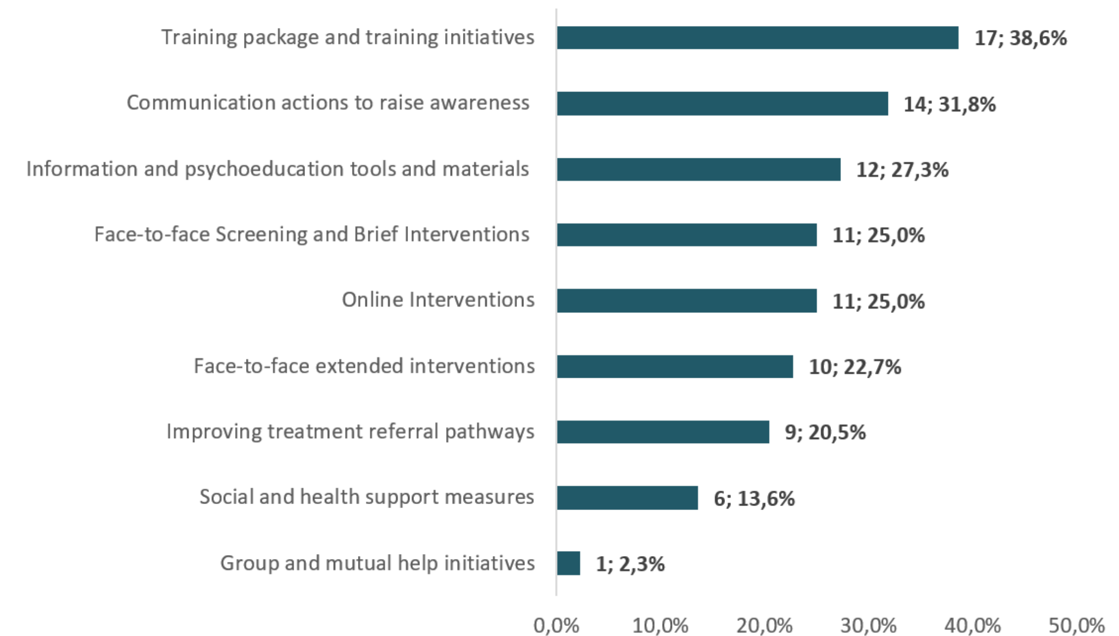


Best practices results

FAR SEAS

- Half of the practices targeted pregnant women and a quarter child-bearing age women
- Most common element was training (addressed to midwives), covering the use of screening tools, and behaviour change techniques and were delivered in order to implement an intervention targeting pregnant women or women of child-bearing age.
- However, combining “Face-to-face screening and Brief Interventions”, “Online interventions”, and “Face-to-face extended interventions” into one component, would make this the most frequently implemented core activity





FAR SEAS

Conclusions

Missed opportunities

- Lack of multicomponent national practices
- Shortfall of institutionally anchored practices
- Lack of consistency in evaluation (and several had used outcome variables that don’t allow for showing effectiveness.
- No evidence based guidance to prevent alcohol exposed pregnancies at european level
- Lack of tools and resources for professionals

Recommendations

- At European level it could be useful to provide evidence based guidance on practices to prevent FAS/FASD.
- At local level: design, evaluate and anchor multicomponent practices tailoring international guidelines to the local context

Strengths

- combination of the search strategies which allowing for a wider range of practices to be identified from a large number of countries. The key informant consultation allowed going beyond the type of practices that arise from tipical literature reviews.

Limitations

- However, the scarce information available on them made it impossible to assess all practices using the whole set of criteria proposed by the EU Best Practice Portal and the strict criteria brought us to exclude most of them, specially in the community ecosystem.

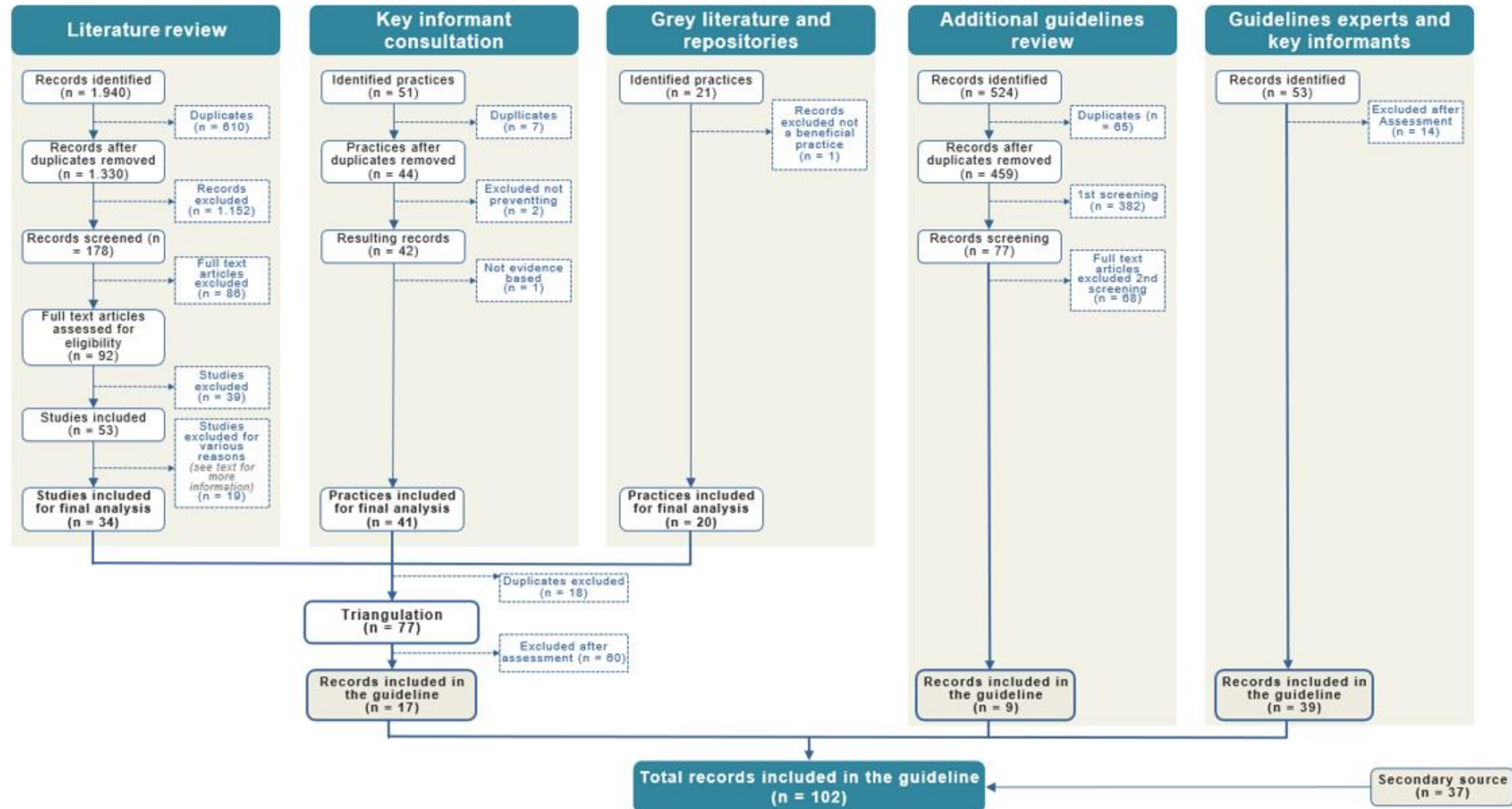
FAR SEAS

Guidelines to reduce alcohol consumption in women of child-bearing age, particularly in pregnant women

Methods

- Literature research: Mixed methods compilation strategy –literature reviews, grey literature and repositories reviews and experts and key informants consultation
  - Inclusion criteria: From 2010; All geographical areas; All languages; Evaluated; Equity and bioethical principles
- Evidence analysis: Performed by two researchers
  - Guidelines: Rigour of Development criteria section of the AGREE II instrument. Inclusion = Score >70%
  - RCT: ROB2 (Cochrane). Inclusion = 0 high-risk domain
  - Systematic reviews: AMSTAR. Inclusion = Score > 4
- Experts consensus on the guidelines topics and questions and recommendations

Guidelines to reduce alcohol consumption in women of child-bearing age, particularly in pregnant women



FAR SEAS

Experts consultations

1st

Name and surname	Organization
Diane Black	EUFASD
Lana Popova	Centre for Addiction and Mental Health, Canada
Lisa Schölin	Independent researcher, part of the UK FASD Research Collaboration, UK
Sylvia Roozen	Maastricht University, Neetherlands
Ilona Autti-Rämö	The council of choices in health care, the Ministry of Social Welfare and Health, Finland
Anna Klimkiewicz	Medical University of Warsaw, Poland
Javier Labad	Consorci Sanitari del Maresme, Spain
Steve Ondersma	Michigan State University, United States

2nd

Name and surname	Organization
Lesley Smith	University of Hull
Thierry Maillard	SAF Ocean Indien
Lina Schwerg, Gela Becker	FASD-Fachzentrum Sonnenhof
Teresa Jadczak-Szumiło	Fundation Rodzina od A do Z
Berenice Doray	Resource Center FASD Reunion Island
Ann Boons	FAS Steunpunt
Martha Krijgsheld	Fasstichting Nederland (fasfoundation netherlands)

FAR SEAS

Recommendation	Gandin & Scafat				scar Garcia Alg				Lisa Scholin				Antoni Gual				Anna Klimkiewic			
	gree	eleva	nsfe	eten	gree	eleva	nsfe	eten	gree	eleva	nsfe	eten	gree	eleva	nsfe	eten	gree	eleva	nsfe	eten
1.1.1 Healthcare professional	5	5	5	2	5	5	4	1	5	5	5	2	5	5	5	2	5	4	5	2
1.1.2 Healthcare professiona	5	5	3	2	5	5	5	1	5	5	5	2	5	5	5	2	5	5	5	2
1.1.3 Health professionals sh	4	5	5	2	5	5	4	1	5	5	5	2	5	5	5	2	5	5	5	2
1.1.4 Broader interventions to	4	1	3	2	4	4	3	1	5	5	4	1	5	4	4	2	5	4	5	1
1.1.5 Legislation should aim t	5	5	5	2	5	5	4	1	5	5	5	1	5	5	5	2	5	5	3	1
1.2.1 Legislation should aim t	5	5	5	2	5	5	3	1	5	5	5	1	5	5	5	2	5	5	3	1
1.2.2 Legislation should facil	5	5	3	2	5	5	3	1	5	5	5	1	5	4	4	2				
1.3.1 Policies must be compre	5	5	5	2	5	5	3	1	5	5	4	2	5	5	5	2	5	5	5	1
1.3.2 Policies should support	5	5	2	2	5	5	3	1	5	5	5	2	5	5	4	2	5	5	2	1
1.3.3 Child welfare policies re	5	5	5	1	5	5	3	1	4	4	4	1	5	5	4	1	5	5	3	1
1.3.4 More research should b	5	5	3	2	5	5	4	2	4	4	4	2	5	5	5	2	5	5	5	2
1.3.5. Barriers to providing co	5	5	4	2	5	5	4	2	5	5	5	1	5	5	5	2	5	5	5	1
1.4.1 Organizational environm	5	5	3	2	5	5	3	1	3	3	3	1	5	4	4	1	5	5	5	1
1.4.2. Clear, consistent guide	5	5	5	2	5	5	4	2	5	5	5	2	5	4	4	2	5	5	5	2
1.4.3. Structures and organiz	5	5	3	2	5	5	3	1	3	3	3	1	5	5	4	2	5	4	3	1
1.4.4 Structures and policies	5	5	2	2	5	5	3	1	3	3	3	1	5	5	4	2	5	5	3	1
1.4.5 Professionals should be	5	5	5	2	5	5	4	2	5	5	5	2	5	5	5	2	5	5	3	2
1.4.6 Programmes should be	5	5	5	2	5	5	4	1	5	5	5	2	5	5	4	2	5	5	3	1
1.5.1. Barriers to health profe	5	5	5	2	5	5	4	1	5	5	5	2	5	5	4	2	4	4	2	1
1.5.2. Local champions/opin	3	2	2	2	4	4	3	1	5	5	5	1	5	5	3	2	3	3	3	1
1.6.1 Programmes should b	5	4	4	2	5	5	4	1					5	5	4	2	5	5	5	2
1.6.2 Programmes should be	4	2	1	2	5	5	3	1	5	5	5	1	5	5	4	2	5	5	4	1
1.6.3 All interventions should	5	4	4	2	5	5	4	1	5	5	5	1	5	5	4	2	4	4	4	1
1.6.4 Issues around child wel	3	4	2	1	5	5	3	1	5	5	4	1	5	5	4	2	5	5	3	1
2.1.1. Broad awareness raisin	5	5	4	2	5	5	4	1	5	5	5	2	5	4	4	2	5	5	3	1
2.1.2. Campaigns should be	5	5	4	2	5	5	4	1	5	5	5	2	5	4	4	2	4	4	3	1
2.1.3. Campaigns should be	5	4	3	2	5	5	4	1	5	5	5	2	5	4	4	2	4	4	3	1
2.2.1. Public health campaig	5	3	3	2	5	5	4	2	5	5	4	2	5	4	4	2	5	5	3	1
3.1.1. Healthcare providers sh	5	5	5	2	5	5	4	1	5	5	4	1	5	5	5	2		1	1	2
3.2.1 Health professionals sh	5	5	4	1	5	5	3	1	5	5	5	1	5	5	4	2	1	5	3	1
4.1.1 Health-care providers s	5	5	4	2	5	5	4	1	5	5	5	2	5	5	4	2	5	5	5	2
4.2.1. Brief alcohol interver	4	4	2	2	5	5	5	1				0	5	5	4	2	5	5	5	2
4.2.2. Including partners in	4	3	3	1	5	5	5	1	5	5	5	1	5	4	4	2	5	5	5	2
5.1.1 Alcohol use disorder during pregnancy should					4	5	3	1				0	5	5	4	2	5	5	3	2
5.2.1. Continuity of care and	5	5	3	2	5	5	3	1	5	5	5	1	5	4	4	2	5	5	3	1
6.1.1. Women with alcohol us	5	4	3	1	5	5	2	1	5	5	5	1	5	5	3	2	5	5	3	1
7.1.1. Preventive activities ca	5				5	5	3	1	4	4	4	1	5	5	4	2	5	5	3	1
7.2.1 Healthcare professiona	5	5	5	2	5	5	4	2	5	5	5	1	5	5	4	2	5	3	3	1
7.3.1 To evaluate the implem	5	5	2	2	5	5	4	1	4	4	4	1	5	5	4	2	3	5	3	1

Recommendation	Javier Labad				Steve Ondersma				ia Okulicz-Koza				Lana Popova				Ilona Auti-Ramo			
	gree	eleva	nsfe	eten	gree	eleva	nsfe	eten	gree	eleva	nsfe	eten	gree	eleva	nsfe	eten	gree	eleva	nsfe	eten
1.1.1 Healthcare professional	5	5	5	2	5	5	4	2	4	5	5	1	5	5	5	1	5	5	5	2
1.1.2 Healthcare professiona	5	5	5	2	5	5	4	2	4	5	5	1	5	5	5	1	5	5	5	2
1.1.3 Health professionals sh	5	5	5	2	5	5	4	2	4	5	5	1	5	5	5	1	5	5	5	2
1.1.4 Broader interventions to	5	4	4	1	3	3	4	1	3	3	2	1	5	5	5	2	4	4	3	1
1.1.5 Legislation should aim t	5	5	5	1	5	5	5	2	5	5	2	1	5	5	3	0	4	4	4	2
1.2.1 Legislation should aim t	5	5	5	1	5	5	5	2					5	5	3	0	5	5	5	2
1.2.2 Legislation should facil	5	5	5	1	4	5	5	2	5	5	3	1	5	5	5	0	3	3	3	1
1.3.1 Policies must be compre	5	5	5	2	4	4	4	1	4	4	4	1	5	5	4	1	5	5	4	2
1.3.2 Policies should support	5	5	5	2	4	4	4	1	5	5	5	1	5	5	4	0	5	5	3	2
1.3.3 Child welfare policies re	5	5	5	1	5	5	4	2	3	3	2	1	5	5	5	0	5	5	3	2
1.3.4 More research should b	5	5	4	2	4	4	4	1	1	1	1	1	5	5	5	1	5	5	3	2
1.3.5. Barriers to providing co	5	5	5	2	4	4	3	1	4	1	2	1	5	5	5	1	5	5	4	2
1.4.1 Organizational environm	5	5	4	2	5	5	3	1	3	3	2	1	5	5	2	1	5	5	4	2
1.4.2. Clear, consistent guide	5	5	5	2	4	4	3	1	3	3	3	1	5	5	5	1	5	5	3	2
1.4.3. Structures and organiz	5	5	4	2	3	3	3	1	3	3	2	1	5	5	5	1	5	5	3	2
1.4.4 Structures and policies	5	5	4	2	3	3	3	1	5	5	5	1	5	5	5	1	5	5	3	2
1.4.5 Professionals should be	5	5	5	2	5	5	5	2	5	5	2	1	5	5	5	5	5	5	5	2
1.4.6 Programmes should be	5	5	4	2	5	5	5	2	5	5	1	1	5	5	5	5	5	5	5	2
1.5.1. Barriers to health profe	5	5	5	2	5	5	4	2	5	5	5	1	5	5	5	1	5	5	4	2
1.5.2. Local champions/opin	4	4	4	2	4	4	4	1	5	5	5	1	5	5	3	1	5	5	4	2
1.6.1 Programmes should b	5	5	5	2	3	4	4	2	4	4	2	1	5	5	5	1	4	5	3	1
1.6.2 Programmes should be	5	5	5	2	5	4	4	1	4	4	4	1	5	5	3	1	4	4	3	1
1.6.3 All interventions should	5	5	5	2	4	4	4	1	5	5	5	1	5	5	5	1	4	4	3	2
1.6.4 Issues around child wel	5	5	5	1	4	4	4	1	3	3	3	1					5	5	4	2
2.1.1. Broad awareness raisin	5	5	5	2	5	4	4	1	3	4	4	1	5	5	3	1	5	5	5	2
2.1.2. Campaigns should be	5	5	5	2	4	4	4	1	3	3	4	1	3	3	3	1	5	5	5	2
2.1.3. Campaigns should be	5	5	4	2	5	4	4	1	5	5	5	1	5	5	5	1	5	5	5	2
2.2.1. Public health campaig	5	5	5	2	5	5	5	2	5	5	5	1	5	5	5	1	5	5	5	2
3.1.1. Healthcare providers sh	5	5	5	2	5	5	5	2	5	5	5	1	5	5	5	1	5	5	5	2
3.2.1 Health professionals sh	5	5	5	2	5	5	5	2	5	5	5	1	5	5	5	0	5	5	3	2
4.1.1 Health-care providers s	5	5	5	2	4	4	4	2	5	5	5	1	5	5	5	1	4	4	4	1
4.2.1. Brief alcohol interver	5	5	5	2	4	5	5	2	5	5	5	1	5	5	5	1	5	5	5	2
4.2.2. Including partners in	5	5	4	2	4	5	5	2	4	4	3	1	5	5	5	1	3	3	3	1
5.1.1 Alcohol use disorder during pregnancy should	5	5	5	2	5	5	5	2	4	3	3	0	4	5	5	1	3	3	3	1
5.2.1. Continuity of care and	5	5	5	2	4	5	4	1	4	3	3	2	5	5	5	0	5	5	4	1
6.1.1. Women with alcohol us	5	5	5	1	4	5	4	2	3	4	4	2	5	5	4	1	5	5	5	2
7.1.1. Preventive activities ca	5	5	5	2	3	4	4	1	4	4	4	1	5	5	5	1	5	5	4	1
7.2.1 Healthcare professiona	5	5	5	2	4	4	4	2	3	4	3	1	5	5	5	1	5	5	5	2
7.3.1 To evaluate the implem	5	5	4	2	5	5	5	2	2	2	2	2	5	5	5	1	3	3	3	2

FAR SEAS

Guidelines structure

Contents

1. EXECUTIVE SUMMARY 5
2. ABBREVIATIONS 6
3. BACKGROUND 7
4. SCOPE AND AIMS 8
   - 4.1. Aim 8
   - 4.2. Objectives 8
   - 4.3. Target audience 9
   - 4.4. Target population 9
   - 4.5. Context 9
5. METHODS 9
   - 5.1. Document identification and retrieval 9
     1. Evidence from the review to inform the Good practices in FASD prevention inventory 9
     2. Review of existing guidelines 12
     3. Consultation with experts and key informants 12
   - Guideline authors and collaborators 12
   - External reviewers 13
   - 5.2. Evidence assessment 13
   - 5.3. Evidence to recommendations 15
   - 5.4. Limitations 15
   - 5.5. Guidelines update 16
6. RESULTS 17
   - Summary tables 17
7. TOPICS, QUESTIONS AND RECOMMENDATIONS 19
8. EVIDENCE PROFILES 23
   1) Organizational, strategic and policy changes required to properly address the needs of pregnant women and women of child-bearing age who are at risk of having, or who already have an alcohol-related problem. 23
   2) Strategies and best practices for promoting and raising awareness of the risks of drinking alcohol during pregnancy 44
   3) Validated tools to screen alcohol use and maternal risk factors and further assess alcohol-related problems among pregnant women and women of child-bearing age in health and social care settings 51
   4) Preventive interventions for pregnant women and women of child-bearing age at risk of having alcohol related problems 59
   5) Treatment interventions for pregnant women and women of child-bearing age at risk of having alcohol related problems 72
   6) Social measures for pregnant women and women of child-bearing age at risk of having alcohol related problems 81
   7) Implementation, training and evaluation strategies for preventing activities 84
9. REFERENCES 98

APPENDICES 106
   - Appendix I. Guidelines questions and materials for the expert group 106
   - Appendix II. List of Included guidelines and documents 134
   - Appendix IIII. Additional resources (external) 144

FAR SEAS

Guidelines topics

1. **Organizational, strategic and policy changes** to reduce alcohol exposed pregnancies
2. Best practices to **raise awareness among the general population** of the risks of drinking alcohol during pregnancy.
3. **Screening tools for alcohol and psychosocial risks for** women of child-bearing age
4. **Preventive interventions** for child-bearing age women at risk of having alcohol related problems
5. **Treatment interventions** for child-bearing age women at risk of having alcohol related problems
6. **Social measures** for child-bearing age women at risk of having alcohol related problems
7. **Implementation, training and evaluation** strategies of preventive activities

FAR SEAS

TOPIC 1) and 7) Organizational, strategic and policy changes

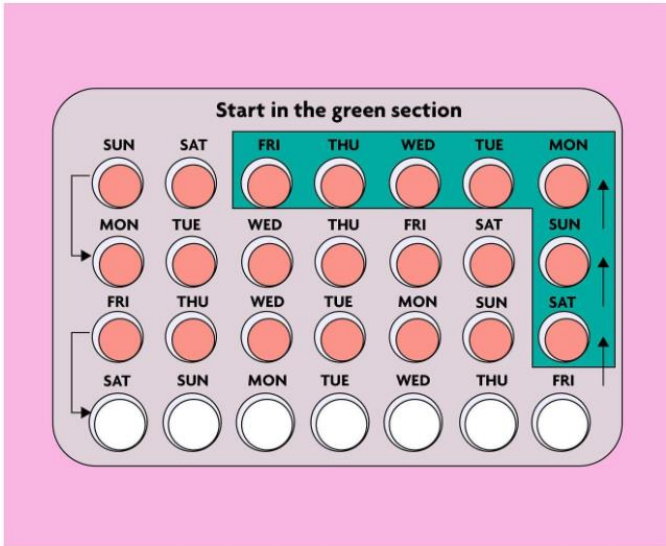
- Legislation should aim to: **guarantee access** to prevention, treatment and continuity of care respecting patient's autonomy, and **limit criminal prosecution**
- Policies must be comprehensive, **multi-level** and allow tailoring to the needs of **women at differing levels of risk**
- Organizational environments and **resources must be enhanced** to foster preventive activities including training, tools and care pathways.
- **Health professionals barriers** should be identified and targeted
- Programmes should be **consistently evaluated**

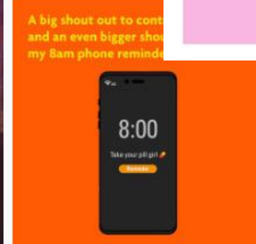
TOPIC 2) Strategies and good practices for promoting and raising awareness of the risks of drinking alcohol during pregnancy

- Broad awareness raising and public health education campaigns using various media should be comprehensively **tested on different audiences** and created in collaboration with relevant target groups to **avoid stigmatization**.
- Public health campaign messages targeting FAS/FASD prevention should combine **information on the risks** of alcohol use during pregnancy combined with **self-efficacy messages** focusing on one's ability to a adopt behaviour change taking care to avoid stigma and respect women's autonomy.

FAR SEAS

When the contraceptive pill be my new calendar





DID YOU KNOW?

In NZ, 40% of pregnancies are unplanned.

Staying at home instead of go
to the clubs cos "social distan

pretestiebestie Anyone else relying on the pill pack to remember what day of the week it is? 😅 If you're running low on contraception and it's got you worried, you can still contact Family Planning or your GP. And if you think there's a chance of pregnancy, keep off the drinks til you know for sure.
Head here for more information:
https://www.familyplanning.org.nz/

134w

actually u hahahah

133w 1 like Reply

232 likes

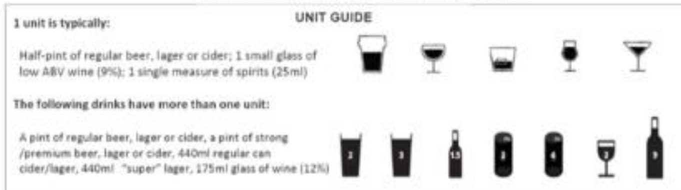
APRIL 22, 2020

FAR SEAS

TOPIC 3) Validated tools to screen alcohol use and maternal risk factors and further assess alcohol-related problems among pregnant women and women of child-bearing age in health and social care settings

- Healthcare providers should **ask all women of child-bearing age**, especially those who are pregnant, about their alcohol use using a **validated screening instrument**.
- Health professionals should **screen all pregnant women for psychosocial risks** given the correlation between alcohol misuse and other complex problems that can have a negative impact on the woman, birth outcomes, and on the fetus and child.

AUDIT ALCOHOL SCREENING TOOL



Questions	Scoring system					Your score
	0	1	2	3	4	
How often do you have a drink containing alcohol?	Never	Monthly or less	2 - 4 times per month	2 - 3 times per week	4+ times per week	
How many units of alcohol do you drink on a typical day when you are drinking?	1 -2	3 - 4	5 - 6	7 - 9	10+	
How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you failed to do what was normally expected from you because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you been unable to remember what happened the night before because you had been drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Have you or somebody else been injured as a result of your drinking?	No		Yes, but not in the last year		Yes, during the last year	
Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?	No		Yes, but not in the last year		Yes, during the last year	

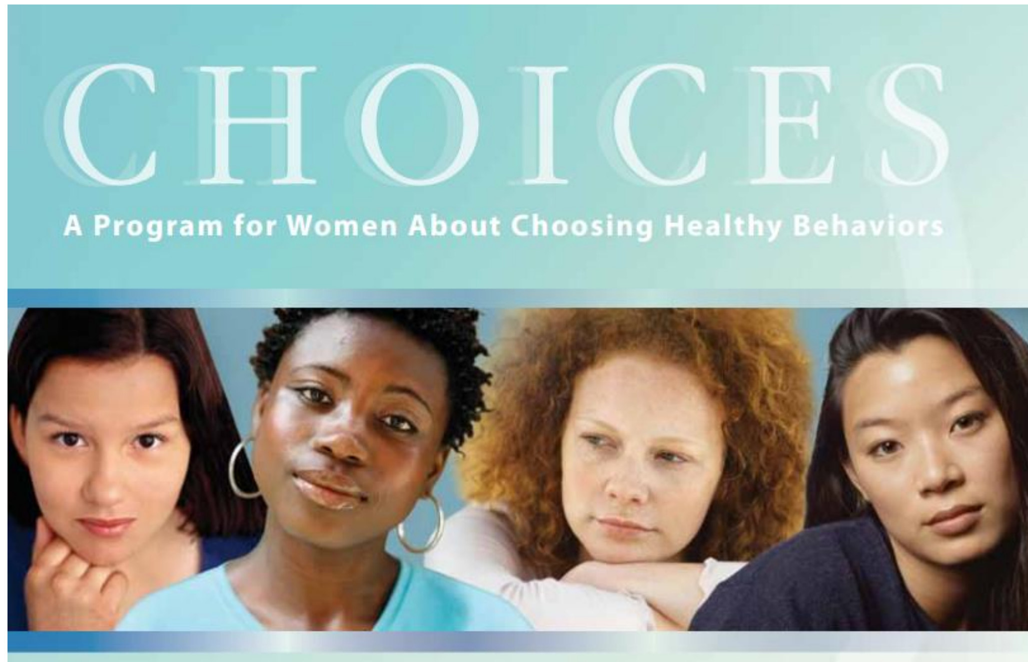
Scoring: 0 – 7 Lower risk, 8 – 15 Increasing risk, 16 – 19 Higher risk, 20+ Possible dependence

Considerations:

- Universal screening helps avoiding subjectivity, discomfort, and bias (Breen, Awbery & Burns, 2014).
- Screening in a health setting might reduce stigma as it is considered the best context to express concern for the health of the mother and baby (Breen, Awbery & Burns, 2014).
- Ideally screening should be performed at every encounter and by a professional with an ongoing relationship with the woman, in order to facilitate the disclosure of sensitive information (WHO, 2014; Breen, Awbery & Burns, 2014).
- Screening should be performed in an empathetic, non-judgemental and supportive way. It is important to consider women's needs and situation, their alcohol consumption might not be their most important priority (Graves, 2020; Breen, Awbery & Burns, 2014).
- The results should be appropriately recorded in the woman's health record, and also in the child's record if an alcohol use disorder is identified (Breen, Awbery & Burns, 2014).

TOPIC 4) Preventive interventions for pregnant women and women of child-bearing age at risk of having alcohol related problems

- Child-bearing age and pregnant women at risk of having an exposed pregnancy should be offered **tailored brief intervention** (BI).
- BI should include: Assessment of **readiness for change**; Advice on strategies for stopping use (specially on **abstinence as a goal**); Assistance eliciting ideas about change strategies and/or referrals to support services.
- Deliver synchronised **interventions to partners** (after asking for women's consent)



https://www.cdc.gov/ncbddd/fasd/choices-implementing-choices.html

WHAT IS CHOICES?

What is CHOICES?

CHOICES is a program for women about choosing healthy behaviors. The Centers for Disease Control and Prevention developed it to help prevent alcohol-exposed pregnancies (which we will refer to as AEP). An AEP can result in a broad range of birth defects and disabilities, including babies born with Fetal Alcohol Syndrome (FAS), Fetal Alcohol Spectrum Disorders (FASD), or other adverse outcomes.

Who is CHOICES for?

CHOICES is designed to help women like you — nonpregnant women of childbearing age — reduce the risk of an AEP. To reduce *your* risk of an AEP, CHOICES will provide you with information on how to make the choice that is best for you: reduce your drinking and/or increase your use of birth control.

How does CHOICES work?

CHOICES is a four-session program, plus a birth control visit, that:

- Assesses potentially risky drinking behavior (more than seven standard drinks per week, or more than three drinks on any one occasion) and ineffective contraceptive use
- Provides you with new information to assess your current level of risk for an AEP
- Is tailored to meet your level of readiness to change alcohol use and contraceptive behaviors
- Focuses on lowering the risk of an AEP

What are the positive outcomes of CHOICES?

- Reduced risk of AEP: Using effective contraception or drinking below risky levels
- Effective contraception: Using an accepted method of contraception as directed
- Below risky drinking levels: Drinking seven or fewer drinks per week and three or fewer drinks on any one occasion

TOPIC 5) Treatment interventions and TOPIC 6) Social services

- **Individualized psychosocial support,** if required (after **assessment of withdrawal symptoms**), short-term use of a long-acting benzodiazepines.
- If abstinence cannot be achieved, **harm reduction** strategies should be encouraged.
- Continuity of care needs to be provided: A **coordinated multidisciplinary approach**; Clear **referral pathways** should be established; follow-up post birth.
- Women with AUD should be provided with **holistic support** considering complex situations including poverty, lack of social support domestic violence among others.

FAR SEAS

Holding Tight Treatment System, Finland

- Mother-and-child homes during pregnancy for women with substance use disorders
- Goal -> supporting 1) the mother's relationship with her child 2) efforts toward abstinence
- Combination approaches from child psychiatry and addiction research, while the social work system also supports early interaction and parenting.
- Different interventions are included in the model such as:
  - individual counselling,
  - group meetings on parenting and relapse issues,
  - support for changing social networks,
  - encouragement to participate in mental health treatment and/or substance detox and other treatment facilities outside the unit.

FAR SEAS

FETAL ALCOHOL REDUCTION &
EU KNOWLEDGE EXCHANGE AFTER SEAS

Training of trainers package on FAS/FASD prevention

Lidia Segura
Subdirectorate General on Addictions, HIV, STI and Viral Hepatitis

Acknowledgement: The FAR SEAS project has been funded by the EU Health Programme 2014-2020 under a service contract 20187106 with the Health and Digital Executive Agency (HaDEA) acting under the mandate from the European Commission (DG SANTE). **Disclaimer:** Views expressed in this presentation does not necessarily reflect the views of the Commission and/or HaDEA or any other body of the European Union.

FAR SEAS

Methods

- Evidence-based
- Adapted from CDC curriculum and relevant training packages
- Organized following the presentation, application and feedback (PAF) Model
- Aimed at motivating and promoting professional behaviour change in daily practice (intervention) – using key principles, processes and techniques of motivational interviewing
- Targeted to health and social providers from Primary Care, Mental Health and Addiction, Maternal, Sexual and Child Health and others with a role in the prevention of alcohol-exposed pregnancies
- Flexible (basic and additional contents)

FAR SEAS

Methods

- Three-fold **strategy:** revision of existing training packages, expert consensus, and testing a pilot in Poland
- **Training of trainers** model:
    - Trainers: Any professional with interest in the prevention of AEPs or with enough background training in the key areas of alcohol, pregnancy, brief interventions and motivational interviewing.
    - Target audience: Professionals from a variety of areas including gynaecology, primary health care, paediatrics, nursing, midwifery, and social work.
- Training Package **elements:** manuals, slides, clinical cases, FAQs, know more documents, materials for professional practice

Objectives

To provide professionals with:

- Knowledge about the importance of preventing alcohol-exposed pregnancies
- Knowledge about the main health and social harms related to alcohol consumption that women experience, especially during pregnancy
- Skills to screen alcohol use and other risk factors, deliver brief interventions, refer to treatment and treat when needed.
- Tools to improve case management and improve adherence to treatment for those women at risk of alcohol-exposed pregnancies

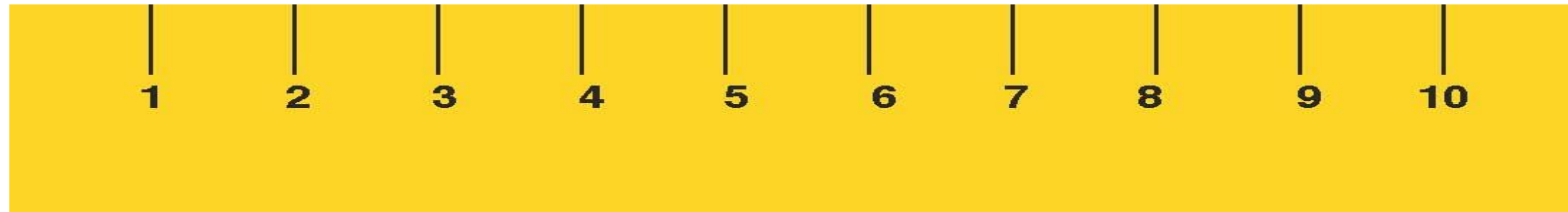
FAR SEAS

Contents and structure

- Introduction and main aims and objectives
- Importance of preventing alcohol-exposed pregnancies and effective interventions
- Gender-specific aspects and factors
- What to do? Effective interventions
- How to do it?
  - Part I. Ask, Assess & Provide Feedback
  - Part II. Advise and Assist
  - Part III. Arrange and Follow-up
- Recruitment, intervention and registration. Tools for pilot implementation, monitoring and evaluation.
- Post-training evaluation and closing

Introduction
Ice-breaking activity

- Tell the group your name, your profession and workplace
- What does being a mother/father mean for you?
- How important is preventing alcohol-exposed pregnancies (from 1 to 10)?
- How ready/capable do you feel to prevent alcohol-exposed pregnancies (from 1 to 10)?



Importance of preventing alcohol-exposed pregnancies

- Birth rates in Europe
- Prevalence of unplanned pregnancy and contraception measures
- Prevalence and pattern of alcohol use during pregnancy
- Mechanism of fetal harm
- Effects of alcohol on the embryo and fetus
- FASD Consequences at family, community and social level
- FASD/FAS prevalence globally and by WHO region
- FASD early identification and diagnosis

Importance of preventing AEP

Activity - Julia, Ana and Lena’s cases

	Julia
Brief introduction	17 years, not using contraception, risky alcohol use. Low awareness of related risks.
Entry point	Visit to primary health care centre for a dermatological problem and the nurse undertakes an opportunistic general health review
Family antecedents	Mother in remission from alcohol use disorder, treated during pregnancy. Affective anxiety disorders. No relevant history for father, but little involvement
Alcohol consumption	Episodic heavy drinking (binge drinking >5 SDUs/day once or twice per week)
Other relevant health issues	ADHD diagnosis Sporadic cannabis use STI infection (chlamydia, gonorrhoea, etc.)
Education	Learning difficulties since primary school. Did not complete secondary school.
Living situation	Lives with mother and a brother (11 years)
Social situation	Medium-low socioeconomic level
Cognitive, behavioural and emotional problems	Learning and attention difficulties High impulsivity which increases with alcohol use leading to risky behaviours (not using protection during sex, aggression when intoxicated) Binge drinking which has required treatment in emergency (alcohol poisoning) Low risk awareness

Importance of preventing AEP

Activity - Julia, Ana and Lena’s cases

	Ana
Brief introduction	35 years, 12 weeks pregnant with serious alcohol use disorder. Drinks at home and secretly at work. Has a 4-year-old child from a previous relationship. Wants to continue the pregnancy and requests help from the social worker who is working with her
Entry point	Social services and child protection are following the family for a 4 year old child
Family antecedents	Father with affective anxiety disorders. No other relevant history. Despite his problems, he maintains a relationship with them helps with the child.
Alcohol consumption	Continuous and regular high use of alcohol. With her first child was able to considerably reduce alcohol consumption (child not diagnosed with FASD), but has worsened.
Other health issues	Depressive disorder. Intimate partner violence with current partner. Has not asked for help.
Education	Secondary studies. Professional training as lab technician
Living situation	Current partner uses alcohol and cocaine. Uses cocaine mostly away from the home but there is alcohol consumption at home in the presence of the child. Has never been evaluated or diagnosed. One child of 4 years.
Social situation	At risk of social exclusion. Follow up by child protection services.
Primary diagnosis	Alcohol related disorder
Other problems	Moderate depressive symptomology.Hesitant to accept assistance from specialist drug dependence services for fear of losing her child; very negative attitude at first visit (“forced to come”)

Importance of preventing AEP
Activity - Julia, Ana and Lena's cases

	Lena
Brief introduction	30 years, 8 weeks pregnant, risky alcohol use, smoker (6-8 cigarettes/day), no other risk factors. Completely unaware of the risks associated with alcohol use. Very eager to have a child. Request an appointment to monitor the pregnancy at a sexual and reproductive health centre
Entry point	Sexual and reproductive health centre. Appointment made with the midwife for the first antenatal visit
Family antecedents	No relevant history Mother and father working. They maintain contact and a good relationship with her and her partner
Alcohol consumption	Regular consumption of 1 or 2 glasses of wine with meals (lunch and dinner) and 2-3 beers after work with colleagues on Thursdays and Fridays.
Other relevant health issues	No relevant history, although elevated stress levels associated with more alcohol consumption (more lack of control) than she would like
Education	University education. Lawyer.
Living situation	Living with partner for 4 years. No children
Social situation	Medium-high socioeconomic level
Primary diagnosis	Risky alcohol consumption. Uses tobacco
Other problems	Moderate-high work-related stress

Importance of preventing AEP

Activity - Julia, Ana and Lena’s cases

- How would you assess the risk of AEP in the three cases?
- Who is at most risk of an AEP?

Importance of preventing AEP
A shared duty

Women

- Avoid high-risk drinking, or abstain

and/or

- Use birth control effectively

Many women choose to do both

The responsibility for prevention of fetal alcohol spectrum disorder should not be placed on women alone.

Government actions should focus on:

- Providing consistent information about risks of alcohol use during pregnancy
- Access to reliable contraceptives
- Help to deal with addiction and abstinence from alcohol during pregnancy (timely, compassionate, and competent prenatal care)

- Policies related to the social determinants of health should explicitly address FASD, its implications for individuals, families and society, and how it can be prevented.
- Prevention of FASD should be given a larger role in the development of alcohol policies

FAR SEAS

Gender Specific Factors

- Gender socialization processes and roles
- Alcohol industry strategies
- Women’s use of alcohol and alcohol-harm
- Effects of alcohol on fertility
- Risk factors for drinking in pregnancy
- Maternal risk factors for FASD
- Women with AUD: High risk group during pregnancy
- Consequences of professionals’ prejudices
- The Four Principles

Gender specific factors

Activity - Julia, Ana and Lena’s cases

- What social determinants and gender specific factors affect their alcohol use?
- Are there differences between women’s and men’s alcohol consumption patterns? Explain.
- Does the harm caused by alcohol differ in men and women? Why?
- Are the social consequences different for men and women?

Gender specific factors
Gender socialization processes

- Men and women build their conception of themselves and the world according to assigned gender roles
- The female role is seen as related to reproduction, caring and nurturing
- The male role is seen as related to production, less emotional and more aggressive and competitive
- Women = Reproductive. Men = productive
- These roles influence behaviours including alcohol consumption and drinking patterns

FAR SEAS

What has to be done?

- WHO governing principles
- Raising awareness in general population
- Policies and Organization
- Training for professionals
- Consider women's needs
- Implementation and evaluation
- Screening, assessment and Brief Interventions
- Treatment
- Social interventions

FAR SEAS

How to do it? – Ask and Assess (part I)

- Motivational interviewing (MI)
- MI Spirit
- MI OARS Techniques
- MI principles
- Early identification of alcohol use problems
- 2. Assess for Alcohol use disorders (AUD)
- 2. Assess for signs or symptoms
- 2. Assess for other psychosocial risks
- 3. Provide feedback

How to do it?
Activity - Julia, Ana and Lena's cases

- What are the usual difficulties you encounter when intervening such women?
- What skills do you need?

What has to be done?
Screening and Brief Interventions

To communicate empathy

1. Ask about risk factors
2. Assess further risk factors and awareness (importance)
3. Provide feedback, asking for permission, on health status and risks
4. Give advice asking for permission and assessing readiness to change
5. Assist by negotiating goals (confidence and pros/cons) and strategies (menu with options) to address risk factors
6. Arrange follow-up and monitor progress

To promote self-efficacy

Emphasize responsibility

How to do it
1. Ask – Engaging (relational foundation)

Establish a trusting therapeutic relationship with the woman (and partner)

- Be empathic and respectful, listen actively to fully understand from the client's perspective without agenda (person-centered approach)
- Address confidentiality (remind that your conversation is confidential)
- Avoid stigmatizing, use person-centered language e.g. "Mary has a disability" vs. "Mary is disabled". Avoid terms such as "drunk" or "alcoholic"
- Use a warm, open tone, and calm voice, avoid judgements about habits or lifestyle
- Affirm positive aspects of behaviours, focus on the woman's and partner's needs
- Normalize asking about alcohol use as a routine in your clinical setting
- Ask when asking about lifestyle, medication and environmental toxins
- Ask all women, do not prejudge (e.g. based on age, cultural origin, appearance)

How to do it
MI Spirit

Collaboration (versus confrontation)

Form an alliance with the woman

The counsellor:

- Avoids an expert/authority role
- Seeks to create a positive atmosphere conducive to change

Promoting wellbeing (versus indifference)

Interest in promoting the woman's well-being

The counsellor:

- Shows genuine interest in understanding and helping the woman

Evocation (versus education)

The woman can think of her own solutions

The counsellor:

- Does not provide wisdom or insight
- Elicits or finds things within the woman and draws them out through skilled listening and responding
- Allows the woman to present her arguments for change

Acceptation (versus imposition)

The woman is responsible for her own change and free to make the final decision.

The counsellor:

- Acknowledges the patient's proposals
- Shows respect for the individual's autonomy.
- Supports the woman's choices and promotes her confidence.

How to do it?

1. Ask – Focusing on a target behavior

- Ask permission to address several important issues
- e.g. *It is ok for you? Do you mind if I ask some questions on important health issues?*

Women of child-bearing age

- Alcohol use (quantity and frequency)
- Sexual behaviour and contraceptive use
- Pregnancy plans

Pregnant women

- Alcohol use (quantity and frequency)
- Awareness of harms

Alcohol use	Reliable contraception	Unreliable contraception	Planning a pregnancy	Pregnant
0-2 AUDIT-C	Low risk	Low risk	Risk	Risk
3 or more AUDIT-C	Low risk	Risk	Risk	Risk
8 or more AUDIT-C	Low risk	High risk	High risk	High risk

Helping women identify a target area about which she is ambivalent or struggling to make a change.

How to do it?

1. Ask – Focusing on a target behavior

Julia	Ana	Lena
Episodic heavy drinking (binge drinking >5 SDUs/day once or twice per week)	Continuous and regular high use of alcohol. With her first child was able to considerably reduce alcohol consumption (child not diagnosed with FASD), but has worsened.	Regular consumption of 1 or 2 glasses of wine with meals (lunch and dinner) and 2-3 beers after work with colleagues on Thursdays and Fridays.

QUESTIONS	0	1	2	3	4
1. How often do you have a drink containing alcohol?	Never	Monthly or less	2 to 4 times a month	2-3 times a week	4 or more times a week
2. How many drinks containing alcohol do you have on a typical day when you are drinking?	1-2 drinks	3-4 drinks	5-6 drinks	7,8 or 9 drinks	10 or more
3. How often do you have six or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily

How to do it?
2. Assess for signs or symptoms

Physical Findings	Psychological Findings	Red flags	
Scars, injuries	Memory loss	Repeat injuries	History of physical or emotional abuse by partner
Hypertension	Depression	Numerous emergency room visits	Family history of substance abuse
Symptoms of withdrawal	Anxiety	Late entry to prenatal care	STIs (including AIDS)
Tachycardia	Panic	Missed appointments	Compliance problems
Tremors	Paranoia	Previous child with FAS	
Slurred speech	Unexplained mood swings	Extramural delivery	

How to do it?
2. Risk assessment

Alcohol use	Reliable contraception	Unreliable contraception	Planning a pregnancy	Pregnant
0-2 AUDIT-C	Low risk	Low risk	Risk	Risk
3 or more AUDIT-C	Low risk	Risk (Julia)	Risk	Risk (Lena)
8 or more AUDIT-C	Low risk	High risk	High risk	High risk (Ana)

FAR SEAS

How to do it? – Advise and assist (part II)

- Readiness to change
- Confront with own discrepancy
- Roll with resistance
- What is change talk?
- Eliciting change talk

How to do it?
5. ASSIST

- Evoke women's intrinsic motivation (importance for change/readiness for change) and their own ideas and reasons for change
- Examine pros and cons: help her identify problem area(s). Start with her ideas about the good things about current behaviour; then ask about less good things. Reflect her reasons for change

e.g. *What would you like to do? What makes this change important to you? What makes you confident you can do it?*

- On a scale of 1-10, how important for you is it to change [insert behaviour]?
- On a scale of 1–10, how ready are you to change [insert behaviour]?

Not important at all
Not ready at all

Extremely important to change
Extremely ready to change

How to do it?

Activity - Julia, Ana and Lena's cases

- Julia explains, "I like to go out with my friends and have fun. Of course I drink some alcohol, everybody does and yes (....) I do not want to get pregnant but I think that the probabilities are very low".

- What would you reflect to her to show empathy?
- What would you ask her (open question)?
- How can you affirm her?
- Can you help highlight discrepancy?
- How can you respond to support self-efficacy?
- Can you prepare a summary of what she said?

How to do it
Scripts

<table>
<tr><th rowspan="2">INTERVENTION</th><th colspan="3">WHAT DO WE SAY?</th><th rowspan="2">HOW DO WE SAY IT</th></tr>
<tr><th>Julia</th><th>Ana</th><th>Lena</th></tr>
<tr><td rowspan="2">Ask - Engaging</td><td colspan="3">Glad to meet you. How can I help you?

Thanks for your visit. How are you doing?/How can I help you?</td><td rowspan="2">Be empathic and respectful, ask open questions, listen actively to fully understand from the patient's perspective without an agenda (person-centered approach)

Use a warm, open tone, and calm voice, avoid judgements about habits or lifestyle

Affirm positive aspects of behaviours, focus on the woman's and partner's needs</td></tr>
<tr><td>Julia, it is great that you came and that you want to take care of this dermatological issue.</td><td>Ana, I am glad to see how important it is for you to continue with your pregnancy.

How does your partner feel about it?</td><td>Lena, it is wonderful that you came for your antenatal visit. How do you feel about being pregnant? / What does it mean for you to be pregnant?

How does your partner feel about it?</td></tr>
</table>

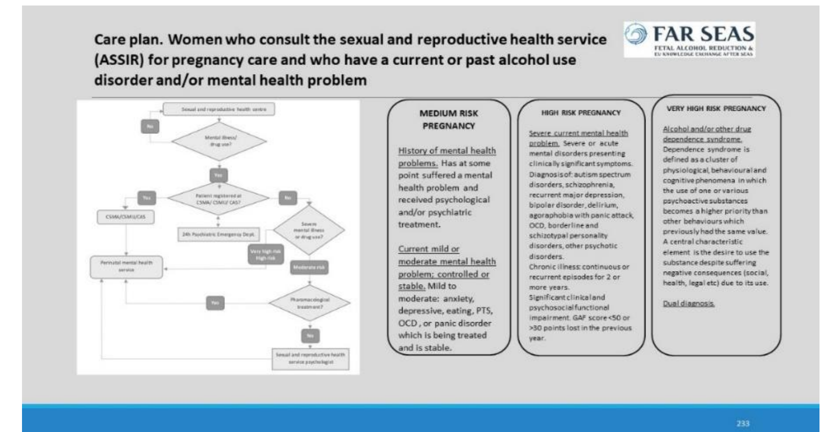
How to do it
Scripts

Ask - Focusing on a target behavior	Is there anything else that worries you? Is it okay with you/ Do you mind if I ask some important questions about your health behaviours/lifestyle? Ask AUDIT-C questions embedded in a broader lifestyle questionnaire. About your sexual behaviour, are you planning pregnancy? how often do you have sexual relations? What contraceptive measures do you use?	If you do not mind, it is be important that we talk about some important issues to make sure the pregnancy goes well,. How have you been feeling lately? Is there anything in particular that worries you? How have you been doing lately about your alcohol dependence? What do you know about the risks of alcohol consumption during pregnancy?	Please, tell me if there is anything especial that you would like to change in order to have a better pregnancy / Is there anything that worries you? / What would you like to know/need to know about a healthy pregnancy? Is it okay with you/ Do you mind if I ask some important questions about your health behaviours/lifestyle? How have you been feeling lately? Ask AUDIT-C questions embedded in a broader lifestyle questionnaire.	*Ask permission to address several important issues* *Helping women identify a target area about which she is ambivalent or struggling to make a change (evocation)* *Women of child-bearing age* • *Alcohol use (quantity and frequency)* • *Sexual behaviour and contraceptive use* • *Pregnancy plans* *Pregnant women* • *Alcohol use (quantity and frequency)* • *Awareness of harms*

FAR SEAS

How to do it - Arrange referral and follow-up (part III)

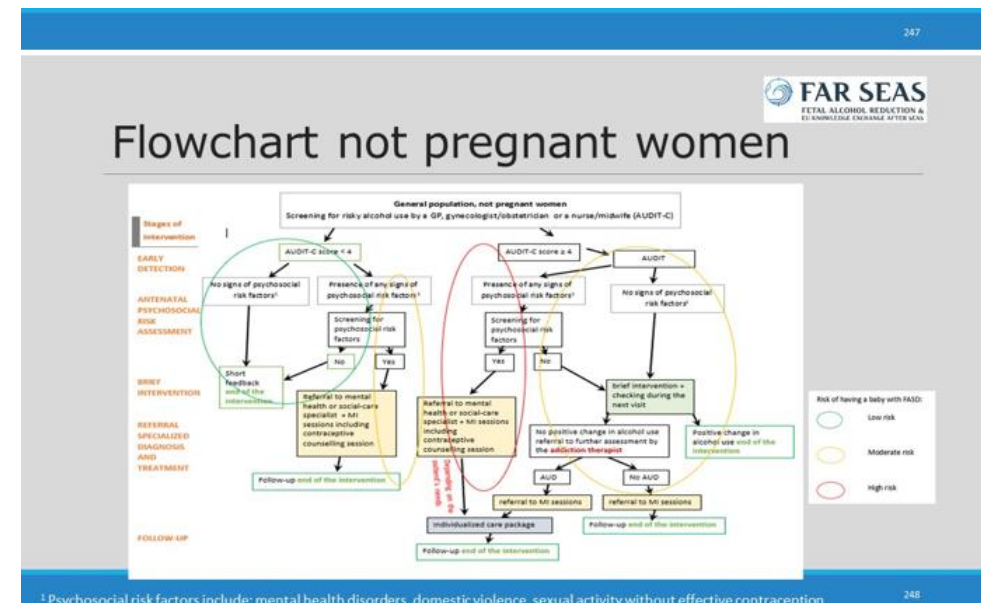
- Assess social and family support
- Arrange preconception counselling
- Arrange visit for AUD treatment
- Arrange referral to obstetric antenatal care in a high-risk pregnancy unit
- Arrange referral to social care/intervention
- Best practices for case-management, coordination and referral pathways for the prevention of AEP



FAR SEAS

Training, recruitment, intervention and registration

- Planning the training target population
- Interventions
- Flow charts
- Evaluation sources
- Evaluation outcomes
- Next steps



FAR SEAS

FETAL ALCOHOL REDUCTION &
EU KNOWLEDGE EXCHANGE AFTER SEAS

The pilot study findings

Katarzyna Okulicz-Kozaryn
Institute of Mother and Child

Acknowledgement: The FAR SEAS project has been funded by the EU Health Programme 2014-2020 under a service contract 20187106 with the Health and Digital Executive Agency (HaDEA) acting under the mandate from the European Commission (DG SANTE). **Disclaimer:** Views expressed in this presentation does not necessarily reflect the views of the Commission and/or HaDEA or any other body of the European Union.

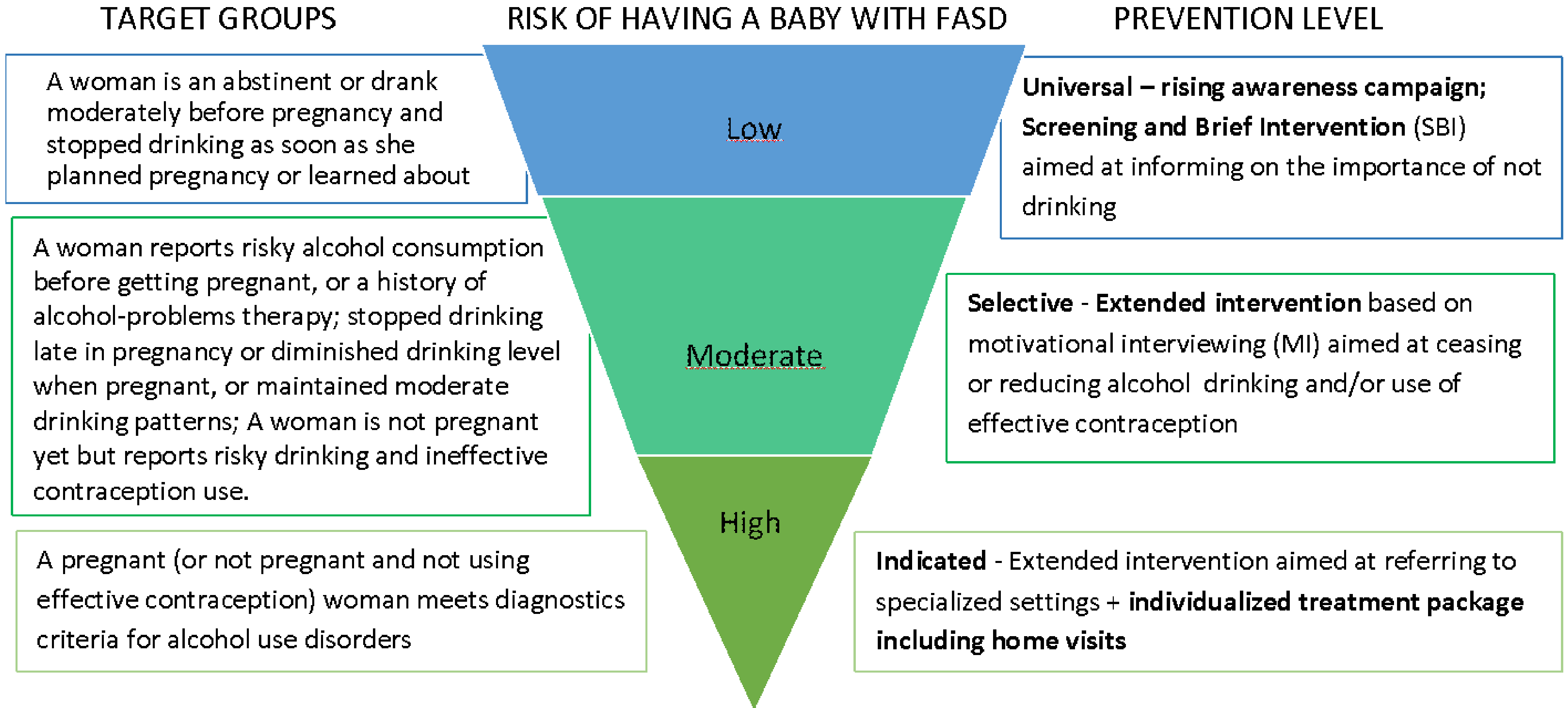
FAR SEAS

Aim of the pilot

- to test the implementation of a multi-component evidence-based community intervention aimed at preventing alcohol consumption among pregnant women and women in child-bearing age, to prevent FASD.
- in a regional-level implementation study in mazovieckie voivodeship

FAR SEAS

General scheme of FASD prevention approaches

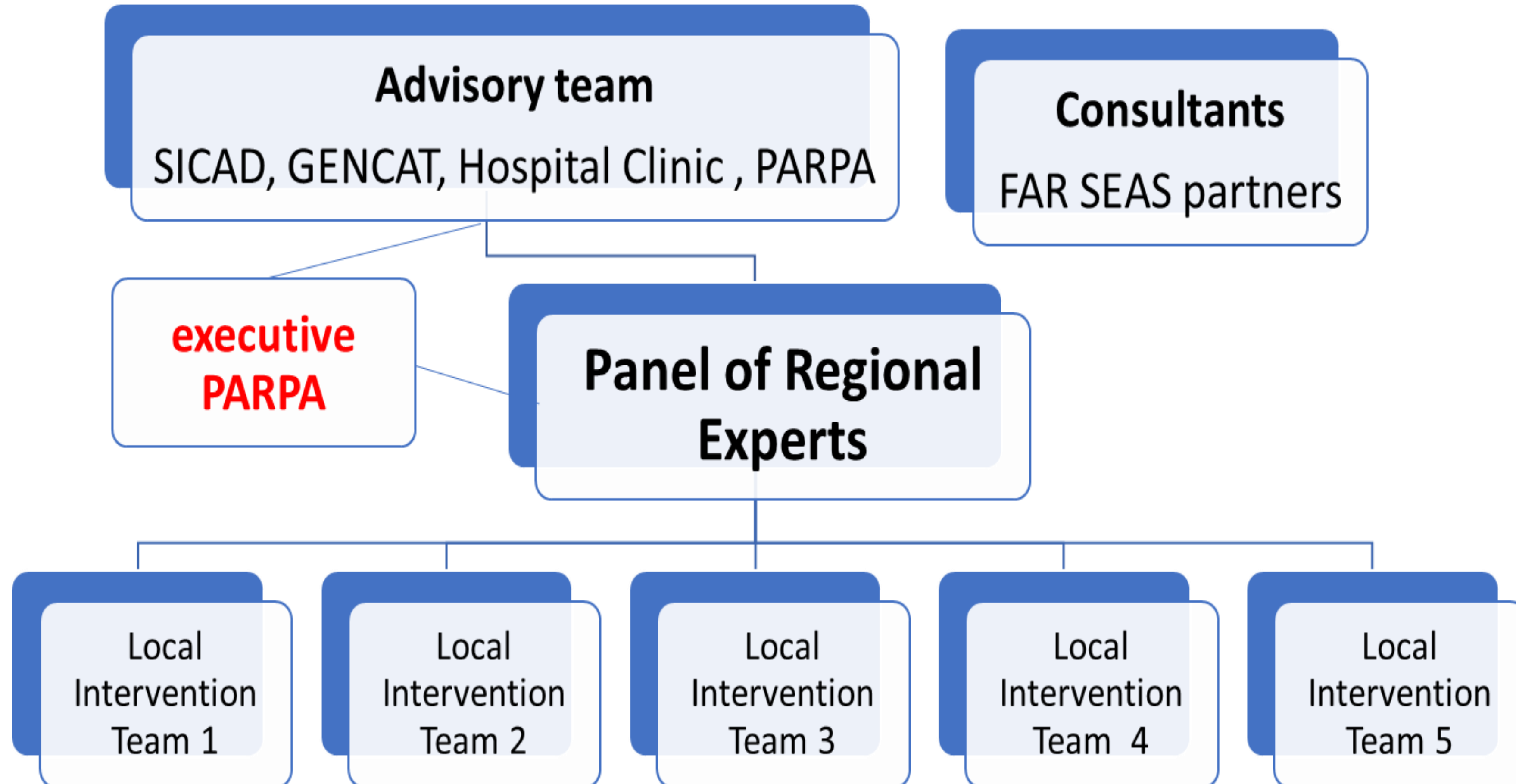


Study design

- Participatory Action Research – PAR (Baum, MacDougall, Smith, 2006; McDonald, 2012; Chevalier, Buckles, 2019) – to build an understanding of the complexities of FASD prevention at the local and regional level, and to facilitate and evaluate community-based activities (empowering and activating local stakeholders, recruiting service providers, communication strategy, etc.).
- Pre-post study design – to evaluate improvements in the desired outcomes among the target group.
- RE-AIM model (Glasgow et al., 1999)
  - Reach
  - Effectiveness
  - Adoption
  - Implementation
  - Maintenance

FAR SEAS

Organizational structure of the pilot project



REACH

RE-AIM model

FAR SEAS

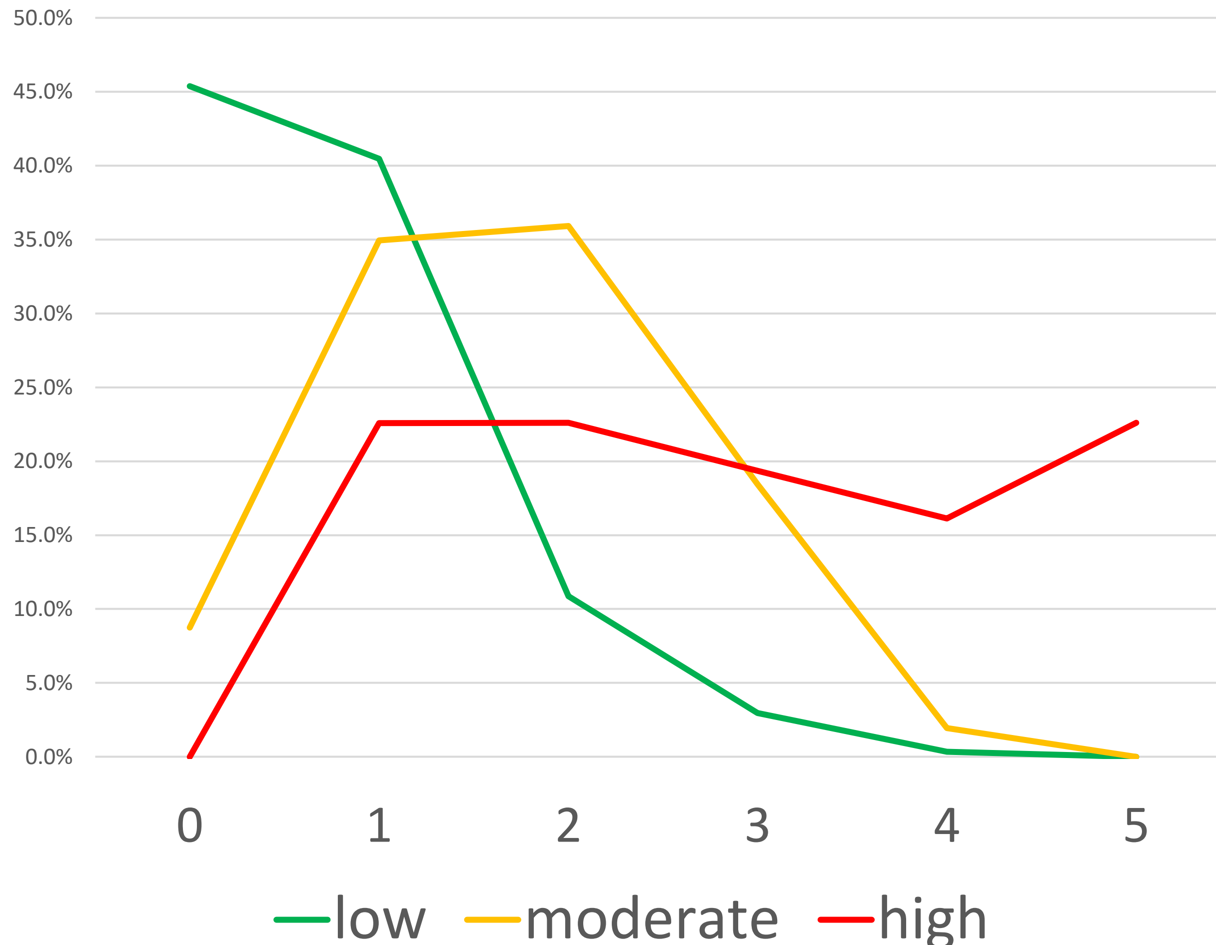
Recruitment of the local staff

	Plan	Execution
Selection of the localities	5	6 recruited – 4 „active”
Recruitment of providers of services	N=25, including: Doctors Nurses/midwives Social workers/family assistants Psychologists Pedagogues Addiction therapists Abstainers’ Associations	31 recruited – 25 active: 0 2 11 5 2 4 1

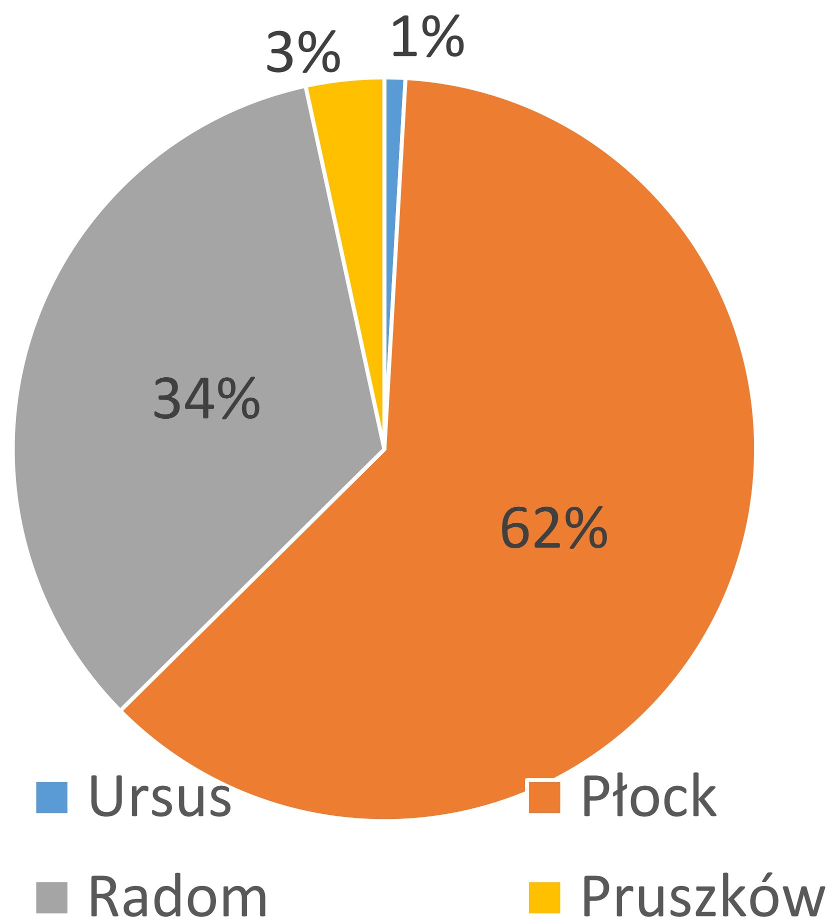
FAR SEAS

Implementers' tasks

- Recruiting women
- Conducting screening tests ⇨ Referring women to the appropriate group
- Conducting activities adequate to the needs of a given group:
  - Low risk - brief intervention
  - Medium risk - 2-4 individual sessions (based on a motivational interviewing)
  - High Risk - Individual support plans, including home visits
- Follow-up assessment

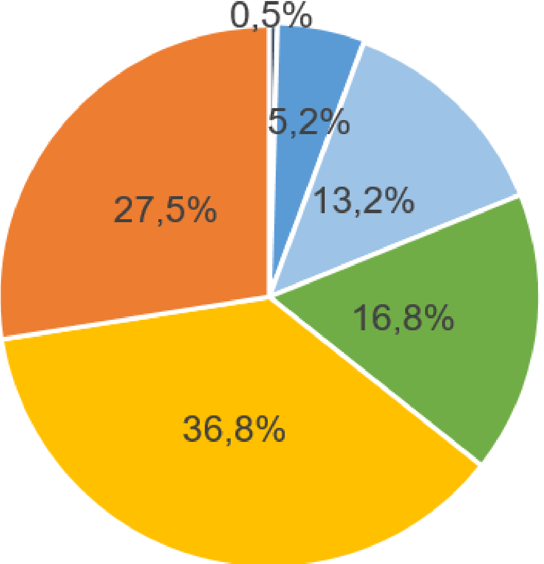


RISK FACTORS	Pregnant	Not Pregnant
AUDIT-P (before pregnancy)	4+	
AUDIT-P (during pregnancy)	1+	
AUDIT-C		4+
Contraseption		no
Cigarettes – current use	yes	yes
Ilicit drugs – current use	yes	yes
Domestic violence	yes	yes
Depression (PHQ9)	10+	10+



	The risk of alcohol exposed pregnancy					
Location	low	moderate	high	Not assessed	All	
Warsaw-Ursus	1	1	0	2	4	1
Płock	196	69	7	0	272	23
Radom	98	28	23	1	150	10
Pruszków	12	2	1	0	15	8
All	**307**	**100**	**31**	**3**	**441**	**42**

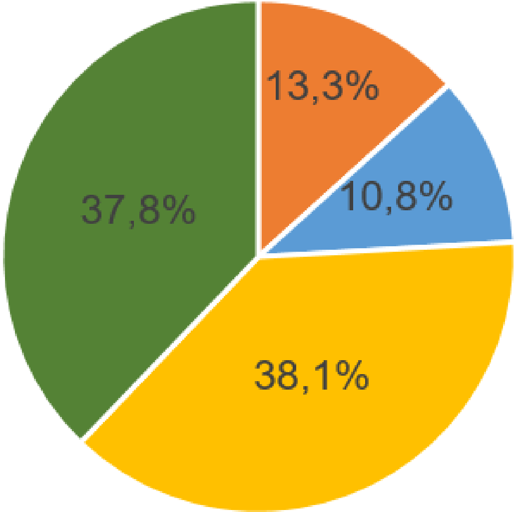
Sociodemographic characteristics



Age

- 16-17
- 18-19
- 20-24
- 25-29
- 30-39
- 40-49

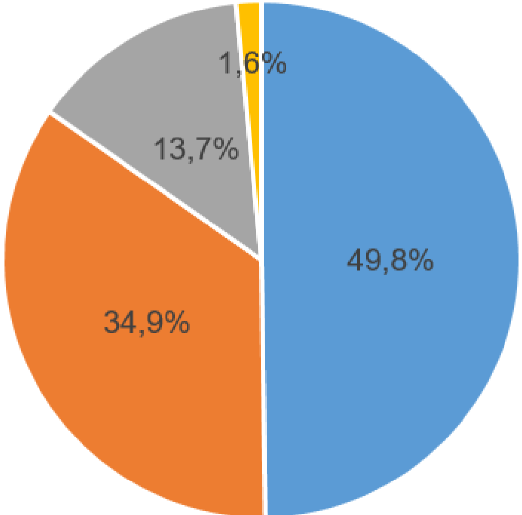
Valid: 440



Education

- primary
- vocational
- secondary
- high

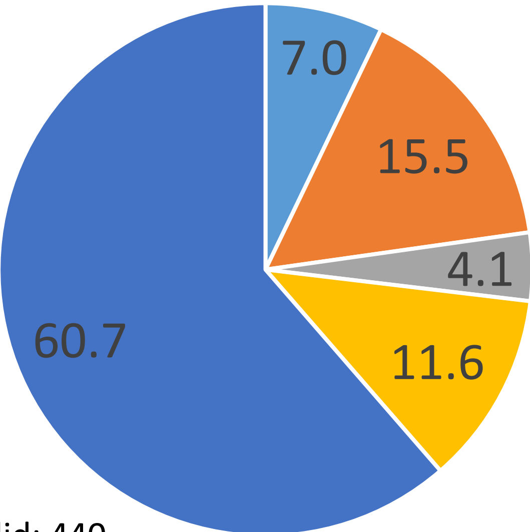
Valid: 436



Marital status

- married/ constant relationship
- single
- divorced
- widow

Valid: 438



Occupational status

- student
- unemployed
- health problems/pention
- childcare
- employed

Valid: 440

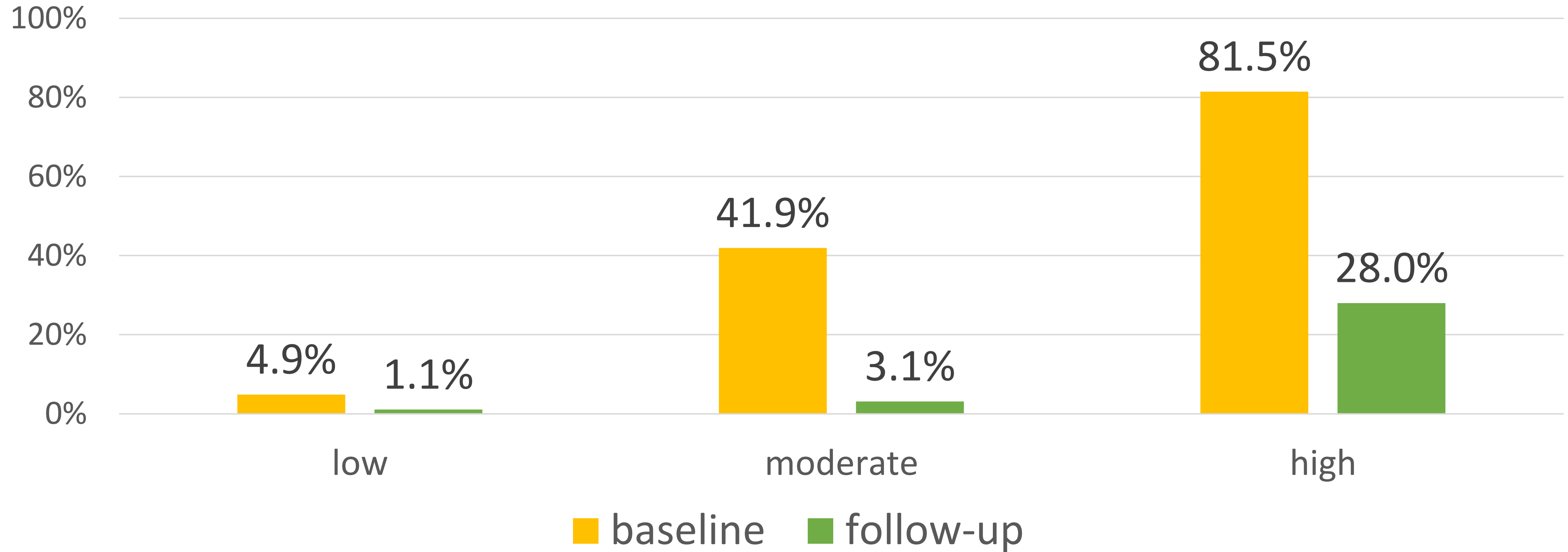
Considerations to the guidelines: reach

Results from the pilot	Implications on recommendations
Low recruitment of pregnant women on health care settings and social high recruitment of women via social services	Supports recommendations: 1.4.1 need of multidisciplinary teams and interprofessional service coordination and collaboration 1.1.1 training to reduce stigma 1.3.2 research on alcohol use determinants

EFFECTIVENESS

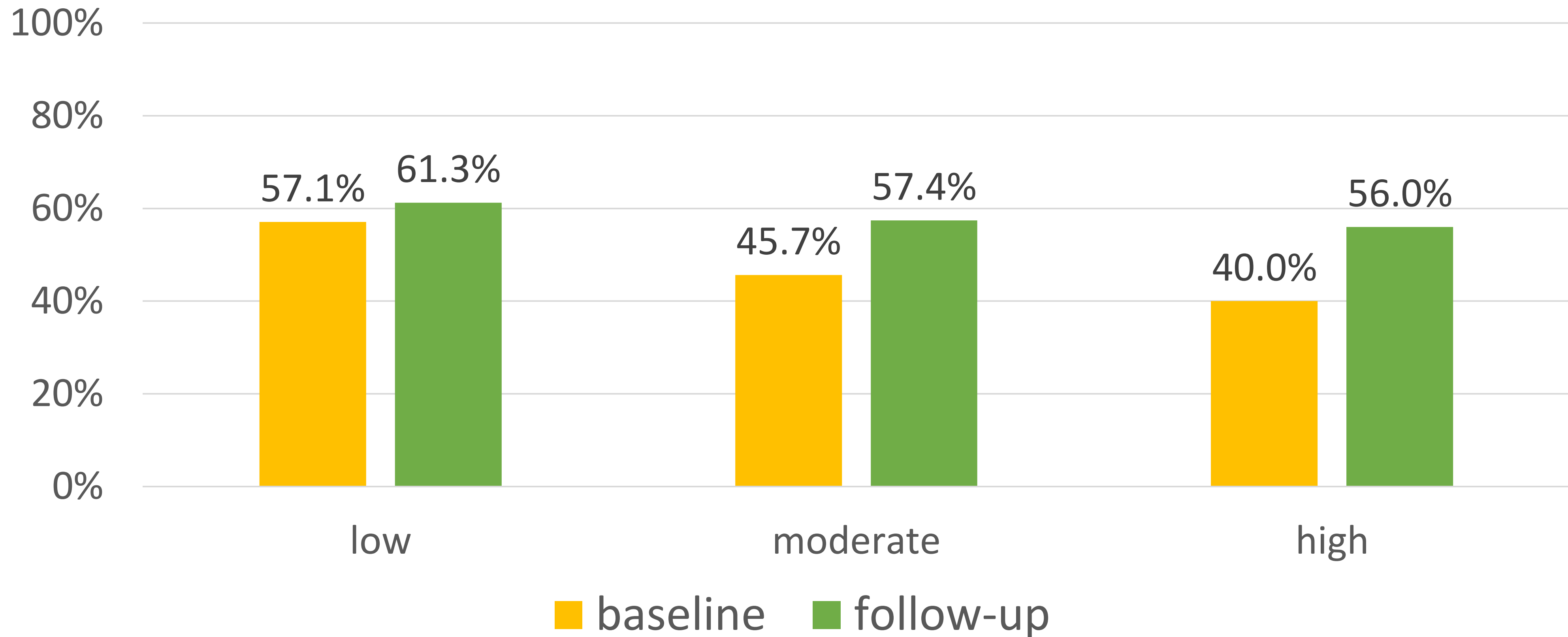
RE-AIM model

Sample execution after 6 month from the baseline - **93%**
(411/441 participants)!



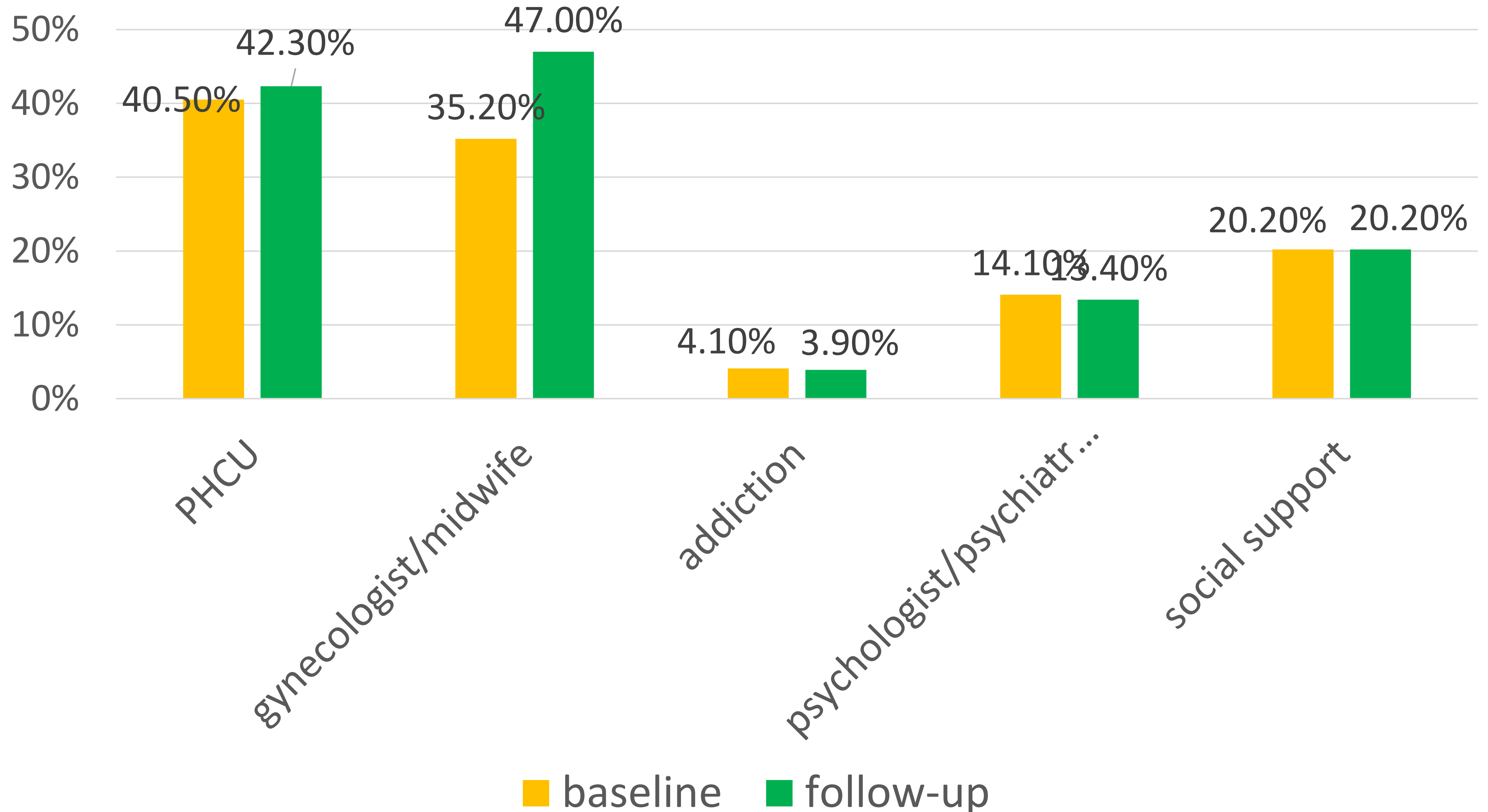
AUDIT-C >=4 dropped from 19% (315/389; Missing data = 10) at baseline to 3.2% (12/ 377; Missing data = 22) after six months.

Coefficient of variation = 83.2%



Contraception use increased from 52.8% (197/373 women, who answered the question) to 62% (227/366 women, who answered the question) used contraception.

Coefficient of variation = 17.42%


Use of services
50%
40%
30%
20%
10%
0%
40.50%
42.30%
35.20%
47.00%
4.10%
3.90%
14.10%
13.40%
20.20%
20.20%
PHCU
gynecologist/midwife
addiction
psychologist/psychiatr...
social support
baseline
follow-up

Considerations to the guidelines: Effectiveness

<table>
<tr><th>Results from the pilot</th><th>Implications on recommendations</th></tr>
<tr><td>Increase of participants’ awareness of the risks associated with drinking alcohol during pregnancy</td><td rowspan="2">Supports recommendations:
3.1.1. screening
4.1.1 Health-care providers should offer tailored brief interventions</td></tr>
<tr><td>Reduction of alcohol use</td></tr>
<tr><td>Increase in the percentage of women using contraception</td><td>To add consideration on brief intervention on screening and providing advice on contraception use</td></tr>
<tr><td>Tailored interventions at individual level</td><td>Supports recommendation 1.6.1 Need to consider each woman’s specific circumstances and needs.</td></tr>
</table>

ADOPTION

RE-AIM model

COVID 19

- Lack of medical professionals in the projects’ staff

Low participation of medical professionals

- Low participation of pregnant women

High activity of professionals working in the social care

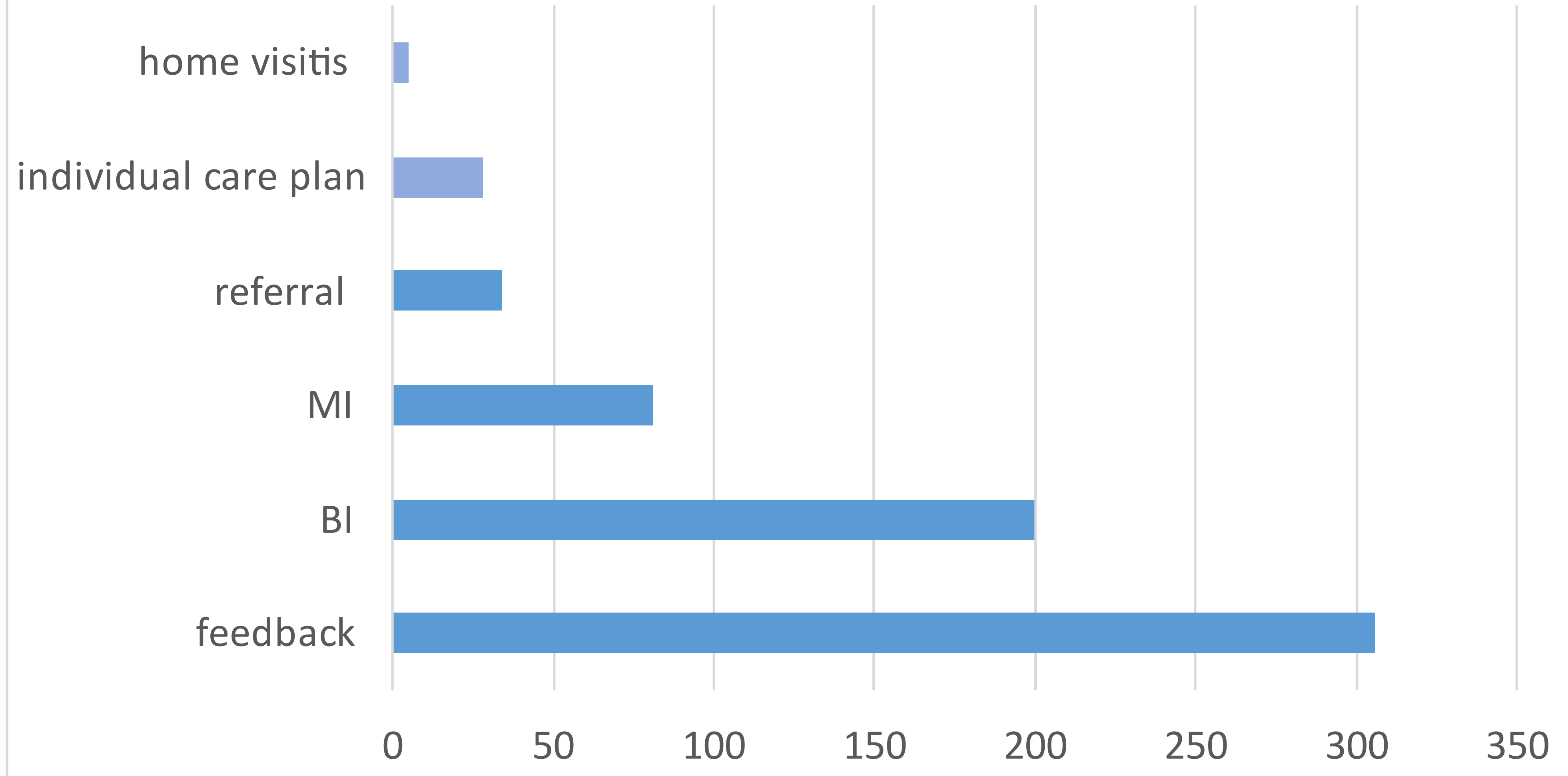
- High participation of women with psychosocial risks

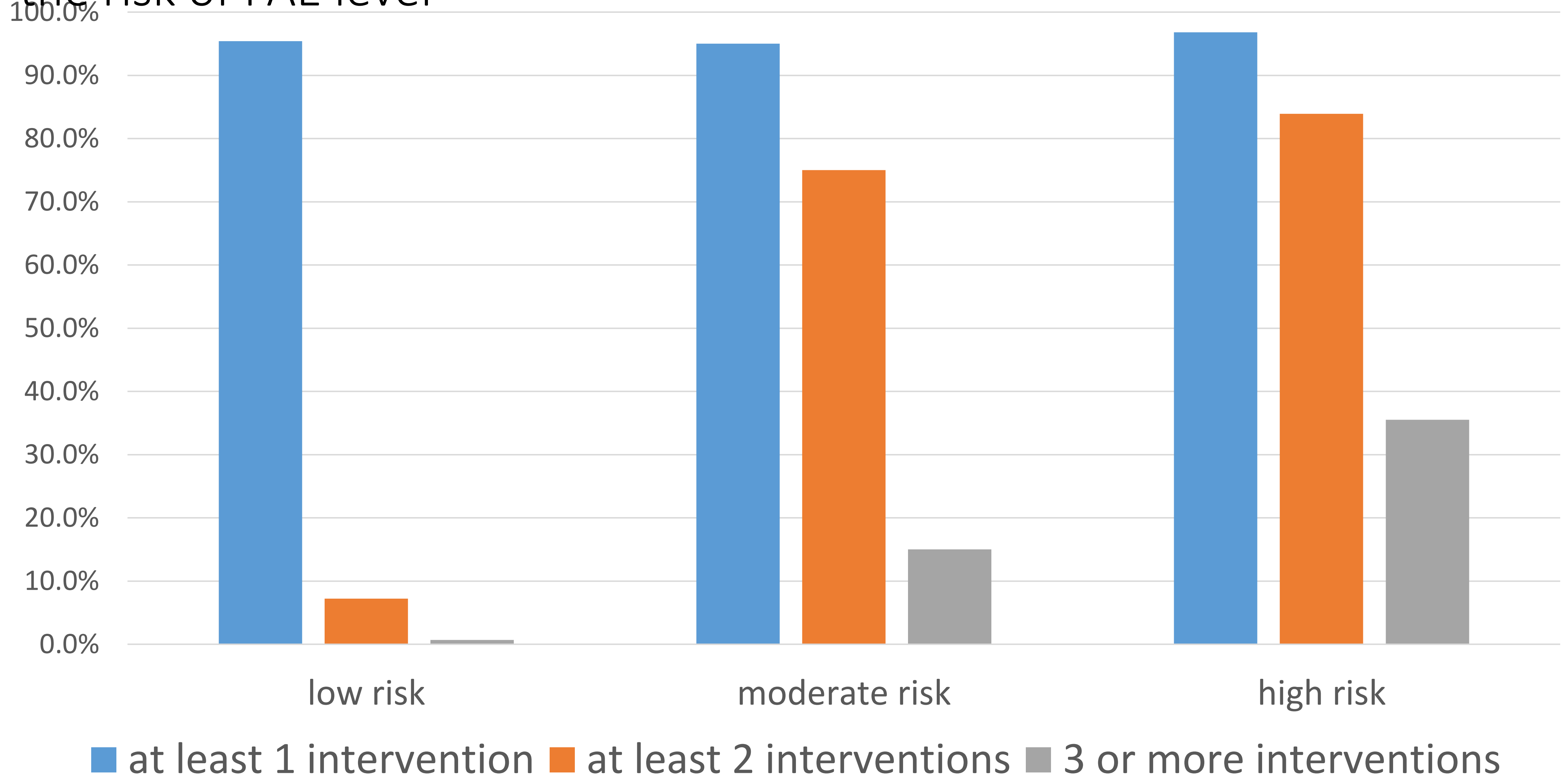
Considerations to the guidelines: Adoption

Results from the pilot	Implications on recommendations
Low engagement of health professionals	Adds consideration to recommendation 3.1.1 health professionals must be motivated to screen women for the risk of alcohol exposed pregnancy Supports recommendation 1.5.1 identify and target barriers to health professionals addressing alcohol use in pregnancy
Social workers assumed an active role in delivering the interventions	Supports recommendation 1.4.1: Organizational environments and resources must be enhanced to foster preventive activities Adds consideration to 4.1.1 in addition to Health-care providers, social workers can offer brief interventions

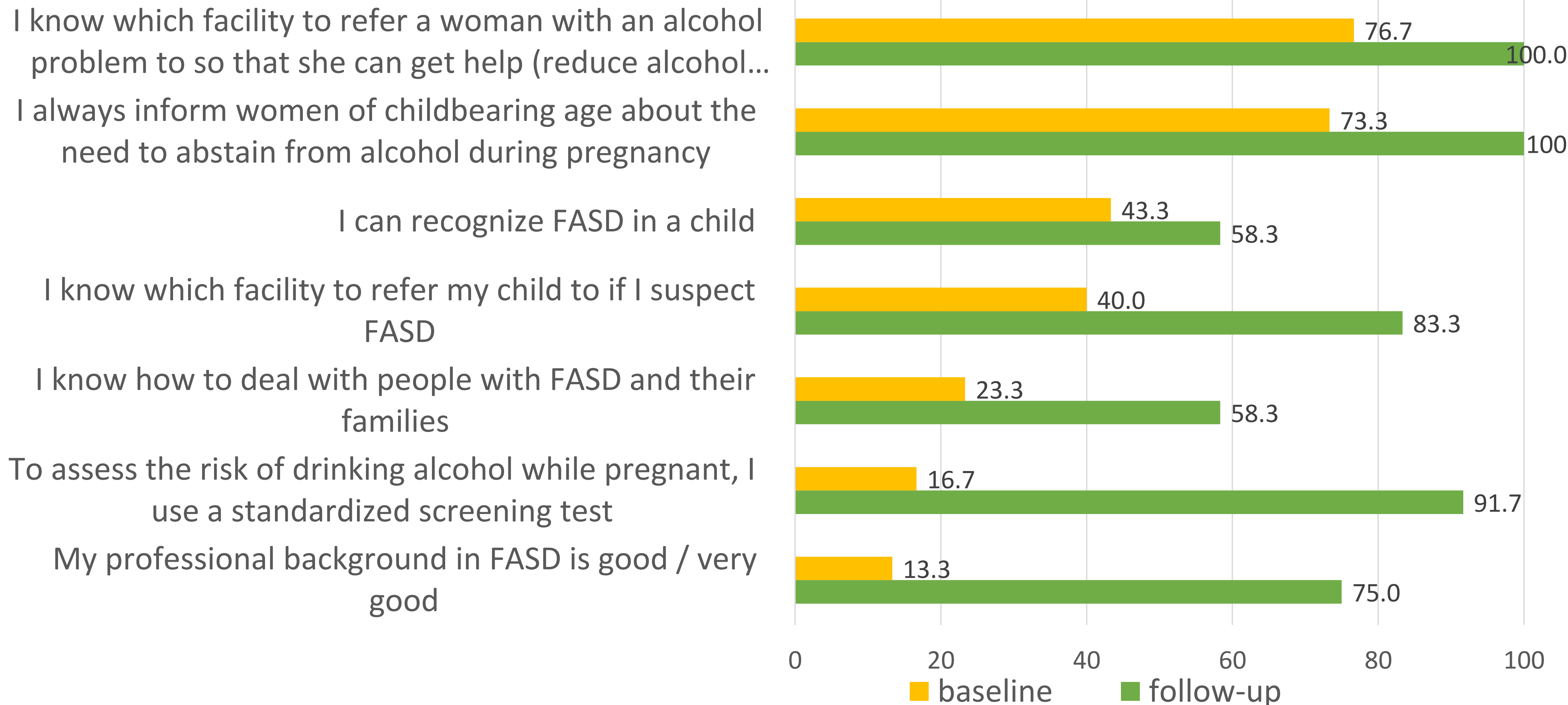
IMPLEMENTATION

RE-AIM model


Types of interventions (n)
home visitis
individual care plan
referral
MI
BI
feedback
0
50
100
150
200
250
300
350


% of participants receiving at least 1 or more types of interventions by the risk of PAE level
100.0%
90.0%
80.0%
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
low risk
moderate risk
high risk
at least 1 intervention
at least 2 interventions
3 or more interventions

Changes in professionals' skills



Considerations to the guidelines: Implementation

Results from the pilot	Implications on recommendations
Recruitment and the interventions delivered indicate the feasibility of the implementation	Supports recommendation 1.4.1. fostering environments and resources
Training professionals increases awareness and skills	Supports recommendations: 1.4.1 Fostering environments and resources 7.2.2: “Healthcare professionals should be given appropriate training and resources which provide them with the knowledge and skills needed to deliver effective preventive actions targeting the reduction of alcohol exposed pregnancies.
Use of validated screening tools	Supports recommendation 3.1.1: Healthcare providers should ask all women of child-bearing age, especially those who are pregnant, about their alcohol use using a validated screening instrument

Considerations to the guidelines: Implementation

Results from the pilot	Implications on recommendations
Assessment for psychosocial risks	Supports recommendation 3.2.1: “Health professionals should screen all pregnant women for psychosocial risks given the correlation between alcohol use while pregnant and other complex problems that can have a negative impact on the woman, birth outcomes, and on the foetus and child.”
The system of monitoring the process of interventions’ implementation should be adjusted to professionals’ needs	Supports recommendation 1.4.1 fostering environments and resources Adds consideration: more research is needed on how to improve the registration and on how to tailor it to professional needs”
Lack of systematic collection of data	Adds consideration: “assistance and regular monitoring should be put in place to avoid gaps in information collected” to 1.4.1.: fostering environments and resources

MAINTENANCE

RE-AIM model

Providers' satisfaction
8
7
6
5
4
3
2
1
0
in general with the project
training
training materials
online materials
project's coordinators
organization
very satisfied
satisfied
dissatisfied
very dissatisfied

Considerations to the guidelines: maintenance

Results from the pilot	Implications on recommendations
Low engagement of health professionals	Supports rec.1.5.1 Barriers to health professionals addressing alcohol use in pregnancy should be identified and targeted with tailored training and resources.
High engagement of professionals from social field	Supports recommendation 1.4.1: "Organizational environments and resources must be enhanced to foster preventive activities." Adds consideration: social workers as potential implementers of interventions / to address the recommendations/guide to health and social professionals
The system of monitoring the process of interventions' implementation should be adjusted to professionals' needs	Supports recommendation 1.4.1 fostering environments and resources Adds consideration: more research is needed on how to improve the registration and on how to tailor it to professional needs"

Conclusions

- Positive results of the project indicate the feasibility and validity of implementing the FASD prevention at the community level.
- Professional dropout occurs, and varies from one jurisdiction to another.
- Coordinated work in a multidisciplinary team is one of the key facilitators of good implementation and sustainability of FAS/FASD prevention.
- Dissemination of FASD prevention at the local level requires the involvement of local authorities and directors of key institutions.
- Involvement of the medical community seems impossible without changes in the standards of perinatal and general care - introducing mandatory screening for alcohol drinking.

FAR SEAS

FETAL ALCOHOL REDUCTION & EU KNOWLEDGE EXCHANGE AFTER SEAS

Thank you for your attention!

lidia.segura@gencat.cat

Institute of Mother and Child

Generalitat de Catalunya

Acknowledgement: The FAR SEAS project has been funded by the EU Health Programme 2014-2020 under a service contract 20187106 with the Health and Digital Executive Agency (HaDEA) acting under the mandate from the European Commission (DG SANTE). **Disclaimer:** Views expressed in this presentation does not necessarily reflect the views of the Commission and/or HaDEA or any other body of the European Union.