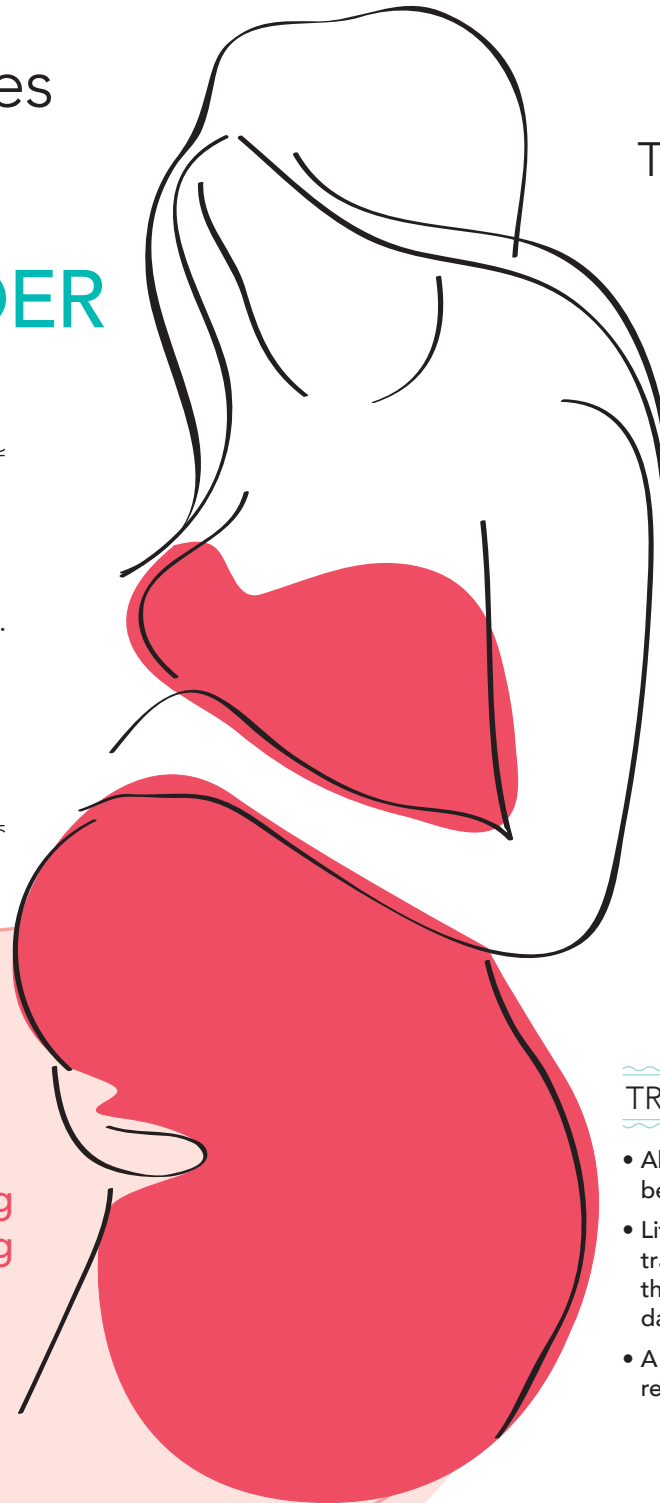


# Collaborative Approaches to Prevent **FETAL ALCOHOL SPECTRUM DISORDER (FASD)**

Collaborative approaches are known to be effective in preventing FASD. This tool summarizes these approaches and suggests you follow **the check boxes** during interventions. Refer to the guide for additional information. Healthcare professionals must use their clinical judgment to choose suitable interventions for specific situations they encounter.

FASD is an umbrella term to describe the effects of prenatal exposure to alcohol

The only way to prevent FASD is to avoid drinking alcohol during pregnancy.



To start with...

## USE PEOPLE SKILLS

- Be non-judgemental and focus on the woman
- Encourage commitment for behavior change
- Accept relapses

## USE EXPERTISE

Know and use motivational approaches.

## USE A HOLISTIC APPROACH

### WOMAN/FAMILY-CENTRED CARE

Target abstinence or decreased alcohol intake for the health of the baby and the mother, while taking into account the woman's background and life.

- Give a warm welcome
- Show interest in the woman
- Develop a relationship of trust
- Take time
- Listen actively

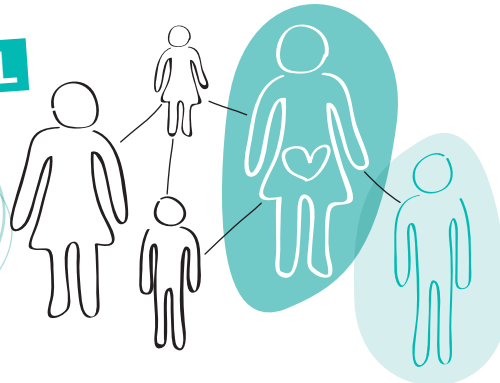
## TRAUMA AND ALCOHOL CONSUMPTION

- All women want the best for their child or physical trauma prior to starting to drink
- Life events can create traumas that affect the ability to deal with daily life
- A majority of women reported psychological or physical trauma prior to starting to drink
- Fears of pregnant women who drink alcohol: being judged, being misunderstood, being reported to direction to the Youth Protection Services

## INTERPROFESSIONAL COLLABORATION

### ROLES :

- TO PROVIDE INFORMATION
- TO ASSESS
- TO GUIDE



1.  Am I comfortable with my knowledge and perceptions regarding FASD and its prevention?
2.  Am I using the right approach?
3.  Do I have the tools to promote change?

## INTERPROFESSIONAL COLLABORATION

Interprofessional collaboration enables healthcare professionals to work together in partnership with the woman and her family to provide better guidance.

4.  What do I expect of my colleagues?
5.  What interprofessional skills should I develop? (Figure A)

### INTERPROFESSIONAL SKILLS

Woman/family-centred care

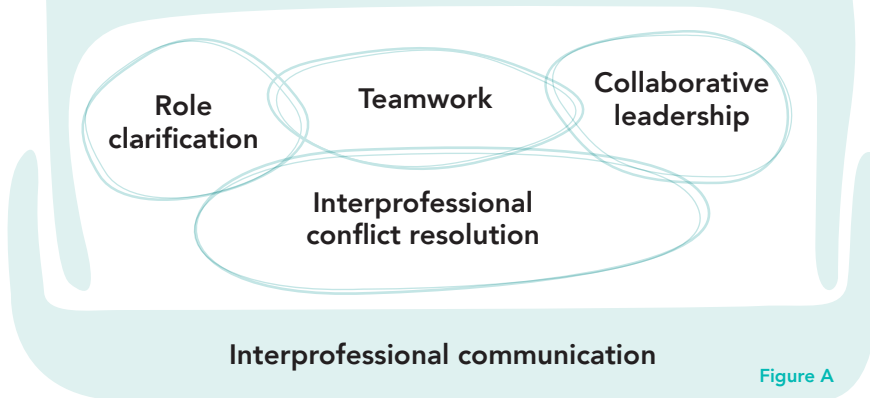


Figure A

Gilbert J H.V. (2010). A national interprofessional competency framework. Canadian interprofessional health collaborative.

## SHORT INTERVIEW

All childbearing age and pregnant women should be asked about their current and previous alcohol consumption

1.  INTRODUCING the subject.

« When was the last time you had a drink? »

« Before you became pregnant, how many glasses of alcohol did you drink each day? Each week? »

« Many women have told me that they find it hard to stop drinking during pregnancy. »

« How many glasses of alcohol have you had during the last month? »

« What do you know about drinking during pregnancy? »

2.  SELECT the appropriate intervention. ASK about drinking habits **BEFORE** and **DURING** pregnancy.

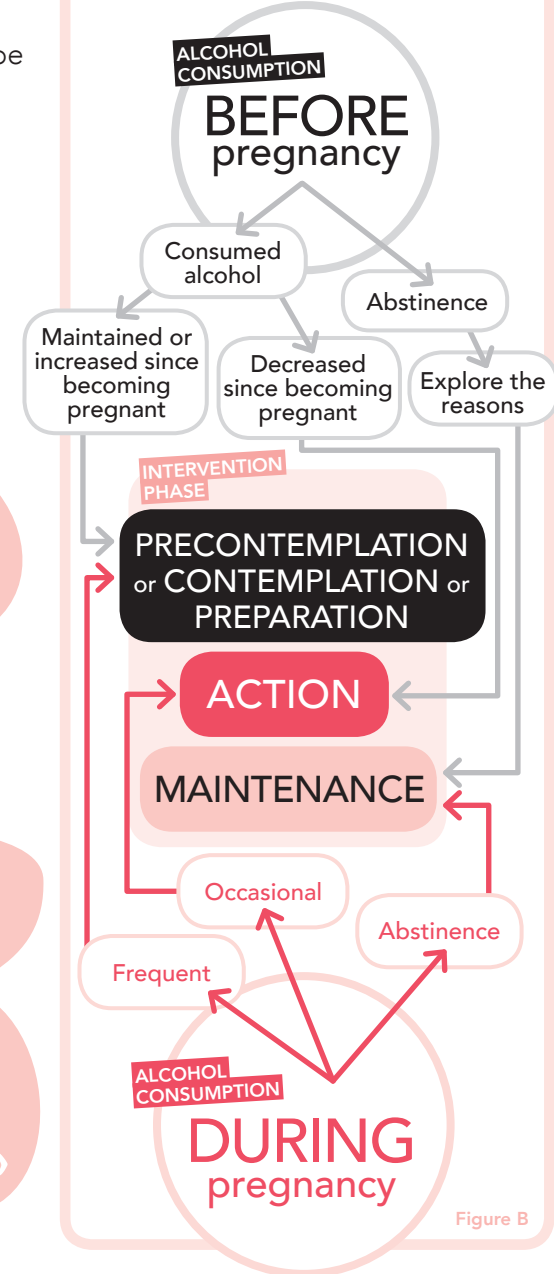
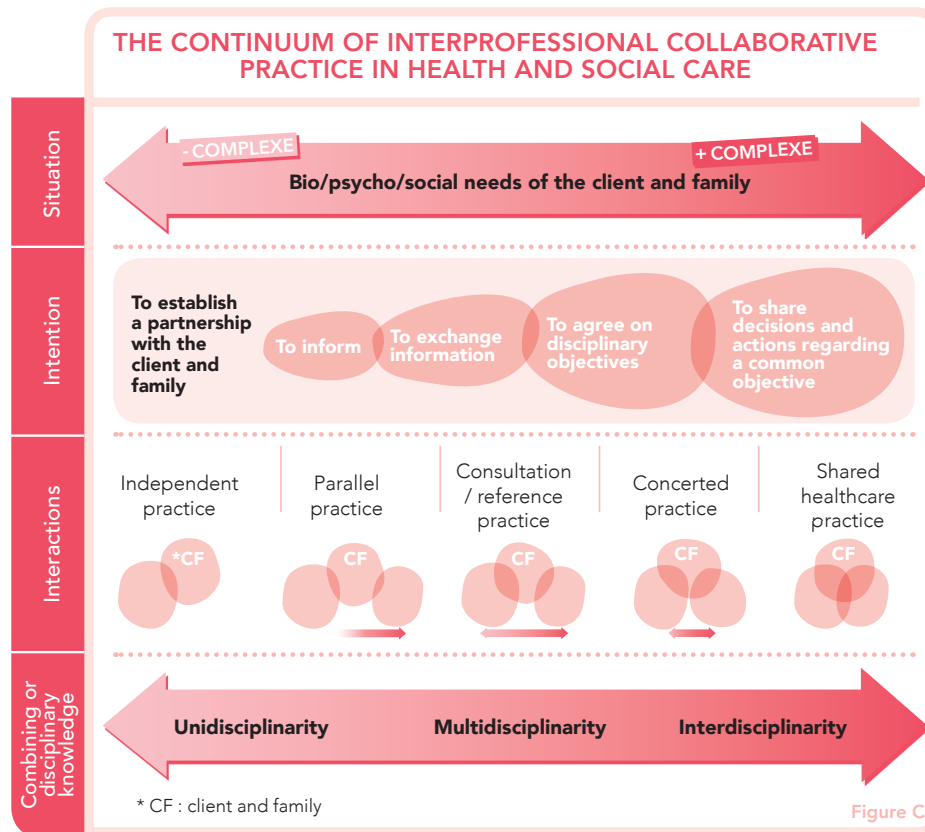


Figure B

3.  ANALYZE the context and complexity of the woman's needs.

4.  DETERMINE the need to have several professionals intervene. (Figure C)



Careau, E., et al. (2014) *The continuum of interprofessional collaborative practice in health and social care*. Réseau de collaboration sur les pratiques interprofessionnelles en santé et services sociaux (RCPI)

### ADAPT INTERVENTION STRATEGIES

5.  PROVIDE INFORMATION about the risks of drinking.

7.  INTERVENE according to the level of change in behaviour. (Figure D)

6.  ASSESS motivation and commitment to the process.

8.  SET objectives together.

	Precontemplation « You're exaggerating! »	Contemplation « Maybe, but I like it! »	Preparation « I want to change »	Action « I'm drinking less »	Maintenance « I've stopped but I need support. »
OBJECTIVES	Increase risk awareness without causing alarm	Guide her towards preparation	Negotiate a plan for change	Guide and support her actions	Encourage action and prevent relapses
	Ensure that the woman wants to return.	Explore ambivalence • Decisional balance	Offer several choices • Brainstorming • Coping	Positive reinforcement	Assist with other follow-ups
RECOMMENDED INTERVENTIONS	Establish a relationship with the pregnant woman	Explore the reasons behind her alcohol consumption and her relationship with drinking	Eliminate barriers to change • Decisional balance • Refer to other services	Practical assistance with other problems • Brainstorming • Coping	Confirm commitment
	Use mirroring		Support self-efficacy	Eliminate barriers to change • Decisional balance • Refer to other services	Emotional support
	Remain pragmatic	Do not give orders • Brainstorming • Coping	Establish a plan in collaboration with the woman		Pragmatic
	Harm reduction • Do not aim for abstinence • Respect the woman's pace	Support self-efficacy			Accept relapses and help prevent them
	Harm reduction • Do not aim for abstinence • Respect the woman's pace		Harm reduction • Do not aim for abstinence • Respect the woman's pace	Harm reduction • Do not aim for abstinence • Respect the woman's pace	

Figure D



When internal resources cannot be mobilized to offer support to a woman with complex needs, an intensive intervention may be helpful. Consult the **MOTHERISK** helpline, 1 877-327-4636, to find local resources that arrange these services.

The Public Health Agency of Canada has contributed financially to the production of this document. The opinions expressed in this document do not necessarily reflect the official views of the Public Health Agency of Canada. This aide-mémoire and the guide are available on Montreal Dispensary website. dispensaire.ca



Founded in 1879, the Montreal Diet Dispensary is Quebec's leader in social nutrition for pregnant women in difficulty. Each year, the Dispensary helps on average 1,500 of these women in the Greater Montreal to give birth to healthy babies and to foster optimal development of their children. Our innovative interventions in nutrition counselling, perinatal and social support, and community development help families feel empowered.