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FASD Strategy

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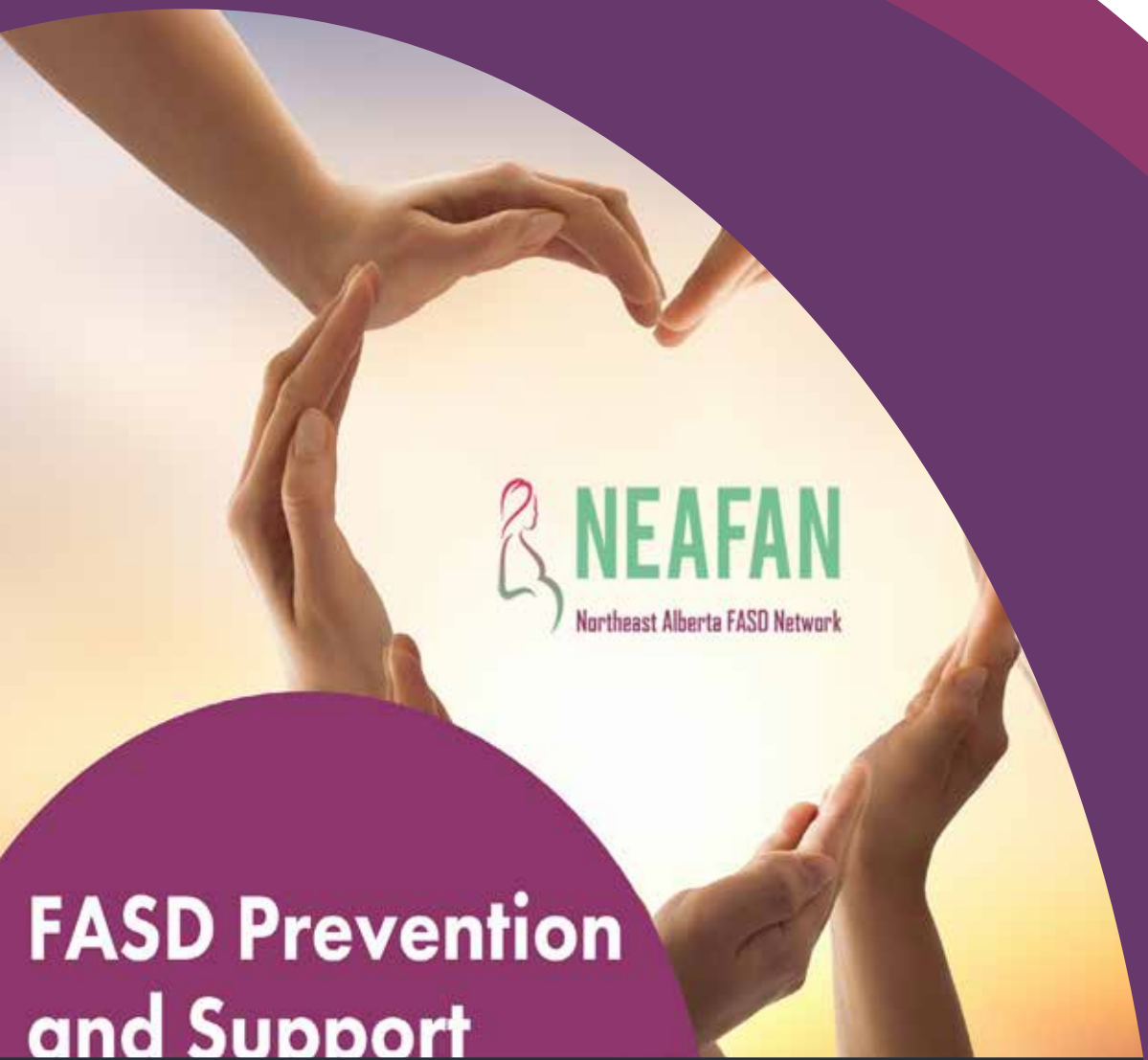
Northeast Alberta FASD Network



FASD Prevention and Support

Developing an FASD Strategy.

More Research and Fact-Based Policies are Needed.

While Fetal Alcohol Spectrum Disorder (FASD) disorders are irreversible they remain preventable. Current studies suggest that various approaches can raise awareness about FASD, which may lead to behavioral changes that prevent the disorder.

The studies conducted thus far offer valuable insights and can inform the development of comprehensive FASD prevention strategies.The spectrum of effects caused by prenatal alcohol exposure is broad and severely detrimental on child development.

These effects are related to the amount of alcohol ingested and the pregnancy stage of exposure. Children with FASD may face a range of challenges, from physical irregularities to cognitive and behavioral disorders. They may also suffer from heightened emotional volatility and have an increased susceptibility to self-harm, mental health disorders, substance abuse, and attention-deficit/hyperactivity disorder.

The co-occurrence of mental disorders within this population is often compounded by early traumatic experiences, including neglect and abuse. Such experiences can exacerbate the typical dysfunctional behaviors and cognitive impairments associated with FASD, potentially causing further neurodevelopmental disturbances.Educational and occupational attainment is frequently obstructed by FASD-related disabilities, which can hinder an individual's ability to maintain employment or live independently.

The disorder's ripple effect also extends to the quality of life of family members and caregivers, often leading to increased stress and diminished social engagement.

The array of potential impairments reflects the intricacy of the condition's underlying pathology. Consequently, healthcare professionals face challenges in tailoring treatments that address the full spectrum of FASD symptoms.

Prevention is the most effective approach against FASD. Complete abstinence from alcohol during pregnancy is the only guaranteed preventive measure. Additionally, effective contraceptive measures to avoid unplanned pregnancies are recommended. Given the absence of a known safe level of prenatal alcohol consumption, healthcare professionals universally recommend that women who are pregnant or planning to become pregnant refrain from drinking alcohol altogether.

Efforts to prevent FASD) must be comprehensive. Beyond the primary or secondary prevention strategies aimed directly at pregnant women, there's a crucial need for education among specific risk groups to effectively curb FASD incidence. The principal focus is on the alcohol-exposed pregnancy risk group, which encompasses women of reproductive age 15–49 years who regularly consume alcohol, are sexually active, and either do not use contraception or use it inconsistently.

Additional subgroups have been identified in the literature as being at higher risk. These include indigenous women, women who abuse substances, and women with mental health issues.

It is worthwhile to explore how FASD prevention measures can be dovetailed with broader health

promotion initiatives. More inclusive strategies are needed that integrate intervention efforts across various platforms, such as educational institutions and public health campaigns. This would potentially engage a wider range of at-risk demographics.

While educational programs are recognized for their role in enhancing awareness about FASD, there is a critical distinction between increasing knowledge and affecting behavioral change. Research that tracks behavioral outcomes, rather than just awareness, is more indicative of real-world impact.

Preventing FASD isn't just about telling women not to drink. It is about understanding the full picture of a woman's life.

Alcohol Abstinence Messaging in Pregnancy

While guidelines explicitly warn against alcohol use during pregnancy, diving deeper into the reasons why some women continue to drink may result in improved interventions from healthcare practitioners and policymakers. According to research, we need a more precise and comprehensive understanding of alcohol usage during pregnancy. Some women choose to drink while pregnant for a variety of social and cultural reasons. As a result, individuals influencing health policies and practices should include women's real day-to-day experiences when developing and delivering preventative guidance.This review argues that putting all the burden on pregnant women's shoulders is insufficient. Instead, it is proposed that public awareness campaigns be more inclusive, encouraging a positive social atmosphere. Understanding pregnant women's perspectives on alcohol usage is critical for credible health messaging and genuinely effective prevention. Summarizing existing qualitative research on women's experiences with alcohol consumption during pregnancy provides recommendations for managing the related dangers. It also indicates the necessity for additional research in this field. Recognizing that risk awareness is linked to socio-cultural and personal experiences is critical. According to findings, not only should women's understanding be improved, but so should the larger community. This may be accomplished in part by training health professionals and modifying the way health advisories are presented so that they are more powerful and tailored to individual circumstances.

The Whole Picture

Addressing the Root Causes of Alcohol Use in Pregnancey.

Many pregnancies happen unexpectedly, which can lead to the unborn baby being exposed to alcohol before the mother even realizes she is pregnant. Even with a lot of effort put into preventing Fetal Alcohol Spectrum Disorder (FASD), the reality is that drinking during pregnancy is still a problem.

The reasons behind why women drink while pregnant are complex. Sometimes it is linked to experiences of violence, habits of drinking before pregnancy, or not getting the right care during pregnancy. These issues don't exist in isolation; they're part of larger societal problems like getting access to healthcare, education, having enough food, and facing discrimination.

Preventing FASD isn't just about telling women not to drink. It's about understanding the full picture of a woman's life. Many prevention programs focus on the baby's health, but this can sometimes overlook the mother's needs and challenges. Some women may feel that these programs are punishing them rather than helping them.

The key to better prevention is listening to the women themselves. Why do they drink during pregnancy? What are their beliefs, what advice have they received, what is their cultural background, and what's going on in their lives? By understanding all of this, we can create more effective health education and support for pregnant women. This could lead to fewer cases of FASD and better health for mothers and their children.

We've done a lot of research, but we still need to learn more about what motivates women to drink during pregnancy so we can design policies and interventions that really make a difference.

> "The reasons behind why women drink while pregnant are complex."

FASD CLINIC LEAD

The Center of Hope has commenced a new partnership with NEAFAN

In partnership with NEAFAN, the Centre of Hope will be supporting our region in FASD Assessments and Diagnostic clinics. Shannon Kiyan who has been working with COH for many years, will the new FASD Assessment & Diagnostic Clinic Lead.
Shennon will be the point of contact for referrals.
If you would like to make a referral, please contact:

Shannon Kiyan neafanclinic@fmcentreofhope.com
https://neafan.ca/assessment-diagnosis/

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