

Supporting Pregnant & Parenting Girls/Women* Who Use(d) Alcohol During Pregnancy

AKPQC

Substance Affected Pregnancies Initiative Learning Session #4
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Morton Ninomiya, Melody PhD

Canada Research Chair in Community-Driven Knowledge
Mobilization and Pathways to Wellness

Assistant Professor, Health Sciences, Wilfrid Laurier University

Affiliate Scientist, Centre for Addiction and Mental Health

mmortonninomiya@wlu.ca



Outline



Naming the issue

situating alcohol & pregnancies



Important part of the solution

trauma-informed practices (TIP)



Explaining why

drawing on evidence



Self-assessment & next steps?

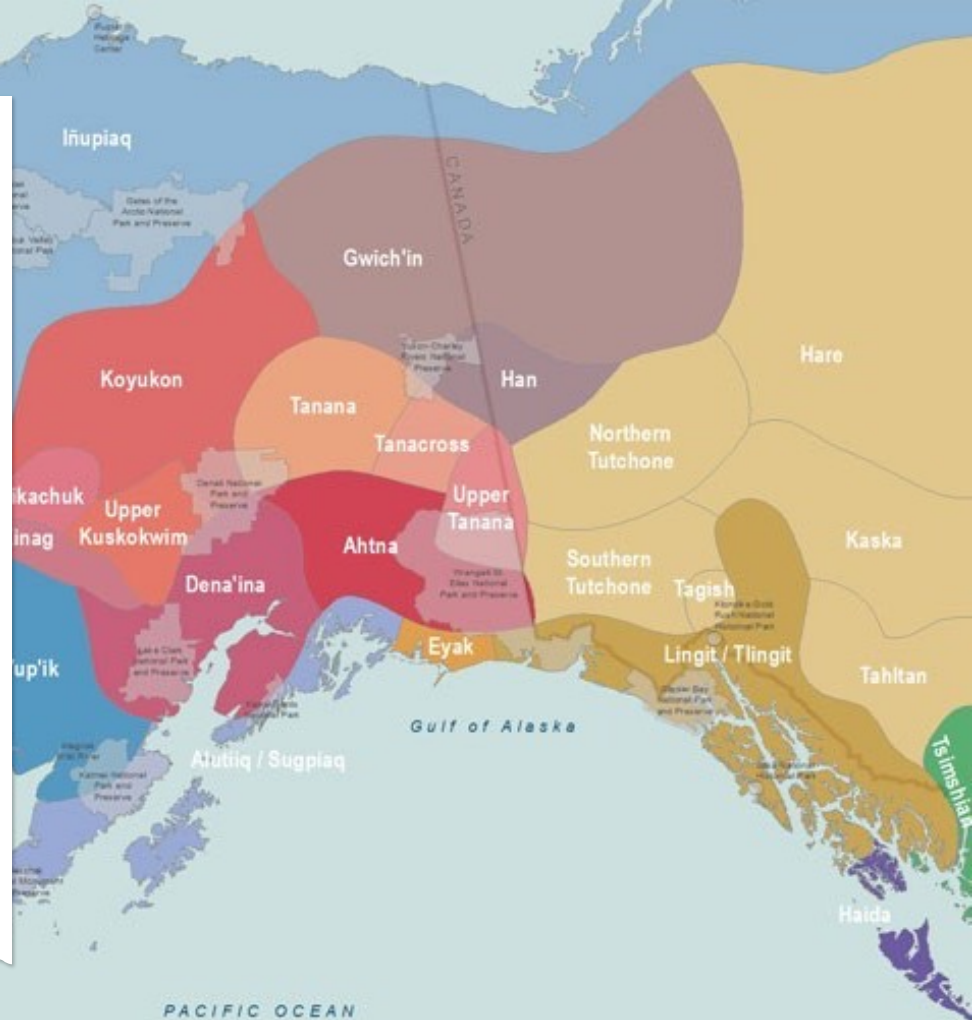
frontline, organizational, inter-agency, & systems levels

Naming the issue

situating alcohol & pregnancies

Alaska Data

- Drinking culture?
- Urban vs rural population?
- Access to local perinatal care?
- # of annual pregnancies?
- % of pregnant people that are Indigenous?
- % of Indigenous nurses?
- Access to FASD diagnostic teams?





Common reasons people drink alcohol when pregnant...

Unaware they are pregnant (most ppl stop when learn they are pregnant)

Unaware of the extent to which alcohol can affect a fetus

Underestimate impacts of alcohol b/c they know others who seem fine

Coping with violence, depression, poverty, isolation, and other MH challenges (w/o knowledge of options for support)

Alcohol addiction (addiction spans all of society)



How is alcohol different from most other substances?



Red wine



White wine



Champagne



Cognac



Tequila



Beer



Vermouth



Vodka



Whiskey



Liqueur



Absinthe



Rum



Sangria



Herbal liqueur



Gin



Chocolate liqueur

Alcohol is different from most other substances.

It is...

- socially acceptable
- legal
- affordable
- well-advertised
- normalized
- teratogenic



Predictors of alcohol consumption during pregnancy?

- amount consumed before pregnant
- being in an abusive relationship

People are **not** comfortable asking or sharing about alcohol use during pregnancy.

If we **want to support** people who are consuming alcohol during pregnancy, we **need** people to be able to talk about alcohol use during pregnancy.

What does it take?



Important part of the solution

trauma-informed practices
(TIP)

It is essential to having the conversations that will lead to the best possible outcomes.

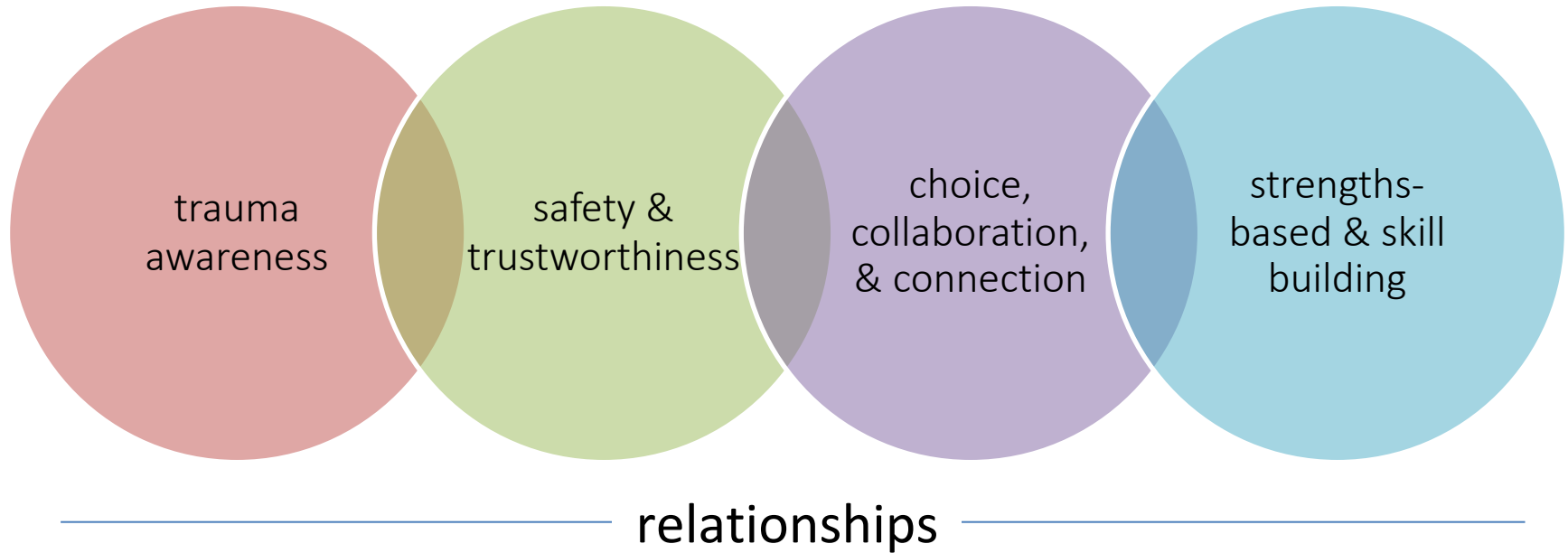
Using a principled approach with trauma-informed practices (TIP) is **key**.

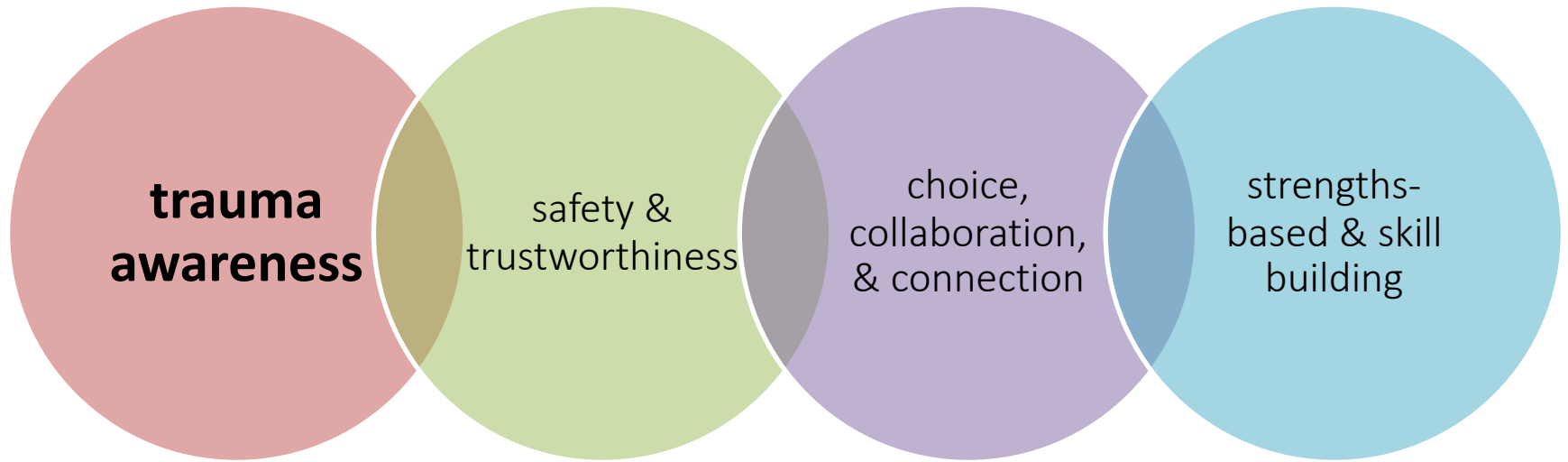
What are trauma-informed practices (TIP)?

Trauma-informed practices ...

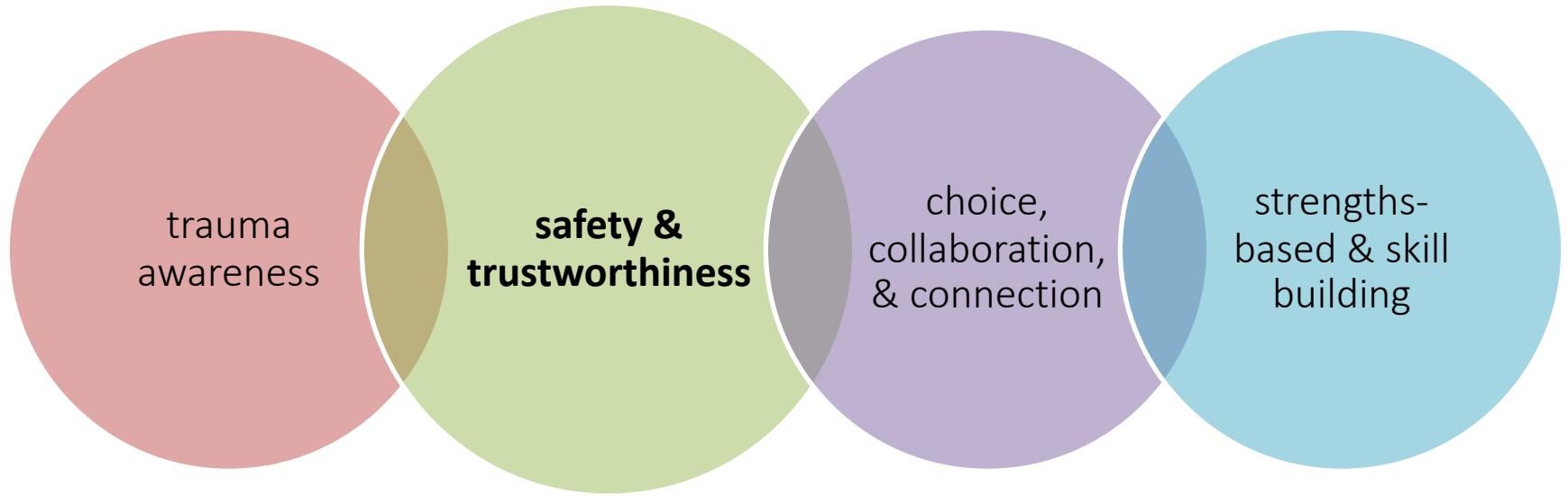
- integrate an understanding of past and current experiences of violence and trauma into all aspects of service delivery
- avoid re-traumatizing individuals and support safety, choice, and control – to promote healing
- move responses to the root influences of substance use, and towards focusing on strengths and resilience
- different from trauma-specific practices

trauma-informed practices (TIP)

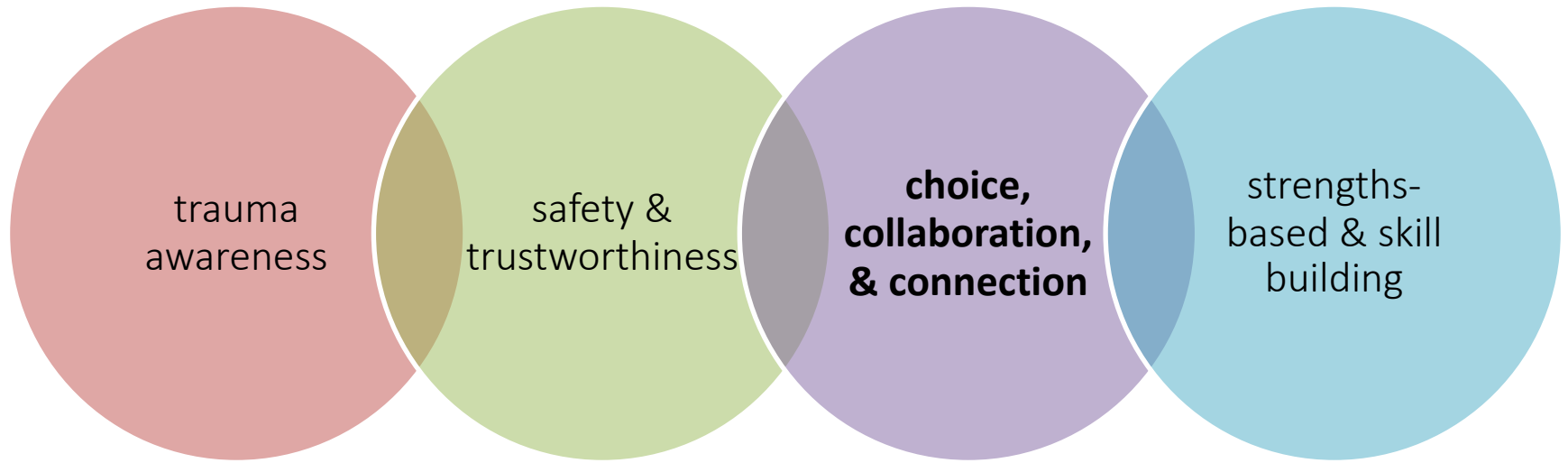




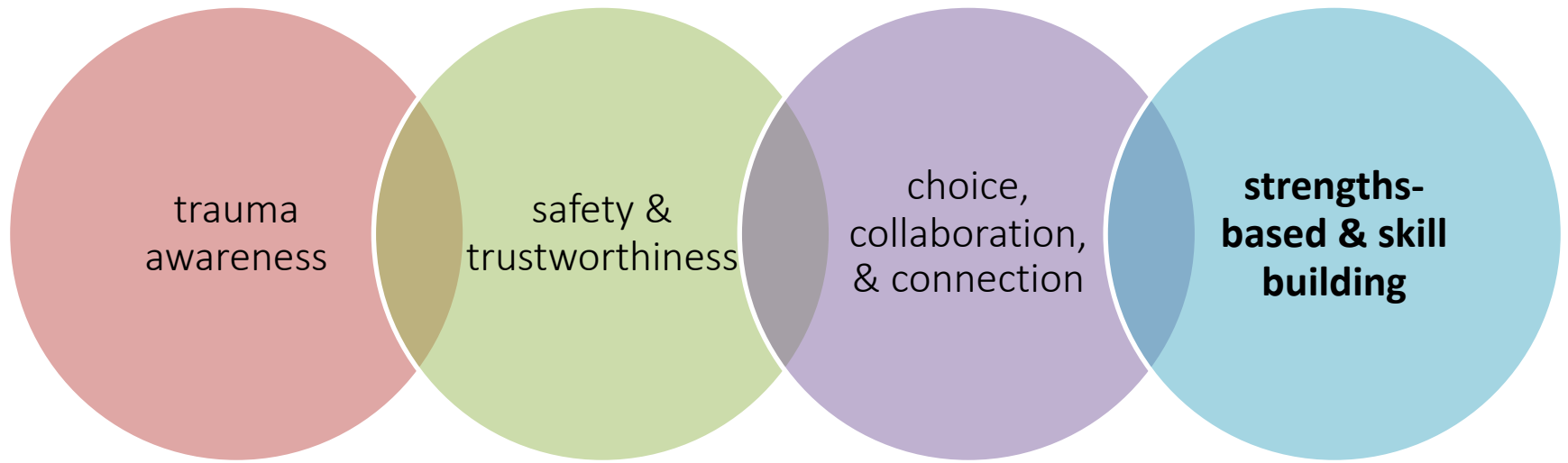
- Do staff in your organization have a basic understanding of the causes of trauma and possible effects?
- What kind of information about trauma is available to clients/patients?
- Are there staff or programs that provide trauma-specific services if a client/patient asks for additional support with healing from trauma?
- Are there community Elders/knowledge guardians that can speak to healing with Indigenous clients/patients and communities?



- What is the first point of contact for the people (e.g., phone message, outreach worker, receptionist)? What strategies for creating a welcoming and safe environment already exist?
- Walking through waiting areas, group spaces, and interview rooms at your organization. Do they increase feelings of safety for both service users and staff?
- What steps have been taken to support cultural safety?



- How are clients/patients encouraged to have open communication? Provide choices in care and support whenever possible?
- How do you support inclusion and client/patient voice?
- How do staff use their “people skill” strengths to build relationships with others?
- How are mistakes or uncertainties handled? Are they viewed as opportunities for learning?

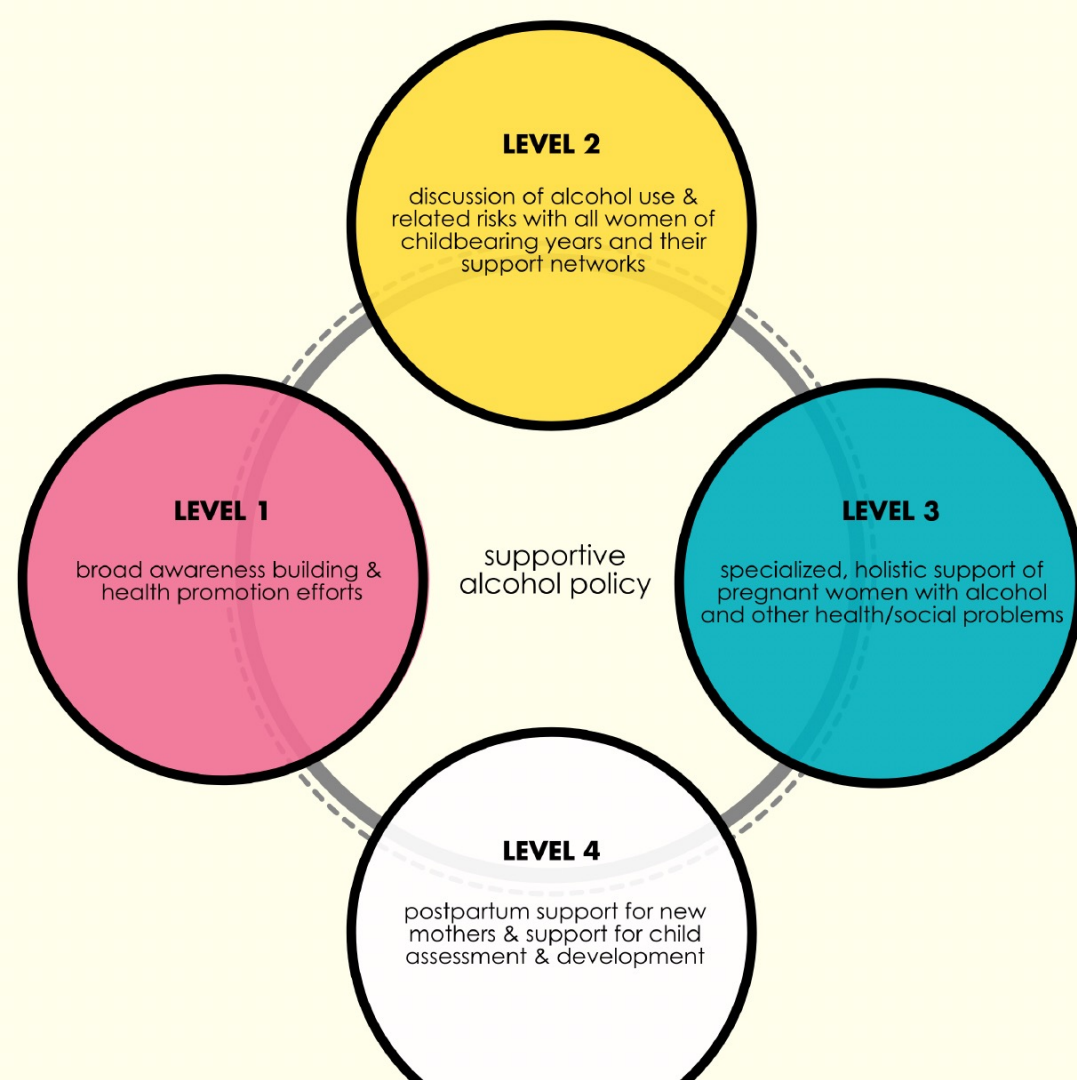


- Can program/services shift away from deficits to strengths of clients/patients?
- Are there opportunities for peer support? Or for patients/clients to inform how supports and experiences can be improved (i.e. feedback & input)?
- How are staff trained and mentored around trauma?

Relationships are key.

Alcohol during pregnancy can lead to fetal alcohol spectrum disorder (FASD). Trauma-informed practices are an important component of FASD prevention.

FASD prevention





Explaining why

drawing on evidence

Scoping Review

on supporting pregnant and parenting women who use alcohol during pregnancy

We included papers....

- published between 2005 to January 2022
- within Canada, Australia, Aotearoa, United States, South Africa, or the United Kingdom
- reported on interventions with pregnant and/or parenting women who use(d) alcohol (alone or with other substances) or whose children have FASD
- reported on approaches, programs, tools, supports, or models linked to pregnant or parenting girls/women
- contained evidence of trauma-informed practices

Scoping Review

on supporting pregnant and parenting women who use alcohol during pregnancy

Screened 7615 papers → 36 studies that met the inclusion criteria

Analyzed the data for TIP principles:

- 1) trauma awareness
- 2) emphasis on safety and trustworthiness
- 3) opportunity for choice, collaboration, and connection
- 4) strengths-based approach and skill building

Scoping Review - Results

on supporting pregnant and parenting women who use alcohol during pregnancy

22 studies were in US, 13 in Canada, and 1 in UK.

- 17 studies about live-in and/or outpatient treatment centers
- 6 studies about program, service, or intervention to be in non-medical settings offering case coordination, integrated or comprehensive supports from multiple sectors, or wraparound programs where a wide range of programs and services were provided in one location
- 4 about medical clinics as the single point of access or the entry point for women to be connected with an intervention or additional supports
- 4 about home-based or part of an outreach program
- 14 included mothers only; 14 included pregnant women and mothers; 9 with pregnant women only

Scoping Review - Results

on supporting pregnant and parenting women who use alcohol during pregnancy

trauma awareness

- refers to learning and understanding what trauma includes, how it can impact individuals and groups, how people cope, and recognizes the importance of accounting for trauma when supporting people, without requiring individuals to recount their traumas.

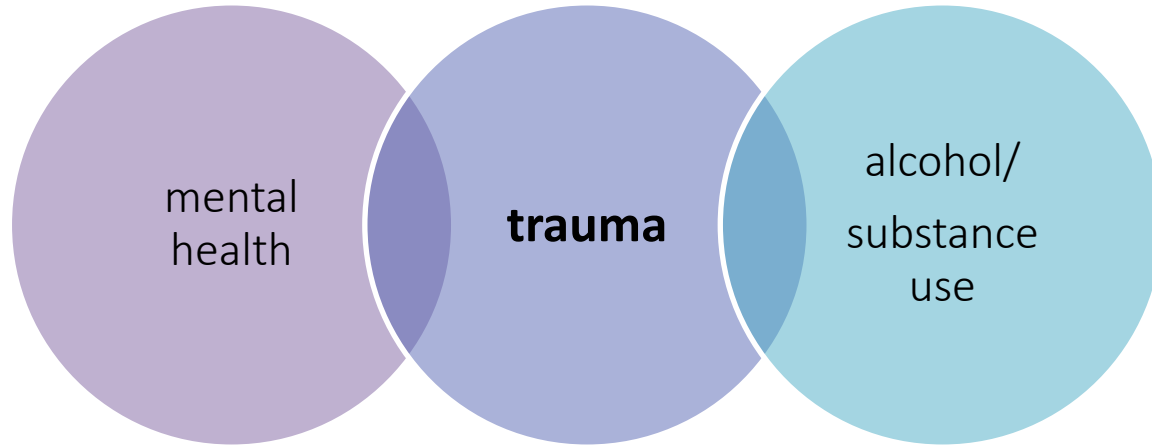
Examples

Staff recognized the historical and intergenerational trauma experienced by Indigenous individuals, families, and collective communities.

Recognize that pregnant people often have coexisting complexities related to gender-specific social determinants of health when thinking about trauma.

Alcohol is influenced by gender-specific social determinants of health

disability | poverty | experiences of loss | racism | systemic discrimination | incarceration



isolation | mothering | access to care | support networks | public policies | colonization

Scoping Review - Results

on supporting pregnant and parenting women who use alcohol during pregnancy

safety & trustworthiness

- refers to the physical/environmental, emotional, and cultural safety required for people to develop trustworthy relationships and engage in healing.

Examples

Staff consistently being non-judgmental, welcoming, and respectful with pregnant & parenting people accessing supports.

When staff (at all levels) fostered a culture of safety and trust between staff, clients, managers, and with other community agencies, clients/patients noticed. Modeling how to create safe spaces, have empathy, show care and compassion, and be reliable and consistent – increased safety and trustworthiness in services and was foundational to building, teaching, and supporting healthy and sustainable relationships.

More examples

Some studies showed women-only supports and interventions improved levels of program completion & long-term outcomes associated with substance use, in addition to having women-only staff.

Indigenous women highlighted the importance of cultural programming, Indigenous staff, and cultural safety practices (including having services in the community).

Helping women form healthy relationships, find safe housing, manage systems navigation, and be (re-)connected to their children through including children or child minding was effective.

Wraparound and single access programs (or having case coordinators that helped women advocate and navigate complex systems of care) ...with trusted staff and organizational support for women engaged with the child welfare system, many of whom may have initially feared child welfare involvement, helped women to feel safer.

Scoping Review - Results

on supporting pregnant and parenting women who use alcohol during pregnancy

strengths-based & skill building

- recognizes, appreciates, and builds on individual's capacities, abilities, and resources
- develops and promotes strategies, skills, and knowledge that help people cope, manage, and thrive

Examples

Have flexibility around pregnant & parenting people's lived realities (missing an appointment, childcare & transportation needs, lack of safe housing) – not penalizing women & taking approaches that build on strengths and interest in making positive changes.

Used motivational interviewing where pregnant & parenting people identify and plan around strengths, resources, and motivations to set individualized goals.

In summary, when trauma-informed practices were incorporated into services and programs...

- increased hope, confidence, skills, strategies, and motivation for a better life
- linking past trauma with current contexts helped reduce stigma, guilt, and shame that women had been feeling
- relational approaches made people feel welcomed and cared for, improve their circumstances and well-being, and establish sustainable social networks

what are other
words for
in summary?



in brief, in short,
in a nutshell, briefly,
in a word, succinctly,
concisely, to sum up, finally



Relational approaches were a prerequisite for **trust**.

Trust was a prerequisite for disclosure and **honest conversations**.

Honest conversations were **essential** to supporting people who use alcohol during pregnancy.



What do perinatal nurses **do** today – to talk with pregnant people about whether or not they use alcohol?

- A. Screening
- B. Screening & brief intervention
- C. Screening, brief intervention, and referral
- D. Something else

Screening, brief intervention, and referral (SBIR)

- common practice in clinical appointments?
- sometimes only screening and brief intervention (SBI)
- sometimes called screening, brief intervention, and referral to treatment (SBIRT)

Why do it?

- to discuss and plan how to address alcohol use (in pregnancy and maybe beyond)
- how else might people using alcohol/substances get support?

Cited challenges

- If not done well, people will not be honest for fear of judgment or safety.
- Staff may feel awkward asking & not have motivational interviewing skills/training.
- Staff may not know referral options.
- Time constraints.



Self-assessment & next steps?

frontline, organizational, inter-
agency, & systems levels

Frontline Staff

Some indicators of trauma-informed practices (TIP) competencies



Job descriptions indicate requirement for education, knowledge, and expertise in TIP



TIP training/education is offered annually to all staff; provide advanced training



Expect current staff to gain training and education in TIP; provide space for staff to debrief and discuss (amongst selves) how TIP is going



Training includes examining how TIP is already incorporated into current practices, and identify areas for improvement



People with lived experiences (of trauma) are part of assessing how well TIP is incorporated into the clinical setting

Organizational Practices

Some indicators of trauma-informed practices (TIP) at the organizational level

- ❑ Policies and guidelines that support TIP (by staff & between staff) are in place.
- ❑ Reviews are conducted on how physical spaces, training, practices (by staff & between staff), and experiences (of clients/patients) are trauma-informed.
- ❑ There are resources supporting TIP training and ongoing education.
- ❑ There are champions within organizations with advanced trauma-informed expertise and understanding.
- ❑ Universal screening is practiced.

Example

Taken from *Trauma Matters* (p. 112); Jean Tweed Centre (women's live-in treatment centre)

- Learned 80% women have trauma-related experiences
- Trained staff & funders; secured \$ for trauma counsellor; conducted program evaluation to assess areas of concern
- Changes screening processes by staff to be more trauma-informed
- All staff received in-depth TIP
- Have continued staff education; engage in reflexive practices; evaluate with women who access supports

Linking with other services

Some indicators of trauma-informed practices (TIP)

- ❑ Staff have knowledge of local and available programs and services that would benefit people with trauma and using alcohol/substances.
- ❑ Cultivated, collaborative, and partnering relationships with allied services.
- ❑ Active partnerships with other programs and services.

Example #1

Taken from *Trauma Matters* (p. 119); Project involving 150 organizations that worked across mental health, addiction, domestic abuse, and child protection + women with lived experiences.

- Group worked together to develop and deliver cross-training to staff, share knowledge, and create stronger linkages.
- Worked towards making ‘every door the right door’ so that women seeking services could be connected with the supports they needed.

Example #2

Collaborating across multiple local programs and services to develop a women-only staff team and peer supports.

Systems Level

Some indicators of trauma-informed practices (TIP)

- Recognition that trauma-informed and integrated services reduce crises and are cost-effective.
- Increased staff skills in TIP.
- Increased collaboration between agencies.
- Improved staff morale.
- Policies & position statement related to TIP.
- Evaluate efforts when implementing something new.

A resources you may want to look up...

1. Morton Ninomiya, M. E., Almomani, Y., Dunbar Winsor, K., Burns, N., Harding, K. D., Ropson, M., ... & Wolfson, L. (2023). Supporting pregnant and parenting women who use alcohol during pregnancy: A scoping review of trauma-informed approaches. *Women's Health, 19*, 17455057221148304.
2. *Girls, Women, Alcohol, and Pregnancy* blog: <https://fasdprevention.wordpress.com/>
3. *Why do girls and women drink alcohol during pregnancy?* (2013). Informational 10-page document written for Service Providers. https://cewh.ca/wp-content/uploads/2014/08/FASD-Sheet-1_Who-Drinks-Alcohol-during-Pregnancy.2013.pdf
4. *Doorways to Conversation: Brief Intervention on Substance Use with Girls and Women.* (2018). Centre of Excellence for Women's Health. https://cewh.ca/wp-content/uploads/2018/06/Doorways_ENGLISH_July-18-2018_online-version.pdf
5. *Trauma Matters: Guidelines for Trauma-Informed Practices in Women's Substance Use Services.* (2013). <https://jeantweed.com/wp-content/uploads/2021/11/Trauma-Matters-online-version-August-2013.pdf>
6. CDC. *Alaska Public Health Nurses Address Alcohol* (2021). Includes helpful resource links on <https://www.cdc.gov/ncbddd/fasd/features/alcohol-alaska.html>

Ways to help facilitate discussion of alcohol and health...

- Discuss alcohol use with women before pregnancy as a routine part of the care (e.g., during annual check-ups, or when discussing nutrition, mental wellness, or contraception).
- Ask people what they already know about the effects of drinking during pregnancy before providing any additional information they may need. After sharing the information, chat about how they relate to the information shared.
- If a woman is sexually active + consuming alcohol, help her obtain contraception that works for her. Ensure she understands that if she becomes pregnant there will be at least a few weeks before it is confirmed, and that the developing fetus is particularly vulnerable to the effects of alcohol during this period.

Ways to help facilitate discussion of alcohol and health...

- If a woman has questions about her alcohol use prior to becoming aware of her pregnancy, talk to her frankly about possible effects from low, moderate, and heavy alcohol use as well as some of the protective factors (e.g., nutrition). Reassure her it is never too late to reduce or stop drinking to help her baby, and that low-level consumption of alcohol in early pregnancy is not an indication for termination of pregnancy.
- If a woman is considering or planning a pregnancy, discuss the role of alcohol in her life currently and the changes (e.g., nutrition, smoking, managing stress, ensuring she is in a healthy relationship) she might consider making now, during pregnancy, while breastfeeding and as a mother.
- If a woman is having a hard time saying 'no' in social or business situations, help her brainstorm reasons to give for not drinking: "I'm on a health kick." "I'm taking antibiotics." "I'm doing a cleanse." Offer to role play it with her, so that she gets more comfortable making the statements.

Ways to help facilitate discussion of alcohol and health...

- Discuss 'mocktails' and how to take their own non-alcoholic drinks to social events.
- Women usually don't drink in isolation. If a woman is having a hard time stopping or reducing alcohol use, ask if there are people or things going on in her life that might be making it hard to cut back.
- Talk to her about whether her partner is supportive of her not drinking and whether it would be helpful or possible for her partner to abstain, too.
- Don't assume that a woman's partner is supportive, or that she is safe in her relationship. Have information available about local resources that address violence against women in relationships. Many women do not disclose that they are experiencing abuse, even if directly asked, so it is useful to have this information available where it can be discreetly picked up.

Ways to help facilitate discussion of alcohol and health...

- If a woman trusts you enough to share that she is in an abusive relationship, be prepared to listen non-judgmentally, to offer empathy, and to ask if there is anything you can do to support her efforts to keep herself safe (e. g., to develop a safety plan). Respect that she knows best her own situation. If you have concerns about the safety of her children, let her know this, and either support her in calling child protection services herself, or do so yourself with her full knowledge.