

Treatment and care for pregnant women who use alcohol and/or other drugs

Information for Service Providers

Women dependent on alcohol are at the highest risk of having a child with Fetal Alcohol Spectrum Disorder (FASD). What are some of the ways service providers can support pregnant women with serious alcohol and/or other substance use concerns?

Top Barriers

to seeking help and support reported by pregnant women who use alcohol:

- Shame and guilt
- Fear of child welfare involvement and/or having a child removed from their care
- Feelings of depression and low self-esteem
- Belief or hope that they can change without help
- Unsupportive or controlling partner
- Not having enough information about available services
- Waiting lists at addictions treatment agencies

Top Supports

reported by pregnant women who use alcohol:

- Supportive service providers
- Supportive family members
- Supportive friends/recovery group members
- Children as motivators to get help
- Health problems as motivators

How You Can Help

1 Find out more about specialized prenatal supports and services for women with addictions in your community. Advocate for women and help to reduce barriers to timely and effective care and supports.

2 Many women with addictions are able to stop or significantly reduce their alcohol consumption during pregnancy. Provide encouragement and positive feedback about even the smallest changes. If abstinence does not appear achievable, consider harm reduction approaches.

3 Substance use often intersects with issues such as poverty, unsafe or inadequate housing, violence and abuse, food insecurity, and other health and social issues. Help women deal with their immediate needs and issues.

4 Some women may be reluctant to discuss their substance use or to seek care and support. Give them time. Relationships take time to build and it's never too late to address alcohol use during pregnancy.

5 Support women who are at-risk to self refer to the Ministry of Children and Family Development for prenatal support services. Early support is a key component in successful outcomes. Be honest and open about your child protection responsibilities after the baby is born if there are concerns about the baby's safety and well-being.

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References

1. FASD Network Action Team on FASD Prevention from a Women's Health Determinants Perspective. (2010). 10 Fundamental components of FASD prevention from a women's health determinants perspective. Available from www.canfasd.ca.
2. Muhajarine, N., Ng, J., Bowen, A., Cushon, J., and Johnson, S. (2012). Understanding the Impact of the Canada Prenatal Nutrition Program: A Quantitative Evaluation. *Canadian Journal of Public Health*, 103 (7 Suppl 1): eS26-31.
3. Poole, N. (2008). Fetal Alcohol Spectrum Disorder (FASD) Prevention: Canadian Perspectives. Ottawa, ON: Public Health Agency of Canada.



The Prevention Conversation

It's time to talk about alcohol and pregnancy

