Social Determinants of Health and FASD Prevention

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The Canadian Population

Characteristic	Measure
Population	35,056,064
Fertility Rate	1.61
Infant Mortality Rate (per 1000 live births)	4.9
Smokers	19.9%
Heavy Drinkers	19%
High Blood Pressure	17.6%
Overweight or obese adults	52.1%
Overweight or obese youth	20.4%
Male life expectancy at birth	78.8 yrs
Female life expectancy at birth	83.3 yrs

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Prevalence of FASD in Canada

- Prevalence of FASD in Canada in unknown
- Estimates of 1:100 for FASD, 2-5:1000 for FAS, based on comparable data from other countries
- 350,000 Canadians with FASD and 3-4,000 new FASD births occurring each year
- There will be 10-20 babies born with FASD in Canada alone today
- FASD is the leading single known cause of brain dysfunction around the world
- Some studies suggest that FASD is higher in some populations (i.e., smaller, isolated communities, children in foster care)

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Canadian women of child-bearing age drinking patterns

- Recent data shows that risky drinking among women of childbearing age (15-44) is a large and growing concern in Canada.
- Both occasional and regular risky drinking is increasing for women of childbearing age across Canada.
- 58% of young adults are drinking at moderate and high risk levels
- 45% of women ages 25-34 are drinking at moderate and high risk levels
- These women account for approximately 80% of all live births in Canada

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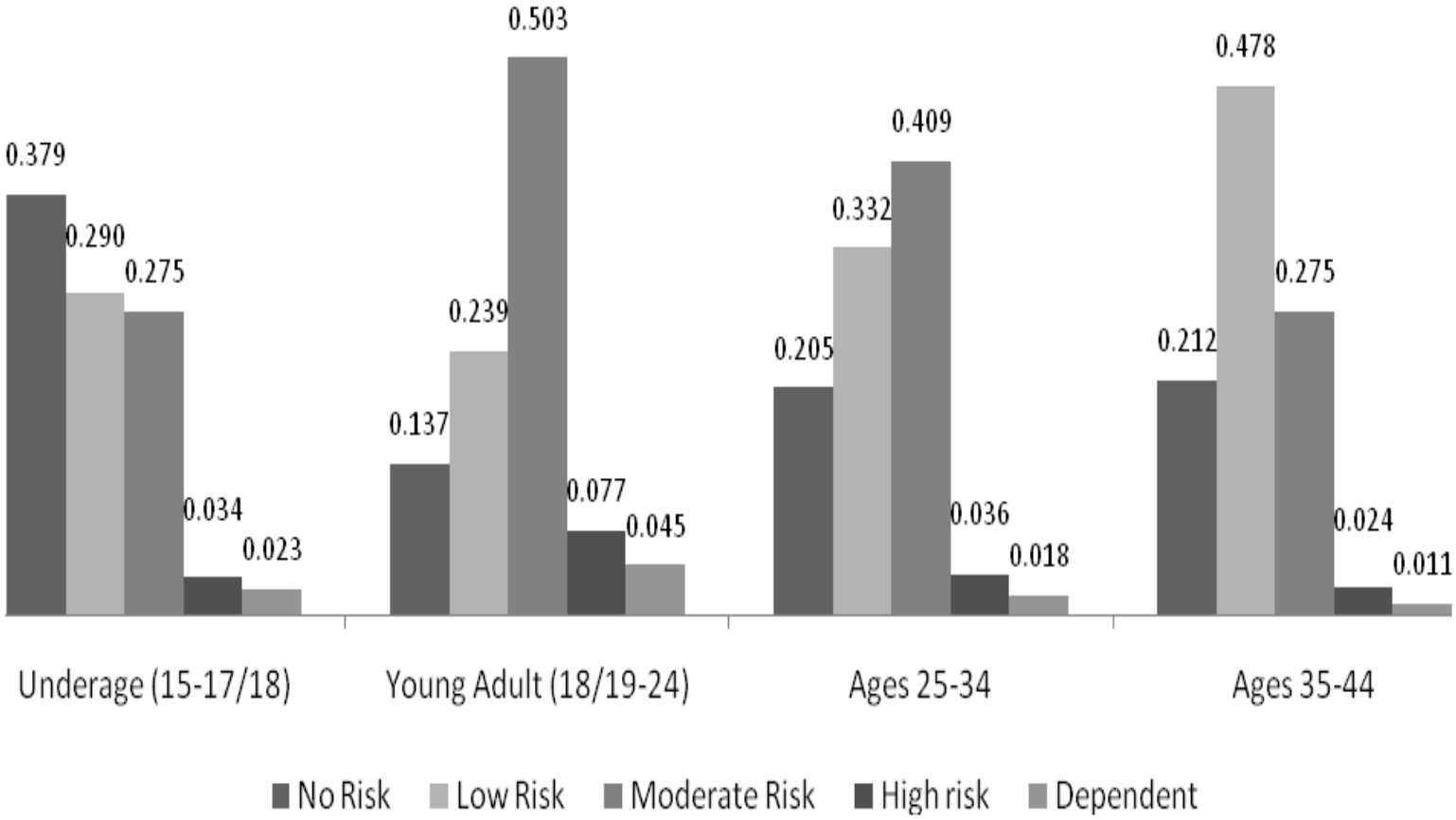
Distribution of alcohol-related risk, females age 15-44 years



Canadian Community Health Survey, 2009/10, Statistics Canada; Tjepkema, 2004

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Women's drinking in Canada is increasing

- Data from the Canadian Community Health Survey reports that women drinkers report increases in occasional (monthly or more often) and regular (weekly or more often) risky drinking between 2003 and 2009/10
- The Maternity Experiences survey, involving over 8000 birth mothers, reports that:
  - 62% of the women surveyed consumed alcohol during the 3 months prior to pregnancy or realizing they were pregnant (frequency of this drinking varied)
  - 10.5% of women reported drinking frequently or infrequently during pregnancy
- Other studies show that approximately 14% of Canadian women use alcohol while pregnant

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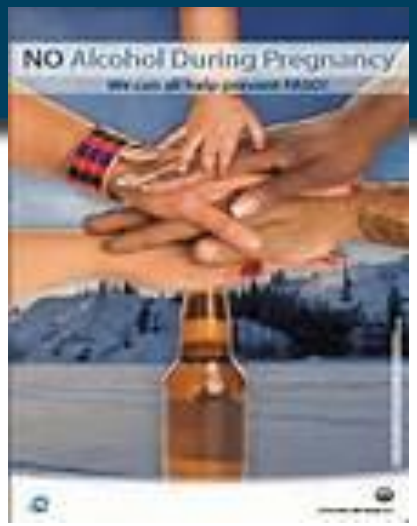
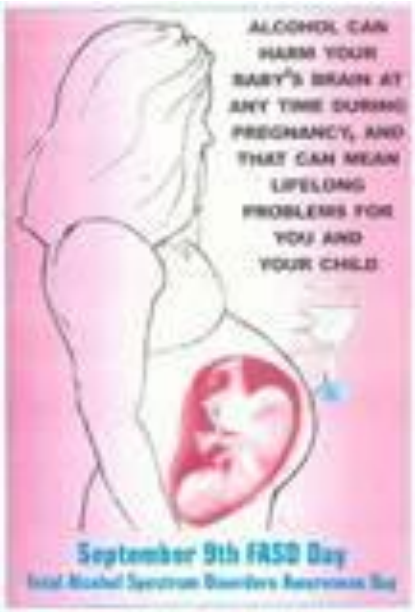
How Mother and Baby "Picked Up"
A case of Blatz Beer in your home means much to the young mother, and obviously baby participates in its benefits.
The malt in the beer supplies nourishing qualities that are essential at this time and the hops act as an appetizing, stimulating tonic.
VAL. BLATZ BREWING COMPANY, MILWAUKEE
East Dubuque Illinois Branch
Telephone 200
FOOD TONIC
BLATZ
MILWAUKEE





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Shame and blame

- Lives of birth mothers of children with FASD are imbued with shame and blame
- Shame and blame approaches to FASD prevention are ***ineffective at reducing drinking among highest risk groups*** and result in ***missed opportunities for providing supportive care***

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Why won't they just get help?

- Barriers to accessing treatment cited by mothers:
  - Shame (68%)
  - Fear of losing children (62%)
  - Fear of prejudicial treatment on the basis of their motherhood status (60%)
  - Lack of support from partners and family, and lack of access to respite childcare are also common

Source: Poole, N and Isaac, B (2001) Apprehensions: Barriers to Treatment for Substance Using Mothers. Vancouver: BC Centre of Excellence for Women's Health

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Responding to FASD through Social Determinants of Health

- In Canada, care for women in pregnancy has been delivered from a social determinants of health framework: *"healthy women have healthier babies"*
- Alcohol seems to have a greater teratogenic potential in the presence of "permissive and provocative co-factors", including low socio-economic status

E. L. Abel and J.H. Hannigan (1995)

Maternal risk factors in fetal alcohol syndrome: Provocative and permissive influences. Neurotoxicology and Teratology 17:4. 445-462

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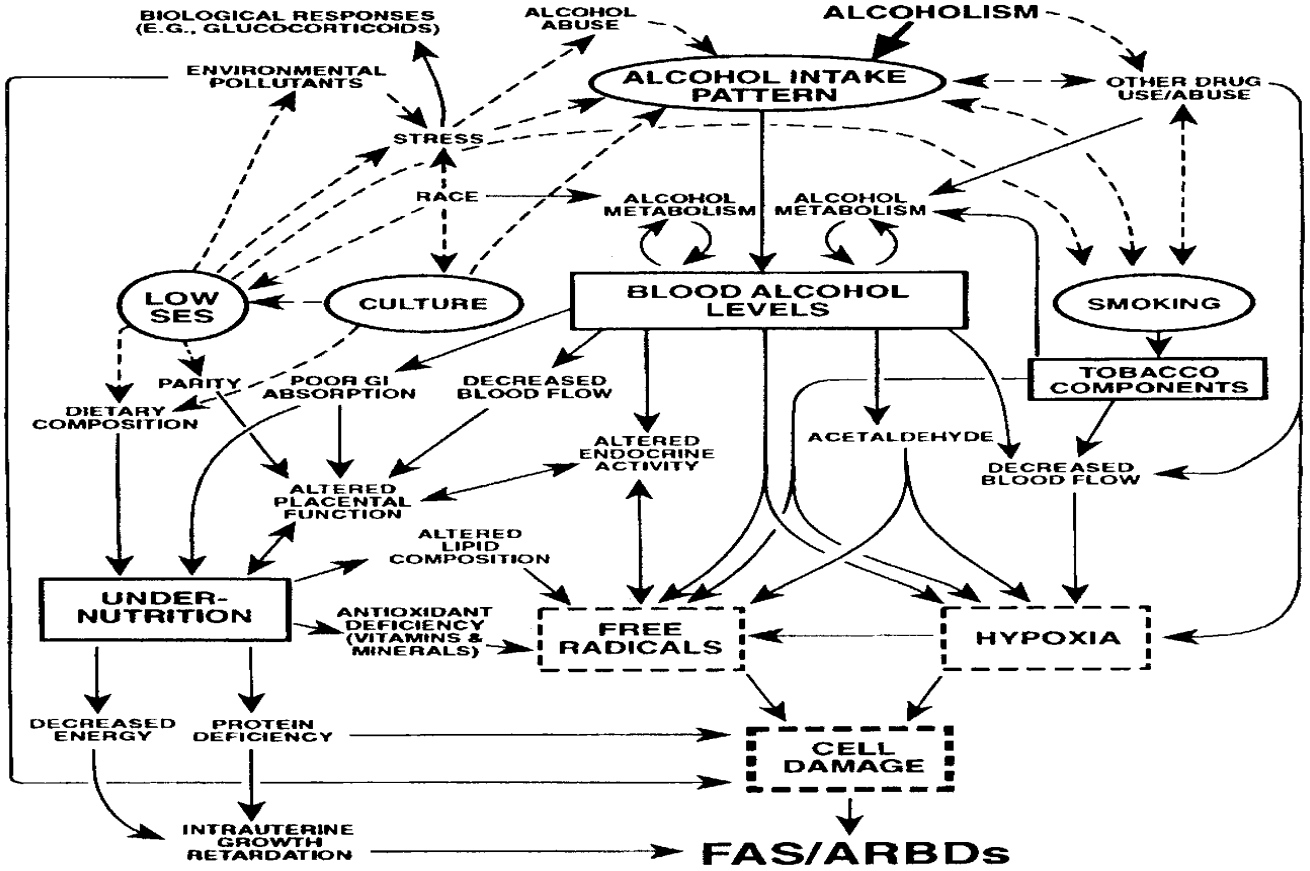

- *E. L. Abel and J.H. Hannigan (1995) Maternal risk factors in fetal alcohol syndrome: Provocative and permissive influences. Neurotoxicology and Teratology 17:4. 445-462*

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What is known about women who give birth to children with FASD?

Research from the past 5 years confirms numerous factors associated with alcohol use in pregnancy:

- Experience of interpersonal violence
- Depression, psychological distress
- Smoking
- Nutrition
- Age
- Ethnocultural status
- Aboriginal status, colonization
- Size, body mass, dieting
- Pregnancy intention
- illicit substance use
- Pre-pregnancy drinking
- Attitudes toward drinking in pregnancy
- Recognition of pregnancy
- Previous children
- Perception that small amounts of alcohol don't matter
- Rurality
- Partner type, sexual assertiveness
- Access to prenatal care
- Disadvantaged, stressed about money
- Lack of social support
- Difficulty maintaining sleep daytime sleepiness

****Most consistent predictors: 1) how much women drank before they were pregnant; and 2) being in an abusive relationship.**

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Where are the opportunities for action?

- Food security and nutrition
- Social Support
- Housing
- Income Security
- Education
- Health service delivery

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Food security and nutrition

Evidence is mounting regarding the role of nutrition in preventing FASD:

- FASD is more common among children whose mothers drank and were malnourished prior to and during pregnancy (Bingol et al 1987)
- Fewer children are diagnosed with FASD whose mothers drank moderately and were well nourished prior to and during pregnancy (George 2001)
- New evidence suggests a role for nutritional supplements (for mothers and children) in preventing fetal harm from an alcohol-exposed pregnancy
- Women with higher BMIs are less likely to have children with FAS (May et al 2009)

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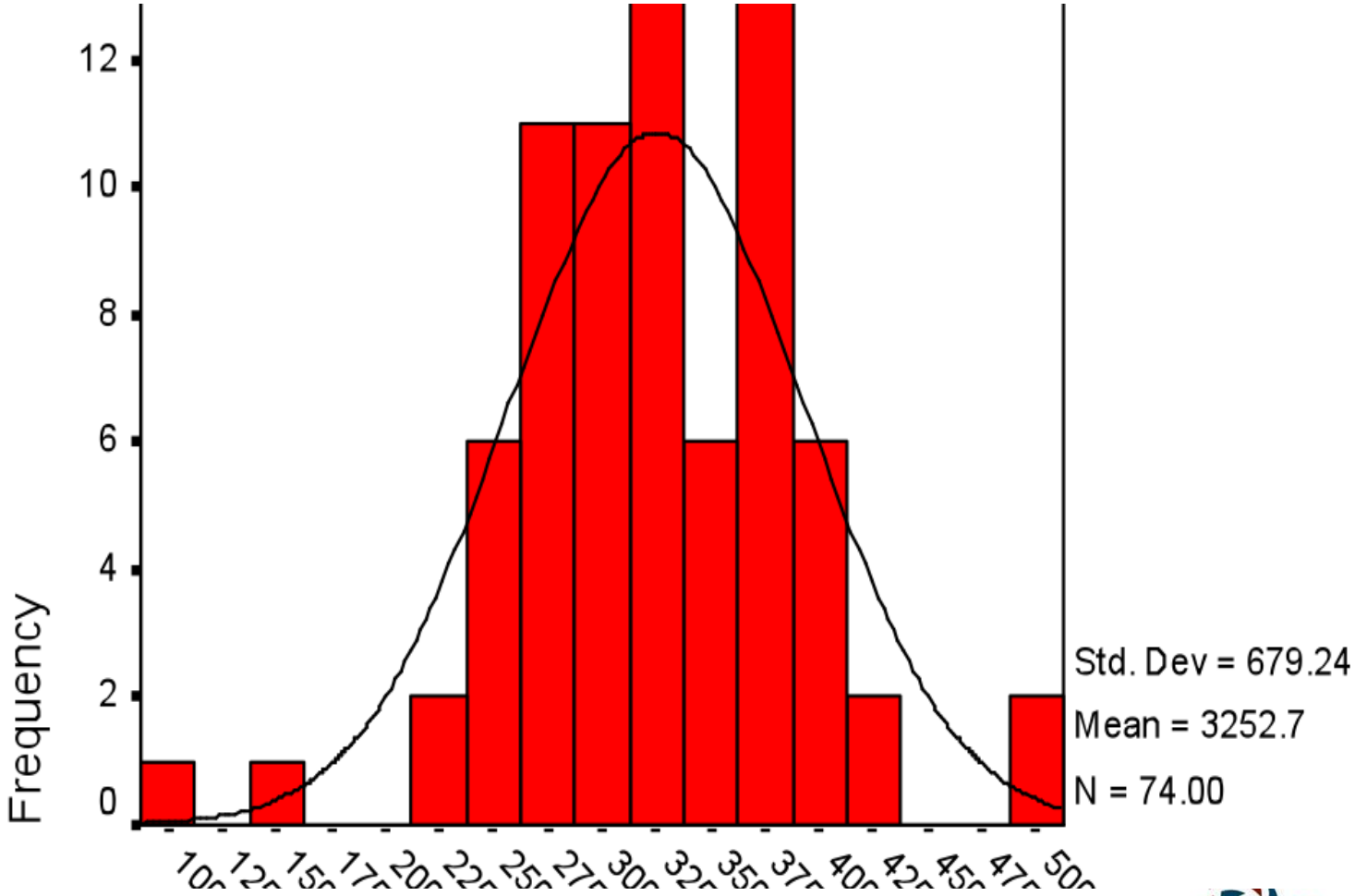
Case illustration: Birth weights at Sheway (Salmon and Ham 2008)



Food and nutrition, cont.

- Food and nutrition supports help alleviate stress, which is critical to addressing problematic substance use, promoting positive early parenting experiences, and reducing harm from alcohol-exposed pregnancies.

  "I know when I was stressed before I'd get angry at every, any little thing, and I'd take it out on my kids. But when you don't have that stress, you're not angry, you're not worrying all the time, you're able to sleep, do regular things. Not worrying about how you're going to make ends meet." - Christine

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Social support

- Women who give birth to children with FASD are often socially isolated and marginalized *(Astley et al 2000)*
- This results in decreased access to timely and supportive maternity care *(Salmon 2007)*
- Interventions to increase social support for pregnant women and new mothers with substance use problems reduce the likelihood of a future substance-exposed pregnancy (ie: P-CAP programs Grant 1996; Sheway *Poole 2000, Burgelhaus and Stokl 2005*; Breaking the Cycle *2002)*

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Welcoming, low-threshold, and outreach services are key

The most important aspect of service provision is a supportive, woman-centred non-judgmental approach:

- addressing fear, stigma, misinformation and discrimination
- introducing parents to others with similar experiences
- meeting women "where they are at", with basic needs first
- helping women with related harms, especially harms from violence and poverty

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The First International Charter for the Prevention of FASD

- Summarizes existing evidence regarding the risks, causes, and consequences of FASD for individuals, families, and communities
- Identifies key, evidence-based options for undertaking prevention work
- Underscores the role of social determinants of health in FASD prevention
- Presents an call to action to unite in global efforts to prevent FASD

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FASD is a "shared duty, not only a women's issue"

- Women's drinking, and therefore FASD, occurs within and is affected by larger familial, cultural, and social contexts.
- Men who misuse alcohol themselves, become violent, and/or fail to support their pregnant partners are also responsible
- Social norms that promote drinking among pregnant women are responsible
- Health care and social service providers are responsible for ensuring women have information they need about risks posed by alcohol use in pregnancy, and for ensuring that pregnant women and mothers have access to available support
- Alcohol marketing that targets women of childbearing age is responsible for failing to warn of risks associated with consumption during pregnancy

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The Charter calls for action to prevent FASD by

- Promoting consistent, evidence-based messaging about the risks of alcohol use in pregnancy, and making this widely available
- Incorporating FASD prevention into policies and programs addressing social determinants of health
- Including FASD in reproductive health and maternal-child health initiatives, including access to reliable contraceptives

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The Charter also calls for

- Provision of timely, compassionate, and effective prenatal care and addictions treatment
- Incorporation of screening for alcohol problems into routine health assessments for women and girls in their childbearing years
- Promotion of linkages between FASD diagnostic services and services for women at risk for future alcohol exposed pregnancies
- Integration of FASD prevention concerns into alcohol policies

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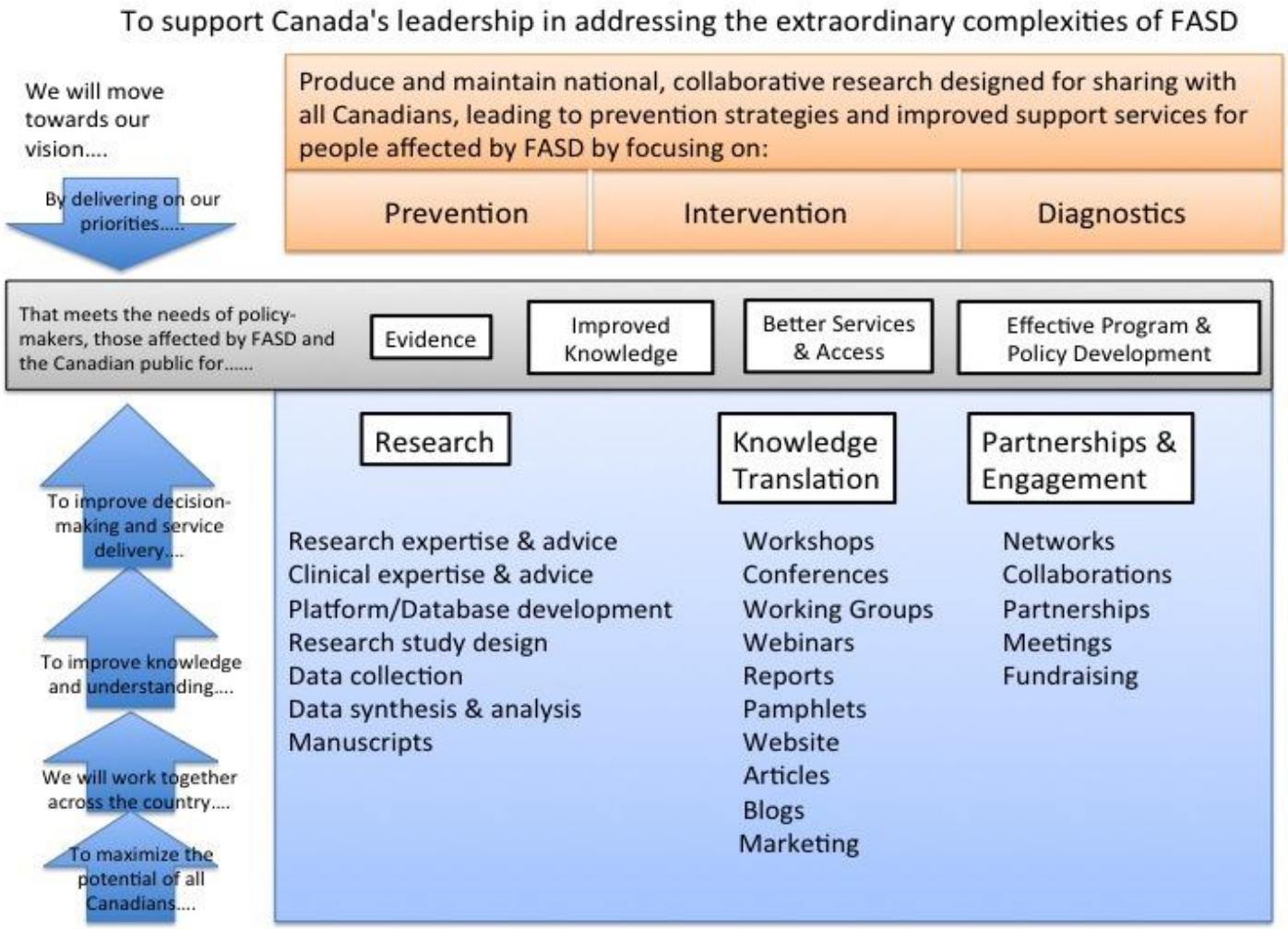
CanFASD maintains a strong focus on SDOH and policy-relevant knowledge translation



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Questions?

For additional information:

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THANK YOU!

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