The making of substance use in pregnancy into a women’s health issue

Nancy Poole and Lorraine Greaves
Agenda

Focus on alcohol and tobacco

- Context - example of tobacco in pregnancy
- Our work
  - Research and evidence reviews
  - Knowledge translation
  - Policy advocacy
The problem in developed countries

- Approximately 20-30% of pregnant women smoke in Canada, USA
- 50% report a quit attempt
- 23-47% quit spontaneously in early pregnancy
But relapse is common...

- 25% relapse before delivery
- By 4 months post partum, 50% relapse
- By one year, 70-90% relapse
Tobacco Use, Age and Pregnancy

Estimates of tobacco use among pregnant women in Canada and the United States range from 20-30%.
(Sources: Colaman & Joyce, 2003; Connor & McIntyre, 1999; CTUMS, 2002)

- **12% of mothers over age 35 smoked during pregnancy**
- **53% of mothers under age 20 smoked during pregnancy**

*Based on 1998-99 survey of mothers with children under 2 years of age.

*Source: Canadian Perinatal Health Report, Health Canada, 2003*
Historical perspective

1950 - Tobacco use deemed unhealthy for men

1960 - Tobacco use deemed unhealthy for the fetus

1970s-80s - Smoking cessation campaigns for women focused mainly on pregnancy
That was a problem!

- “In rich countries, most women are not pregnant most of the time. Therefore a campaign directed solely at smoking in pregnancy ignores most women most of the time.”

Fetus-centricity

- However, a fetus-centred approach has continued to characterize many cessation campaigns aimed at pregnant women.
- "Quit for the good of the baby!"
Reproductive Health Effects

- Cigarette smoking causes increased risk of:
  - Spontaneous abortion
  - Low birth weight
  - Prematurity
  - Placenta previa
  - Placental abruption
  - Premature rupture of the membranes
  - Preterm-related deaths
  - Sudden Infant Death Syndrome (SIDS)
A guilt and shame-based approach

Is it fair to force your baby to smoke cigarettes?
A typical 1980s health message - externalize motivation

If you won't think of yourself, think of your children.
Parallels in alcohol in pregnancy

- Uterine tradition – fetus centric
- Blaming and shaming
- Women deliberately harming their babies due to bad “choice”
- Naked women with no heads in the media campaigns
- Abstinence approach – one drink will harm your baby - FASD 100% preventable – just say no
Our approach

- Research
- Evidence reviews
- Knowledge translation
- Policy and practice advocacy

Substance use in pregnancy
Evidence reviews

- Using formal guidelines
- Identifying best practice
- Linked to what we know from the larger literature on women’s health, sex and gender based analysis and women’s substance use
Evidence reviews
7 Approaches to Use

- Tailoring
- Women Centred Care
- Stigma Reduction
- Relapse Prevention
- Harm Reduction
- Partner and Family Support
- Integrate Social Issues
Research

- On barriers to treatment
- On models of care – illustrating harm reduction
- On media and policy analysis
- On tobacco use by Aboriginal girls
- Differential effects of tobacco policies on women, men, Aboriginal people and vulnerable populations
Evaluation Report of the Sheway Project
for high-risk pregnant and parenting women

By Nancy Poole

 british columbia centre of excellence for women's health

apprehensions

Barriers to Treatment for Substance-Using Mothers

By Nancy Poole and Barbara Isaac

british columbia centre of excellence for women's health

report available in alternate formats
“We're slipping through the cracks and everything else, and when you push and shove and take away the children and stuff, I mean, we're losing mothers in droves here, you know, so there's a flaw in the system.”

mother in treatment participating in the Mothering Under Duress study

### Representation of women’s responsibility

<table>
<thead>
<tr>
<th>Mental illness</th>
<th>Woman abuse</th>
<th>Substance use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Out of woman’s Control</td>
<td>Within her control</td>
<td>Deliberate</td>
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### Representation of the system’s responsibility in the 3 ‘cases’

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<tbody>
<tr>
<td>System failing</td>
<td>Limited system failure</td>
<td>Not system’s fault</td>
</tr>
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Fetal Alcohol Syndrome and Women's Health
Setting a Women-Centred Research Agenda

MAY 5-7, 2002 | VANCOUVER | BRITISH COLUMBIA | CANADA

FINAL REPORT

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National Network on Environments and Women's Health

Canadian Women's Health Network

Canadian Association for Community Living

Women's Health Bureau, Health Canada

Funded by

CIHR IRSC Institute of Gender and Health, Canadian Institutes of Health Research
Network Action Team on FASD Research from a women’s health determinants perspective

Over 40 researchers, service providers and health system planners from 4 provinces and 3 northern territories

Meet monthly via webmeeting – 1 or 2 face to face meetings per year
Tobacco Exposure During Pregnancy in Low- and Middle- Income Countries: Establishing Research Priorities

Presented on behalf of the Steering Committee

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British Columbia Centre of Excellence for Women’s Health
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Vancouver, Canada

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Director, Global Network for Perinatal and Reproductive Health
Oregon Health & Science University
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Knowledge translation

- Face to face training with multisectoral professionals
- Resources to support professional practice
- Go-to website
- Webcasts
- Online coaching
- Interactive website
- Online communities of practice
Community-based multi-sectoral professional training

Services Providers working with Pregnant Women & Women in Childbearing Years

- Public Health Nurses
- Midwives
- Transition House Workers
- FASD Key Workers
- Early Childhood Development Program Providers
- Family Support Workers
- Dental Hygienists
- Pregnancy Outreach Workers
- Acute Care Nurses
- Social Workers
- Tobacco Reduction Coordinators
- Youth Support Workers
- Aboriginal Service Providers
- Aboriginal Service Providers
- Nutritionists
- Addictions Counselors
- Mental Health Service Providers
- Doulas
Prevention of FASD - It's not only about alcohol
“Just-in-time”
professional training

Part 1: Setting the Stage
Outlines a women-centred, harm reduction oriented and collaborative motivational framework for supporting women who use alcohol, tobacco and other substances in pregnancy and beyond.

Part 2: Common Clinical Questions
Experts from the field share their practice wisdom and answer a number of common clinical questions.

Part 3: Scenarios
These scenarios demonstrate service providers in various contexts supporting women at different readinesses for change.
Resources to support practice and policy
Healthy Choices in Pregnancy, BC

Healthy Choices in Pregnancy is a component of a current government ActNow BC platform designed to promote healthy lifestyles and prevent illness among British Columbians.

A target of a 50% increase in women counseled on alcohol use during pregnancy has been set for the Healthy Choices in Pregnancy Initiative.

BC Women’s Hospital & Health Centre, the BC Centre of Excellence for Women’s Health and the British Columbia Reproductive Care Program are working in collaboration to support the achievement of this provincial initiative.

Educational Sessions with Service Providers
To support the achievement of the goal of a 50% increase in women counseled on alcohol use in pregnancy, educational sessions will be offered to health care providers in provincial forums and at the regional and community levels. Service providers from a range of disciplines and sectors are invited to attend these sessions to ensure a coordinated, informed, respectful response to women challenged by alcohol and tobacco use during pregnancy as well as related health and social concerns.

We invite community-based champions to assist in connecting with their regions and bringing key players from all disciplines together for regional training.

Provincial Resource Development
Print, media and web-based materials will be developed to meet the learning needs of service providers, women, and their partners/family/friends. Suggestions and feedback are welcome throughout the process as materials are produced.

Go-to website www.hcip-bc.org
Online communities of practice to examine and synthesize evidence

Coalescing on Women and Substance Use
Linking Research, Practice and Policy

www.coalescing-vc.org
KT on tobacco and pregnancy

- Quitline protocol for pregnant women
- Work on integrating nicotine treatment with women’s substance use treatment program at BC Women’s

- Expanding better practice – addressing sub populations and providers
Policy advocacy

Fetal Alcohol Spectrum Disorder (FASD) Prevention: Canadian Perspectives

No known safe amount of safe time to drink alcohol during pregnancy

Multiple Approaches to FASD Prevention

PREVENTING FASD THROUGH PROVIDING ADDICTIONS TREATMENT AND RELATED SUPPORT FOR FIRST NATIONS AND INUIT WOMEN IN CANADA

Research to Inform Practice and Policy

This information sheet summarizes the findings of an exploratory study undertaken in 2009 by researchers at the Northwest Territories Centre of Excellence for Women’s Health, with the participation of treatment providers and health system leaders responsible for programming serving First Nations and Inuit women from across Canada.

The study was funded by the First Nations and Inuit Health Secretariat (FNIS)/Health Canada. The goal of the study was to inform the federal government as to opportunities for improving substance use treatment and support for First Nations and Inuit women who are at risk of having a child with Fetal Alcohol Spectrum Disorder (FASD).

www.publichealth.gc.ca/fasd

www.coalescing-wc.org
Postpartum matters

**Level 1** - Broad awareness building and health promotion efforts

**Level 2** - Discussion of alcohol use and related risks with all women of childbearing years and their support networks

**Level 3** - Specialized, holistic support of pregnant women with alcohol and other health/social problems

**Level 4** - Postpartum support for new mothers assisting them to maintain/initiate changes in their health and social networks and to support the development of their children