



# 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...

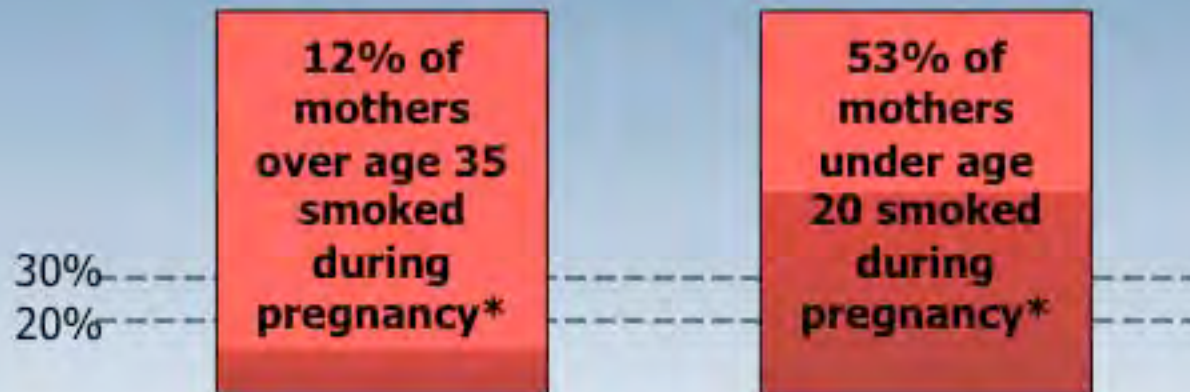
- 25% relapse before delivery
- By 4 months post partum, 50% relapse
- By one year, 70-90% relapse



## Tobacco Use, Age and Pregnancy

Estimates of tobacco use among pregnant women in Canada and the United States range from 20-30%.

(Sources: Coleman & Joyce, 2003; Connor & McIntyre, 1999; CTUMS, 2002)



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

## 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.*”

**Bobbie Jacobson, *Beating the Ladykillers*, 1986, p 125.**

## 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

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- 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?**

The American Surgeon General has issued a warning to pregnant women: "You should quit smoking now, whether you are a heavy or light smoker." But what if you can't quit? The Surgeon General has also issued a warning to pregnant women: "If you smoke, you should quit now, whether you are a heavy or light smoker." But what if you can't quit? The Surgeon General has also issued a warning to pregnant women: "If you smoke, you should quit now, whether you are a heavy or light smoker." But what if you can't quit?

**Women's Health, Everybody's Business**

British Columbia  
Centre of Excellence  
for Women's Health

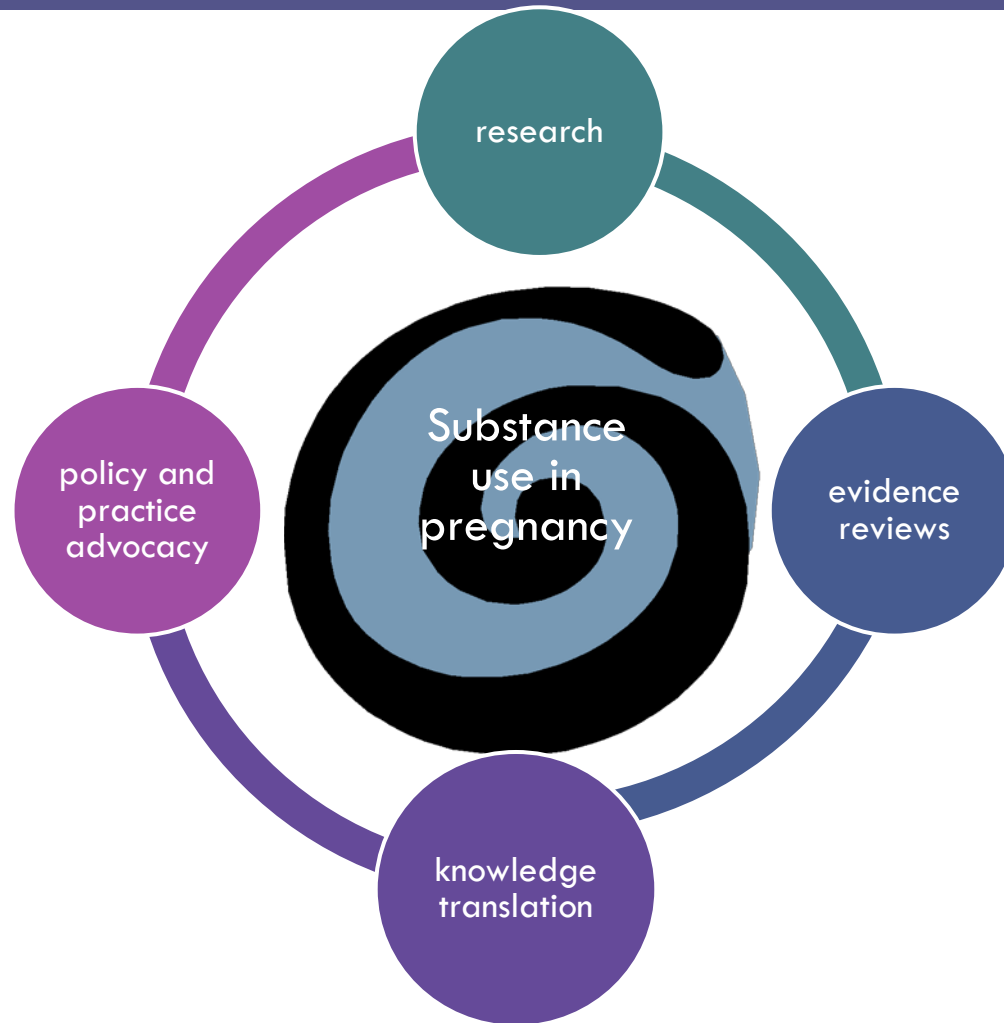
# A typical 1980s health message- externalize motivation



# 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

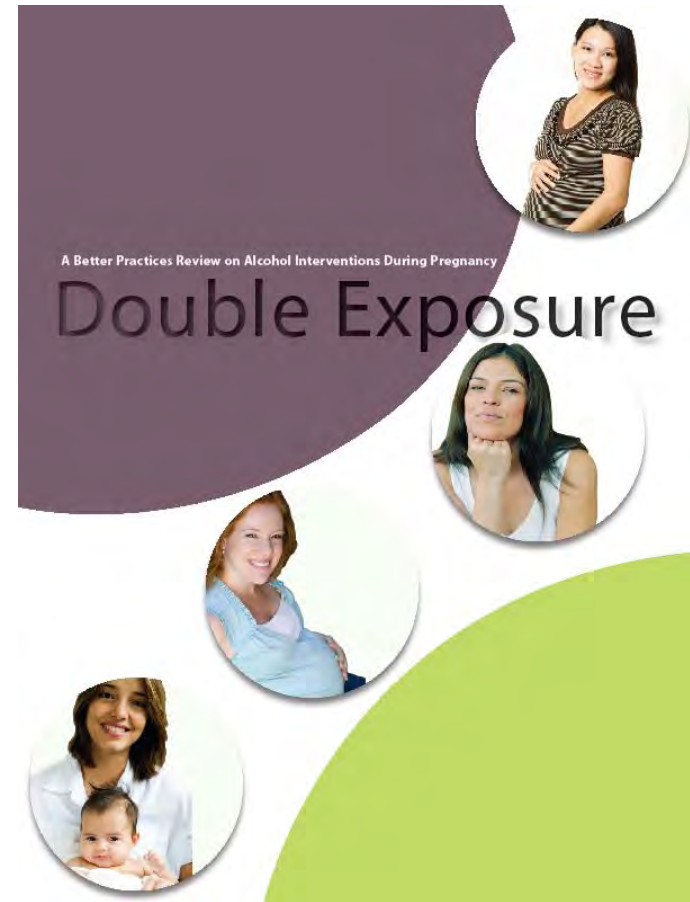
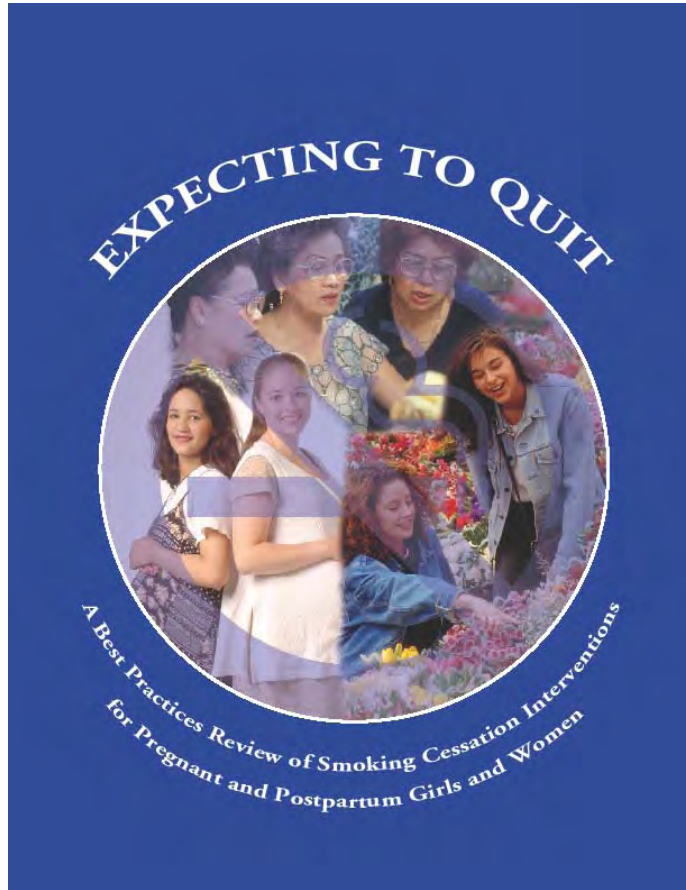
# Our approach



# 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



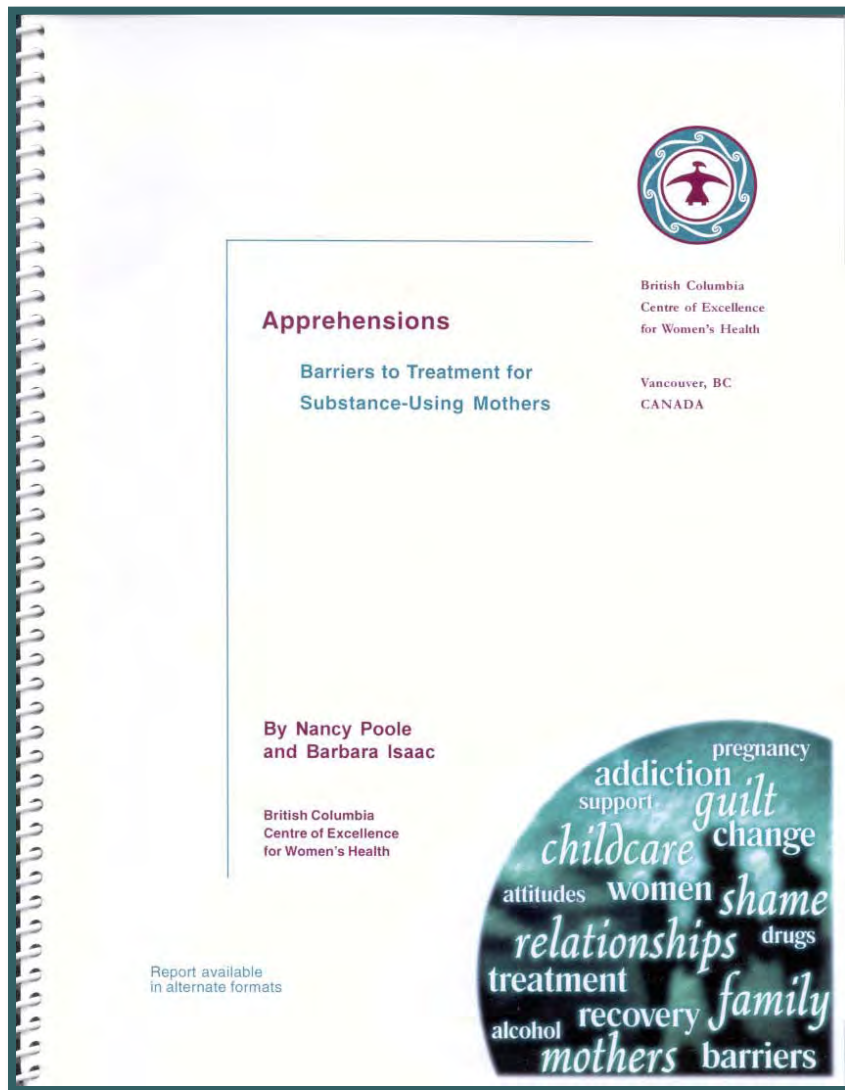
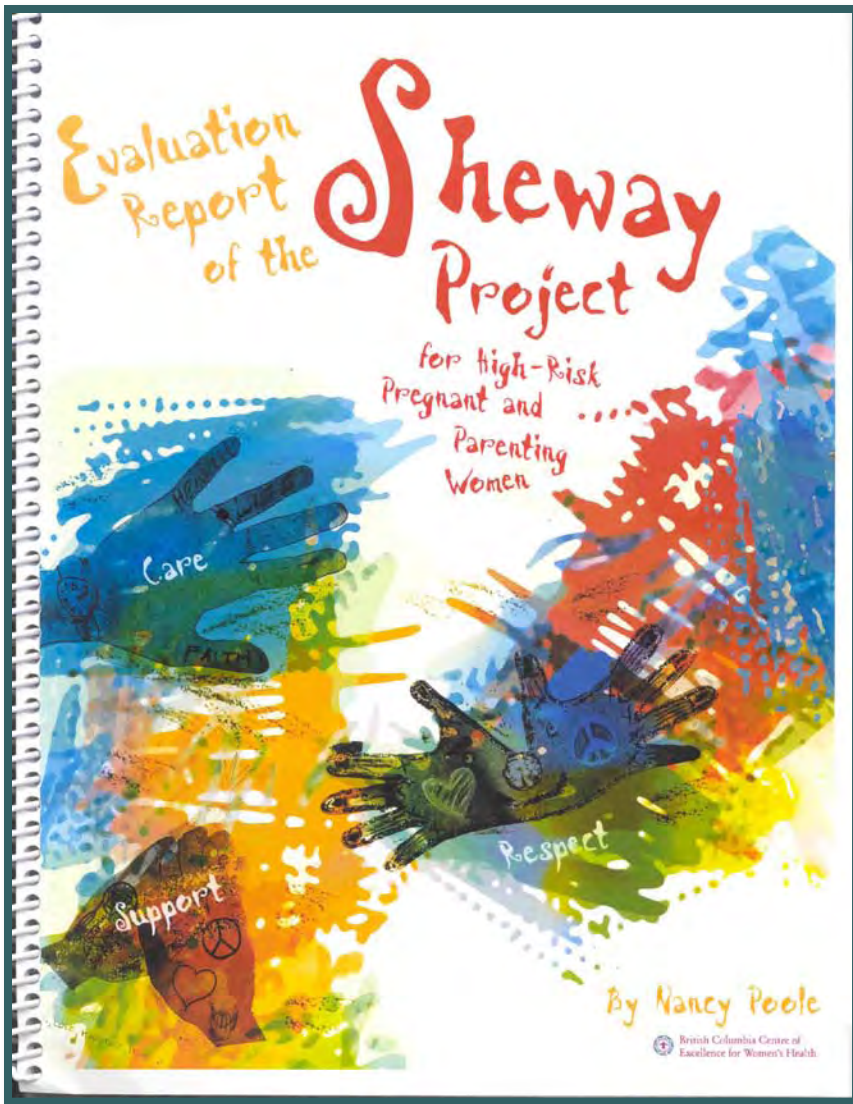
## 7 Approaches to Use

- 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



“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

Greaves, L., Varcoe, C., Poole, N., Morrow, M., Johnson, J., Pederson, A. & L. Irwin. (2002). *A Motherhood Issue: Discourses on mothering under duress*. Ottawa, ON: Status of Women Canada

# Substance use deliberate – not system's fault

20

## *Representation of women's responsibility*

<u>Mental illness</u>	Woman abuse	<u>Substance use</u>
Out of woman's Control	Within her control	Deliberate

## *Representation of the system's responsibility in the 3 'cases'*

<u>Mental illness</u>	Woman abuse	<u>Substance use</u>
System failing	Limited system failure	Not system's fault

Source: Greaves, L., Varcoe, C., Poole, N., Marina, M., Johnson, J., Pederson, A., et al. (2002). *A Motherhood Issue: Discourses on mothering under duress*. Ottawa, ON: Status of Women Canada.

# 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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Canadian Association for Community Living

Women's Health Bureau, Health Canada

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Institute of Gender and Health,  
Canadian Institutes of Health Research



# Research networking



- 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**

**Lorraine Greaves, PhD**

**Executive Director,**

**British Columbia Centre of Excellence for Women's Health**

**President, International Network of Women Against Tobacco**

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**Director, Global Network for Perinatal and Reproductive Health**

**Oregon Health & Science University**

**Portland, USA**



**GNPRH**

Global Network  
for Perinatal and  
Reproductive Health



# Knowledge translation

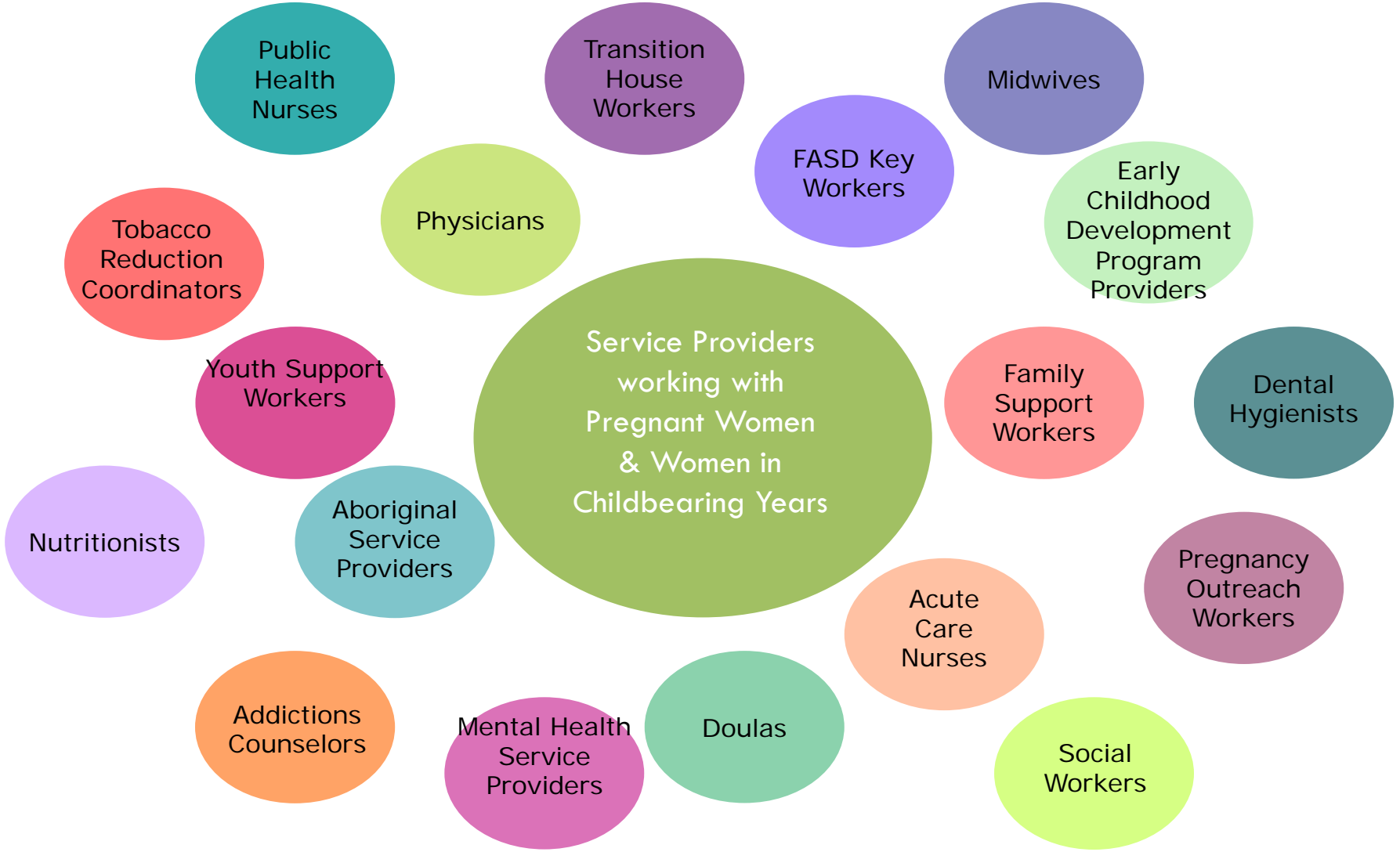
- Face to face training with multisectoral professionals
- Resources to support professional practice
- Go-to website
- Webcasts
- Online coaching

Now

- Interactive website
- Online communities of practice



# Community-based multi-sectoral professional training



Public Health Nurses

Transition House Workers

Midwives

FASD Key Workers

Early Childhood Development Program Providers

Physicians

Tobacco Reduction Coordinators

Youth Support Workers

Family Support Workers

Dental Hygienists

Nutritionists

Aboriginal Service Providers

Service Providers working with Pregnant Women & Women in Childbearing Years

Acute Care Nurses

Pregnancy Outreach Workers

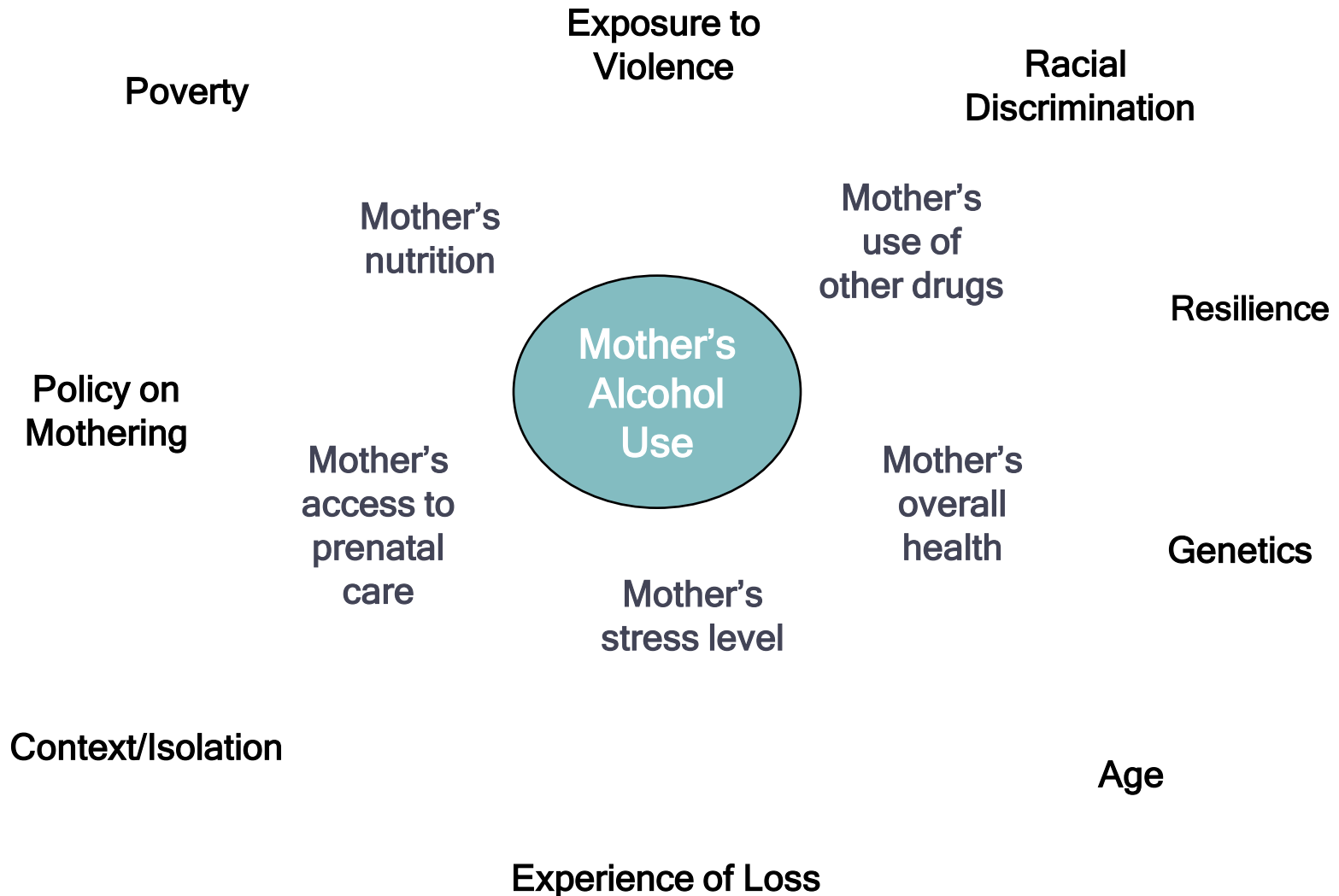
Addictions Counselors

Mental Health Service Providers

Doulas

Social Workers

# Prevention of FASD - It's not only about alcohol



# “Just-in-time” professional training



## *Part 1: Setting the Stage*

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

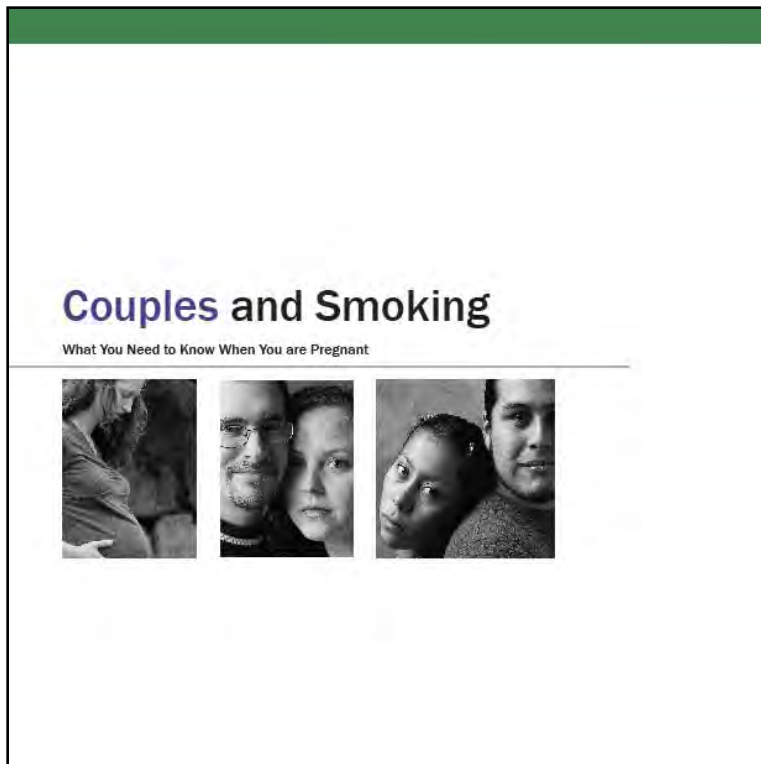
## *Part 2: Common Clinical Questions*

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



Go-to website

[www.hcip-bc.org](http://www.hcip-bc.org)

Healthy Choices in Pregnancy, BC



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## HOME

### Healthy Choices in Pregnancy

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.

**For Allied Professionals**  
Community Services/Referrals

**4 New HCIP Resources**  
Available as of September '08

### 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 us 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.



# Online communities of practice to examine and synthesize evidence



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

[www.coalescing-vc.org](http://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 or safe time to drink alcohol during pregnancy"*

**Multiple Approaches to FASD Prevention**

[www.publichealth.gc.ca/fasd](http://www.publichealth.gc.ca/fasd)

## PREVENTING FASD THROUGH PROVIDING ADDICTIONS TREATMENT AND RELATED SUPPORT FOR

### FIRST NATIONS AND INUIT WOMEN IN CANADA



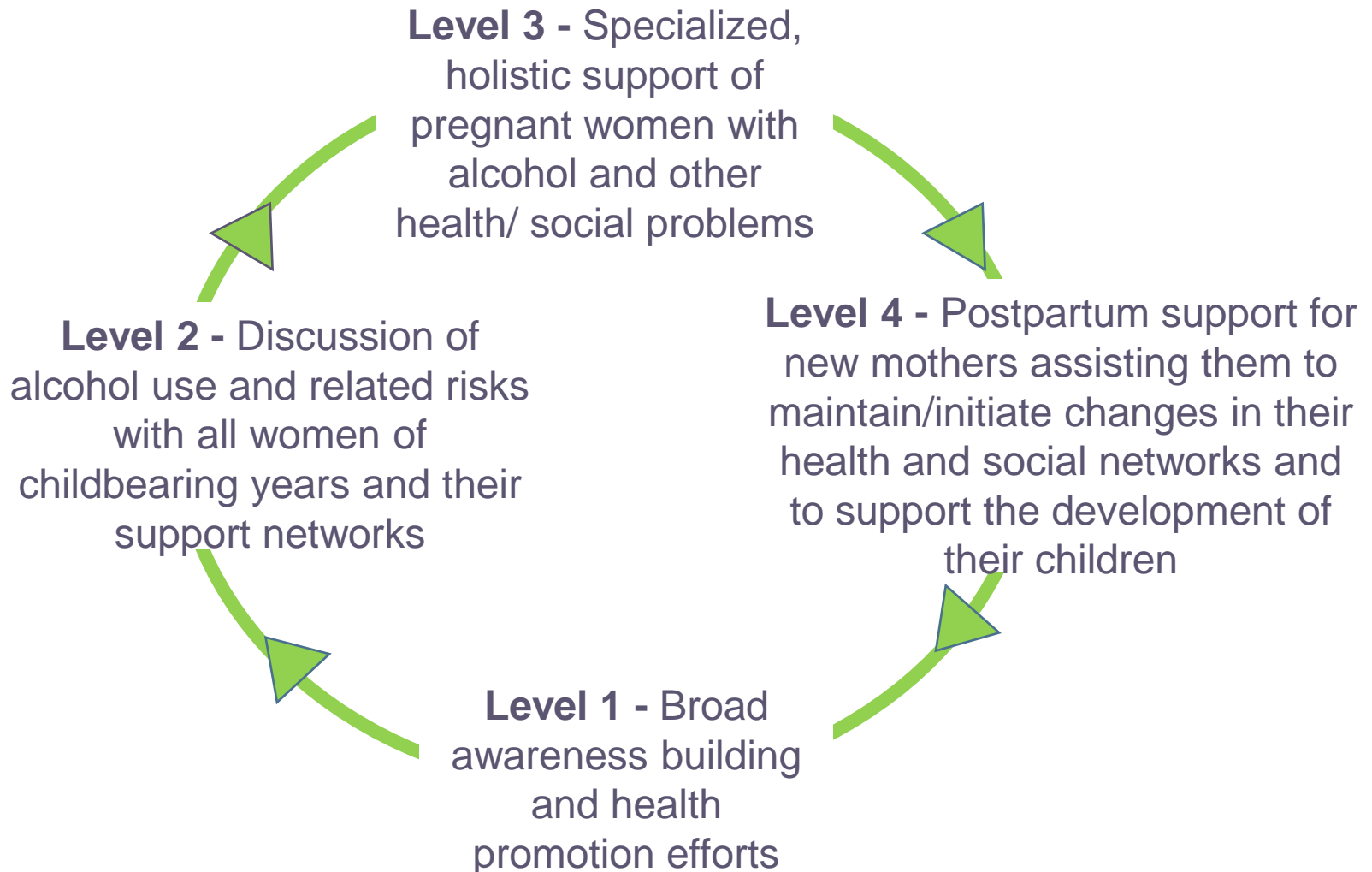
#### RESEARCH TO INFORM PRACTICE AND POLICY

This information sheet summarizes the findings of an exploratory study undertaken in 2008 by researchers at the British Columbia Centre of Excellence for Women's Health, with the participation of treatment providers and health system planners responsible for programming serving First Nations and Inuit women from across Canada.

The study was funded by the First Nations and Inuit Health Branch (FNIHB), 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).



# Postpartum matters





[www.hcip-bc.org](http://www.hcip-bc.org)

[www.coalescing-vc.org](http://www.coalescing-vc.org)

[www.bccewh.bc.ca](http://www.bccewh.bc.ca)