Intervention tool

Preventing Prenatal Alcohol Exposure (PAE) and Fetal Alcohol Spectrum Disorder (FASD)

Objective :	Provide up-to-date, evidence-based information on the risks associated with prenatal alcohol exposure.
Audience :	▶ Health and social care professionals and stakeholders.
Authorship :	Direction de santé publique du CIUSSS de la Capitale-Nationale et coll.
Prevention Message	▶ Before and during pregnancy, eliminate the dangers and effects of alcohol consumption It is important to talk about it so as not to suggest that it is without risk. Remember that drinking moderately or occasionally is also at risk.

Cause

PRENATAL ALCOHOL EXPOSURE

(PAE)

- ► Alcohol in all of its forms is a teratogenic agent^{1,2} which means it can cause malformations.
- ► There is no known safe amount of alcohol consumption throughout the pregnancy^{3,4,5}.
- **Binge drinking** (four or more drinks consumed on one occasion) is very risky for the fetus^{3,6}.
- ▶ Alcohol passes directly from the mother's blood to the fetus's blood¹, where it remains for longer and damage the placenta³.
- ▶ Among psychoactive substances, alcohol is one of the most toxic for the embryo and the fetus³.
- ▶ Alcohol **affects** several **organs**, including, most significantly, the **brain** (central nervous system)⁵.
- Damage is permanent⁷.



Prenatal Alcohol Exposure (PAE) is one of the **leading causes** of:

- ► Childhood Developmental Disorders⁸;
- ▶ Intellectual disabilities⁸;
- **▶** Congenital defects¹.

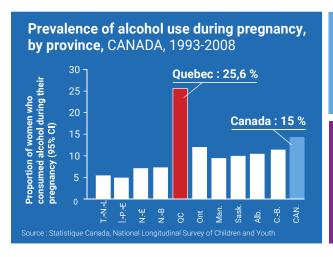
New: Fathers' alcohol consumption may also contribute to risk factors [See article on the impact of paternal alcohol consumption on sperm epigenome]

Consequences

FETAL ALCOHOL SPECTRUM DISORDER

(FASD)

- ▶ FASD (neurodevelopmental disorder specific to PAE [DSM-5]) is an invisible disability, which makes it difficult to diagnose⁹. In fact, less of 10% of people with FASD have the three characteristic facial features associated with the condition¹⁰.
- FASD is linked to over 400 physical and mental health conditions¹¹ of varying severity.
 - 94% of people with FASD also experience mental health problems⁷.
- Various health conditions can accompany or result from FASD: Global developmental delay, ADHD, Tourette's syndrome, complex trauma, and other disorders such as sensory, language, hearing, opposition, learning (dyscalculia), sleep, attachment, anxiety, mood disorders, etc.¹²
- ▶ FASD is often confused with other diagnoses due to lack of screening.
- Pharmacological treatments are complex: FASD patients may be resistant to medication or experience greater side effects¹³
- Secondary consequences of FASD can be significant¹⁴: Immaturity, poor judgment, learning difficulties, multiple placements, abuse, neglect, truancy and dropping out of school, autonomy issues, substance abuse, job instability, over-representation in youth centres^{15,16} and prison settings¹⁷, and homelessness.
- > The involvement of a multidisciplinary team is essential



In Toronto,
PAE is estimated at 11%,
while FASD is estimated
at 2 to 3%

In Quebec,
PAE is estimated to be 25.6%,
but the prevalence of FASD
is unknown because
it remains undocumented.

Prevalence of FASD in Canada

4%

Estimated prevalence of FASD is greater than ASD, cerebral palsy, and Down syndrome combined.²

OBLIGATIONS SET FORTH BY QUEBEC'S PUBLIC HEALTH ACT

Prevent diseases and social problems. Promote measures to improve the health and well-being of the population.

RISK FACTORS OF ALCOHOL USE

- Lack of knowledge about adverse effects on the fetus
- Lack of support from friends and family
- ▶ Domestic violence
- ▶ Personal history of substance use
- ▶ Relative who consume alcohol excessively
- ▶ Social and media pressure

Some studies have found that wealthier and more educated women are more likely to consume alcohol and to be asked fewer questions about their alcohol consumption during pregnancy. 19-21



RECOMMENDATIONS FOR WOMEN OF REPRODUCTIVE AGE

- Provide effective contraception:

 As many as 60% of pregnancies are unplanned¹⁰
 Risks start from the moment of conception³
- ▶ Inform women about the dangers of FASD

SOGC RECOMMENDATIONS

Clinical Guideline 2020

- ▶ All pregnant women should be asked about their alcohol consumption at **each clinical appointment**.
- ▶ The mother's drinking habits should be included in the child's medical record¹⁸.

Ask questions about alcohol consumption throughout pregnancy

▶ Was your pregnancy planned?

(Open question to assess risk of use before she knows she is pregnant)

▶ When did you last consume alcohol (beer, wine, cider...)?

Ask questions at each meeting and assess the mother's stress level.

DOES NOT DRINK ALCOHOL

- ➤ Good choice for your baby's health.
- ► Continue to avoid alcohol throughout your pregnancy.

HAS STOPPED DRINKING

► How many drinks of alcohol did you have **before learning that you were pregnant**?

CONSUMES ALCOHOL

- ► How many drinks of alcohol do you drink per day, per week, per month?
- ▶ Under what circumstances do you usually consume alcohol (relaxation, stress, social pressure, habit, domestic violence, etc.)?

What do you know about the consequences of alcohol consumption during pregnancy?



▶ What do you think about eliminating alcohol consumption during your pregnancy?

- ▶ Do you intend to stop?
- Who in your support network can help and support you?
- Would you like suggestions to help you relax and free help to support you in your decision*
- * CISSS and CIUSSS, rehabilitation centers that prioritize pregnant women, S.O.S domestic violence and 811 and 211 help lines, fasd-alcoholfreepregnancy.ca.

If alcohol were medication, doctors would be prohibited from prescribing it to pregnant women.

Before and during pregnancy, eliminate the dangers and effects of alcohol consumption

Author of this intervention tool, 2022

 France Paradis, M.D., M.Sc, Doctor responsible for pregnancy and alcohol, DSPu de la Capitale-Nationale and Research & Clinical Practitioner at CRUJeF

Collaborators

- · Association pour la santé publique du Québec [ASPQ]: Isabelle Létourneau, B. Com, FASD Project Manager Sylvie Roy, Dt.P., M. Sc. Project Manager
- Annie Rivest B.Éd., Executive Director Annie Mc Clure, student, DESS in educational techniques, **Assistant Director**
- CIUSSSCN GMF: Fabienne Saint-Cyr M.S.S., social worker and psychotherapist DSPu: Michel Bernier, M.D. and Nadine Dubois, M.D.
- · Louise Paradis, M.A., medical anthropologist

FOR MORE INFORMATION

- -Guideline No. 405: Screening and Counselling for Alcohol Consumption During Pregnancy, SOGC, 2020
- https://www.jogc.com/article/S1701-2163(20)30223-1/fulltext -Portail d'information périnatale, INSPQ. Fiche sur l'alcool : https://www.inspg.gc.ca/information-perinatale/fiches/alcool et Guide des bonnes pratiques en prévention clinique du MSSS
- -Association pour la santé publique du Québec (ASPQ), État des connaissances sur le TSAF (2020), Entretiens individuels sur la prévention de la consommation d'alcool pendant la grossesse et sur le TSAF (2020), grossessesansalcool.ca/resssources
- -SafEra SOS TSAF: Organization working to support pregnant women, people with FASD, and their loved ones. https://safera.net -Encyclopedia on Early Childhood Development, updated 2020.
- https://www.child-encyclopedia.com/fetal-alcohol-spectrum-disorders-fasd
- -Fetal alcohol spectrum disorder: a guideline for diagnosis across the lifespan, Ted Rosales for CanFASD, Canadian Guidelines, 2015. http://www.cmaj.ca/lookup/doi/10.1503/cmaj.141593.
- -Information, help, and referral hotline for alcohol and drugs Drugs, Help and Referral 1 800 265-2626, https://www.aidedrogue.ca/en/. Services in French and English.
- -Centre IMAGe: Information center for health professionals dealing with the risks associated with drug use during pregnancy and breastfeeding.
- -Impacts of paternal alcohol use before pregnancy: https://doi.org/10.1038/s41598-022-12188-3

TOOLS FOR SCREENING AND ASSESSING THE RISK OF ALCOHOL USE

- -CRAFFT+N Questionnaire (v2.1) http://crafft.org/wpcontent/uploads/2020/09/CRAFFT_2.1NHONC_Self-administered_2 020-09-30.pdf
- -The 4P's Plus screen for substance use in pregnancy: clinical application and outcomes

https://pubmed.ncbi.nlm.nih.gov/15703775/

- -Alcohol Use Disorders Identification Test (AUDIT) INSPQ Centre d'expertise et de référence en santé publique https://www.inspq.qc.ca/boite-outils-pour-la-surveillance-post-sinistre-des-impacts-sur-la-sante-mentale/instruments-de-mesure-standardises/que stionnaires/consommation-d-alcool
- -Chiodo, L. M., Sokol, R. J., Delaney-Black, V., Janisse, J., & Hannigan, J. H. (2010). Validity of the T-ACE in pregnancy in predicting child outcome and risk drinking. Alcohol (Fayetteville, N.Y.), 44(7-8), 595-603. https://doi.org/10.1016/j.alcohol.2009.08.009



- 1. Lévesque S, April N. Alcool. Portrait d'information périnatale [En ligne]. Québec : Institut national de santé publique du Québec; 2019. https://www.inspq.qc.ca/information-perinatale/fiches/alcool
- 2.Cook JL. Consommation d'alcool pendant la grossesse et trouble du spectre de l'alcoolisation foetale au Canada: qui, quoi, où? Promotion de la santé et prévention des maladies chroniques au Canada Recherche, politiques et pratiques. 2021;41(9):292-4. https://doi.org/10.24095/hpc-
- 3.Legault LM, Bertrand-Lehouillier V, McGraw S. Pre-implantation alcohol exposure and developmental programming of FASD: an epigenetic perspective. Biochem Cell Biol. 2018;96(2):117-30. https://cdnsciencepub.com/doi/10.1139/bcb-2017-0141
- 4. Jonsson E, Salmon A, Warren KR. The international charter on prevention of fetal alcohol spectrum disorder. The Lancet Global Health.2014;2(3):e135-7. https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(13)70173-6/fulltext
- 5.Long X, Lebel C. Evaluation of Brain Alterations and Behavior in Children With Low Levels of Prenatal Alcohol Exposure. JAMA Network Open.2022;5(4):e225972. https://doi.org/10.1001/jamanetworkopen.2022.5972
- 6.Legault LM, Doiron K, Breton-Larrivée M, Langford-Avelar A, Lemieux A, Caron M, et al. Pre-implantation alcohol exposure induces lasting sex-specific DNA methylation programming errors in the developing forebrain. Clin Epigenetics. 2021;13(1):164. https://clinicalepigeneticsjournal.biomedcentral.com/articles/10.1186/s13148-021-01151-0
- 7.Anderson, T., Mela, M., & Stewart, M. (2017). The implementation of the 2012 mental health strategy for Canada through the lens of FASD. Canadian Journal of Community Mental Health, 36(4), 69-81.
- 8.Bernes G, O'Brien J, Mattson SN. Profils neurocomportementaux spécifiques à l'ensemble des troubles causés par l'alcoolisation fœtale. Dans: Encyclopédie sur le développement des jeunes enfants. Éd. rév. [En ligne]. États-Unis; 2020. http://www.enfantencyclopedie.com/sites/default/files/textes-experts/fr/37/profils-neurocomportementaux-specifi ques-alensemble-des-troubles-causes-par-lalcoolisation-foetale.pdf
- 9.Cook JL, Green CR, Lilley CM, Anderson SM, Baldwin ME, Chudley AE, et al. Fetal alcohol spectrum disorder: a guideline for diagnosis across the lifespan. CMAJ. 2015;188(3):191-7. http://www.cmaj.ca/lookup/doi/10.1503/cmaj.141593
- 10. Réseau de recherche Canada FASD. Trouble du spectre de l'alcoolisation foetale. 2021; 2. https://canfasd.ca/wpcontent/uploads/publications/CanFASD_WhatIsFASD_Brochure_FR.pdf
- 11. Popova S, World Health Organization, Centre for Addiction and Mental Health. Étude internationale de l'Organisation mondiale de la Santé sur la prévalence du trouble du spectre de l'alcoolisation fœtale (TSAF): volet canadien. Institut de recherche sur les politiques en matière de santé mentale. Centre de toxicomanie et de santé mentale. 2018. https://www.camh.ca/-/media/files/pdfs---reports-and-books---research/who-fasd-report-french-april2018-pdf.pdf
- 12. Popova S, Lange S, Shield K, Mihic A, Chudley AE, Mukherjee RAS, et al. Comorbidity of fetal alcohol spectrum disorder: a systematic review and meta-analysis. The Lancet.2016;387(10022):978-87. https://www.sciencedirect.com/science/article/abs/pii/S0140673615013458
- 13. Durr MRR, Petryk S, Mela M, DesRoches A, Wekerle M, Newaz S. Utilization of psychotropic medications in children with FASD: a retrospective review. BMC Pediatrics. 2021;21(1):512. https://doi.org/10.1186/s12887-021-02986-5
- 14.McLachlan K, Flannigan K, Temple V, Unsworth K, Cook JL. Difficulties in Daily Living Experienced by Adolescents, Transition-Aged Youth, and Adults With Fetal Alcohol Spectrum Disorder. Alcoholism: Clinical and Experimental Research, 2020;44(8):1609-24. https://onlinelibrary.wiley.com/doi/abs/10.1111/acer.14385
- 15. Nadeau D, Bussières ÈL, Servot S, Simard MC, Muckle G, Paradis F. L'exposition prénatale à l'alcool et aux drogues chez des bébés signalés en protection de l'enfance à la naissance: la pointe de l'iceberg? École de service social de l'Université Laval;2020;66(1):99-113. https://www.erudit.org/fr/revues/ss/2013-v59-n2-ss05253/1068923ar/
- 16. Flannigan K, Kapasi A, Pei J, Murdoch I, Andrew G, Rasmussen C. Characterizing adverse childhood experiences among children and adolescents with prenatal alcohol exposure and Fetal Alcohol Spectrum Disorder. Child Abuse Negl. 2021;112:104888. https://www.sciencedirect.com/science/article/abs/pii/S0145213420305433
- 17. Popova S. Lange S. Bekmuradov D. Mihic A. Rehm J. Fetal Alcohol Spectrum Disorder Prevalence Estimates in Correctional Systems: A Systematic Literature Review. Can J Public Health.2011;102(5):336-40. https://doi.org/10.1007/BF03404172
- 18. Graves L, Carson G, Poole N, Patel T, Bigalky J, Green CR, et al. Guideline No. 405: Screening and Counselling for Alcohol Consumption During Pregnancy. Journal of Obstetrics and Gynaecology Canada. Elsevier; 2020;42(9):1158-1173.e1. https://www.jogc.com/article/S1701-2163(20)30223-1/fulltext
- 19. Walker MJ, Al-Sahab B, Islam F, Tamim H. The epidemiology of alcohol utilization during pregnancy: an analysis of the Canadian Maternity Experiences Survey (MES). BMC Pregnancy and Childbirth. 2011;11(1):52. https://doi.org/10.1186/1471-2393-11-52
- 20. Joubert K, Baraldi R, Institut de la statistique du Québec. La santé des Québécois: 25 indicateurs pour en suivre l'évolution de 2007 à 2014: résultats de l'Enquête sur la santé dans les collectivités canadiennes. Institut de la statistique du Québec. 2016. http://collecions.banq.qc.ca/ark:/52327/2742960
- 21. Cheng D, Kettinger L, Uduhiri K, Hurt L. Alcohol consumption during pregnancy: prevalence and provider assessment. Obstet Gynecol. févr 2011;117(2):212-7. https://journals.lww.com/greenjournal/Abstract/2011/02000/Alcohol_Consumption_During_Pregnancy Prevalence.3.aspx





