

FETAL ALCOHOL SPECTRUM DISORDER

PREVENTION AND HEALTH PROMOTION RESOURCES PACKAGE



The Fetal Alcohol Spectrum Disorder (FASD) Prevention and Health Promotion Resources Package – ‘the Package’ – is designed to equip Australian health professionals with the knowledge and skills needed to develop, implement and evaluate community-driven solutions to reduce alcohol consumption, tobacco smoking and substance misuse during pregnancy, and to cut down on the number of unplanned pregnancies in their communities. During 2015–17, the Package was delivered to staff from participating New Directions: Mothers and Babies Services (NDMBS), a national program to increase access to child and maternal health care for Aboriginal and Torres Strait Islander families.

When surveyed, most health professionals reported they did not ask their clients about alcohol use in pregnancy, or provide women with information about the effects of alcohol on the fetus.² Challenges included limited knowledge and resources among health professionals to tackle the issue, along with a lack of confidence in advising clients. As such, we determined that resourcing and educating health professionals were critical factors to implementing a whole-of-community approach to preventing FASD in Aboriginal and Torres Strait Islander communities.

WHY ARE THESE RESOURCES NEEDED?

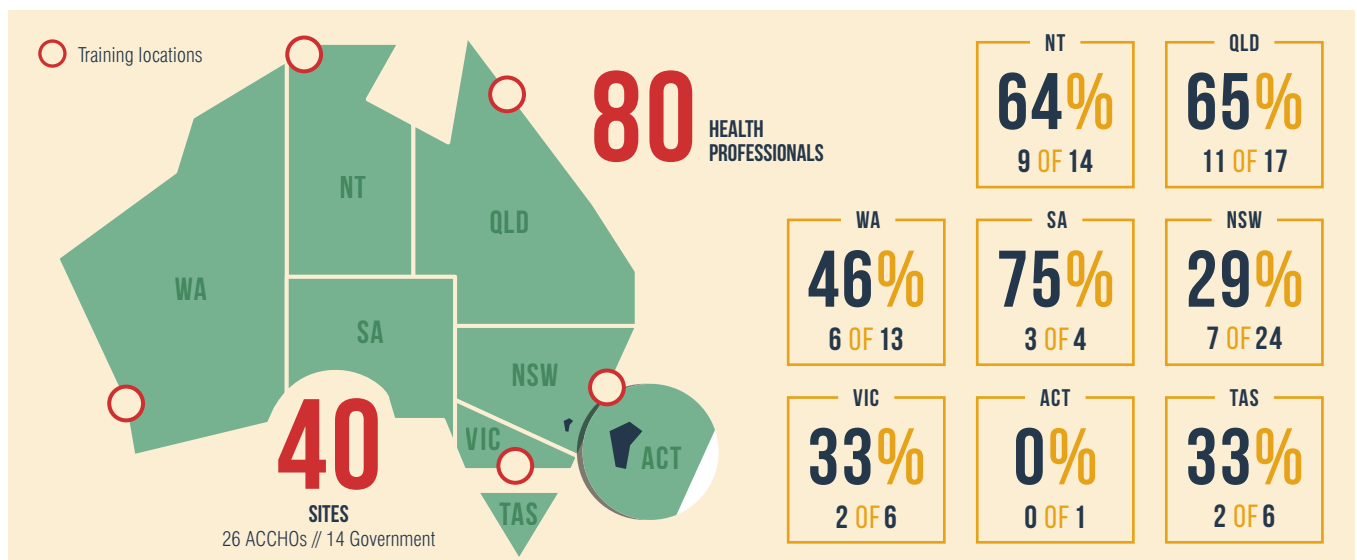
Although high rates of alcohol consumption have been reported across all Australian populations, research shows that Aboriginal and Torres Strait Islander women are more likely to consume alcohol at harmful levels during pregnancy, thereby greatly increasing the risk of stillbirths, infant mortality and infants born with an intellectual disability.¹ Addressing the effects of alcohol consumption during pregnancy, and in particular FASD, requires both an understanding of how the cultural context, historical legacy and social determinants affect Aboriginal and Torres Strait Islander people, and the importance of working in partnership with communities and relevant organisations.

PILOTING THE PACKAGE

We piloted two days of training with 80 health professionals from 40 participating NDMBS sites, with the aim of increasing:

- 1 awareness and understanding of alcohol, tobacco and other substances use during pregnancy and of FASD
- 2 awareness of existing FASD health promotion resources and of how best to use these resources within primary health care services in line with their community needs
- 3 knowledge and skills to develop, implement and evaluate community-driven solutions to reduce alcohol consumption, tobacco smoking and substance misuse during pregnancy, and reduce unplanned pregnancies in their communities.

PARTICIPATING NDMBS SITES



HOW DID PARTICIPATING HEALTH SERVICES IMPLEMENT THE PACKAGE?

Three months after the training, all participating health services were contacted for follow-up support with feedback received from 28 sites. This revealed varying approaches to implementing the Package, which can be grouped into the following five areas.

SETTINGS AND SUPPORTIVE ENVIRONMENTS

To develop healthier physical, social and cultural environments where people live, learn, work and play by:



Implementing organisational policy change, e.g. automatic recall systems, updated electronic information systems, standardised practice and routine screening with all pregnant women



Using a settings-based approach, e.g. incorporating FASD prevention into the Core of Life Education Program in secondary schools

COMMUNITY ACTION

To increase community control over the determinants of health, through collective efforts and community participation, by:



Formalising FASD prevention partnerships and steering groups



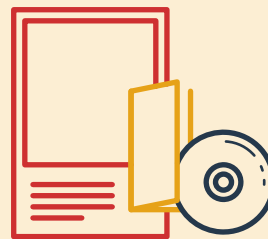
Conducting community surveys to assess attitudes towards alcohol, pregnancy and FASD



Hosting FASD information sessions at community forums for parents and carers of children with FASD, and train-the-trainer mini workshops with clinical and administrative colleagues

HEALTH INFORMATION AND SOCIAL MARKETING

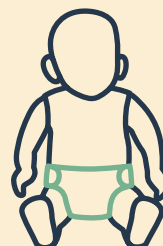
To influence individual behaviour change through information and development of personal skills by:



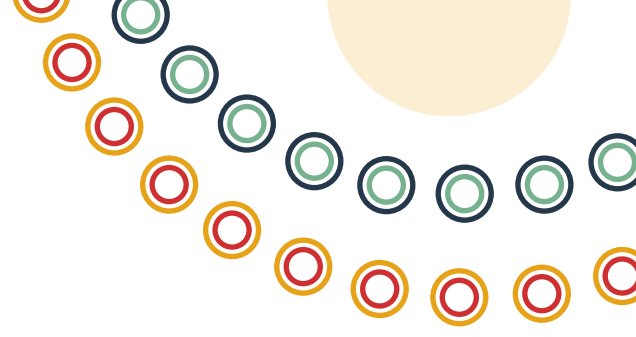
Using awareness-raising posters, brochures, flyers, educational DVDs and films such as 'Tristan'



Introducing customised standard drinks games and other FASD prevention activities based on the National Health and Medical Research Council guidelines for alcohol consumption



Purchasing FASD dolls to demonstrate why FASD is commonly referred to as 'the invisible disability'

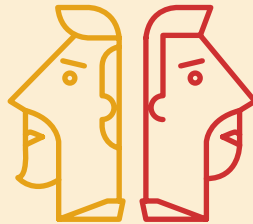


HEALTH EDUCATION AND SKILL DEVELOPMENT

To improve knowledge, attitudes, confidence and individual capacity to change psychosocial behavioural risk factors by:



Holding small group and one-on-one education sessions with pregnant women and those of child-bearing age about alcohol, pregnancy and preventing FASD



Incorporating FASD group-based education sessions and prevention activities into men's health programs, so that 'FASD prevention is everybody's business'



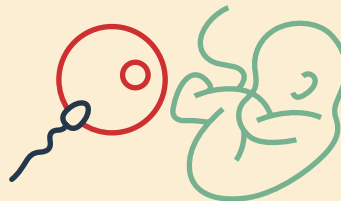
Using brief intervention and motivational interviewing techniques to guide conversations about alcohol and pregnancy, especially at antenatal visits

SCREENING, INDIVIDUAL RISK ASSESSMENT

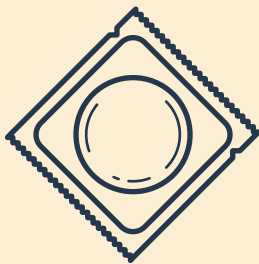
To enable early detection and management of diseases to improve physiological risk factors by:



Integrating the AUDIT-C alcohol screening tool into the health service's own reporting system



Routine screening and recording of results in clinical records for all pregnant women throughout all stages of pregnancy



Establishing an automatic recall system for women of child-bearing age who cease contraception use



Ensuring that at all antenatal visits health professionals always ask pregnant women 'Do you drink alcohol?'

IMPLEMENTATION ENABLERS



Community

- Consulting with and engaging people in a whole-of-community approach to FASD prevention that targets those most affected



Health Services

- Identifying passionate change agents within the service to work with the community to make positive change
- Fully staffed NDMBS sites with low staff turnover
- NDMBS sites that have a strong connection with community
- Having supportive management to implement several of the FASD prevention approaches in the Package

IMPLEMENTATION BARRIERS



Community

- Minimal community involvement and consultation
- Lack of established partnerships between the community and other health and social services



Health Services

- High staff turnover, low staff retention and minimal strategies in place to retain knowledge within the service when an individual leaves
- Senior management giving only limited support to FASD prevention and using single rather than multiple approaches

WHO DEVELOPED THE PACKAGE?

Menzies School of Health Research developed the Package in partnership with the National Aboriginal Community Controlled Health Organisation and the Telethon Kids Institute. It is modelled on Western Australia's **Ord Valley Aboriginal Health Service's FASD prevention program**, and funded by the Commonwealth Department of Health.

We undertook a systematic review of the literature to identify an evidence-based approach to implementing health promotion and prevention that is designed to prevent and reduce the impact of FASD in Aboriginal and Torres Strait Islander communities. An online scan of existing FASD prevention resources assessed their availability, accessibility, cultural appropriateness and adherence to current Australian guidelines. As the scan found a significant number of high-quality, relevant resources to include in the Package, there was no need to develop additional resources.

WHAT'S IN THE PACKAGE?

Health promotion resources targeted at five key groups:

- Pregnant women
- Women of child-bearing age
- Grandmothers and aunts
- Men
- Health professionals

Five discrete training modules to assist health professionals share FASD prevention information and use the resources effectively within their community:

- Introduction: FASD Prevention and Health Promotion Resources Package
- Module 1: What is Fetal Alcohol Spectrum Disorder?
- Module 2: Brief Intervention and Motivational Interviewing
- Module 3: Monitoring and Evaluation
- Module 4: Sharing Health Information

Training support materials to assist health professionals in delivering their own FASD training:

- Facilitator manual
- Participant workbook

FOR MORE INFORMATION

Dr Christine Hannah

T +61 7 3169 4201

E christine.hannah@menzies.edu.au

REFERENCES

- 1 C. O'Leary, H. Leonard, J. Bourke, H. D'Antoine, A. Bartu & C. Bower 2013, 'Intellectual disability: Population-based estimates of the proportion attributable to maternal alcohol use disorder during pregnancy', *Developmental Medicine & Child Neurology*, 55(3):271-7.
- 2 J. Payne, E. Elliott, H. D'Antoine, C. O'Leary, A. Mahony & E. Hann 2005, 'Health professionals' knowledge, practice and opinions about fetal alcohol syndrome and alcohol consumption in pregnancy', *Australian and New Zealand Journal of Health Professionals*, 29(6):558-64.