Enhancing Patient Care

Clinical Approaches to Addressing Alcohol Use During Pregnancy
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Alberta Alcohol Drug and Abuse Commission (AADAC)
- Challenges of Alcohol Risk Assessment

Action on Women’s Addictions – Research & Education (AWARE)
- Motivational Approaches

Best Start Resource Centre
- Ask, Assist, Advise; Specialized Approaches; When and How to Ask; How to Advise; How to Assist; Brief Interventions; and Conclusions.

British Columbia Centre of Excellence for Women’s Health
- Life Conditions

Public Health Agency of Canada
- Brief Interventions

Saskatchewan Prevention Institute
- Alcohol Use and Pregnancy; and Life Conditions

Saskatchewan Provincial Alcohol and Drug Services Working Group
- When and How to Ask; and How to Assist.

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Prenatal exposure to alcohol is the leading cause of preventable and non-genetic birth defects in Canada and the Western world (Best Start, 2002; Public Health Agency of Canada, 2004). Each year in Canada, approximately nine out of every 1,000 children are born with Fetal Alcohol Spectrum Disorder (FASD) (Public Health Agency of Canada, 2006). It is estimated that more than 3,000 children a year are born with FASD and 300,000 individuals are currently living with the effects of prenatal exposure to alcohol (Public Health Agency of Canada, 2006). Prevention, identification, and intervention efforts are crucial as the emotional and financial costs of raising a child with FASD are high for families, professionals, and society.

Health care professionals who care for women of childbearing years, particularly women who are pregnant, can have an impact on the prevention of FASD through open and effective communication about alcohol consumption. It is important to not only discuss and assess alcohol risk with pregnant women, but also with all women of childbearing years.

**Health care professionals who care for women of childbearing years can:**

- introduce the discussion of alcohol use as a general topic related to overall health;
- engage in discussion about alcohol use in a sensitive manner;
- ask about alcohol use and screen for alcohol risk at key times (e.g., during routine exams);
- provide appropriate advice regarding alcohol use during pregnancy;
- encourage modification of drinking behaviour as necessary; and
- refer women to appropriate sources of support combined with follow-up care.

This resource aims to serve as a guide for health care professionals and discusses the importance of alcohol screening, making referrals, providing follow-up care, and connecting patients to community resources (Loock, Conry, Cook, Chudley, & Rosales, 2005). The emphasis is on open discussion about alcohol use during pregnancy and alcohol risk assessment with women of childbearing years, especially those who are pregnant. Topics that are covered in the resource include alcohol use and pregnancy, women and alcohol use during pregnancy, and clinical practices.
Role of Health Care Professionals

Health care professionals are in a position to ask, advise, and assist women regarding their current drinking behaviour and can play a key role in motivating patients to refrain from drinking alcohol or to decrease their alcohol consumption (Best Start, 2002).

Best practice emphasizes the importance of health care professionals sensitively engaging in discussion about alcohol use during pregnancy and assessing alcohol risk using a standardized screening tool with women of childbearing years (Public Health Agency of Canada, 2004; 2006). A situational analysis identified the importance of routinely using a standardized screening tool to identify women at risk of having a child who has been prenatally exposed to alcohol (Legge, Roberts, & Butler, 2000).

There are brief approaches that health care professionals can utilize to address alcohol use during pregnancy, and with women of childbearing years. These approaches can be used to identify, support, and assist at-risk patients prior to and during pregnancy (Best Start, 2002; College of Family Physicians of Canada, 1994). A standardized screening tool to assess alcohol risk along with brief motivational approaches are crucial elements in enhancing patient care (Public Health Agency of Canada, 2004).

With Women of Childbearing Years
Health care professionals can ask female patients of childbearing years about their current alcohol use and advise that no alcohol is the safest choice if they are planning a pregnancy or are at risk of becoming pregnant.

With Pregnant Women
Health care professionals can engage in discussion with pregnant women about alcohol use during pregnancy in a non-judgmental manner and inform them of the risks of drinking during pregnancy. Standardized alcohol screening will assist in identifying at-risk or high-risk patients. The use of brief motivational approaches can accompany advisement of abstaining from alcohol use to support behaviour change.

Ask, Advise, Assist

Ask
- all women of childbearing years about current alcohol use; and
- all pregnant women about current alcohol use.

Advise
- all women of childbearing years that no alcohol is the safest choice when planning a pregnancy or at risk of becoming pregnant; and
- all pregnant women that abstaining from alcohol is the safest choice during pregnancy.

Assist
- all women by providing appropriate care through information, engaging in discussion in a non-judgmental manner, and initiating follow-up referrals to appropriate programs and services.
Challenges of Alcohol Risk Assessment

There are several reasons why health care professionals may not always initiate discussion about alcohol consumption during pregnancy with each woman of childbearing years or conduct alcohol risk assessment using a standardized screening tool. Barriers may include:

- time constraints;
- discomfort;
- level of knowledge;
- uncertainty of how to ask, advise, and assist;
- biases/opinions on alcohol use;
- issues regarding personal alcohol consumption; and
- concern regarding the patient’s reaction.

As a result of these concerns, health care professionals may:

- avoid discussion of alcohol use during pregnancy;
  - “She doesn’t seem to be the type of woman who drinks during pregnancy.”
  - “If she admits she’s drinking, I am not sure how to address the situation.”

- approach the discussion with a judgmental question;
  - “You don’t drink, do you?”

- react in a way that contributes to the stigma and shame the patient may already be feeling;
  - “How can you continue to drink like this? Don’t you care about your baby?”

- allow personal biases to affect addressing alcohol use during pregnancy; or
  - “I consume alcohol myself and feel uncomfortable asking about and screening for alcohol use with my patients.”
  - “I believe there are safe levels of alcohol and that only heavy or binge drinking leads to harmful effects on the fetus.”

- ask questions that fail to explore and/or further discuss the topic of alcohol use during pregnancy.
  - “You know about the effects of alcohol during pregnancy, don’t you?”

Discussion about alcohol use during pregnancy and standardized alcohol risk assessment should occur with each woman of childbearing years, regardless of her age, socio-economic status, cultural background, ethnicity, and/or education level. This resource will aim to address the concerns that health care professionals may have when caring for women of childbearing years regarding alcohol use during pregnancy.
Effects of Prenatal Exposure to Alcohol

Alcohol is the most widely used teratogen among women of childbearing years, and the consequences of prenatal exposure to alcohol can be life-altering (Best Start, 2002). Alcohol is a neurobehavioural teratogen that causes damage to the brain and can subsequently change behaviour. Additionally, neurobehavioural teratogens can cause central nervous system damage at a lower dose than is necessary to cause any physical malformation for the fetus. As a result, the central nervous system may be damaged, yet the child will not exhibit any physical characteristics of prenatal alcohol exposure.

The five identified outcomes that can occur when a fetus is exposed to a teratogen such as alcohol are:
- miscarriage;
- stillbirth;
- malformations;
- growth deficiency; and
- central nervous system dysfunction.

When a pregnant woman ingests alcohol, her blood alcohol level and the blood level of the fetus are the same within minutes of the alcohol consumption. Alcohol passes directly to the fetus through the placenta. The damage that alcohol causes to the fetus is determined by several factors, such as the amount of alcohol consumed, the timing of alcohol consumption during pregnancy, the pattern of alcohol consumption, and the genetic makeup of the mother and the fetus.

Amount of Alcohol Consumed
- Larger doses of alcohol will have a more detrimental effect on the fetus.
- Drinking smaller amounts of alcohol on a regular basis can also cause damage to the fetus.

Timing of Alcohol Consumption During Pregnancy
- Alcohol can damage the fetus throughout the fetus’ entire gestation.
- During the first trimester of pregnancy, exposure to alcohol can cause abnormalities in the physical structure of the fetus.
- During the third trimester, the fetus increases dramatically in length and weight, and exposure to alcohol can impair the growth.
- The brain develops and is vulnerable to damage throughout the entire pregnancy.
- Such damage to the brain can result in behaviour problems and cognitive deficits, the most debilitating of all the effects of prenatal alcohol exposure.
- Damage to the fetus may be linked to heavy alcohol consumption during a particular period of the pregnancy. Whenever a pregnant woman stops drinking alcohol, she improves her health and her child’s health.
Pattern of Alcohol Consumption (Regular Consumption; Binge Drinking)

- Babies born to chronic alcoholic women are at greater risk of having Fetal Alcohol Syndrome (FAS); however, babies born to women who regularly binge drink (four or more drinks at a time) may experience Alcohol-Related Neurodevelopmental Disorder (ARND).

Genetic Makeup of Mother and Fetus

- The damage done by alcohol varies for individual mothers and fetuses. For example, if two pregnant women consumed the same amount of alcohol when their fetuses were at the same gestational age, the damage to the two fetuses would not necessarily be the same. This is because individuals (mother and fetus) have different genetic structures and different tolerance levels to alcohol.

Sometimes a woman will be pregnant for a number of weeks before realizing it or before confirming the pregnancy.

- During this time, she may have already consumed large quantities of alcohol.
- It is very important for women who are sexually active and who may become pregnant to take precautions to avoid alcohol until they are sure that they are not pregnant.

The damage to the fetus caused by prenatal alcohol exposure may be compounded if the mother:

- has poor nutritional status;
- smokes;
- is in poor health;
- is not accessing medical care for general or prenatal health;
- is under high levels of stress;
- is experiencing untreated mental health problems;
- uses other drugs in addition to alcohol and tobacco;
- has a history of alcohol abuse and is continuing to drink;
- has a history of child sexual abuse; and/or
- already has a child with Fetal Alcohol Spectrum Disorder (FASD).

It is important to address overall maternal health in the prevention of FASD. The mother’s health, age, exposure to environmental toxins, and stress caused by factors such as poverty and physical abuse may lead to a poor pregnancy outcome.

Paternal Influence

There is conflicting evidence about the effect of a father’s alcohol use on the fetus. Animal and human studies have shown decreased birth weight in the offspring of fathers who consumed alcohol (Little & Sing, 2005; Passaro, Little, Savitz, & Noss, 1998). The viability and motility of the sperm may be affected by alcohol and other drugs. More research is needed to identify associations between paternal alcohol use and birth outcome.

Perhaps the most important influence of the father is the impact that his drinking may have on his partner. Fathers can be encouraged to support their partners in stopping alcohol and drug use before and during pregnancy.
Levels of alcohol use

There is no safe amount of alcohol to drink during pregnancy. The more alcohol a woman drinks, the greater the risk to the developing fetus. Chronic drinking (regularly or daily) and binge drinking (four or more drinks on one or more occasions) are both considered to be high risk factors. As cited by Loock et al. (2005), recent research shows that children born to mothers who consumed as little as one drink per day may have behavioural or learning difficulties (Sood et al., 2001).

There is ongoing debate about the effects of mild to moderate alcohol use during pregnancy; however, there is no known amount of alcohol that can be consumed during pregnancy without affecting the fetus. The safest choice is to advise patients to abstain from alcohol use during pregnancy.
Fetal Alcohol Spectrum Disorder (FASD)

The lifelong effects of alcohol use during pregnancy on the fetus are often devastating. Fetal Alcohol Spectrum Disorder (FASD) is an umbrella term that encompasses a range of physical, cognitive, and behavioural effects that can occur when alcohol is consumed during pregnancy (Public Health Agency of Canada, 2006). These lifelong disabilities can have a major impact on the individual and his or her family.

It is important to understand that even though an individual may not meet all the criteria for a diagnosis of Fetal Alcohol Syndrome (FAS) (a combination of cognitive and physical disabilities present at birth) he or she may still be living with the effects of prenatal exposure to alcohol. Individuals not diagnosed with FAS but who have Partial Fetal Alcohol Syndrome (pFAS), Alcohol-Related Neurodevelopmental Disorder (ARND), or Alcohol-Related Birth Defects (ARBD) also have special needs that may be as severe as in an individual with FAS.

Based on a category system, Health Canada’s National Advisory Committee developed *Fetal alcohol spectrum disorder: Canadian guidelines for diagnosis* (Chudley, Conry, Cook, Loock, Rosales & LeBlanc, 2005). The diagnosis of FASD is determined by a multi-disciplinary medical team. It is important to adopt a sensitive and trust building approach with mothers and children affected by FASD.

**Fetal Alcohol Syndrome (FAS)**

FAS describes individuals with the full syndrome including all of the characteristics needed to define it:

- facial anomalies
  - *i.e., small eye openings; flat thin upper lip; and flattening of philtrum*
- growth delays in at least one of the following ways:
  - *low birth weight*
  - *weight loss not due to poor nutrition*
  - *low weight to height ratio*
- central nervous system abnormalities in at least one of the following areas
  - *small head size at birth*
  - *structural abnormalities in the brain*
  - *poor fine motor skills, poor eye-hand coordination, hearing loss unrelated to injury or illness, or poor gait when walking*

FAS can be diagnosed with or without confirmation of alcohol consumption during pregnancy provided all other characteristics necessary to diagnose FAS are present.
Partial Fetal Alcohol Syndrome (pFAS)
pFAS describes individuals who do not have all of the characteristics necessary to receive a diagnosis of FAS. The following criteria are necessary:

- physician knowledge of alcohol consumption during pregnancy
- some of the facial anomalies that are characteristic of FAS

One of the following three characteristics are necessary:

- growth delays in at least one of the following ways
  - low birth weight
  - weight loss that is not due to poor nutrition
  - low weight to height ratio
- central nervous system abnormalities in at least one of the following areas:
  - small head size at birth
  - structural abnormalities in the brain
  - poor fine motor skills, poor eye-hand coordination, hearing loss unrelated to injury or illness, or poor gait when walking
- a pattern of behaviour or cognitive abnormalities that are not age-appropriate and cannot be explained by heredity or environment alone and may include
  - poor school performance
  - deficits in language (both expression and comprehension) and specific mathematical skills
  - poor abstract thinking ability
  - poor impulse control
  - inability to interpret and respond to social situations
  - problems with memory, attention, and judgment

Alcohol-Related Birth Defects (ARBD)
ARBD describes congenital abnormalities related to the:

- heart
- skeleton
- kidneys
- eyes
- ears

To relate these abnormalities to alcohol, the physician must have knowledge of alcohol consumption during pregnancy.
Alcohol-Related Neurodevelopmental Disorder (ARND)

ARND describes the presence of one or both of the following:

- central nervous system abnormalities in at least one of the following areas:
  - small head size at birth
  - structural abnormalities in the brain
  - poor fine motor skills, poor eye-hand coordination, hearing loss unrelated to injury or illness, or poor gait when walking

- a pattern of behaviour or cognitive abnormalities that are not age-appropriate and cannot be explained by heredity or environment alone and may include:
  - poor school performance
  - deficits in language (both expression and comprehension) and specific mathematical skills
  - poor abstract thinking ability
  - poor impulse control
  - inability to interpret and respond to social situations problems with memory, attention, and judgment

To relate these abnormalities to alcohol, the physician must have knowledge of alcohol consumption during pregnancy.

More information can be found from *Fetal alcohol spectrum disorder: Canadian guidelines for diagnosis* (2005) at: http://www.cmaj.ca.
Life Conditions

Life conditions can set the stage for women to use alcohol during pregnancy. Understanding the following factors is essential in preventing FASD. Women may drink during pregnancy because:

- they may be unaware that they are pregnant;
- they may know other women who consumed alcohol during pregnancy whose children appear to be healthy;
- alcohol use may be the social norm;
- alcohol use is common when celebrating festive or special events;
- they may be unaware of the harms of alcohol use;
- they may be struggling with addiction; and/or
- alcohol may be used to cope with difficult life situations such as:
  - poverty;
  - violence;
  - sexual abuse;
  - trauma;
  - depression;
  - mental health problems; and/or
  - unplanned and unwanted pregnancies.

A research study (Poole & Isaac, 2001) found that the top barriers to seeking support reported by women who consumed alcohol during pregnancy were:
- shame;
- fear of having their child removed by child welfare services;
- fear of prejudicial treatment;
- feelings of depression and low self-esteem;
- belief that they can change on their own and without assistance or support;
- lack of information about accessible services and programs; and
- waiting lists for treatment services.
Specialized Approaches

Although all women may be at risk for consuming alcohol during pregnancy, there are several populations that appear to be at high risk. Patients that may require specialized approaches when identifying alcohol use during pregnancy include pregnant teenagers, Aboriginal women, diverse cultural groups, women of low socio-economic status, women of high socio-economic status, and women living in abusive situations.

Pregnant Teenagers
As cited by Best Start (2002), high rates of heavy and binge drinking place young women at risk for unprotected sexual activity that can lead to unplanned pregnancy (Allard-Hendren, 2000). Any delay in recognition of pregnancy and initiation of prenatal care can increase the length of time that the fetus is exposed to alcohol.

Aboriginal Women
In some Aboriginal communities, alcohol use prior to and during pregnancy may be a symptom of community concerns such as poverty, lack of hope, and despair (Tait, 2000). Many Aboriginal communities believe that effective treatment is based on holistic care reflected in the medicine wheel teachings and a rediscovery of cultural and spiritual traditions. Whenever possible and if preferred by the woman, it is best to refer Aboriginal women who use alcohol to culturally appropriate services.

Diverse Cultural Groups
Alcohol use during pregnancy affects the fetus, regardless of ethnicity and culture. There are various cultural beliefs regarding women’s roles, alcohol use, appropriate care during pregnancy, and child rearing practices. It is important to be sensitive and non-judgmental to the range of cultural values and beliefs that exist.

Women with Low Socio-Economic Status
Women who live in poverty may use alcohol to deal with high levels of stress and despair due to inadequate housing, lack of clothing, food and childcare, low levels of support, and a history of trauma and abuse (Neal, 2004). It is helpful to have information on services that meet basic needs (e.g., food, shelter, support, and legal services) and to provide advice about alcohol use in a practical, empathetic, and non-judgmental manner.

Women with High Socio-Economic Status
Health care professionals may not always ask well-dressed, articulate, and educated women about alcohol use. As cited in Best Start (2002), some studies show higher rates of alcohol consumption during pregnancy among women of higher socio-economic status (e.g., Dzakpasu, Mery, & Trouton, 1998). It is important to avoid making assumptions based on income or marital status.
Women Living in Abusive Situations
Women living in abusive situations may use alcohol as a coping mechanism. Curry (1998) found an association between abuse during pregnancy and an increased incidence of substance use and psychosocial stress. Of the women who completed the Violence Against Women Survey (VAWS), 21% reported being physically abused during pregnancy and in 40% of those cases, the abuse began during pregnancy (Statistics Canada, 1993; 2006). Women living in abusive environments may benefit from information on needed and/or available resources and services. It is crucial to screen all women for abuse, especially those who drink frequently or heavily.
When and How to ASK

Asking about alcohol use can provide a context for:

- educating women about alcohol use during pregnancy;
- helping women with alcohol problems identify their problematic use;
- helping women with alcohol problems to discuss the need for change; and
- discussing the need for treatment and referral when necessary.

When to ASK

It is crucial to inquire about each patient’s alcohol use, especially with women of childbearing years, and to advise that no alcohol is the safest choice when planning a pregnancy, at risk of becoming pregnant, or during pregnancy.

As there are often no signs of alcohol use, it is best to assess each patient’s current alcohol use and risk level at the initial visit as well as at follow-up physical examinations (Best Start, 2002). Routinely asking about alcohol use with women of childbearing years may help reduce denial, shame, and/or stigma surrounding the topic of alcohol consumption during pregnancy.

Alcohol use can be assessed at:

- initial visits;
- full routine physical examinations;
- annual gynecological visits;
- preconception visits;
- visits for confirmation of pregnancy;
- mid pregnancy (24-28 weeks); and
- exit visits (32-36 weeks).

How to ASK

In an effort to avoid defensive responses, discussion about alcohol use can be initiated by explaining that standard health questions are asked with every female patient of childbearing years. Discussion can begin by asking the patient how much alcohol she currently consumes. Asking how much alcohol a patient consumes implies a non-judgmental assumption that each patient drinks alcohol.

If the patient reports alcohol abstinence, reinforce that it is safest not to consume alcohol when planning a pregnancy, at risk of becoming pregnant, or during pregnancy. If the patient discloses alcohol use, inquire about the frequency and quantity of consumption (See Figure 1 on Page 18). Follow up with the four questions outlined in the T-ACE questionnaire (See Figure 2 on Page 20). The scoring from the T-ACE questionnaire will indicate if the patient is “at-risk” or “high-risk” for alcohol dependency.
**Figure 1: Screening for Alcohol Use During Pregnancy**

### Screening for Alcohol Use

**ASK:** How much alcohol do you drink?

#### Does Not Drink Alcohol

**LOW RISK:**
1. ADVISE that no alcohol is the safest choice when planning or during pregnancy.

#### Drinks Alcohol

**ASK:**
1. In a typical week, how many days do you drink?
2. On those days, how many drinks are usual?
3. Administer T-ACE screening test (see other side).
   Watch for signs and symptoms of alcohol use.

**T-ACE Score: 0 to 5**

**ALL PREGNANT WOMEN WHO DRINK ALCOHOL:**
1. ADVISE that it is safest to stop drinking.
2. ADVISE by providing personalized feedback and information.
3. ADVISE women unable to stop drinking, to reduce drinking.
4. ASSIST through referral to appropriate resources.
5. ASSIST through continued follow-up and support.

**POSSIBLE AT-RISK:**
1. NEED for further assessment
2. ASSESS readiness and ability to stop drinking
3. ASSESS level of alcohol dependence
4. ARRANGE for medical detoxification

**T-ACE Score: 2 to 5**

ADVISE to contact the Motherisk Alcohol and Substance Use in Pregnancy Helpline at 1-877-327-4636.

Adapted with permission by the Best Start Resource Centre.
When asking about alcohol use, it is important to:
- be non-judgmental;
- listen attentively;
- refrain from negative comments or reactions;
- be sensitive to broader issues (e.g., poverty, abuse); and
- make positive statements when appropriate to help the patient feel at ease.

Depending on a patient’s reproductive status, a different approach may be required.

**Table 1: Advice and Care Relative to Reproductive Status**

<table>
<thead>
<tr>
<th></th>
<th>Not Planning a Pregnancy</th>
<th>Planning a Pregnancy</th>
<th>During Pregnancy</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ASK</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>frequency</td>
<td></td>
<td>determine risks to woman</td>
<td>determine risks to woman</td>
</tr>
<tr>
<td>quantity</td>
<td></td>
<td>determine risks of an unplanned pregnancy</td>
<td>determine risks to future pregnancy</td>
</tr>
<tr>
<td>T-ACE</td>
<td></td>
<td>“If you decide to get pregnant, it is safest to stop drinking.”</td>
<td>“It is safest to stop drinking before you get pregnant.”</td>
</tr>
<tr>
<td><strong>ADVISE</strong></td>
<td></td>
<td>“Your level of alcohol use may put you at risk for an unplanned pregnancy.”</td>
<td>“Alcohol may harm a developing fetus.”</td>
</tr>
<tr>
<td>advise on stopping drinking</td>
<td></td>
<td>“It is safest to stop drinking if you are pregnant.”</td>
<td>“Call Motherisk for information and advice.”</td>
</tr>
<tr>
<td>advise on risks</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>ASSIST</strong></td>
<td></td>
<td>discuss reliable, long lasting birth control methods</td>
<td>assist in delaying pregnancy until she has stopped drinking</td>
</tr>
<tr>
<td>brief intervention</td>
<td></td>
<td></td>
<td>if patient is unable to stop drinking, assist in reducing alcohol use as much as possible</td>
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<tr>
<td>information</td>
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<td>referrals</td>
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<td>follow-up</td>
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</table>

Your office environment can also include:
- posters about alcohol use during pregnancy;
- patient handouts (e.g., brochures); and/or
- quick reference cards (e.g., T-ACE screening tool).
Standardized Alcohol Screening Using T-ACE

Research highly recommends alcohol screening using a standardized tool to help identify women who drink at high risk levels (Best Start, 2002; Loock et al., 2005). Using a standardized screening tool is an objective and reliable way to conduct alcohol risk assessment with women of childbearing years (Public Health Agency of Canada, 2004). Additionally, utilizing a standard screening tool can provide a preliminary evaluation about whether key indicators of alcohol use are present (British Columbia Centre of Excellence for Women’s Health, 2002).

A number of screening tools have been developed to assess alcohol risk, but some are more sensitive than others in assessing alcohol use during pregnancy. While the CAGE questionnaire is widely used, research suggests that the T-ACE questionnaire is more sensitive than CAGE in assessing alcohol use with pregnant and non-pregnant women (Chang et al., 1998; Chang, 2004; Russell, 1994; Russell et al., 1996). A study found that T-ACE has a sensitivity of 76% in predicting periconceptional risk drinking as compared to CAGE’s 59% (Russell et al., 1996).

The T-ACE tool aims to lessen denial and underreporting of heavy drinking by pregnant women (Russell, 1994; Russell et al., 1996). Furthermore, the use of CAGE may potentially instill feelings of guilt in pregnant women who have consumed alcohol during their pregnancies (Chang et al., 1998).

Figure 2: T-ACE Questionnaire

T - ACE QUESTIONNAIRE

Tolerance: How many drinks does it take to make you feel high?

Score 2 for more than 2 drinks
Score 0 for 2 drinks or less

Annoyance: Have people annoyed you by criticizing your drinking?

Score 1 point if Yes

Cut Down: Have you felt you ought to cut down your drinking?

Score 1 point if Yes

Eye Opener: Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover?

Score 1 point if Yes.

Possible At-Risk Score: 2 or More Points
Maximum: 5 Points

Adapted from: Sokol et al., 1989
How to ADVISE

It is important that health care professionals advise all female patients of childbearing years, particularly those who are pregnant, about the risks of alcohol use during pregnancy.

Advise Alcohol Abstinence

- “When planning a pregnancy and prior to conception, it is best not to drink.”
- “It is safest not to drink during pregnancy.”
- “If you are pregnant, it is safest to stop drinking.”

Advise About the Risks of Alcohol Consumption During Pregnancy

Health care professionals can use positive statements when advising about alcohol use during pregnancy. A woman’s guilt and self-criticism about her drinking behaviour may lead to feelings of inadequacy and increased alcohol use. Positive statements will increase her comfort level and encourage her to be open about alcohol consumption. The following are examples of positive and negative statements:

- Positive: “If you stop drinking, you have a better chance of having a healthy baby.”
- Negative: “Your drinking has already damaged your baby.”

- Positive: “Your concern for your baby will help you be a good mother.”
- Negative: “If you really loved your baby, you would not drink so much.”

- Positive: “You will feel healthier without alcohol and so will your baby.”
- Negative: “Continued drinking will prevent your child from developing normally.”

If a patient reports alcohol abstinence, it is helpful to reinforce that it is safest to continue not to drink during pregnancy. If a patient is unable to stop drinking while she is pregnant, advise her to reduce alcohol consumption as much as possible. It is important to adopt a sensitive manner when speaking with a pregnant woman who is drinking as it may be difficult for her to abstain or reduce her alcohol use. Using a non-judgmental approach to support pregnant women will help improve health outcomes for mother and child.
How to ASSIST

Effectively assisting women who consume alcohol during pregnancy to change their behaviour requires a sensitive and non-threatening approach to be reflected in discussion, referral to appropriate treatment and/or services, and follow-up care. For women who are at low risk for alcohol dependency, providing clear information in a non-judgmental manner can be effective in motivating cessation of alcohol use during pregnancy. Women who are frequently or heavily drinking alcohol during pregnancy may require more intensive forms of intervention to cease or decrease their alcohol use.

Strategies effective in engaging with women who consume alcohol during pregnancy include:

- being non-judgmental;
- using motivational approaches;
- being open and honest;
- building on strengths;
- being culturally sensitive; and
- being supportive.
Motivational Approaches

Dr. William Miller’s theory that motivation is determined by the patient and health care professional’s interaction is the basis of motivational approaches. Brief motivational approaches can provide effective strategies and skills needed for influencing a woman’s motivation to change. Motivational interviewing is built on the model of change and is intensive in nature. The principles and strategies of motivational interviewing can act as a guide for using brief motivational strategies to engage in discussion with women about alcohol use.

Five Basic Principles of Motivational Interviewing

1) **Express empathy** through reflective listening. Use gentle persuasion, but understand that the woman herself has the final responsibility for change. Communicate respect for and acceptance of the woman’s feelings.

2) **Avoid argument** and direct confrontation that can turn into a power struggle. Instead, work together to negotiate a change plan. Be non-judgmental and supportive.

3) **Roll with resistance**, and do not oppose resistance as opposing tends to lead to argument or defensiveness. Adjust to resistance by changing strategies.

4) **Develop discrepancy** between the woman’s goals or values and her current behaviour. A powerful motivator to change is her ability to recognize contradictions between her current behaviour and her hopes for the future.

5) **Support self-efficacy** and focus on the women’s strengths. Support the hope and optimism needed to make change.

Five Basic Strategies to Use in Motivational Interviewing

1) **Ask open-ended questions** that cannot be answered with a single word or phrase.

2) **Listen** reflectively to show you have heard and understood the woman; repeat in your own words what she has said.

3) **Summarize** periodically what she has said up to that point, again focusing on her underlying motivations and any areas of ambivalence.

4) **Affirm** the woman’s strengths, motivation, intentions, and progress.

5) **Elicit self-motivational statements** about the woman’s personal concerns and intentions to change. Try to encourage her to make these statements.
Harm Reduction

While the safest choice is to not drink during pregnancy, many women may not be ready, willing, or able to consider complete abstinence. An abstinence approach may not only alienate women from prenatal care, but may also increase their drinking due to shame and stigma. Any reduction in alcohol use has the potential to improve maternal and newborn outcomes. If a patient is not able to consider complete abstinence, it is important to assist and engage her in a non-judgmental manner to reduce alcohol consumption as much as possible.

Brief Interventions

Once alcohol screening is conducted, a more in-depth assessment may be necessary if a pregnant woman is found to have problems with alcohol use. An option for women who are not alcohol dependent and have reasonable social support are brief interventions ranging from one to three sessions. In a review of brief interventions, Yahne and Miller (1999) summarized the elements of successful interventions identified by the acronym FRAMES.

- **FEEDBACK**: Provide patients with personal feedback regarding their individual status.
- **RESPONSIBILITY**: Emphasize personal responsibility for change and the individual’s freedom of choice.
- **ADVISE**: Include a clear recommendation or advice on the need for change, typically in a supportive rather than authoritarian manner.
- **MENU**: Offer a menu of different strategies for change, providing options from which clients may choose what seems sensible to them.
- **EMPATHY**: Place emphasis on an empathetic, reflective, warm, and supportive practitioner’s style, which is linked with positive treatment outcomes.
- **SELF-EFFICACY**: Reinforce self-efficacy - the client’s expectation that she can change.

With some patients, brief interventions are necessary to raise the patient’s awareness, to encourage her to examine her alcohol use and to increase her motivation to change (Alberta Alcohol and Drug Abuse Commission, 2003). Brief interventions should address risk factors associated with drinking behaviour; problem solving; and referrals to services that can help meet the basic needs for social support, food, housing, and safety.

Brief interventions should include a review of:

- general health;
- course of the pregnancy;
- lifestyle changes that have been made since pregnancy;
- interest in changing drinking behaviour;
- goal setting; and
- situations where drinking is most likely to occur.
Conclusions

Health care professionals play a key role in the primary care setting and can have a major impact on influencing patient behaviour and improving health outcomes. Initiating discussion of alcohol use during pregnancy with each woman of childbearing years by asking, advising, and assisting is crucial to enhancing patient care. Asking about alcohol use through sensitive screening tools, advising women on the risks of alcohol consumption during pregnancy, and assisting women in changing drinking behaviour are important clinical approaches.

Referrals to the appropriate services, programs, and follow-up care for women who require further assistance with alcohol use during pregnancy must be emphasized. Women may benefit from referral to other programs, in addition to referrals that are directly related to alcohol use. Access to services that address issues such as poverty, isolation, inadequate food or shelter, and violence can increase a woman’s readiness and ability to cope with alcohol use. Such services could include:

- prenatal nutrition and public health programs;
- Aboriginal health and support services;
- friendship centres;
- food banks;
- women’s shelters; and/or
- general counselling.

It is helpful to:

- **ASK** about alcohol use with each woman of childbearing years;
- discuss and **ADVISE** about the risks of alcohol use during pregnancy;
- use a standardized screening tool for alcohol risk assessment; and or
- **ASSIST** through referral for treatment and follow-up as necessary.

Health care professionals have an important role in addressing alcohol use with women of childbearing years and can have an immense impact on behaviour change. There are brief, low-cost approaches that can be used to support efforts to prevent FASD. Asking, advising, and assisting every woman of childbearing years about alcohol use during pregnancy is not only crucial as an FASD prevention initiative but will also help improve maternal and child health outcomes.
Treatment and Referral Services in Saskatchewan

Outpatient Services

**Athabasca Health Authority**

**Addiction Services - Black Lake**
Box 124
Black Lake, SK S0J 0H0
Tel: (306) 439-2200
Fax: (306) 439-2211

**Addiction Services - Stony Rapids**
Box 2
Stony Rapids, SK S0J 2R0
Tel: (306) 439-2177
Fax: (306) 439-4884

**Athabasca Drug & Alcohol Project - Black Lake**
Box 162
Black Lake, SK S0J 0H0
Tel: (306) 284-2124
Fax: (306) 284-2173

**Athabasca Drug & Alcohol Project - Hatchet Lake**
Box 169
Hatchet Lake, SK S0J 3C0
Tel: (306) 633-2088
Fax: (306) 633-2013

**Athabasca Drug & Alcohol Project - Fond Du Lac**
Box 39
Fond Du Lac, SK S0J 0W0
Tel: (306) 686-2077
Fax: (306) 686-2050

**Cypress Regional Health Authority**

**Addiction Services - Maple Creek**
Box 1328
Maple Creek, SK S0N 1N0
Tel: (306) 662-5340
Fax: (306) 662-5349

**Addiction Services - Swift Current**
350 Cheadle Street West
Swift Current SK S9H 4G3
Tel: (306) 778-5280
Fax: (306) 778-5425

**Addiction Services - Adult Program - Swift Current**
350 Cheadle Street West
Swift Current SK S9H 4G3
Tel: (306) 778-5410
Fax: (306) 778-5408

**Addiction Services - Youth Program - Swift Current**
350 Cheadle Street West
Swift Current SK S9H 4G3
Tel: (306) 778-5408
Fax: (306) 778-5408

**Five Hills Regional Health Authority**

**Addiction Services - Assiniboia**
Assiniboia Union Hospital
Box 1120
Assiniboia, SK S0H 0B0
Tel: (306) 642-9425
Fax: (306) 642-9459

**Mental Health & Addiction Services - Moose Jaw**
455 Fairford Street East, 4th Floor
Moose Jaw, SK S6H 1H3
Tel: (306) 691-7651
Fax: (306) 691-7650
Heartland Regional Health Authority
Addiction Services - Biggar
Box 130
Biggar, SK S0K 0M0
Tel: (306) 948-3323 (Ext. 350)
Fax: (306) 948-3881

Addiction Services - Kindersley
Box 1688
Kindersley, SK S0L 1S0
Tel: (306) 463-1000 (Ext. 403)
Fax: (306) 463-5520

Addiction Services - Rosetown
Box 1300
Rosetown, SK S0L 2V0
Tel: (306) 882-4675
Fax: (306) 882-6474

Keewatin Yatthé Regional Health Authority
Addiction Recovery & Education Services
Box 40
Buffalo Narrows, SK S0M 0J0
Tel: (306) 235-5846
Fax: (306) 235-4500

Beauval Health Clinic
Box 68
Beauval, SK S0M 0G0
Tel: (306) 288-4808
Fax: (306) 288-4622

Northwest Alcohol & Drug Abuse Centre (Inpatient)
Box 129
Ile a la Crosse, SK S0M 1C0
Tel: (306) 833-2462
Fax: (306) 833-2330

La Loche Health Centre
Box 89
La Loche, SK S0M 1G0
Tel: (306) 822-3214
Fax: (306) 822-2274

Regional Office
Box 40
Buffalo Narrows, SK S0M 0J0
Tel: (306) 235-5845
Fax: (306) 235-4686

Kelsey Trail Regional Health Authority
Addiction Services - Melfort
Box 1480
Melfort, SK S0E 1A0
Tel: (306) 888-2155
Fax: (306) 888-4633

Addiction Services - Nipawin
800 - 6 Street East
Nipawin, SK S0E 1E0
Tel: (306) 862-9822
Fax: (306) 862-3250

Assessment and Resource Services
- Hudson Bay & District
Box 898
Hudson Bay, SK S0E 0Y0
Tel: (306) 865-4211
Fax: (306) 865-2141

Pine Island Out-Patient Centre
Box 218
Cumberland House, SK S0E 0S0
Tel: (306) 888-2155
Fax: (306) 888-4633

Mamawetan Churchill River Regional Health Authority
Addictions Prevention & Recovery Services
Box 6000
La Ronge, SK S0J 1L0
Tel: (306) 425-4840
Fax: (306) 888-4633

CADAC Outpatient Centre
Box 760
Creighton, SK S0P 0A0
Tel: (306) 688-8291
Fax: (306) 688-3784

Pinehouse Health Centre
- Addiction Prevention & Recovery Services
Box 296
Pinehouse, SK S0J 2B0
Tel: (306) 884-5670
Fax: (306) 884-2107

Wichetotak Centre
Box 40
Sandy Bay, SK S0P 0G0
Tel: (306) 754-2050
Fax: (306) 754-2048
Prairie North Regional Health Authority
Addiction Services - Maidstone
Box 629
Maidstone, SK S0M 1M0
Tel: (306) 893-4868
Fax: (306) 893-4488

Addiction Services - North Battleford
1092 - 107 Street
North Battleford, SK S9A 1Z1
Tel: (306) 446-6440
Fax: (306) 446-6432

Walter A. Slim Thorpe Outpatient Services
4204 - 54 Avenue
Lloydminster, AB T9V 2R6
Tel: (780) 875-8890
Fax: (780) 875-2161

Robert Simard Centre
3 - 711 Centre Street
Meadow Lake, SK S9X 1E6
Tel: (306) 236-1540
Fax: (306) 236-4409

Prince Albert Regional Health Authority
Addiction Services - Prince Albert
202 - 101 - 15 Street East
Prince Albert, SK S6V 1G1
Tel: (306) 765-6565
Fax: (306) 765-6567

Addiction Services - Spiritwood
Box 69
Spiritwood, SK S0J 2M0
Tel: (306) 883-3344
Fax: (306) 883-3329

Cooperative Health Clinic
110 - 8 Street East
Prince Albert, SK S6V 0V7
Tel: (306) 953-6254

Métis Addictions Council of Saskatchewan Incorporated (MACSI) - Prince Albert
334 - 19 Street East
Prince Albert, SK S6V 1J7
Tel: (306) 953-8250
Toll-free: 1-866-722-2155 (in SK)
Fax: (306) 953-8261

Prince Albert Council on Alcohol & Drug Abuse (PACADA)
202 - 101 - 15 Street East
Prince Albert, SK S6V 1G1
Tel: (306) 765-6550
Fax: (306) 765-6554

Regina Qu’Appelle Regional Health Authority
Addiction Services - Fort Qu’Appelle
Box 1819
Fort Qu’Appelle, SK S0G 1S0
Tel: (306) 332-3308
Fax: (306) 332-1226

Addiction Services - Grenfell
Box 970
Grenfell, SK S0G 2B0
Tel: (306) 697-4032
Fax: (306) 697-2556

Addiction Services - Regina
2110 Hamilton Street
Regina, SK S4P 2E3
Tel: (306) 766-7910
Fax: (306) 766-7909

Métis Addictions Council of Saskatchewan Incorporated (MACSI) - Regina
329 College Avenue East
Regina, SK S4N 0V9
Tel: (306) 352-9601
Fax: (306) 347-7902
Toll-free: 1-866-815-6515

Saskatoon Regional Health Authority
Addiction Services - Lanigan
Box 1060
Lanigan, SK S0K 2M0
Tel: (306) 365-1438
Fax: (306) 365-2099

Addiction Services - Rosthern
Box 216
Rosthern, SK S0K 3R0
Tel: (306) 232-6001 (ext 22)
Fax: (306) 232-4269

Addiction Services - Saskatoon
122 - 3rd Avenue North, Main Floor
Saskatoon, SK S7K 2H6
Tel: (306) 655-4100
Fax: (306) 655-4115
George Bailey Centre  
Box 2764 
Humboldt, SK  S0K 2A0  
Tel:  (306) 682-3249  
Fax:  (306) 682-1920 

Métis Addictions Council of Saskatchewan Incorporated (MACSI) - Saskatoon  
335 Avenue G South  
Saskatoon, SK  S7M 1V2  
Tel:  (306) 652-8951  
Fax:  (306) 665-0703  
Toll-free: 1-877-652-8951 (in SK) 

Sun Country Regional Health Authority  
Addiction Services - Estevan  
St. Joseph’s Hospital  
1176 Nicholson Road  
Estevan, SK  S4A 0H3  
Tel:  (306) 634-0422  
Fax:  (306) 634-8785 

Addiction Services - Weyburn  
Box 2003  
Weyburn, SK  S4H 2Z9  
Tel:  (306) 842-8693  
Fax:  (306) 842-8692 

Kipling Memorial Health Centre  
Box 420  
Kipling, SK  S0G 2S0  
Tel:  (306) 736-2363  
Fax:  (306) 736-2271 

Sunrise Regional Health Authority  
Alcohol & Drug Services - Canora  
Canora Community Services  
Box 868  
Canora, SK  S0L 0L0  
Tel:  (306) 563-5656  
Fax:  (306) 563-5134 

Alcohol and Drug Services - Yorkton  
72 Smith Street East  
Yorkton, SK  S3N 2Y4  
Tel:  (306) 786-0520  
Fax:  (306) 786-0525 

Parkland Alcohol & Drug Abuse Society Inc.  
2 - 7 Broadway Street West  
Yorkton, SK  S3N 0L3  
Tel:  (306) 783-5777  
Fax:  (306) 783-1980 

Saul Cohen Centre  
200 Heritage Drive  
Melville, SK  S0A 2P0  
Tel:  (306) 728-7343  
Fax:  (306) 728-4925
Detoxification Services

Five Hills Regional Health Authority
Angus Campbell Centre
Box 118
Moose Jaw, SK S6H 4N7
Tel: (306) 693-5977
Fax: (306) 693-0908

Mamawetan Churchill River Regional Health Authority
La Ronge Health Centre
Box 6000
La Ronge, SK S0J 1L0
Tel: (306) 425-4846
Fax: (306) 425-8514

Prairie North Regional Health Authority
Walter A. Slim Thorpe Recovery Centre
Detox, Outpatient & Residential Services
4205 - 54 Avenue
Lloydminster, AB T9V 2R6
Tel: (780) 875-8890
Fax: (780) 875-2161

Prince Albert Regional Health Authority
Métis Addictions Council of Saskatchewan Incorporated (MACSI) - Prince Albert
334 - 19 Street East
Prince Albert, SK S6V 1J7
Tel: (306) 953-8250
Fax: (306) 953-8261
Toll-free: 1-866-722-2155 (in SK)

Regina Qu’Appelle Regional Health Authority
Detox Centre
2839 Victoria Avenue
Regina, SK S4T 1K6
Tel: (306) 522-5662
Fax: (306) 525-8366

Saskatoon Regional Health Authority
Larson Intervention House
201 Avenue O South
Saskatoon, SK S7M 2R6
Tel: (306) 655-4195
Fax: (306) 655-4196

FASD Diagnostic Services

Assessment and Diagnostic Team
Alvin Buckwold Child Development Program
1319 Colony Street
Saskatoon, SK S7N 2Z1
Tel: (306) 655-1070
Fax: (306) 655-1449
Website: www.saskatoonhealthregion.ca

Prince Albert Parkland Child & Youth Development Clinic
203 - 1521 - 6 Avenue West
Prince Albert, SK S6V 5K1
Tel: (306) 765-6589

Regina Qu’Appelle Assessment & Diagnostic Team
Child and Youth Services
1680 Albert Street
Regina, SK S4P 2S6
Tel: (306) 766-6700

Saskatchewan Clinical Teratology Program
Alvin Buckwold Child Development Program
1319 Colony Street
Saskatoon, SK S7N 2Z1
Tel: (306) 655-1096
Fax: (306) 655-1449

Southern Saskatchewan FASD Diagnostic & Intervention Centre
Regina Community Clinic
1106 Winnipeg Street
Regina, SK S4R 1J6
Tel: (306) 543-7880 (ext. 268)
Fax: (306) 543-5545
Website: www.reginacomunityclinic.ca

Saskatoon Genetics/Teratology Clinic
Royal University Hospital
103 Hospital Drive
Saskatoon, SK S7N 0W8
Tel: (306) 966-8112
Inpatient Services

Keewatin Yatthé Regional Health Authority
Northwest Alcohol & Drug Abuse Centre
Box 129
Ile a la Crosse, SK S0M 1C0
Tel: (306) 833-2462
Fax: (306) 833-2330

Mamawetan Churchill River Regional Health Authority
Detox In-Patient Unit
Box 6000
La Ronge, SK S0J 1L0
Tel: (306) 425-4846
Fax: (306) 425-8514

Prairie North Regional Health Authority
Walter A. Slim Thorpe Recovery Centre
4204 - 54 Avenue
Lloydminster, AB T9V 2R6
Tel: (780) 875-8890
Fax: (780) 875-2161

Prince Albert Parkland Regional Health Authority
Métis Addictions Council of Saskatchewan
Incorporated (MACSI) - Prince Albert
334 - 19 Street East
Prince Albert, SK S6V 1J7
Tel: (306) 953-8250
Fax: (306) 953-8261
Toll-free: 1-866-722-2155 (in SK)

Saskatchewan Impaired Driver Treatment
Box 1600
61 North Industrial Drive
St. Louis, SK S6V 5T2
Tel: (306) 922-8333
Fax: (306) 922-8815

Regina Qu’Appelle Regional Health Authority
Métis Addictions Council of Saskatchewan
Incorporated (MACSI) - Regina
329 College Avenue East
Regina, SK S4N 0V9
Tel: (306) 352-9601
Fax: (306) 347-7902
Toll-free: 1-866-815-6515

Pine Lodge Treatment Centre
Box 457
Indian Head, SK S0G 2K0
Tel: (306) 695-2251
Fax: (306) 695-2514

Saskatoon Regional Health Authority
Calder Centre
2003 Arlington Avenue
Saskatoon, SK S7J 2H6
Tel: (306) 655-4500
Fax: (306) 655-4545

Métis Addictions Council of Saskatchewan
Incorporated (MACSI) - Saskatoon
335 Avenue G South
Saskatoon, SK S7M 1V2
Tel: (306) 655-8951
Fax: (306) 655-0703
Toll-free: 1-877-652-8951 (in SK)

Long Term Residential Services

Prairie North Regional Health Authority
Hopeview Inpatient Clinic
1891 - 96 Street
North Battleford, SK S9A 0J1
Tel: (306) 446-7370
Fax: (306) 445-7343
Family Support and Outreach Services

Aboriginal Head Start Program (AHS)
Canada Prenatal Nutrition Program (CPNP)
Community Action Program for Children (CAPC)
Public Health Agency of Canada
1920 Broad Street
Regina, SK S4P 3V2
Tel: (306) 780-6944
Fax: (306) 780-6207
Website: www.hc-sc.gc.ca

Baby S.A.F.E. (Substance Abuse Free Environment) Program
c/o Family Futures
1895 Central Avenue B West
Prince Albert, SK S6V 4W8
Tel: (306) 763-0760
Fax: (306) 763-8165

Family Support Centre
315 Avenue M South
Saskatoon, SK S7K 2H6
Tel: (306) 933-7751
Fax: (306) 933-5665
Website: www.dcre.gov.sk.ca/

KidsFirst Program
Prenatal & Early Childhood Development Programs
1st Floor, 2220 College Avenue
Regina, SK S4P 3V7
Tel: (306) 787-8301

Métis Addictions Council of Saskatchewan Incorporated (MACSI) - Head Office
100 - 219 Robin Crescent
Saskatoon, SK S7L 6M8
Tel: (306) 651-3021
Fax: (306) 651-2639
Toll-free: 1-800-236-5204 (in SK)

Métis Addictions Council of Saskatchewan Incorporated (MACSI) - Archerwill
Box 158
Archerwill, SK S0E 0B0
Tel: (306) 323-4232
Fax: (306) 323-4520

Métis Addictions Council of Saskatchewan Incorporated (MACSI) - North Battleford
Box 1752
North Battleford, SK S9A 3W2
Tel: (306) 445-3319
Fax: (306) 445-9830

New Beginnings Program
Box 6000
La Ronge, SK S0J 1L0
Tel: (306) 425-4840
Fax: (306) 425-8514

Saskatchewan Community Resources - Community Living Division
205-110 Ominica Street West
Moose Jaw, SK S6H 6V2
Tel: (306) 694-3565
Website: www.dcre.gov.sk.ca/

Saskatchewan Community Resources - Family & Youth Services
1920 Broad Street
Regina, SK S4P 3V6
Tel: (306) 787-3648
Fax: (306) 787-0925
Website: www.dcre.gov.sk.ca/

Regina FASD Outreach Program
c/o Circle Project Association Inc.
2 - 1102 - 8 Avenue
Regina, SK S4R 1C9
Tel: (306) 347-7515
Fax: (306) 374-7519

FASD Support Network of Saskatchewan Inc.
510 Cynthia Street
Saskatoon, SK S7L 7K7
Toll-free: 1-866-673-3276
Tel: (306) 975-0884
Fax: (306) 242-8007
Website: www.skfasnetwork.ca
Further Information (Provincial & National)

 Saskatchewan Health
Community Care Branch
3475 Albert Street
Regina, SK  S4S 6X6
Tel:  (306) 787-1501
Fax:  (306) 787-7095
Website: www.health.gov.sk.ca

Canadian Centre on Substance Abuse
FAS/FAE Information Service
Toll-Free:  1-800-559-4514
Website: www.ccsa.ca

Best Start: Ontario’s Maternal, Newborn and Early Child Development Resource Centre
180 Dundas Street West, Suite 1900
Toronto, ON  M5G 1Z8
Toll-Free:  1-800-397-9567
Website: www.beststart.org

College of Physicians & Surgeons of Saskatchewan
211 Fourth Avenue South
Saskatoon, SK  S7K 1N1
Tel:  (306) 244-7355
Fax:  (306) 244-0090

First Nations and Inuit Health Branch (FNICH)
Website: www.hc-sc.gc.ca/fnih-spni/index_e.html

Public Health Agency of Canada
National FASD Initiative
Website: www.publichealth.gc.ca/fasd

Motherisk - The Hospital for Sick Children,
University of Toronto
Alcohol and Substance Use in Pregnancy Helpline
Toll-Free:  1-877-327-4636
Website: www.motherisk.org

Saskatchewan Prevention Institute
1319 Colony Street
Saskatoon, SK  S7N 2Z1
Tel:  (306) 651-4300
Fax:  (306) 651-4301
Website: www.skprevention.ca

Alberta Alcohol & Drug Abuse Commission (AADAC)
Website: www.aadac.com

Action on Women’s Addictions - Research & Education
Website: www.aware.on.ca

British Columbia Centre of Excellence for Women’s Health
Website: www.bccewh.bc.ca/

PRIMA - Pregnancy Related Issues in the Management of Addictions
Website: www.addictionpregnancy.ca
References and Appendices


Appendix A

SCREENING FOR ALCOHOL USE

ASK: How much alcohol do you drink?

Does Not Drink Alcohol

LOW RISK:
1. ADVISE that no alcohol is the safest choice when planning or during pregnancy.

Drinks Alcohol

ASK:
1. In a typical week, how many days do you drink?
2. On those days, how many drinks are usual?
3. Administer T-ACE screening test (see other side).
   Watch for signs and symptoms of alcohol use.

T-ACE Score: 0 to 5

ALL PREGNANT WOMEN WHO DRINK ALCOHOL:
1. ADVISE that it is safest to stop drinking.
2. ADVISE by providing personalized feedback and information.
3. ADVISE women unable to stop drinking, to reduce drinking.
4. ASSIST through referral to appropriate resources.
5. ASSIST through continued follow-up and support.

T-ACE Score: 2 to 5

POSSIBLE AT-RISK:
1. NEED for further assessment
2. ASSESS readiness and ability to stop drinking
3. ASSESS level of alcohol dependence
4. ARRANGE for medical detoxification

ADVISE to contact the Motherisk Alcohol and Substance Use in Pregnancy Helpline at 1-877-327-4636.

Adapted with permission by the Best Start Resource Centre.
Appendix B

T - ACE QUESTIONNAIRE

Tolerance: How many drinks does it take to make you feel high?
- Score 2 for more than 2 drinks
- Score 0 for 2 drinks or less

Annoyance: Have people annoyed you by criticizing your drinking?
- Score 1 point if Yes

Cut Down: Have you felt you ought to cut down your drinking?
- Score 1 point if Yes

Eye Opener: Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover?
- Score 1 point if Yes

Possible At-Risk Score: 2 or More Points
Maximum: 5 Points

Adapted from: Sokol et al., 1989

Saskatchewan Prevention Institute
One Goal is Healthy Children
1319 Colony Street
Saskatoon, SK. S7N 2Z1
Bus. (306) 655-2512
Fax. (306) 655-2511

Saskatchewan Health

UNIVERSITY OF SASKATCHEWAN

MOTHERISK
TREATING THE MOTHER TO PROTECT THE INFANT

best start meilleure départ
This resource is part of a series of resources developed by the Alcohol Risk Assessment Project. All resources are available for order through the Saskatchewan Prevention Institute.