

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.