

“Alcohol free pregnancies” Catalan prevention plan

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**Expert Meeting on Alcohol and Health
Stockholm, 22-23 September 2009**



**Generalitat de Catalunya
Departament de Salut**

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Why alcohol and pregnancy?

INTRODUCTION



- The issue of maternal drinking during pregnancy has largely been ignored and few data here are comparable.
- Most European women consume alcohol, with up to 11% of women having in excess of 40g.
- Rates of drinking during pregnancy are high, ranging from 25% to 50% or more depending on the country.
- A small proportion, but not insignificant, continue to drink at high levels when pregnant.
- In addition to prenatal alcohol use, pregnant women may use other substances that may harm the foetus.
- A significant number of pregnant substance-using women are unaware of their pregnancy and unsuspecting of the potential adverse consequences of alcohol and drug use for their foetus.

INTRODUCTION



- Alcohol crosses the placenta and nearly equal concentrations in the mother and foetus can be attained.
- Alcohol is a teratogen, shows reproductive toxicity, and its effects on foetal development occur throughout pregnancy, with the developing foetus being most vulnerable to structural damage during the first three to six weeks of gestation (O'Leary 2004).
- Effects also vary depending on the dose of alcohol and the pattern of consumption and on maternal and foetal characteristics.
- The most serious outcomes occur consuming high levels of alcohol frequently but even low doses and particularly during the first trimester can increase the risk of spontaneous abortion, low birth weight, prematurity and intra-uterine growth retardation.
- Exposure of the foetus to alcohol may result in a spectrum of adverse effects, referred to collectively as foetal alcohol spectrum disorders (FASD) and the consequences extend across the lifespan,₅

PREGNANCY A UNIQUE OPPORTUNITY

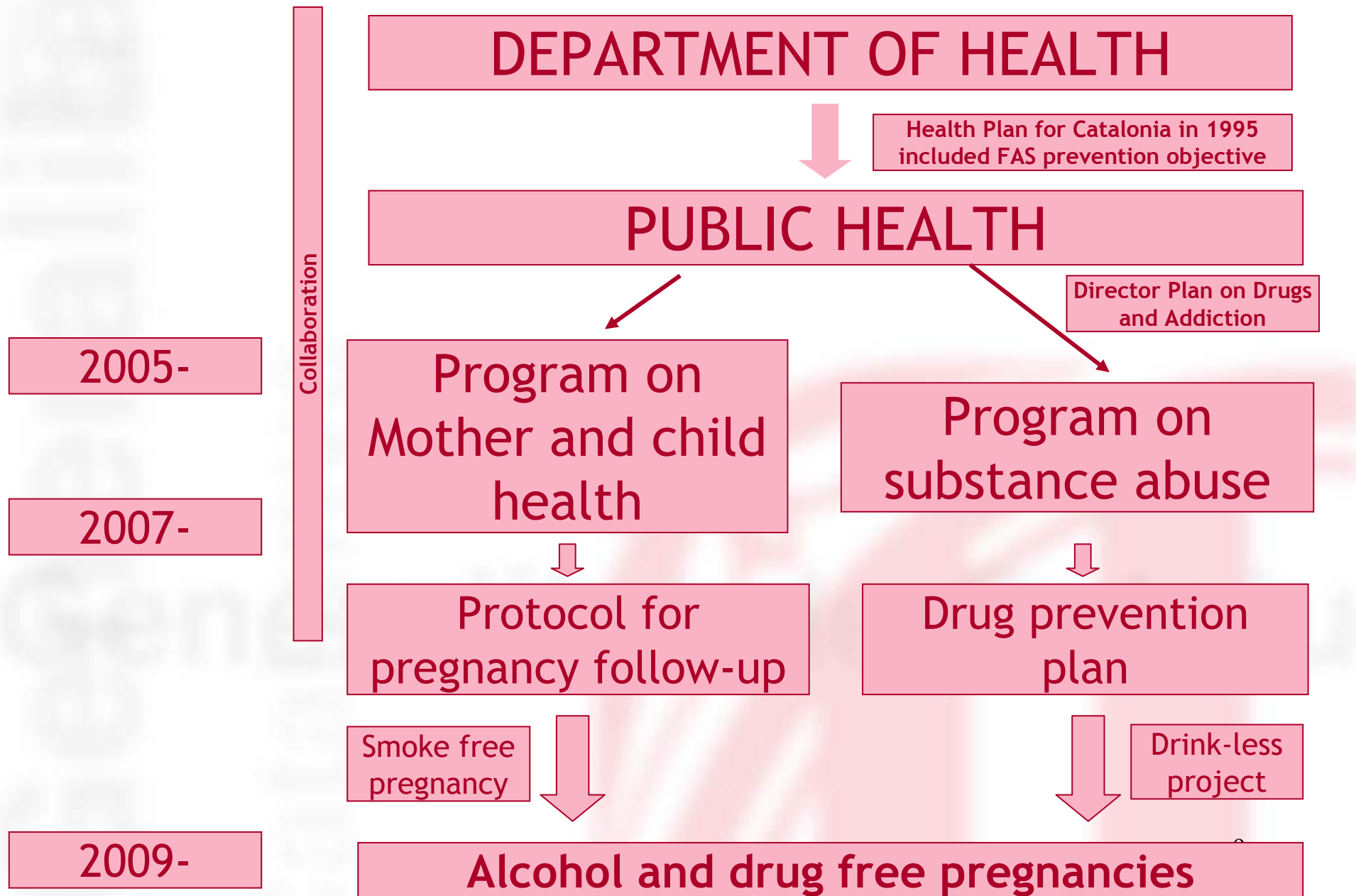
- Regular controls which have a continuity in the **paediatric care**.
- Unique opportunity to **offer advice and support** during pregnancy and after childbirth and to **evaluate** the effectiveness of the actions.
- A time of natural declines in substance use.
- A time of increased motivation to reduce or eliminate unhealthy behaviours (Higgins et al., 1995).
 - The desire to have a healthy baby and to avoid risks to one's own health may be motivating factors.
 - Concern from others for one's pregnancy may be more easily accepted and less likely to arouse resistance than concern for one's own general welfare (Ondersma et al 2009).
- Increased opportunities to identify pregnant women who continue to drink.
- The reduction of the elevated health care costs may encourage intervention.

INTRODUCTION

- Broad based implementation of **screening and brief interventions by professionals** is one of the most promising strategies for preventing alcohol exposed pregnancies.
- Growing evidence of the efficacy of preventive and clinical interventions.
 - Psychological and educational interventions may result in increased abstinence from, or reducing the consumption of alcohol, among pregnant women (Stade et al 2009).
 - The efficacy of Motivation Enhancement Therapy (MET) with pregnant substance-abusing women was moderated by baseline motivation. Those who endorsed a clear quit goal reduced their use more if assigned to MET condition (Ondersma et al 2009).
 - There is evidence that programs which use case management techniques can reduce alcohol use. Ager 1996; Laken et al 1997).

Why now and not before?

POLICY CONTEXT AND BACKGROUND



POLICY CONTEXT AND BACKGROUND

Drug prevention plan

□ **Drug prevention plan 2009-2015**

- 250 experts and stakeholders
- Structured in following areas:
 - Workplace
 - Media
 - Education
 - Leisure
 - *Health*
 - *Improvement and broadening of the protocols for prevention and early detection of drug use and associated problems*
 - Community
 - *Family*



Prevention during pregnancy is emphasized both in Health and in Family areas

POLICY CONTEXT AND BACKGROUND

Drink less programme

- Comprehensive alcohol program aimed at:
 - reframing alcohol concepts,
 - raising awareness of alcohol consumption risks among the population and
 - integrating alcohol early identification and brief intervention (EIBI) in health settings

- Training-the-trainers strategy by peers supported by addiction specialists.

- Provide risk consumption limits and guidance tools.
 - Any alcohol consumption during pregnancy is considered harmful drinking

- Main results:
 - 6000 PHC professionals trained
 - High professionals' awareness
 - Increase identification rates and referrals to specialized settings



POLICY CONTEXT AND BACKGROUND

Mother and child health programme

□ ***Protocol for pregnancy follow-up in Catalonia***

- Health care education during pregnancy
- Counselling on promotion of healthy habits
- Alcohol and other drugs
 - *Foetal Alcohol Syndrome can be caused by low levels of consumption*
 - *Consumption of alcohol and drugs is advised against during and immediately before pregnancy*



□ ***Guide for pregnant women***

- Healthy habits
- General advice
- Toxic substances must be avoided
 - *During pregnancy, it is necessary to abstain from alcoholic drinks. The consumption of alcohol can adversely affect the development of the different organs of the foetus.*



POLICY CONTEXT AND BACKGROUND

Smoke free pregnancy programme

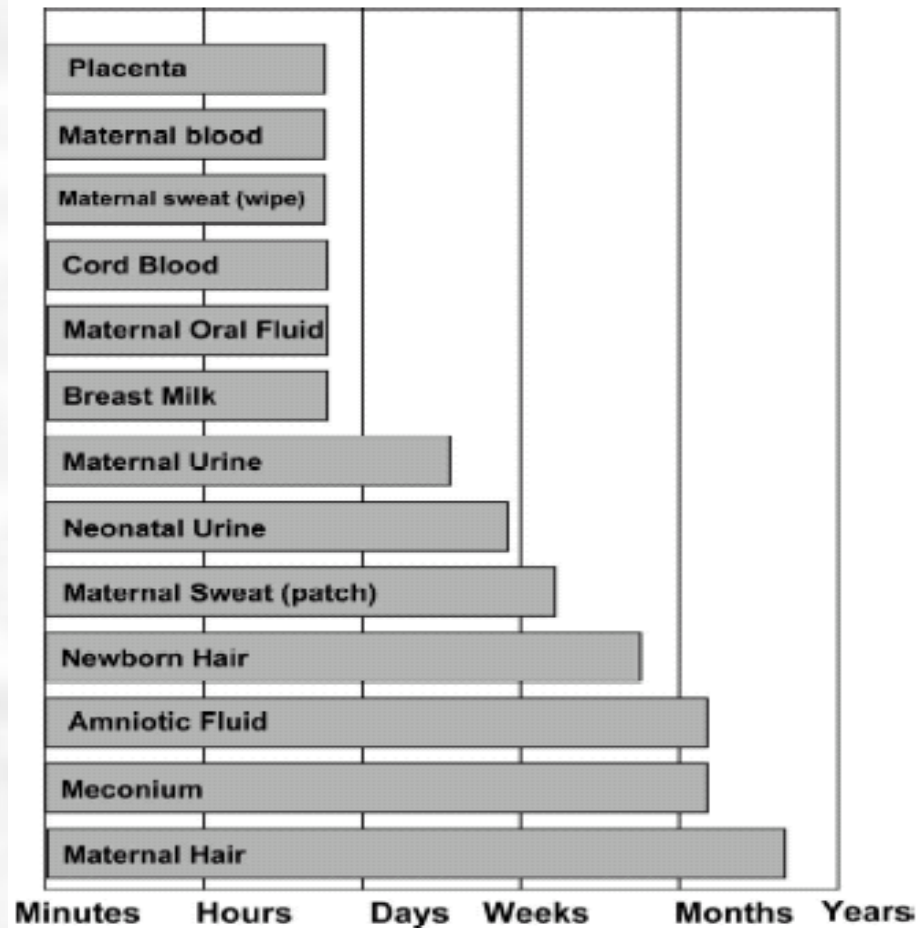
- Specific programme to allow a **structured intervention, and with the perspective of gender**, based on evidence, to be implemented during the pre-gestational, gestational and post-gestational stages.
- The programme takes into consideration:
 - Development of **material** for professionals and users
 - **Training** addressed to professionals
 - Intervention in the territory
 - **Evaluation** of the programme
- The main results achieved are:
 - High follow-up rate from pregnancy to postpartum
 - High awareness by professionals (especially sexual and reproductive health profession)
 - High cessation rates



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AVAILABILITY OF MATRICES & NEW BIOMARKERS



New methodologies available:

- Non invasive techniques
- Easy to collect
- Long availability of the matrices
- No degradation

Biological Matrices for the Evaluation of In Utero
Exposure to Drugs of Abuse

Jaime Lozano, MD,* Oscar García-Algar, MD, PhD,* Oriol Vall, MD, PhD,* Rafael de la Torre, PhD,†
Giulka Scaravelli, MD, PhD,‡ and Simona Pichini, PhD§

Lozano J. *Ther Drug Monit.* 2007 Dec;29:711. Review. ¹⁴

RELEVANT (PRELIMINARY) DATA

Pregnant women and newborn babies (biomarkers: cord blood, neonatal urine and meconium):

- 45 % alcohol ≥ 2 nmol/g
- 34,0 % tobacco (country with the highest consumption)
- 6,2 % cannabis (2.2 % per questionnaire)
- 8,7 % opiates (heroin, not methadone)
- 4,4 % cocaine (1,8 % per questionnaire)
- 0,2 % amphetamines (very young)

PROCEEDINGS PAPER

Alarming Prevalence of Fetal Alcohol Exposure in
a Mediterranean City

Oscar Garcia-Algar, MD, PhD, Vivian Kulaga, BSc,† Joey Ganeri, BSc,† Gideon Koren, MD, PhD,†
Oriol Vall, PhD,* Piergiorgio Zuccaro, PhD,‡ Roberta Pacifici, PhD,‡ and Simona Pichini, PhD‡*

What to do?

GENERAL OBJECTIVE

To carry out effective interventions for the **prevention** and the **abandonment** of consumption of alcohol and drugs during the pre-gestational (pregnancy planning), gestational and post-gestational stages, **thus helping to modify patterns of risky or harmful consumption in the mother and, if possible, also in the father, beyond the pregnancy and helping to minimize the harm in the exposed children.**

SPECIFIC OBJECTIVES

- To prevent any consumption of alcohol and drugs during pregnancy
- To improve the detection of consumption of alcohol and drugs during pregnancy
- To increase the number of people giving up alcohol and drugs during pregnancy
- To promote treatment for pregnant women who have problems of alcohol or drug dependence
- To find out the best pathways for treatment and referral
- To address other social aspects which influence the consumption of alcohol and drugs by women: partners' consumption, etc.
- To improve surveillance and monitoring systems.

TARGET POPULATION

- Throughout the territory of Catalonia simultaneously.
- All population but specifically:
 - Women who use alcohol or drugs, consulting in PHC in pre-gestational, gestational or post-gestational visits.
 - At the moment of childbirth, women attended in maternity centres (project “alcohol- and drug-free maternity”).
 - Mothers of babies and their partners, during the course of paediatric visits.

How to do it?

METHODOLOGY

- Review of the evidence and other existing experiences/programmes

- Creation of an advisory and working group with main stakeholders to draw up and agree the main actions and to monitor achievements
 - **Protocol and documents** for **professionals and population**
 - **Training professionals**
 - Dissemination in the territory
 - **Evaluation** of the programme

ADVISORY AND WORKING GROUP



INTERVENTION STRATEGIES

- **Pre-gestational stage.** Poster, recommended minimal advice at pre-conceptual visit.
- **Gestational stage.** Poster, information leaflet, intervention during pregnancy follow-up by means of minimal advice and specialized treatment if needed.
- **Post-gestational stage.** Poster, interventions by midwives during the postpartum period, postpartum visits, paediatric controls and follow-up of exposed children to minimize harm.

GUIDANCE FOR PROFESSIONALS*

- ❑ Consequences of the consumption of alcohol and drugs during pregnancy.
- ❑ The role of professionals before, during and after
- ❑ Tackling alcohol and drug consumption in pregnant women:
 - ❑ Prevention of alcohol and drug consumption during pregnancy
 - Universal and during the pregnancy planning visit
 - ❑ Detection of alcohol and drug consumption
 - Which women? When to ask? How to ask? Screening instruments, biological markers and when to use them; How to explore problems associated with the consumption of alcohol and/or drugs: dependence, mental health, etc.
 - ❑ Intervention
 - General principles: minimization of harm, motivational approach, etc.
 - In women who consume, in women with problems, in women with alcohol and/or drug dependence
 - ❑ Follow-up of cases of exposure:
 - Health and development of the child exposed
 - Mother with alcohol and/or drugs problems

AWARENESS OF GENERAL POPULATION

- Embedded in a wider campaign aimed at *promoting parent's behavior change and responsibility for preventing alcohol and drugs problems in their children.*
- Pregnancy, **a good opportunity to change or to improve**
- **Remember**
 - During pregnancy, no consumption is safe.
 - Do not encourage pregnant women to consume alcohol as this can harm her and her child.
- Leaflets and internet based intervention programme



DISSEMINATION

- **General presentation** of the programme to providers, stakeholders and media

- **Training** adapted to on-site and e-learning and to different **professionals**
 - Sexual and reproductive health professionals (midwives, etc)
 - PHC professionals
 - Addiction specialists

- Dissemination through the coordination-paths used in the Smoke free pregnancy and Drink less programmes.

TIMETABLE

Second half 2009	Revision of the evidence and development of the protocol, materials, etc.
First half 2010	Edition online and printing of main materials
Second half 2010	Information on the intervention and its evaluation to centres and professionals
	Dissemination of material about the programme. Start of training
	Start of implementation of the programme.

Is it good practice?

EVALUATION / RESEARCH

Main questions

- Does the alcohol and drugs consumption in pregnant women decrease?
- Does the number of alcohol and drug exposed children decrease?
- Are the questionnaires valid to detect alcohol and drugs consumption during pregnancy?

Methods

- Pre-post study by using biomarkers during first visits of pregnancy and at childbirth
- Validation study using biomarkers results as gold standard
- Follow up study

Logistics and confidentiality

In summary

IN SUMMARY

- To date a “no-effect”, “no-risk” or “safe” drinking level for pregnant women to avoid harm to their unborn children has yet to be established.
- In the absence of demonstrated safe limits, abstinence from alcohol during pregnancy is recommended and should be encouraged.
- Given the harm that alcohol poses to the foetus, this topic needs to receive more policy attention.
- There is a need to have more reliable and comparable data on prevalence and harm.
- Specific prevention programmes on pregnancy have to be embedded into more universal prevention policies to limiting alcohol consumption.

IN SUMMARY

- Momentum in Catalonia.
 - High awareness by professionals
 - EIBI widely available
 - Success of the smoke-free pregnancy programme

- Alcohol and drugs simultaneously for professionals but not for general population.

- In coordination with European Policies and Projects.

- Comprehensive programme:
 - From pre - to post partum
 - From science (in collaboration with research unit) to policy

- Use of new technologies

FURTHER STEPS

Study possible benefits if supported by additional regulations

- Learn from experiences of introducing warning or voluntary agreements of the industry



Professionals' acknowledgement with contractual incentives

- Introduction in the contract with providers

Explore the feasibility of the implementation of exposure and FASD indicators in childbirth and its inclusion in health monitoring systems.

Study legal and ethical implications (can consumption of alcohol during pregnancy be considered child abuse?)

Improve collaboration with social services when the withdrawal of child custody from family is proposed

Thanks for your attention!

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