

Safe Babies Foster Parent Training Program

Module 1: Introduction to the Safe Babies Program

Learning outcomes

- Begin the process of group participation
- Understand the purpose and origins of the Safe Babies Program
- Understand the local experience of drug and alcohol use during pregnancy
- Develop an awareness of the range of health and social issues for infants and their parents related to substance exposure during pregnancy



Learning outcomes

- Define the terms
 - Fetal Alcohol Spectrum Disorder,
 - Partial Fetal Alcohol Syndrome,
 - Fetal Alcohol Syndrome,
 - Alcohol Related Neurodevelopmental Disorders,
 - Alcohol Related Birth Defects,
 - Neonatal Withdrawal
- Understand the limitations of current knowledge and research

Essential concepts:

- Effective work between group members
- Principles of adult learning
- Society's response to substance use during pregnancy
- Health and social challenges during pregnancy
- Limitations of current information



Brainstorm:

- Potential *social issues* associated with substance misuse during pregnancy
- Potential *health issues* associated with substance misuse during pregnancy

What is a drug?

- Any substance that in small amounts produces significant changes in the body, mind or both

What is a drug?

- How is the decision made to call some substances drugs and others not?
- Cultural and legal differences about which drugs are “good” and “bad”
- Drug use is universal – every human culture in every age of history
- It is hard to find neutral information about drugs.



So, what would you consider
a “drug”?



Substance categories:

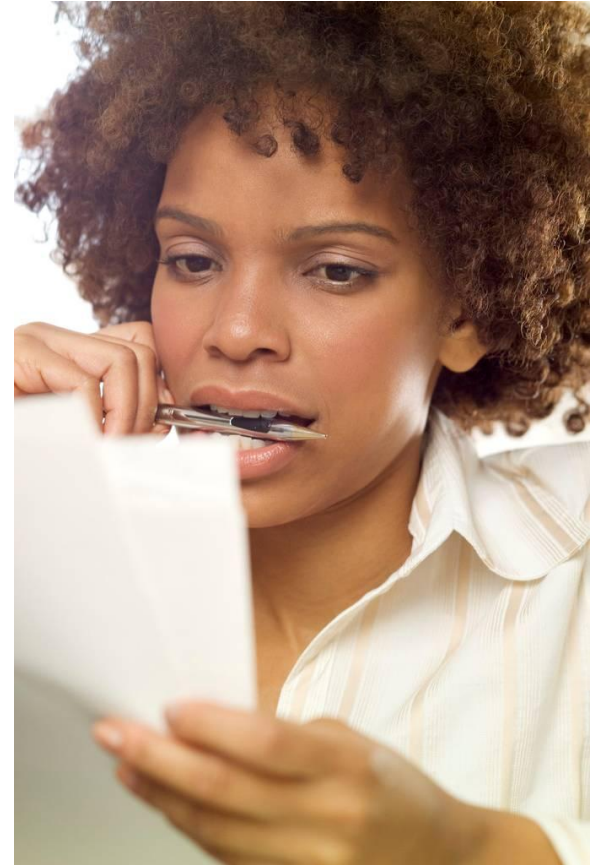
- Caffeine
- Tobacco/nicotine
- Over the counter medications
- Prescription medications
- Alcohol
- Marijuana
- Cocaine
- Opioids – heroin, methadone, Demerol
- Synthetic medications, ie club drugs
- Inhalants

Historical overview of substance abuse

Pre-1960	Placenta as barrier
1960s	Awareness of teratogens
1970s	Term FAS coined Early studies of FAS
1980s	Crack “epidemic”
1990s	Introduction of concepts of social determinants of health; harm reduction
2000	Crystal meth epidemic

Profile of substance use in Canadian women

- Tobacco — 25%
- Alcohol — 80%
- Prescription pain meds — 20%
- Marijuana — 5%
- Cocaine and heroin — less than 3%



Reported drug and alcohol use during pregnancy in BC

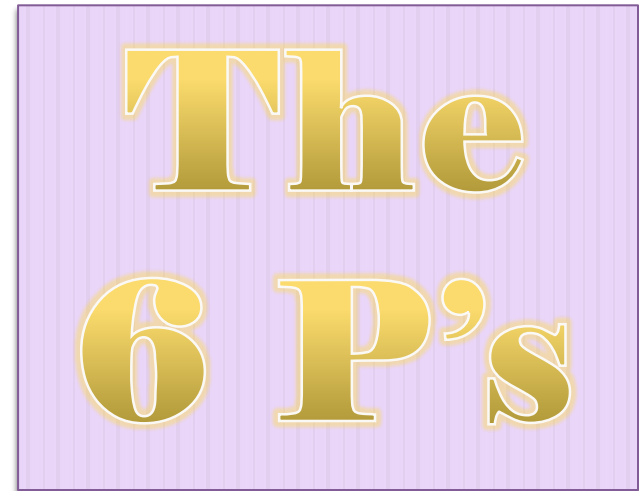
- Underreported
- Smoking – between 10 and 20% (higher in some populations)
- Alcohol – 15%
- Marijuana – less than 2%
- “Hard” drugs – cocaine, crystal meth, heroin – less than 2%

Influences on the health of a woman during pregnancy

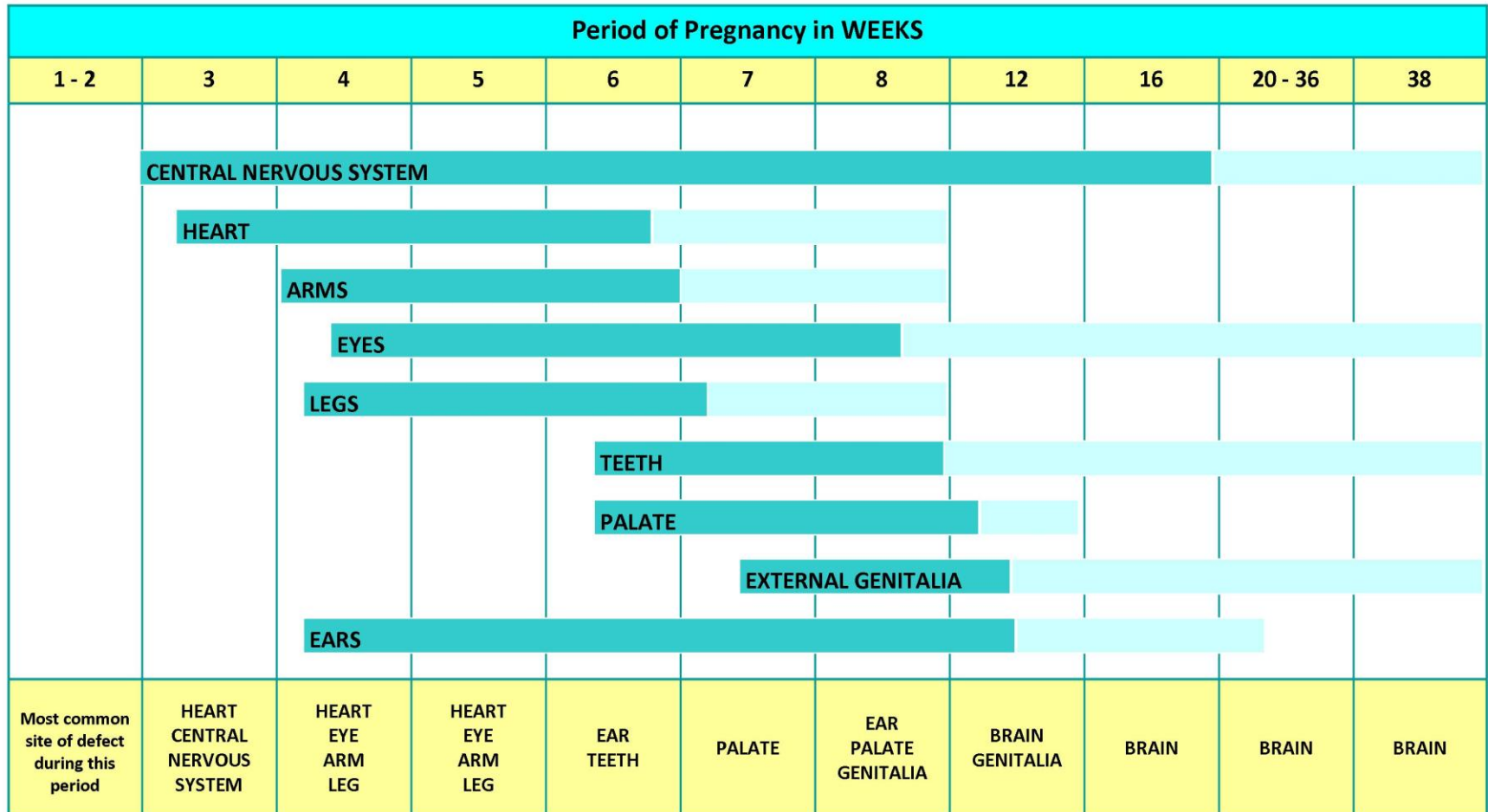
PROTECTIVE	STRESSFUL
Access to prenatal care	Lack of prenatal care
Social support	Isolation, unsupportive relationships
Adequate nutrition	Inadequate nutrition
Adequate living resources	Inadequate housing
Safe environment	Violence
Reduced or no use of tobacco, illegal drugs and alcohol	Use of tobacco, alcohol and illegal drugs during pregnancy (this use is often a way to manage stress)

Dr. Christine Locke's "6 P's"

- Poverty
- Poor prenatal care
- Poor nutrition
- Polydrug use
- Psychiatric issues
- Partner and family issues



Fetal development timeline



Fetal alcohol spectrum disorder

- Combination of mental and physical disabilities caused by maternal alcohol consumption during pregnancy
- Term describes a cluster of problems facing those who have evidence of some but not all of FAS criteria
- Incidence is 1 to 9 in 1000 live births
- FASD is estimated to occur 5-10 times more frequently than FAS

Fetal Alcohol Syndrome

A condition affecting some children born to women who drink heavily during pregnancy

THREE criteria for diagnosis:

1. Characteristic facial features
2. Slow growth during pregnancy and through childhood
3. Brain injury – structural abnormalities and behavioral/cognitive problems

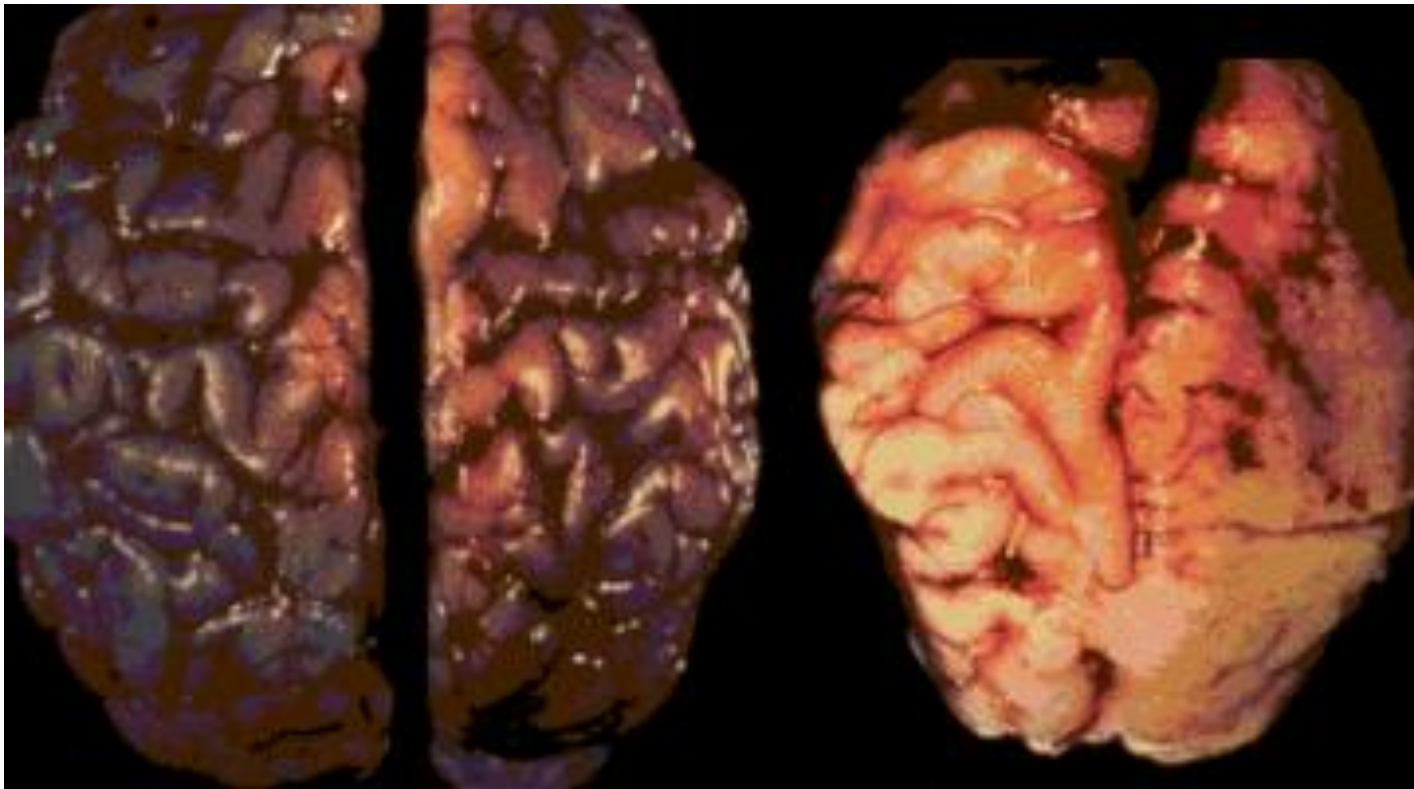
(when it is known that there was significant prenatal exposure to alcohol)

Healthy vs. FAS Brain

<http://www.come-over.to/FAS/FASbrain.htm>

Brain of baby with NO
exposure to alcohol

Brain of baby with HEAVY
prenatal exposure to
alcohol



FAS Features

Discriminating Features

Short palpebral fissures

Flat midface

Short nose

Indistinct philtrum

Thin upper lip

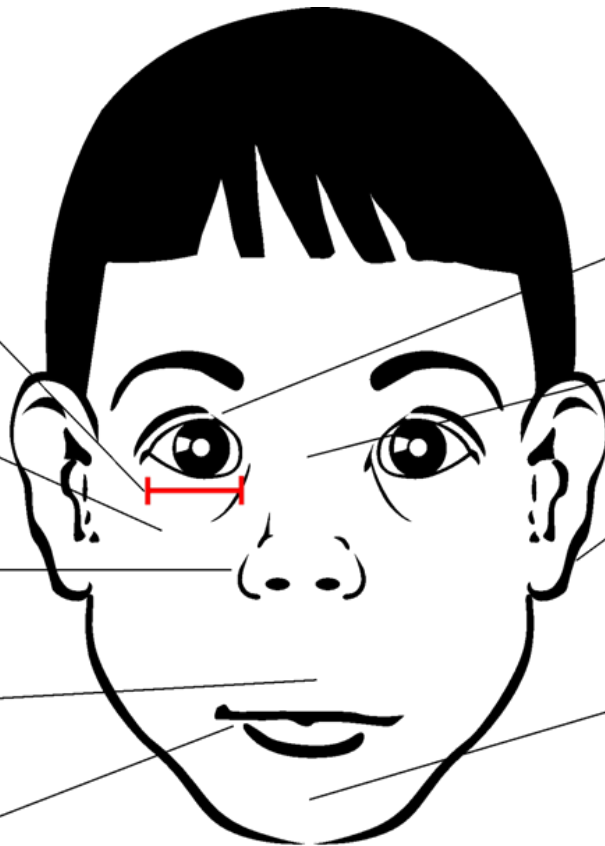
Associated Features

Epicanthal folds

Low nasal bridge

Minor ear anomalies

Micrognathia





Partial fetal alcohol syndrome

Recommended term used to describe the cluster of problems facing those who have:

- None or some (but not all of the characteristic facial features)
- Evidence of another component of FAS such as growth deficiency or behavioral/cognitive problems

(when it is known that there was significant prenatal exposure to alcohol)

Alcohol related neurodevelopmental disorders

- Individuals with ARND present with neurocognitive dysfunction and complex patterns of behavior
- Have a confirmed exposure to alcohol prenatally
- May not have characteristic facial features or growth restriction

Alcohol Related Birth Defects

- Physical or cognitive defects, which can range from mild to severe, that results from prenatal alcohol exposure, for example malformation of kidney or hearing system.
- With confirmed maternal alcohol exposure

Primary Disabilities

- Are the direct result of structural and/or functional damage to individuals
- While they can be evident in certain physical characteristics, it is the direct damage to the brain that has the greatest effect on the person

Secondary Disabilities

- Often secondary disabilities emerge in adolescence and adulthood
- Secondary disabilities are believed to result from complications of undiagnosed or untreated primary disabilities
- Latest direction in research is to look at what we have thought of as secondary disabilities and think about if they are actually more primary (Weinberg)

Secondary Disabilities

- Mental health problems
- Disrupted school experiences
- Easily victimized
- Trouble with the law
- Confinement

Secondary Disabilities (continued)

- Inappropriate sexual behaviour
- Alcohol and drug problems
- Needing dependent living situations
- Problems with employment

FASD and Activities of Daily Living

Streissguth et al. Longitudinal Study (1996)

Sample of adults age 21+ were unable to:

Manage money	82%
Make daily living decisions	78%
Obtain social services	70%
Get medical care	68%
Handle interpersonal relationships	57%
Grocery shop	52%
Cook meals	49%
Structure leisure activities	48%
Stay out of trouble	48%
Maintain hygiene	37%
Use public transportation	24%

Lowering Risk of Secondary Disabilities

(Streissguth et al 1996)

- Living in a stable, nurturing home
- Staying in the same household for at least three years
- Diagnosis by six years of age
- Not being a victim of violence
- Receiving services for disability

Why Diagnose?

Validation

- New understanding leads to new strategies at home and other environments
- Funding in school and daycare
- Opening doors for family services
- Better medical management
- Prevention of secondary disabilities
- Prevention of future alcohol affected children

Neonatal withdrawal

- Also known as neonatal abstinence syndrome (trying to move away from the term as it is not a permanent syndrome like FASD)
- The presence of withdrawal symptoms in infants exposed to one or more drugs during pregnancy
- Originally the term referred to heroin/ opioid use during pregnancy

A note about language...

OLD Language	CURRENT Language
A person affected by FASD	A person living with FASD
An FASD individual	An individual with FASD
FASD is brain damage	FASD is a brain injury
FASD is 100% preventable	FASD is preventable
FAS/FAE	FASD
Drug baby, addicted baby, NAS	A baby with prenatal substance exposure, neonatal withdrawal
Intervention	Support

Limits to what we know..

- Study groups too small
- Effects of lifestyle and other substances not factored out
- Not a lot of long term studies
- Different reporting requirement between provinces, states and agencies
- Rely on mother's self-reporting
- Post-birth environment and parenting influence

But what we do know is...

- There is a continuum of outcomes, ranging from no effects to severe life long physical and mental disabilities
- It is difficult to predict long term effects as every pregnancy and infant are unique
- The home environment and care giving are very important factors in outcomes



Reflection

Do you have any
questions or comments
that you would like to
share with the group?



*Thank you for
sharing and caring.*



*Please remember to complete
your evaluation form.*