



# Alcohol and Pregnancy Toolkit.

The following toolkit provides an overview of evidence-informed approaches to preventing alcohol harm during pregnancy in your community.

## 1. Alcohol and Pregnancy overview – key points for LDATs

- The Alcohol and Pregnancy toolkit refers to evidence-informed information, resources and programs for parents-to-be and their families to abstain from alcohol consumption prior to and during pregnancy.
- These activities can target all people who are sexually active (or likely to be) and people who are pregnant. This includes people of all genders who can fall pregnant, including cis women, transgender and non-binary people and any potential partners.
- The main condition resulting from alcohol consumption during pregnancy is Fetal Alcohol Spectrum Disorder (FASD) – a lifelong condition that affects the brain and body of people who have experienced pre-natal alcohol exposure.<sup>1</sup>

**Table 1: Factors that protect against and factors that increase risk of alcohol use in pregnancy<sup>2-5</sup>**

Protective factors	Risk factors
<ul style="list-style-type: none"><li>• Access to quality information about alcohol use in pregnancy</li><li>• Non-stigmatising communication with health professionals about alcohol consumption risks during pregnancy, with pregnant people and their partner/family</li><li>• Support from family/friends</li><li>• Access to health services that address the risks of drinking alcohol in pregnancy, in a non-judgemental, clear and timely manner</li><li>• Evidence-based drug education</li><li>• Participation in positive social activities</li></ul>	<ul style="list-style-type: none"><li>• Social and economic disadvantage</li><li>• History of trauma or violence</li><li>• Physical and mental health problems</li><li>• Lack of social support</li><li>• Lack of access to health services that address the risks of drinking in pregnancy in a non-judgemental, clear and timely manner</li><li>• Lack of awareness of potential harms</li><li>• Misinformation and misconceptions about the impact of drinking during pregnancy</li></ul>

### 1.1 Guiding principles

There is international recognition that the language used to describe or refer to matters related to FASD should promote the respect, dignity and value of all human life.<sup>1</sup>

This means avoiding terminology that blames or shames women/people who give birth to a child that is diagnosed with FASD and individuals who contract FASD.<sup>1</sup> When raising awareness and communicating about FASD, it should be done without using hurtful, disrespectful or harmful words and images.<sup>1</sup>

**A widely accepted definition of FASD is:**

“Fetal Alcohol Spectrum Disorder (FASD) is a diagnostic term used to describe impacts on the brain and body of individuals prenatally exposed to alcohol. FASD is a lifelong disability. Individuals with FASD will experience some degree of challenges in their daily living, and need support with motor skills, physical health, learning, memory, attention, communication, emotional regulation, and social skills to reach their full potential. Each individual with FASD is unique and has areas of both strengths and challenges.”<sup>1</sup>

When working on FASD issues, LDATs should consider the following guiding principles:

- Use the above definition of FASD and ensure the language and images you use are respectful and don't stigmatise or blame/shame any person.<sup>1,6,7</sup>
- Work with natural allies/community partners to deliver alcohol and pregnancy awareness-raising activities.<sup>8</sup> See section 1.2 below.
- Align your work where possible with key organisations already working on FASD, including the Foundation for Alcohol Research and Education (FARE), the National Organisation for Fetal Alcohol Spectrum Disorder (NOFASD Australia), and the National Aboriginal Community Controlled Health Organisation (NACCHO).<sup>8-10</sup>
- Communicate about FASD in a positive manner, highlighting the ways in which women/people act prior to conception and post conception to avoid complications due to alcohol.<sup>1,6</sup>
- Emphasise the role that fathers/father figures, partners and friends of pregnant women/people play in assisting them to avoid consuming alcohol.<sup>11</sup>
- Ensure that the information you publish and provide on FASD is accurate, up-to-date and based on the most credible medical and scientific sources, such as the National Health and Medical Research Council (NHMRC).<sup>12</sup>
- Endeavour to reduce stigma attached to the issue of FASD.<sup>1,6,7</sup>
- Encourage parents to talk with children of all sexes, genders and sexual preferences about the risk of FASD and how it can be avoided by young people.<sup>5,8</sup>
- Alert interested and concerned people to the most accurate and useful FASD resources available.<sup>12</sup>

## 1.2 Considerations for planning and delivery

Attention to **how** a program is delivered or implemented is just as important as **what** is delivered, when it comes to your project's outcomes.

### Implementation considerations for planning and delivery

#### The 5Ws

Being clear about what you want to do and the outcomes you want to achieve will support your LDAT to deliver an Alcohol and Pregnancy activity in your community in a safe and effective way, as well as track your success as you go. Consider the 5Ws:

- **What** do you want to happen? (activity)
- **Who** will it happen with? (direct audience)
- **Why** will it happen? (outcome – e.g. improving an identified gap for that audience)
- **When** will it occur? (time frame – e.g. over 6 months)
- **Where** will it occur? (location).

#### Measuring Success

Once you know what outcomes you want to achieve you need to measure the success of your activities so that you know how effective they were. Do this by evaluating your activities using process and impact measures.

- **Process measures:** these relate to how your activity is being delivered. In other words, they help you to monitor if the implementation of your activity went according to plan, e.g. did you reach the targeted number of attendees at your event? Did you run the targeted number of workshops that you originally planned?
- **Impact measures:** these relate to the short-term difference your activity has made on the community. Impact measures seek to increase protective factors, decrease risk factors, or change how people think about Alcohol and Other Drug (AOD) harms, e.g. did people report having more knowledge of AOD harms after attending your event? Did people report feeling more connected to their community after participating in your workshop?

### **Working with community partners**

LDATs should work with a variety of different community partners to deliver Alcohol and Pregnancy activities. You may also choose to work directly with AOD service providers to facilitate referral pathways for pregnant women/people and their partners/family who want to discuss or engage with treatment for alcohol issues.

Community partners might include:

- maternal, infant and child health services
- women's health services
- general practitioners
- hospitals
- family services
- youth health services
- community health services
- multicultural women's services who offer translation support during pregnancy
- Aboriginal and Torres Strait Islander health/community services who offer pregnancy support (sometimes within the hospital system)
- LGBTQI+ services
- AOD services
- youth groups and organisations
- women's groups and organisations
- sporting clubs
- service clubs
- schools, tertiary education institutions and other relevant bodies and groups.

LDAT partners can support Alcohol and Pregnancy activities by delivering activities themselves, promoting activities, recruiting participants, providing expert trainers, financial support, and much more.

For further information see: <https://community.adf.org.au/run-activities/partnerships/>

### **Resources required**

Below is an indicative list of resources required to effectively deliver Alcohol and Pregnancy activities:

- basic administrative tools, including access to stationery and office supplies
- venue for alcohol and pregnancy information sessions
- police checks/Working With Children Checks (these are mandatory when working with young people)
- knowledge/materials to develop promotional material to promote Alcohol and Pregnancy activities and deliver awareness initiatives
- personnel time to liaise with community organisations (e.g. attend meetings, provide advice)
- insurance and liability coverage (where appropriate).

Your LDAT may choose to consider allocating some of your Community Action Plan grant money towards some of these resources (where money is required).

### Cultural sensitivity and inclusivity

If LDATs are working with different communities and cultures, you will need to consider how this might impact your messaging. For example, the National Aboriginal Community Controlled Health Organisation (NACCHO) have designed a new culturally appropriate awareness raising campaign for regional and remote Aboriginal and Torres Strait Islander communities.<sup>9</sup> View their video here: <https://www.naccho.org.au/fasd/strong-born/>

LDATs will also need to consider:

- messaging around pregnancy that is inclusive of transgender and non-binary people who are pregnant or planning a pregnancy. This could involve using language that is all encompassing, for example, 'people who are sexually active' rather than 'women/men who are sexually active'
- messaging for people who are sexually active and don't have English as their first/primary language.

## 2. Delivering Alcohol and Pregnancy: key activities and measuring success

The below section outlines key activities associated with delivering and evaluating Alcohol and Pregnancy. You will need to deliver at least one of these activities and evaluate it using process and impact measures (see 1.2 Considerations for planning and delivery, above). This will allow you to determine whether or not your LDAT has achieved your intended outcomes. You can also tailor your approach by adding additional activities that suit your community's needs and evaluating them using additional process and impact measures.

Key activities for delivering and evaluating Alcohol and Pregnancy are:

- **Training or workshops**

An event that is held for the specific purpose of training community members in a new skill set, and/or delivering a structured presentation aimed at increasing knowledge about risk and/or protective factors associated with an AOD health issue.

- **Campaigns or awareness raising activities**

A coordinated series of targeted messages delivered across one or more platforms (e.g. social media, pamphlets, radio messages, etc.) that is aimed at minimising risk factors and/or increasing protective factors associated with AOD use.

- **Events or forums**

One or more planned occasions where community members and/or relevant stakeholders come together, either face-to-face or virtually, to share ideas, learn new information, and connect with one another over ideas or activities aimed at minimising risk factors and/or increasing protective factors associated with AOD use.

Evaluation is a critical component of delivering your program and needs to be factored in at every stage of planning and delivery. You'll find more detailed information on effective evaluation measures in our essential guide for LDATs: [Evaluation Measures Guide](#). Your LDAT will also be guided to select appropriate process and impact measures when you're developing your Community Action Plan (CAP) online.



### 3. Delivering Alcohol and Pregnancy: key steps

The key steps involved in delivering Alcohol and Pregnancy are provided below as a useful starting point for developing your Community Action Plan activity. Note: these steps are an indicative guide only and it's important to tailor your approach to your local community.

#### Step 1: Engaging the community

- Identify relevant community organisations who have access to people who are pregnant, planning a pregnancy or breastfeeding.
- Establish key contacts/gatekeepers to champion the issue within the organisation.
- Provide your community organisations with information about the evidence on alcohol and pregnancy.
- Establish 'what's in it' for the community organisation.
- Ensure consistency of information being provided by community organisations on alcohol and pregnancy by addressing any sensitivities or misinformation that exists within the organisation – including issues around stigma.

For further information see: <https://community.adf.org.au/get-started/community-consultation/>

#### Step 2: Providing evidence on the risks of consuming alcohol during pregnancy

LDATs can be a resource for community organisations by providing them with evidence and data on the risks of consuming alcohol during pregnancy to help combat the mixed messages people may hear in the media and through their social circles. The following organisations, websites and resources may be useful.

Topic Area	Resource
Key organisations/websites	<ul style="list-style-type: none"><li>• <a href="#">NOFASD Australia - National Organisation for Fetal Alcohol Spectrum Disorder</a></li><li>• <a href="#">FASD Hub Australia   FASD Hub</a></li><li>• <a href="#">Home - Pregnant Pause</a></li><li>• <a href="#">Your Fertility - Facts About Fertility &amp; How To Improve Your Chance</a></li></ul>
Resources	<ul style="list-style-type: none"><li>• <a href="#">Alcohol and pregnancy - Alcohol and Drug Foundation (adf.org.au)</a></li><li>• <a href="#">Alcohol   NHMRC</a></li><li>• <a href="#">Language Guide (fasdhub.org.au)</a></li><li>• <a href="#">Long Term Effects Of Alcohol During Pregnancy (alcoholthinkagain.com.au)</a></li><li>• <a href="#">Alcohol   Your Fertility</a></li><li>• <a href="#">Women Want to Know   FARE</a></li></ul>
Aboriginal and Torres Strait Islander Communities	<ul style="list-style-type: none"><li>• <a href="#">NACCHO Aboriginal &amp; Torres Strait Islander Health News: Impact of alcohol-free pregnancy campaign   NACCHO Aboriginal Health News Alerts (nacchocommunique.com)</a></li><li>• <a href="#">Australian Indigenous research and resources about FASD   FASD Hub</a></li></ul>
People of non-English speaking background	<ul style="list-style-type: none"><li>• <a href="#">Pregnancy and birthing services for different language or cultural needs - Better Health Channel</a></li><li>• <a href="#">Cultural practices and preferences when having a baby   Pregnancy Birth and Baby (pregnancybirthbaby.org.au)</a></li><li>• <a href="#">About the Free Interpreting Service   Translating and Interpreting Service (TIS National)</a></li><li>• <a href="#">Get interpreter help on the FASD Hub   FASD Hub</a></li></ul>

### **Step 3: Follow an evidence-based model of prevention**

LDATs can use the following model of FASD prevention to inform their work:

**Level 1:** raise awareness of the risk of drinking during pregnancy, and indicate how people can gain help if they need support to stop or reduce drinking and to promote community involvement in FASD awareness.<sup>8,13</sup>

**Level 2:** encourage respectful discussions about reproductive health, contraception, pregnancy, alcohol use, and related issues, within their families, social networks and with health care professionals.<sup>8,13</sup>

**Level 3:** ensure all girls/women/people with an alcohol problem have access to culturally safe treatment/support services. Services might include substance use treatment, women's health, prenatal and maternity care, child health and welfare, mental wellness, housing, income and vocational supports.<sup>8,13</sup>

**Level 4:** after-birth support should be offered to new parents who have addressed an alcohol problem, or are still having difficulties with alcohol. Those who have made changes to alcohol use can be supported to maintain the change while parents who could not reduce their drinking are assisted to improve their health and the health of their children.<sup>8,13</sup>

### **Step 4: Supporting community organisations with communication**

Communication around alcohol and pregnancy is important. If done poorly, it may lead to poor uptake of activities and community misunderstanding due to people being ill informed about the purpose, content and outcomes/benefits of the activities.

Key considerations when communicating Alcohol and Pregnancy activities:<sup>1,5-7,12</sup>

- Ensure all communication is inclusive. Alcohol and Pregnancy activities are relevant for the entire community – not just cis women who are pregnant.
- Be culturally sensitive and ensure the language is relevant to the knowledge, attitudes and practices of the local community – including gender, sexual preferences, cultural background, and/or social/economic disadvantage.
- Use 'person-centred' language focusing on the person, not their substance use.<sup>1</sup>
- Focus on the damage that alcohol can do – rather than blaming the pregnant person.
- Address the reasons that women/people in the community drink while pregnant.
- Be respectful, positive and supportive. Avoid language that may be perceived as judgemental and that may incite or perpetuate the social stigma associated with the consumption of alcohol in pregnancy.
- Ensure messaging is consistent with the [Australian guidelines to reduce health risks from drinking alcohol](#).
- Focus on the positives: Alcohol and Pregnancy activities deliver benefits for children, parents/guardians/parental figures, and the broader community.



## References

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