



FASD in Ireland and first steps towards prevention

Prepared for Alcohol & Pregnancy Seminar Galway 26th Sep '17

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National Geographic Feb 1992



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A new 'toolkit' for health professionals was launched in the antenatal clinic in Letterkenny General Hospital. The project, which aims to increase awareness of the health benefits to pregnant mums and unborn children of ceasing alcohol consumption entirely during pregnancy, Photo : L-R: Helen McFarland, ETB; Ciara Doyle, Project Lead, Hidden

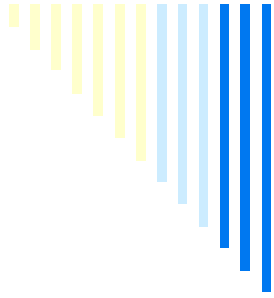
Harm, HSE/Alcohol Forum; Cora McAleer, Manager, Mental Health Addiction Services; Evelyn Smith, Asst Director of Nursing/Midwifery; Christina McEleney, Coordinator Tutor, University of Limerick Diploma in Drug and Alcohol Studies; Dr. Nandini Ravikumar, Consultant Obstetrician; Sean Murphy, General Manager, Geraldine Hanley, CMM2 Antenatal Education Coordinator; Moira Mills, Alcohol Forum; and Mary Kelly, Health Promotion Officer

From: Saolta-e-Newsletter-July-2015-pdf



MECC: Alcohol & Pregnancy

- Sole remit of the GP, Midwife, Obstetrician, maternity service
- Alcohol use during pregnancy is a clinical issue
- Individual risk assessment
- **“By the time the woman gets to us, it’s too late”**
- Never too late to stop drinking during pregnancy
- It is too late for an alcohol free pregnancy



“Safe Limiting” in Pregnancy - no such thing

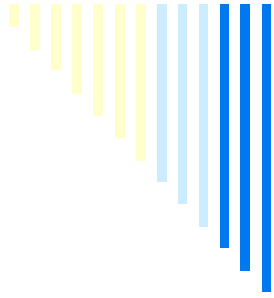
FASD: alcohol causal, a co-factor, correlated

- No amount of RoH absolutely safe
- No amount of RoH absolutely dangerous
- A relative risk of harm
- Multiple mechanisms direct & indirect action
- Fraternal twins with lesser effect in one
- Maternal nutrition, maternal metabolism
- Stop drinking – 2^o prevention



PAE and FASDs

- Alcohol crosses the placenta
 - Complete pathway of exposure
- Foetus swallows and excretes amniotic fluid
 - Cycle of exposure
- It's the social norm to drink including when pregnant
 - Societal factor



Biological variability / outcome

- Rate of breakdown of alcohol varies
 - Genetic component to risk
- Metabolism of alcohol
 - Speed of intake
 - On an empty stomach, with food, 2 hours after food
 - Body composition
 - Frequency of intake
 - Amount consumed
 - State of health



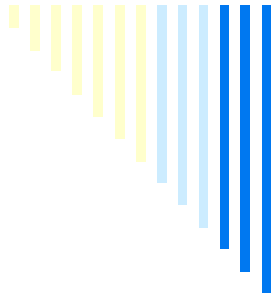
FRATERNAL TWIN GIRLS, FIVE MONTHS OLD; FRANCE

Prevention of Foetal Alcohol Spectrum Disorder



PAE and FASDs: Causal criteria

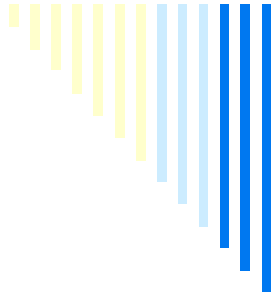
- Evidence from true experiments in humans
- Association strong. Association consistent from study to study.
- Temporal relationship - cause precedes the effect
- Dose-response gradient
- Does the association make epidemiological sense?
- Does the association make biological sense?
- Is the association specific? FAS
- Is the association analogous to a previously proven causal association? Teratogenicity



The biological implausibility of the Null Hypothesis

- Alcohol declared a carcinogen by the IARC in 1988
- Alcohol is a teratogen IOM 1996
- Fulfils Causal Criteria*

*Bradford Hill Sir Austin. The Environment and Disease: Association or Causation? Proceedings of the Royal Society of Medicine, Section of Occupational Medicine Meeting January 14 1965.



DSM-5: ND-PAE

Neurodevelopmental disorder- prenatal alcohol exposure

- ☐ “Absence of evidence is not evidence of absence”
- ☐ Wait on the evidence? OR
- ☐ Apply the precautionary principle



International evidence

Lancet Jan17; JAMA Pediatr Aug17; BMJ Sep17

- 1 in 67 who consume alcohol in pregnancy give birth to a baby with FAS, noting ratio of FASD to FAS is 9/10 : 1
- Ireland featured as one of the five countries with the highest prevalence of FAS
 - South Africa, Croatia, **Ireland**, Italy, Belarus
- Estimate: 600 Irish babies are born each year with FAS, > 40,000 Irish persons are living with the condition
- “Low alcohol” 32g/wk - precautionary principle recommendation

- Popova S, Lange S, Probst C, Gmel G, Rehm J. **Estimation of national, regional, and global prevalence of alcohol use during pregnancy and fetal alcohol syndrome: a systematic review and meta-analysis.** Lancet Glob Health 2017; published online Jan 12. [http://dx.doi.org/10.1016/S2214-109X\(17\)30021-9](http://dx.doi.org/10.1016/S2214-109X(17)30021-9)
- Lange S, Probst C, Gmel G, Rehm J, Burd L, Popova S. Global Prevalence of Fetal Alcohol Spectrum Disorder among Children and Youth. A systematic review and meta-analysis JAMA Pediatr 2017. Doi:10.1001/jamapediatrics.2017.1919
- Mamluk L, Edwards HB, Savović J, *et al.* Low alcohol consumption and pregnancy and childhood outcomes: time to change guidelines indicating apparently 'safe' levels of alcohol during pregnancy? A systematic review and meta-analyses. *BMJ Open* 2017;7:e015410. doi:10.1136/bmjopen-2016-015410



Evidence (Ireland_Aug 2017)

The evidence indicates that:

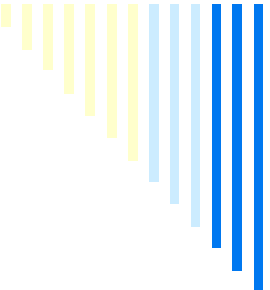
- Four in five of first pregnancies are exposed to alcohol; nearly one in two (45%) are exposed at high-risk levels
- two in five pregnancies are unplanned, increasing the chance they will be exposed to alcohol
- pregnant women do not consistently receive timely maternity care or support for their Alcohol & Drug issues
- health professionals do not consistently provide information on the risks of drinking during pregnancy or routinely screen for alcohol issues
- most clinicians lack the capability to diagnose FASD
- families of people with FASD struggle to access appropriate support and report a lack of understanding from services, professionals and even other family members
- In NZ, FASD affects about 50 percent of children and young people in Child, Youth and Family (CYF) care.



FASD Invisible characteristics:

- ☐ attention deficits
- ☐ memory deficits
- ☐ hyperactivity
- ☐ difficulty with abstract concepts (e.g. maths, time and money)
- ☐ poor problem-solving skills
- ☐ difficulty learning from consequences
- ☐ poor judgement
- ☐ immature behaviour
- ☐ poor impulse control
- ☐ confused social skills. **+/- Physical features**

Prevention of Fetal Alcohol Spectrum Disorder



The elephant in the room: to what extent is ASD a manifestation of FASD?

- FASD diagnosis requires documented PAE – this limits ascertainment
- Do we need an FASD diagnosis?
- Document PAE for health promotion?
- A pregnant pause: alcohol free pregnancy

Anecdote

- Disability Service Transformation Local Implementation parent group



Sections

The Washington Post

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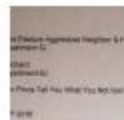
This mother drank while pregnant. Here's what her daughter's like at 43.



Karli Schrider is 43 years old, but she has the developmental age of a first-grader. Her mother drank while pregnant, unaware of the risk of fetal alcohol syndrome. (Bonnie Jo Mount/The Washington Post)

Most Read

- 1 'Learn your manners,' a white man wrote to his black neighbor. This was the response.



- 2 Nancy O'Dell: Even the locker room no excuse for Trump



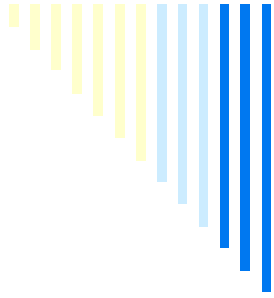
- 3 'I was just reading a book': Canadian cops called on black man reading C.S. Lewis in his car



- 4 Medical school can be



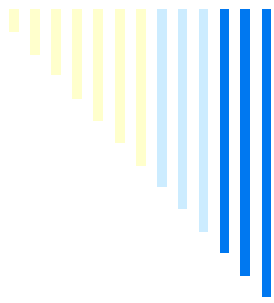
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Prevention of FASD

Is all our business

- ☐ Alcohol free pregnancy work starts in school
- ☐ Lessons learned internationally
- ☐ Whole of Government
 - Policy & implementation, hidden harm
- ☐ & whole of Society: social norm, support
- ☐ Effective interventions
 - Parent Child Assistance Programme



Regional Drugs & Alcohol Taskforce

- Work on the societal factor – a big task
- All your work to date refers
- Change the social norm
 - Start the conversation
 - Consistent message
 - Individually lead by example
- It's a major challenge
- Mothers against drink driving (MADD) changed a social norm
- Working together it is feasible, we can change another social norm



Alcohol free pregnancy

- We are not asking women to stop drinking
- We are trying to enable women to have an alcohol free pregnancy
 - With full information
 - By choice, plan, “informed consent”
 - With support, whole of society & government
 - Respectful, sensitive
- Not all women will manage this



Lessons from Canadian FASD Awareness campaigns

Aim: Helping people to understand the issue and where to get help

- One component of a broader strategy
- Partnerships key to reach audience
- **Fear based approaches don't work but cause anxiety and distress**
- Successful campaigns focused on large populations & were designed for populations at lower risk



Awareness raising

- Target audience: teenagers before they are sexually active, youth groups, schools, families
- Start the conversation
- How would you plan an alcohol free pregnancy?



Supportive Legislation

- Enabling legislation with enforcement
 - Licensing laws
 - Underage drinking
 - **Public Health Alcohol Bill**

- Trans generational aspects
 - The cycle of addiction from generation to generation
 - Those with FASD at increased risk of addiction to alcohol themselves
 - Prevent FASD and break the cycle



Effective interventions in prevention of FASD

PCAP: Parent Child Assistance Programme

- ☐ A supportive non-judgmental relationship
- ☐ Support to the mother and the target child
- ☐ “Wrap around service”
- ☐ 3 year programme, 2 visits per month
- ☐ Relapse is tolerated, start again

Three objectives

- ☐ Motivate the women to stop using
- ☐ If can't, help women not to get pregnant
- ☐ Use mandated treatment for alcohol and drug abuse



Pregnancy

Prenatal Registration

Unexpected Pregnancy

Local Prenatal Classes

Growing a Healthy
Baby

Doctors & Midwives

Mom's Changes

The Birth

Baby Bed Program

HerWay Home

Baby and You

Your Toddler

Preschool

School Years

Youth

Child Abuse and
NeglectVancouver
Island Health
Authority

HerWay Home

Child Centred · Women Focused · Family Oriented

HerWay Home provides non-judgmental health care and social supports for pregnant and parenting women who have a history of substance use and may also be affected by mental health issues, violence and trauma.

Our Services

- Pregnancy and post-natal information
- Primary health care
- Drug and alcohol counselling
- Parenting support and advocacy
- Infant and child services (breastfeeding support, immunizations, development and dental hygiene)
- Support around current and past abuse and trauma
- Nutrition (meals provided at groups, nutrition information and prenatal vitamins)
- Information and advocacy around accessing housing, income assistance, legal advice, employment and training
- Outreach and accompaniments

General Information

- We work with women who are pregnant or whose babies are under 6 months old at time of intake
- Once connected, a woman can remain with the program until her youngest child reaches 3 years old
- There is no age limit for mothers to register
- Services are provided through groups at HerWay Home and through community outreach

WANT TO HELP?

- See [how you can help mothers and babies at HerWay Home](#)

REFERRALS

Call **250-519-3681** or email Herwayhome@viha.ca to make a referral or for more information on the program

CONTACT US

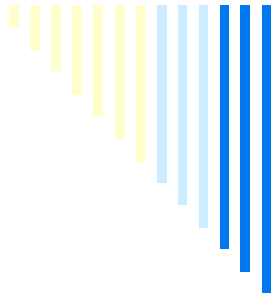
Located in the James Bay Community Project:

- 211-547 Michigan Street
Victoria
- Call **250-519-3681**
Monday to Friday
- Email
herwayhome@viha.ca

PARTNERS IN CARE

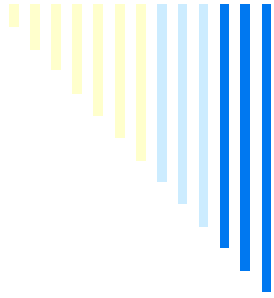
HerWay Home would not be possible without the support of Children's Health Foundation of Vancouver Island and their generous donors.

Making a donation to the Foundation means you are contributing to the children this region.



Why do women continue to drink during pregnancy?

- ☐ Habit, normal routine. The social norm
- ☐ *Unplanned pregnancy, not aware of pregnancy
- ☐ *Didn't know of potential hidden harm
- ☐ *Conflicting advice or incorrect advice
- ☐ Pressurised to drink
- ☐ Life is difficult
- ☐ *Addiction



Role of fathers

& friends, family

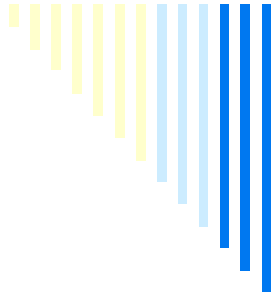
- ☐ Reduce your drinking or give up for a time
 - Alcohol free activities, new routine
- ☐ Never press a drink on another
- ☐ When a host provide choice
- ☐ Support the woman

- ☐ Life is difficult – from previous slide



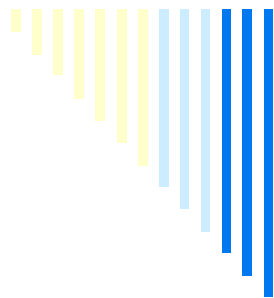
HSE FASD subgroup of AIG

- Develop the evidence based guidance
- The materials: leaflet, posters, website, SPHE
- Work with our medical, midwife, and allied health professional colleagues on:
 - care pathways for women
 - Pre conception care
 - Screening & Brief intervention in pregnancy
- PCAP
- Evaluate interventions



Role of HSE AIG FASD Subgroup

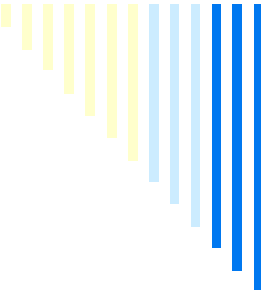
- Prevention of new cases of FASD
- NOT Diagnosis
- NOT Care and intervention for cases and families



Role of Maternity Service *in prevention of FASD (i)*

Standard

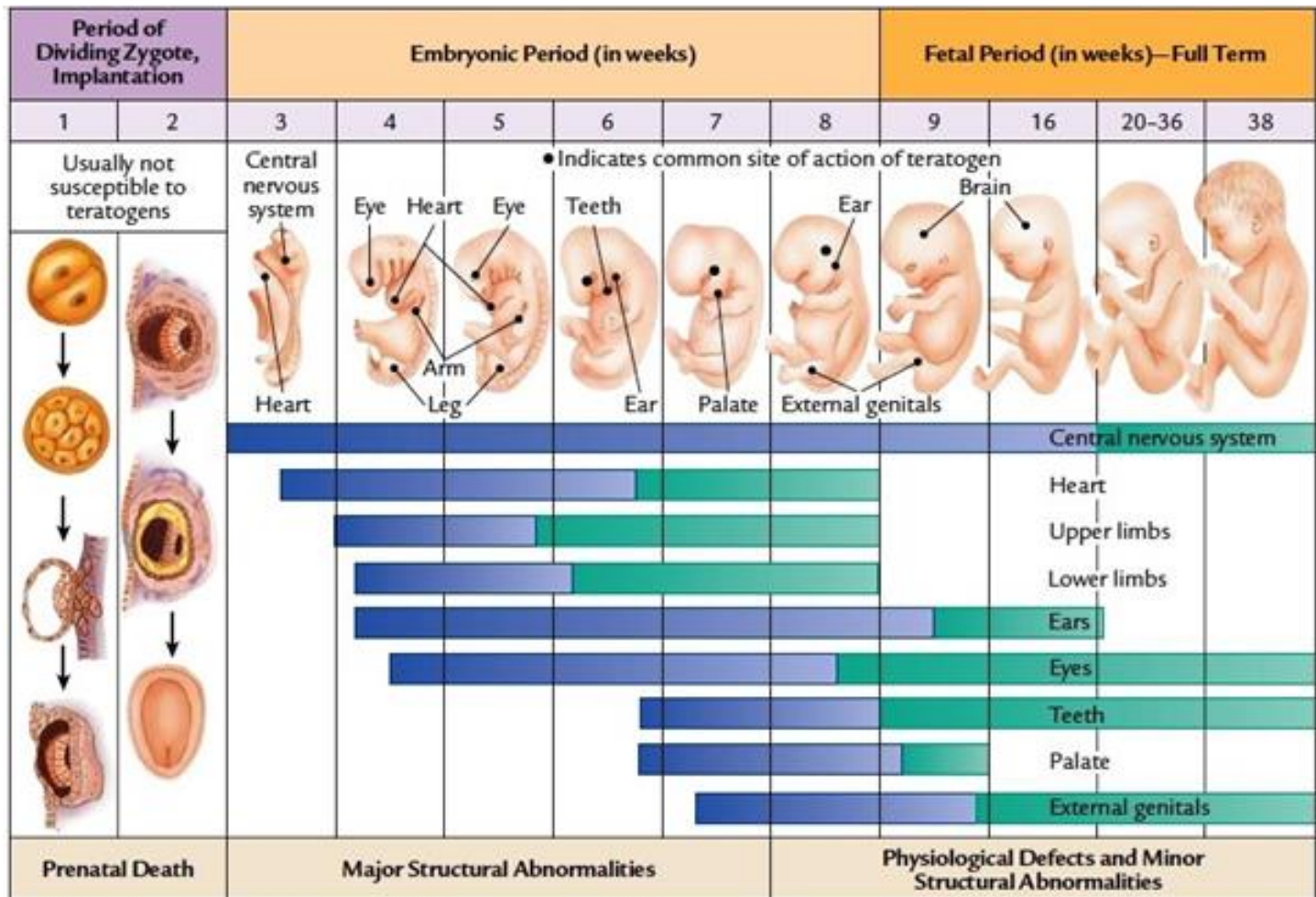
- ☐ Ask
- ☐ Record
- ☐ Test?



Maternity Data items on Alcohol intake for MN-CNS at BOOKING /First ANC visit - first 3 Qs of AUDIT-C

1.	How often do you have a drink containing ALCOHOL (current situation)	Never Monthly or less 2-4 times a month 2-3 times a week 4 or more times a week	0 1 2 3 4
2	How many standard drinks (10 grams) do you have on a typical day when drinking? (current situation)	1-2 drinks 3-4 drinks 5-6 drinks 7-9 drinks 10 or more drinks	0 1 2 3 4
3	How often do you have 6 or more drinks (10 grams) on <u>one</u> occasion? (current situation)	Never Less than monthly Monthly Weekly Daily or almost daily	0 1 2 3 4

Abstaining from alcohol for the remainder of pregnancy has benefit



Say no to alcohol in pregnancy NO SAFE AMOUNT. NO SAFE TIME.

INTERESTING evidence shows that drinking alcohol at any stage during pregnancy can cause Fetal Alcohol Syndrome (FAS) and Fetal Alcohol Spectrum Disorders (FASD).

Fetal Alcohol Spectrum Disorders (FASD) impact on families, education, social skills, health, working life in general and including the criminal justice system.

• First people are not immune to the harmful effects of alcohol.

• We all know someone, child or adult, who has the characteristics of Fetal Alcohol Spectrum Disorders.

• FASD has physical features and invisible characteristics such as attention deficits, memory deficits, hyperactivity, difficulty with abstract concepts (eg maths, time and money), poor problem solving skills, difficulty learning from consequences, poor judgment, immature behaviour, poor impulse control, confused social skills.

• FASDs are a consequence of alcohol-induced brain damage which is permanent, resulting from prenatal alcohol exposure.

The prevention of prenatal alcohol exposure to infants involves a message from both government and society. We need to bring about a change in social norms so that drinking in pregnancy will be as unacceptable as drink driving.

Recent is the case of MRS Sheila, Alcohol Synthesised and FASD. The challenge is to help and to not to prevent FASD in a way that supports all those women whose children have been or who will be adversely affected by consuming alcohol during pregnancy.

There is no threshold of FASD, therefore the number of cases of FASD (FAS) and FASD (Fetal Alcohol Neurodevelopmental Disorder) in Ireland is unknown. FASD is also commonly misdiagnosed or underdiagnosed. Studies in alcohol consumption during pregnancy however, suggest the number of affected children in Ireland may be significant. In January 2017, the Journal published a review of alcohol consumption in pregnancy, the risk of FAS and the prevalence of people with FAS in the population and found that about 1000 Irish babies with FAS are

born each year and that over 60,000 Irish people have FAS.

A seminar on FASDs was held in St. Thomas Hospital in October where participants were welcomed by Suzanne Connolly, Assistant Executive Medical Programme, Health & Wellbeing Division. The seminar was chaired by Dr Peter Sogah, Consultant (Obstetrics) Gynaecologist, RMO's Clinical, Chair of the Institute of Obstetrics and Gynaecologists. They concluded that there is no safe threshold for alcohol, the consequences of drinking in pregnancy are likely to be harmful. Any alcohol consumption in pregnancy may have a negative effect. Dr Sogah made the warning that someone would not offer a two-year-old child alcohol, and therefore the same principle could be applied to the developing foetus.

Expert speakers at the event included Dr Mary T O'Mahony, SPHM & A&P, HSE & Public Health Lead on FASD, previously Prof Patricia Kearney, Dept of Epidemiology & Public Health, UCD, Dr Hugh Gallagher, EOP, Marian Richard, Project Manager, HSE, Alcohol Programme, Prof Patricia Shawl and Dr Helen Dill, Mullingar Hospital, Dr Joanne Norton, Portlaoise Hospital, Gerente, Women & Infants University Hospital, Dublin, Eileen Smith, Director of Midwifery, Women & Infants University HSE, and Dr A. Pavan, Consultant Paediatrician, Dr M Sogah, Consultant Obstetrics Gynaecologist, Dr E. Cleary, Pharmacist, Ruskell Hospital. These speakers all concluded that it is already not possible to say that there is a 'safe' amount of alcohol consumption in pregnancy. Alcohol is the cause of FAS and FASD and it is preventable. The strongest endorsement in Irish society makes it difficult but a consistent message is needed. There is no known safe limit, no safe gestational period and no predictable response relationships.

In line with Healthy Ireland Health and Wellbeing's Make Every Contact Count (MECC) programme, every opportunity for advice and intervention should be taken to prevent fetal damage by alcohol during pregnancy. Speakers identified the need for the pathway of care for pregnant mothers



who can alcohol to be well out and to be supported. However, there is a difficulty with lack of funding and lack of places for supporting services for women seeking help. It can also be difficult to diagnose FASDs.

• No known 'safe' amount of alcohol for consumption during pregnancy.

• No safe period for alcohol consumption during pregnancy.

• The response of an individual to alcohol during pregnancy is unpredictable.

"Children with FASD tell our children's places. Other professionals have noticed toddlers and often in relation to being about awareness of FASDs and they are being heard. The proposed Special Interest Group or Network will recommend and support effective implementation of HSE, using consistent message on alcohol and pregnancy, prioritising alcohol screening and brief intervention for pregnant women, alcohol services for women and other interested professionals working to prevent stress as a welcome to drink this work," explained Dr Mary T O'Mahony, Specialist in Public Health Medicine, HSE.

For more information, check out www.alcoholinireland.ie

Alcohol and pregnancy



Most people know that drinking alcohol while pregnant can harm your baby, but lots of people still have questions about drinking during pregnancy.

www.askaboutalcohol.ie

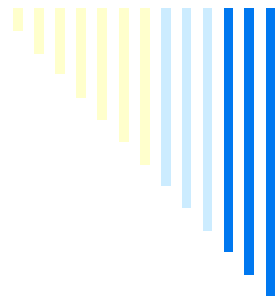
Is it safe to drink while I am pregnant?

No it isn't safe. If you drink alcohol while you are pregnant you are taking a risk. Drinking alcohol at any stage during pregnancy can cause harm to your baby.

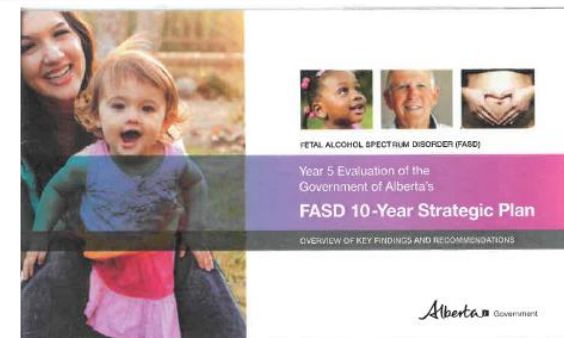
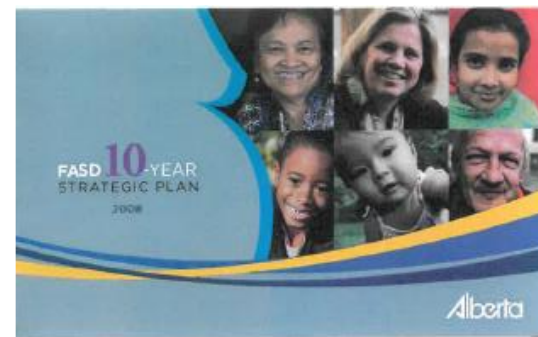
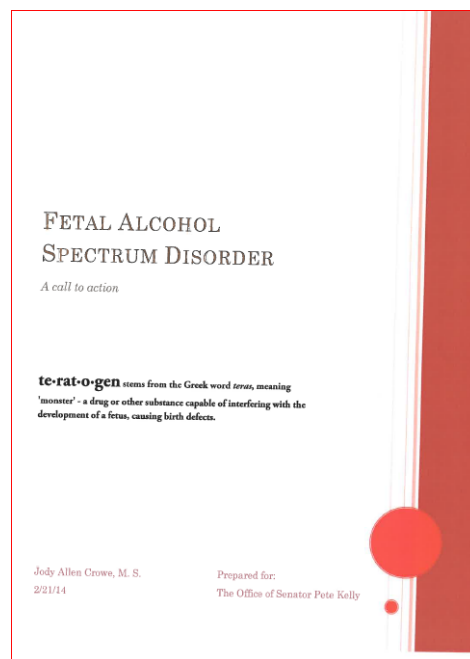
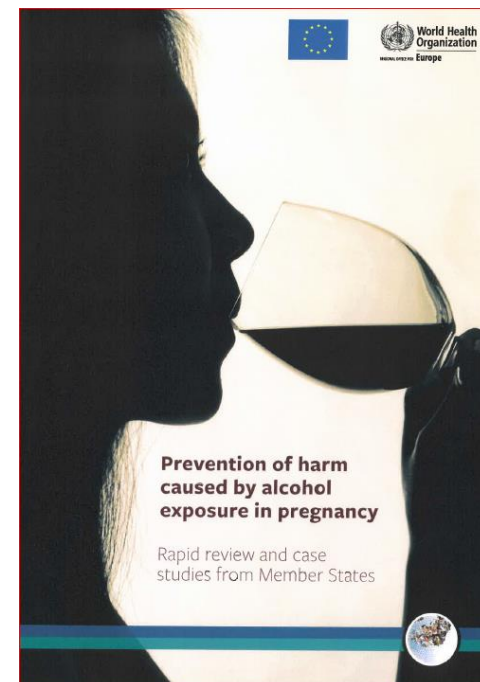
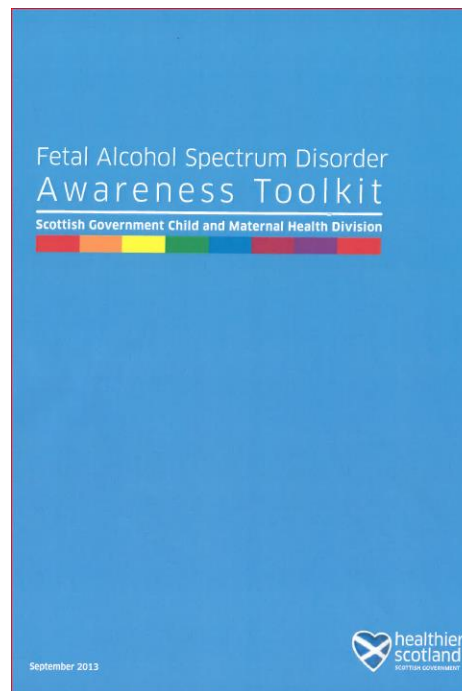
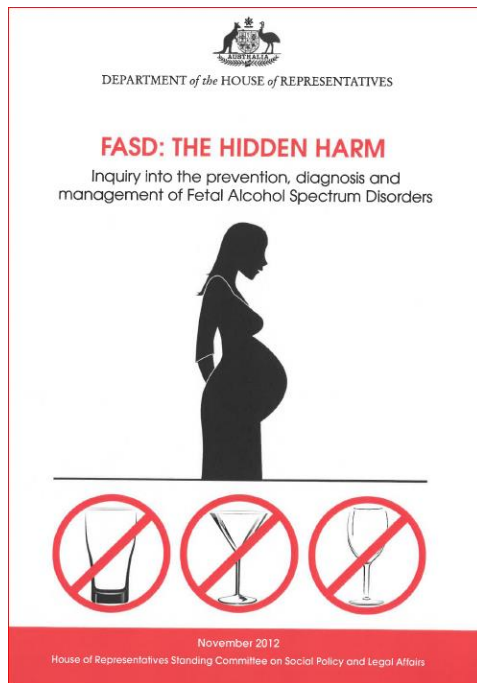
Will my baby definitely be harmed if I drink alcohol?

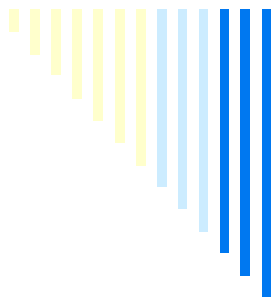
Drinking while pregnant doesn't mean your baby will definitely be harmed, but drinking will put him or her at

[Feedback](#)



International initiatives (Au, Scotland, EU, Ca, Alaska, NZ)

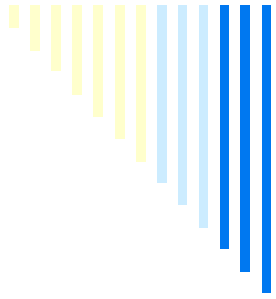




“When a million babies are born every year with permanent brain injury from a known and preventable cause, the response ought to be immediate, determined, sustainable and effective”

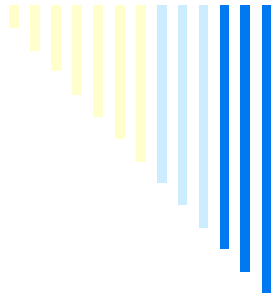
International Charter on Prevention of FASD

(Fetal Alcohol Spectrum Disorder) Edmonton September 23-25, 2013;
Lancet March 2014.



Practical tools for capacity building

- School based education on FASD
- Screen women for problematic alcohol use before pregnancy
- Treatment to women with alcohol exposed pregnancies –during & after
 - Implement existing policy &
 - PCAP
- Information on FASD at schools, clinics, centres for maternal and child health



The Irish are not immune to the harmful effects of alcohol

Alcohol is the cause of Foetal Alcohol Syndrome (FAS) and Foetal Alcohol Spectrum disorders (FASD)