



Supporting Women at Higher Risk of an Alcohol Exposed Pregnancy



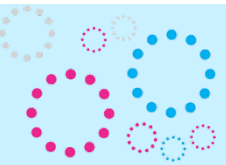
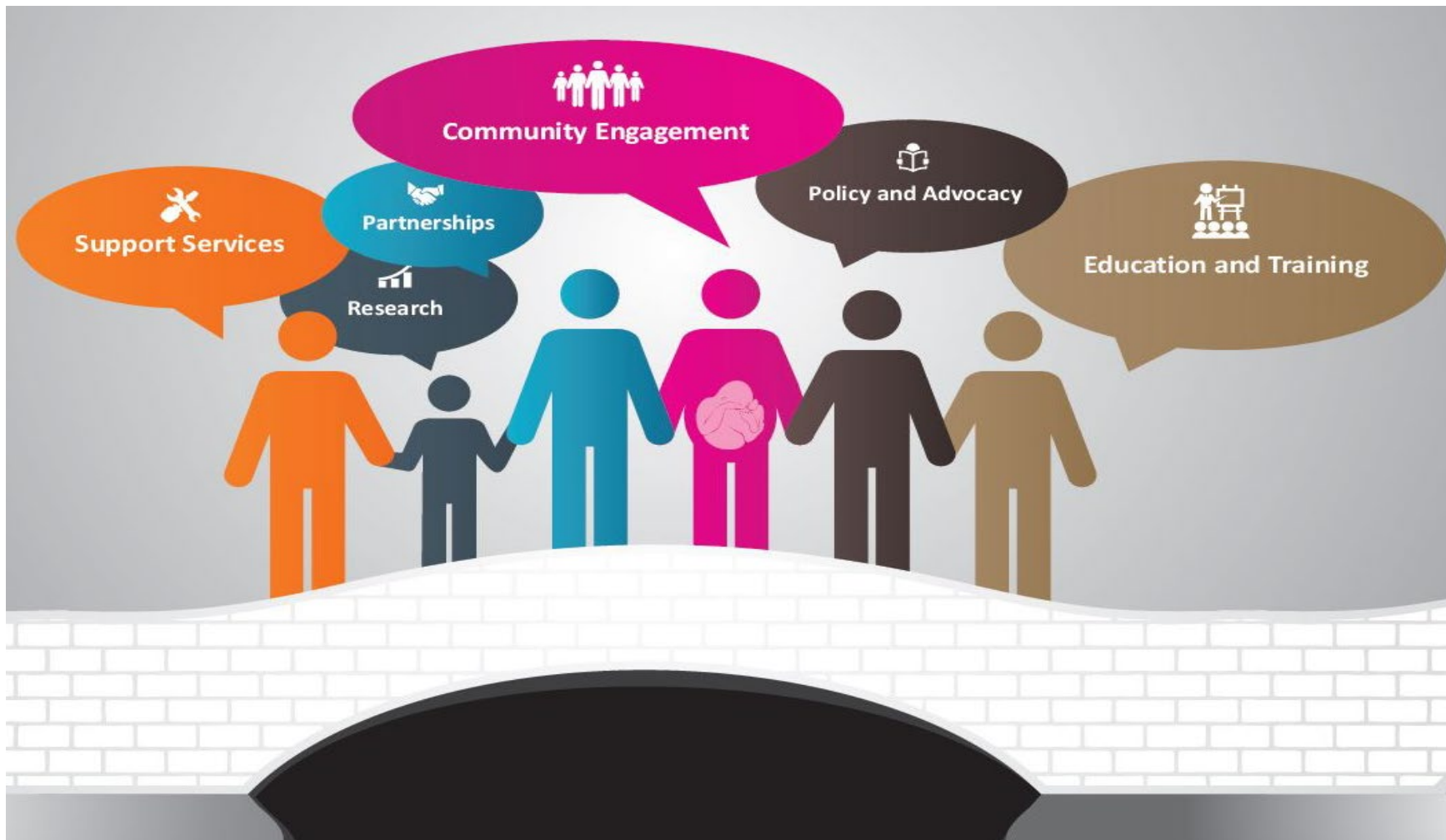
Sophie Harrington

Chief Executive Officer (Interim)

National Organisation for FASD Australia



NOFASD Australia



1800 860 613



www.nofasd.org.au



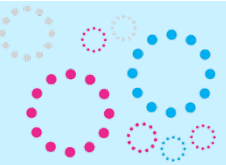
**NATIONAL
ORGANISATION**
for Fetal Alcohol
Spectrum Disorders

Prevention and Awareness resources

Develop a suite of prevention and awareness resources specifically tailored to priority groups. A project funded by the Australian Government Department of Health and Aged Care.

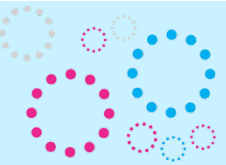
Women at higher risk of an alcohol exposed pregnancy

Women who have given birth to a child with FASD



The research and development phase

- Literature reviews and environmental scan
- **Key informant interviews and focus groups:**
 - AOD sector workers
 - Caregivers of children with FASD (foster, adoptive, kin and respite)
 - Biological parents of children with FASD
 - Biological mothers of children with FASD who experienced alcohol dependency during pregnancy



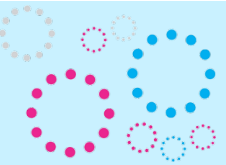
Women who...

...have previously given birth to a child with FASD

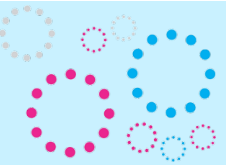
- Most people with FASD are undiagnosed or misdiagnosed with another condition (90%)
- Most people with FASD don't have identifiable facial features (87%)
- Most people with FASD don't have an intellectual disability (64%)

Popova et al, 2021

The NOFASD approach? Create resources to support AOD professionals



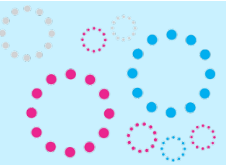
Why do you need to know?



Alcohol is a teratogen

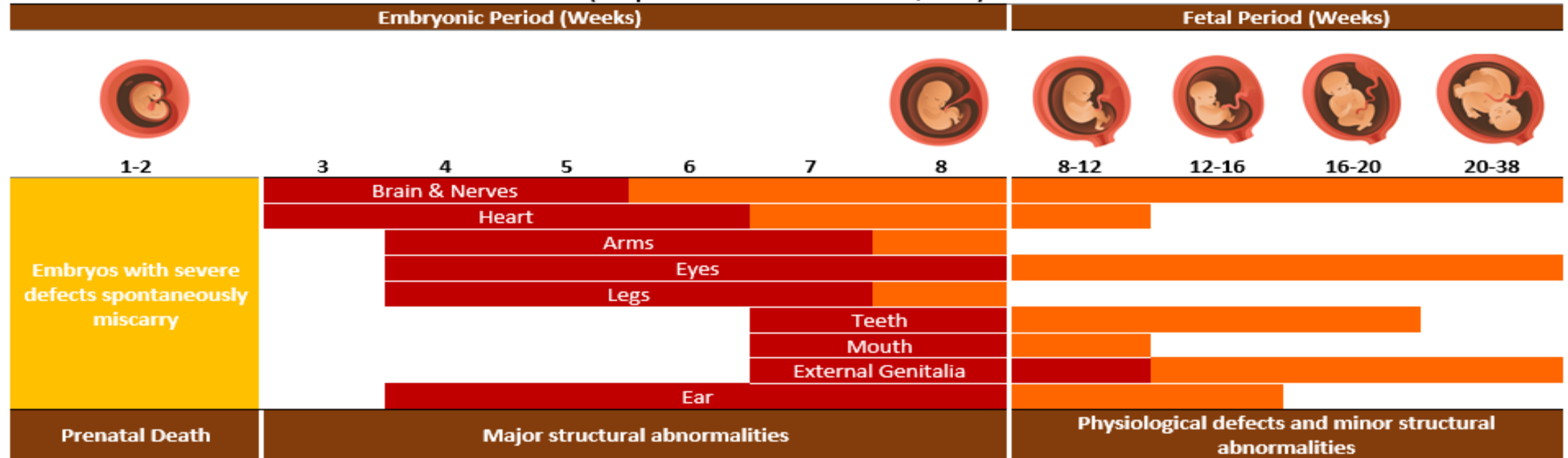
FASD is caused by alcohol exposure during pregnancy

- Alcohol is a neurotoxin (poison) and a teratogen (an agent that is known to cause birth defects and permanent brain injury in the fetus)
- Alcohol is a substance that can cause harm to the developing baby at any time during the pregnancy



Alcohol and the developing fetus

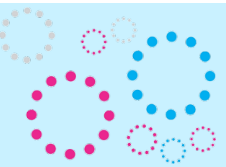
Critical Periods of Fetal Development
(Adapted from Moore & Persaud, 1993)



Periods when teratogens may cause abnormalities

Highly Sensitive

Sensitive

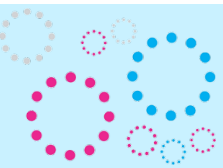


Prenatal Exposure of Alcohol and Other Drugs

EFFECT	ALCOHOL	MARIJUANA	COCAINE	HEROIN	TOBACCO	METH
INCREASED RATE OF STILL BIRTH	✓	✓	✓	✓	✓	✓
RISK OF MISCARRIAGE	✓			✓	✓	
PRETERM BIRTH	✓	✓	✓	✓	✓	✓
LOW BIRTH WEIGHT	✓	✓	✓	✓	✓	✓
FACIAL MALFORMATIONS	✓				✓	
SMALL HEAD CIRCUMFERENCE	✓					
ORGAN DAMAGE	✓		✓		✓	✓
BRAIN INJURY	✓					
DEVELOPMENTAL DELAYS	✓	✓		✓	✓	✓
LEARNING / INTELLECTUAL DIFFICULTIES	✓	✓	✓	✓	✓	✓
SLEEPING ISSUES	✓	✓	✓	✓	✓	
HYPERACTIVITY	✓	✓		✓	✓	
RESPIRATORY ISSUES	✓		✓	✓		
FEEDING ISSUES	✓		✓		✓	
EXCESSIVE EMOTIONAL DISTRESS	✓	✓	✓	✓	✓	✓
BIRTH DEFECTS	✓			✓	✓	✓
RISK OF SIDS (SUDDEN INFANT DEATH SYNDROME)			✓	✓	✓	✓

Adapted from Malbin (2015), Laporte, A., et al. (2002).

As well as multiple (2022 - 2024) Government authorised research articles / websites



Supporters Kit AOD Professionals

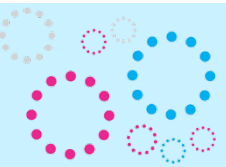
Supporters Kit

- Social media content
- Newsletter content
- Launch webinars
- Trifold leaflets
- Posters
- Micro-webinars
- Landing pages



- **5,800 physical resources**
- **980+ Digital Supporters Kits to peak bodies & AOD services**
- **7,000 downloads**

(SAHMRI 2024)



AOD Sector workers



The advice from Australia's leading health and medical research group is:

Women who are pregnant or planning a pregnancy should not drink alcohol.¹

This is because alcohol passes directly to the developing baby at every stage of pregnancy and can damage their brain, body, and organs.

Alcohol use during pregnancy can:

- increase the risk of miscarriage, stillbirth, premature birth, or low birth weight
- lead to a preventable disability known as Fetal Alcohol Spectrum Disorder (FASD).

The risk of harm to the developing baby from alcohol exposure increases proportionately with the amount and frequency of alcohol consumed.

Talking about alcohol use and pregnancy

Alcohol is an addictive substance. People can find it difficult to stop or reduce drinking, including when pregnant or planning a pregnancy.

Providing frank and stigma-free advice about the risks from alcohol during pregnancy will be an important part of your work. Research shows women want clear and consistent information about alcohol and pregnancy.

¹Australian Guidelines to Reduce Health Risks from Drinking Alcohol, National Health and Medical Research Council.

Approaching the conversation



When approaching a conversation about alcohol and pregnancy, deliver honest and clear advice in a supportive tone, without judgement.

Some women you see might not be aware of the risks of alcohol consumption during pregnancy. It is important to share easy to understand information about the specific risks and how alcohol can affect their health and the health of the developing baby.

Providing suitable resources can be helpful. You can find a range of information resources about alcohol, pregnancy, and breastfeeding at everymomentmatters.org.au.

It is important to recognise some women may have a sense of shame or guilt about disclosing they are drinking during pregnancy.

Concerns might include:

- being judged by others
- a lack of support from the people around them
- shame from trying and not yet succeeding to stop
- potential for involvement of child welfare
- not being able to give up without the right support.

We want women to know that it is never too late to stop or reduce alcohol use during pregnancy. **Stopping or reducing, whenever they can, will be best for their health and the developing baby's health.** Help is available.

What women say

We asked women who were alcohol dependent during pregnancy what support they would have liked to receive. Here is what they had to say:

"Kindness. Compassion. Counselling. I needed someone to say, 'it's ok'; I understand, you're not doing this by choice. You are not doing this to harm your baby."

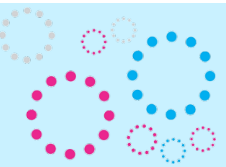
"I was fearful. Fearful of the potential harm which could be caused to my baby but fearful of giving up alcohol. I needed help planning a way forward."

"Posters and pamphlets in the doctors waiting room [on the risks of alcohol in pregnancy]."

"Someone to talk to me...maybe a doctor, maybe a nurse, maybe another recovered alcoholic, another mother. Somebody who has walked in these shoes."

"Give me something to read. I was unwilling to be honest with someone who might judge me, but I read everything!"

"The harms of alcohol to a developing baby, from the very beginning of a pregnancy are real and lifelong. Do whatever it takes to get sober before you get pregnant."



Women at higher risk of an alcohol exposed pregnancy

Becoming alcohol-free during pregnancy

A doctor, health care professional, or alcohol and other drug worker can help you to safely stop drinking.

Alcohol passes directly to your baby at **every** stage of pregnancy and can damage their developing brain, body and organs.



"Take one second, one minute, one hour, one day at a time. Doing nothing isn't an option when you're pregnant. Silence and self-blame will not help you. Reach out for support, you are not alone."

"Women struggle in silence with addiction – it is often unrecognised. Pregnancy can be an opportunity to address addiction."

"There is no shame or blame in disclosing your alcohol use during pregnancy in order to get help for your children. Any women who are physically dependent on alcohol also need not feel shame in disclosing this as there is help and support available."



For information or support on FASD, phone the NOFASD Helpline on **1800 860 613** or visit nofasd.org.au



Learn more about alcohol during pregnancy and breastfeeding at everymomentmatters.org.au

This resource is developed by NOFASD Australia and the Foundation for Alcohol Research and Education (FARE). It is endorsed and funded by the Australian Government Department of Health.

The advice from Australia's leading health and medical research group is:

If you are pregnant or planning a pregnancy, you should not drink alcohol.¹

This is because alcohol passes directly to your baby at every stage of pregnancy and can damage a developing baby's brain, body, and organs.

Alcohol during pregnancy can:

- increase the risk of miscarriage, stillbirth, premature birth, or low birth weight,
- lead to a preventable disability known as Fetal Alcohol Spectrum Disorder (FASD).

Alcohol is also an addictive substance, which means people can find it difficult to stop or cut back.

If you are pregnant and finding it hard not to drink alcohol, help is available.

You can reach out to someone you trust who can help you find the support you need.

A doctor, health care professional, or alcohol and other drug worker can help you to safely stop drinking or cut back on alcohol.

"Some people will need a lot of support to change their drinking, and if you're dependent on alcohol, you will need help to do this. See your GP to find out your options. You're not alone, your GP is here to help."

- Hester, GP and addiction specialist.

¹Australian Guidelines to Reduce Health Risks from Drinking Alcohol, National Health and Medical Research Council.

We asked women experiencing alcohol addiction during pregnancy to share their experience and the advice they would have liked to receive:

"Take one second, one minute, one hour, one day at a time. Doing nothing isn't an option when you're pregnant. Silence and self-blame will not help you. Reach out for support, you are not alone."

"I was a middle-class, educated woman, working full time in a school. I was living in my own home, financially independent and taking vitamin supplements throughout my pregnancy. However, I could not stop drinking alcohol throughout."

"I had a disease. I couldn't stop drinking. I needed someone to tell me it would be OK. No judgement, just understanding and support. There are places to go to get help, it isn't too late."



"If someone had sat down with me and given me the cold hard facts and explained to me how alcohol could harm my baby, I would have given up sooner."

"No one wants to grow up to be alcohol dependent. I am university educated, I found myself self-medicating to cope with grief and trauma, I believed I couldn't fall pregnant without medical intervention."

"Women need not feel shame or blame in disclosing alcohol use during their pregnancy in order to get help for their children. Any women who are physically dependent on alcohol also need not feel shame in disclosing this as there is help and support available."

Webinars with biological mums

This is what I needed

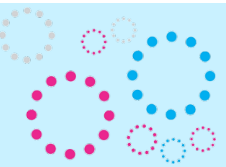


Ange Bruce, Geraldine & Sophie

You can't ask that!



Dr Hester Wilson & 4 bio mums
APSAD Conference (2021)



Resources for AOD professionals



Fetal Alcohol Spectrum Disorders (FASD)

**Prevention and Awareness
Handbook for Alcohol and
Other Drug Professionals**



Drug Education Network Tasmania www.den.org.au

Training for AOD sector workers

NOFASD Australia have created 3 short webinars to help AOD sector workers to become more FASD informed. These short sessions will provide background information on the prevalence of FASD in Australia, looking at the benefits of a FASD diagnosis and the impacts that may be experienced by people with FASD, as well as strategies and resources for supporting people with FASD who are experiencing alcohol dependence.

Training & Education

an introduction for AOD workers



Webinar 1

Alcohol and pregnancy



an introduction for AOD workers



Webinar 2

Benefits of diagnosis
&
impacts of FASD



an introduction for AOD workers

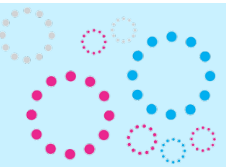


Webinar 3

Strategies
&
Resources



Contact NOFASD Australia

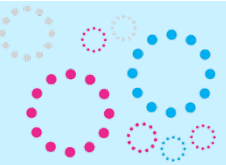


Coming soon ...Early 2025



Grog and Pregnancy

A guide for Alcohol & Other Drug workers supporting Aboriginal and Torres Strait Islander peoples

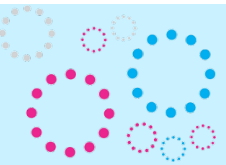


Thank you! – Stay FASD informed

NOFASD Australia is dedicated to reducing the harm caused by alcohol-exposed pregnancies and improving lives for those living with FASD.



NOFASD National Helpline 7 Days a week 365 Days of the year



1800 860 613



www.nofasd.org.au



NATIONAL
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