

Treatment and care for pregnant women who use alcohol and/or other drugs

Information for Service Providers

Women dependent on alcohol are at the highest risk of having a child born with Fetal Alcohol Spectrum Disorder. What are some of the ways service providers can support pregnant women with serious alcohol and/or other substance use concerns?

TOP BARRIERS

to seeking help and support reported by pregnant women who use alcohol:

- ▶ shame, guilt and stigma
- ▶ fear of child welfare involvement and/or having a child removed from their care
- ▶ feelings of depression and low self-esteem
- ▶ belief or hope that they can change without help
- ▶ unsupportive or controlling partner
- ▶ not having enough information about available services
- ▶ waiting lists at addictions treatment agencies
- ▶ lack of accessible child care
- ▶ being overwhelmed with meeting basic needs (e.g. safety, income, housing)

TOP SUPPORTS

reported by pregnant women who use alcohol:

- ▶ supportive and non-judgemental service providers
- ▶ supportive family members
- ▶ supportive friends/recovery group members
- ▶ support that is women centred and culturally appropriate

The most common motivator for women to seek support is her children; protecting the health of her fetus and hope of avoiding child apprehension or having other children returned from CFS care.

To read a short information package on this topic which includes information on what you can do to help as a service provider, where to make a referral in Manitoba, and much more, visit manitoba.ca/healthychild/fasd/resources.html

How can you help

- 1** Find out more about specialized prenatal supports and services for women with addictions in your community. Advocate for women and help to reduce barriers to timely and effective care and supports.
- 2** Pregnancy discovery is a significant event and can often create a window of opportunity for many women to be most open to seeking support and thinking about change. Many women with addictions are able to stop or significantly reduce their alcohol consumption during pregnancy. Provide encouragement and positive feedback about even the smallest changes. If abstinence does not appear achievable, consider harm reduction approaches.
- 3** Substance use often intersects with issues such as poverty, unsafe or inadequate housing, violence and abuse, food insecurity, and other health and social issues. Help women deal with their immediate needs and issues.
- 4** Some women may be reluctant to discuss their substance use or to seek care and support. Give them time. Relationships take time to build and it's never too late to address alcohol use during pregnancy.
- 5** Support women who are at-risk to self-refer to prenatal support services. Early support is a key component in successful outcomes. Be honest and open about your child protection responsibilities after the baby is born if there are concerns about the baby's safety and well-being.

Adapted with permission from the BC Centre of Excellence for Women's Health.
For more information on their work visit: Coalescing on Women and Substance Use • www.coalescing-vc.org

