



FASDay Special Edition - September 2016

Kia ora

Alcohol is now recognised as the leading preventable cause of birth defects and developmental disorders in New Zealand. It has been [estimated](#) that up to 3,000 children may be born in New Zealand each year with life-long disabilities because they were exposed to alcohol prenatally. The latest [At a Glance the Growing Up in New Zealand](#) study (GUINZ) found that 71 percent of women drank alcohol before they knew they were pregnant. Of these, two-thirds stopped once they knew they were pregnant, but a further 13% continued to drink beyond their first trimester. Advising women not to drink alcohol when pregnant or planning to be pregnant, explaining the consequences and supporting drinkers to stop when pregnant are simple prevention tasks that can have a big impact. Health professionals and community workers have a key role in providing this advice (often called brief interventions) as well as the ideal opportunity to do so.

This Friday 9th of September marks [International FASDay](#) - a day to help raise awareness about the range of conditions that can result from alcohol use during pregnancy. This updated special edition newsletter looks to provide some of the basic facts for health and community workers. It also features freely available online resources, including the new [online learning tools](#) developed by the Ministry of Education to promote better understanding and facilitate increased learning opportunities for students affected by FASD. *Please share with your networks as appropriate.*

Mauri ora, dave ☺

***** Na to rourou, na taku rourou, ka ora ai te iwi. With your food basket, and my food basket, the people will thrive. *****

FASD – what does it mean?

Fetal Alcohol Spectrum Disorder (FASD) is a group of conditions that can occur in a person whose **mother drank alcohol during pregnancy**. These effects can include physical, behavioural, and learning problems. Often, a person with FASD has a mix of these problems.

***** FASD can be completely prevented if a woman does not drink alcohol during pregnancy. *****

Alcohol is a teratogen

Alcohol is a **teratogen**. A teratogen is any agent that interferes with normal development of a fetus (unborn baby).

Common types and examples of teratogens include:

- Environmental chemicals - mercury, benzene (major source is tobacco), arsenic.
- Diseases – Zika virus, Chickenpox, Rubella (German Measles), syphilis, HIV, herpes virus (CMV), diabetes.
- Drugs and medications - Alcohol, Thalidomide, Dilantin, Tetracycline.
- Ionising radiation – computer tomography scan (CT-scan), x-rays, nuclear radiation.

Some teratogens are dangerous throughout a pregnancy and some are dangerous only at specific points of embryonic development.

***** Alcohol is a substance that may harm the unborn baby. *****

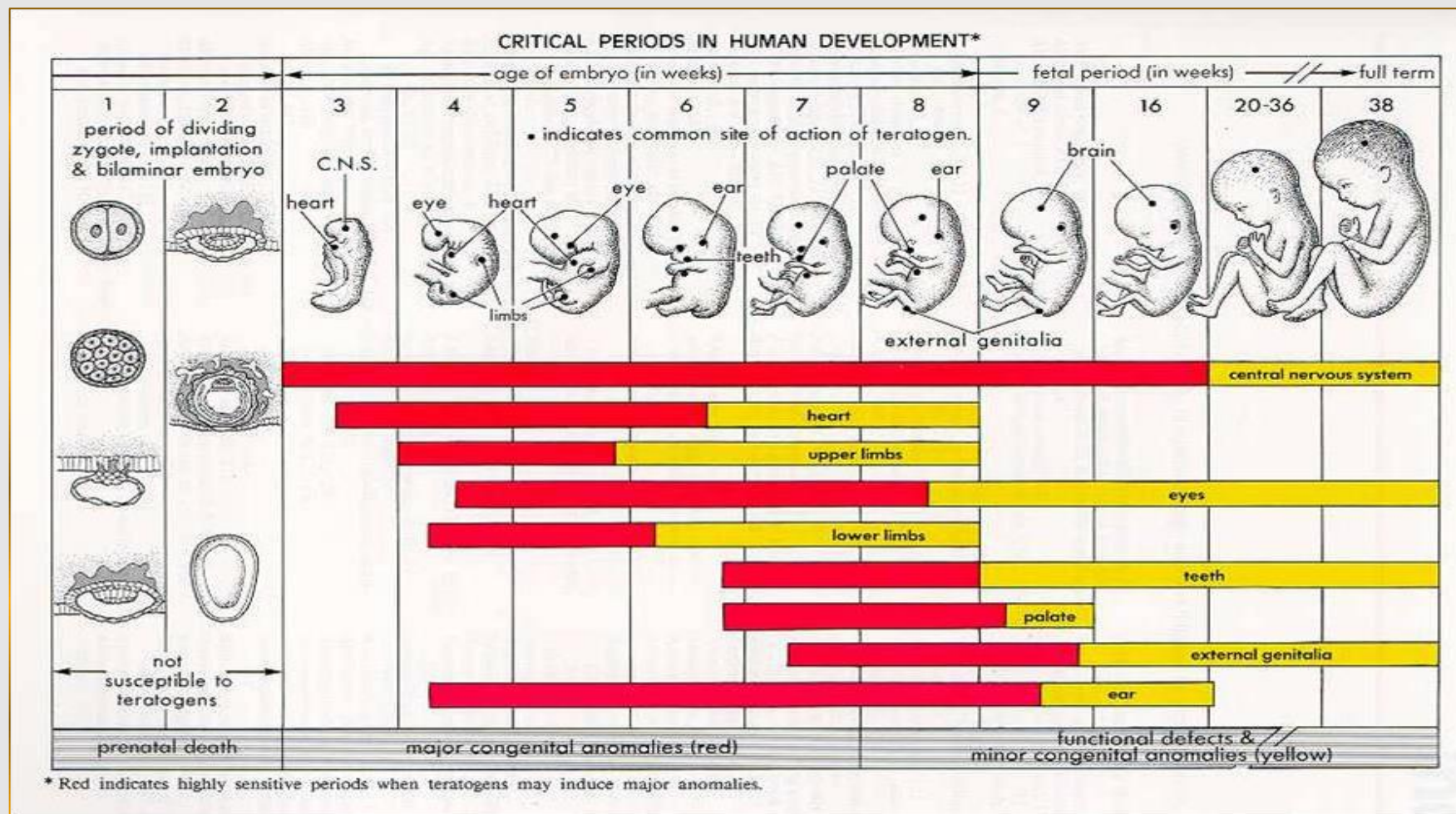
Why is drinking alcohol a problem in pregnancy?

Like many drugs, alcohol crosses the placenta from the mother to the unborn baby and reaches concentrations in the fetus as high as those in the mother. However – the fetus has only a limited ability to metabolise (breakdown and get rid of) alcohol. Depending on the amount consumed, alcohol can cause problems such as miscarriage, premature birth, stillbirth and slow growth. It may also harm the fetus in specific ways and so the type of harm depends on when the alcohol is consumed.

***** Drinking alcohol during pregnancy may harm the developing baby. *****

Is there a safe time to drink alcohol during pregnancy?

No. The picture below shows that the most critical period for the unborn baby is during the first trimester (first 3 months). The red bar shows the critical and sensitive time for the various organs and systems developing in the fetus. The yellow shows continuing periods where harm may happen. The central nervous system – which includes the brain and spinal cord – is sensitive to damage throughout the entire pregnancy.



Many women do not know that they are pregnant for some weeks after they conceive. During this early period, the fetus is particularly vulnerable to harm, especially if there is a lot of alcohol consumed. Even a low amount of alcohol consumption during early pregnancy has been [found](#) to increase the risk of spontaneous abortion substantially.

***** There is NO safe time to drink alcohol during pregnancy. *****

Is there a safe amount of alcohol to drink during pregnancy?

No. Recent [research](#) has found that even small amounts of alcohol consumed during pregnancy may result in a lifetime of developmental problems to the affected child. The risk to the fetus is proportional to the amount consumed. Binge drinking can be particularly harmful. If you binge drink, you are at more risk of having a baby with FASD than if you drink the same amount over a longer period. One NZ [study](#) found that 20% of pregnant women reported binge drinking during their pregnancy.

However, drinking on a regular basis may also cause problems in developing babies. Measurable behavioural changes have been [observed](#) in children exposed to intrauterine alcohol consumption of as little as one standard drink per week and in cognitive skills with one or two drinks per day¹.

***** Give baby the best start in life and choose not to drink alcohol during pregnancy. *****

Is there any type of alcohol that is safer to drink during pregnancy?

No. All types of alcohol can be harmful during pregnancy. No one *type* of alcohol is any safer than another.

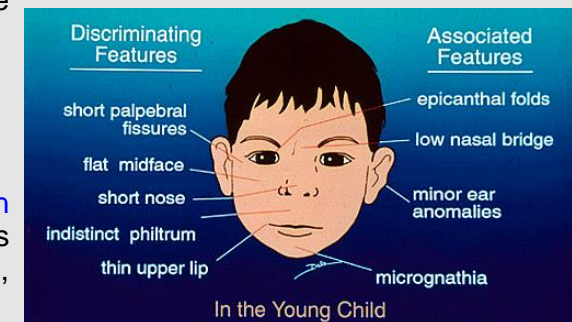
***** All types of alcohol during pregnancy may be harmful to the unborn baby. *****

What are some of the effects of FASD?

The effects of alcohol can include:

- Distinctive facial features. A child may have a small head, flat face, and narrow eye openings, for instance. This gets more obvious by age 2 or 3.
- Growth problems. Children who were exposed to alcohol before they were born may be smaller than other children of the same age.
- Learning and behaviour problems.
- Birth defects such as heart or other organ damage.
- Problems bonding or feeding as a newborn.

FASD is associated with primary disabilities, those that are the direct result of the damage to the [brain](#) and other organs, and secondary disabilities which can result from cognitive and functional needs going unmet as a child, adolescent or adult. Secondary disabilities include mental health disorders, educational failure, alcohol and drug problems, employment problems and trouble with the law.



***** A child may look normal but still be affected by FASD. *****

FASD in New Zealand

FASD is estimated to affect 1 in 100 live births. However, recent studies of young school age children suggest the prevalence is much higher. An updated US estimate has put the prevalence of FASD in populations of younger school children as high as 2–5% and so the true rate of FASD in [New Zealand](#) therefore could be greater than 5% with as many as 3,000 babies born every year with FASD.

The level of maternal drinking in New Zealand is relatively high. Surveys suggest that around 50% of women (mistakenly) believe some alcohol in pregnancy is safe and 28-36% of women continue to consume alcohol during pregnancy. According to midwives, the figure is closer to 80% for pregnant teenagers. No significant differences have been found between Maori and Non-Maori drinking patterns. Many women do reduce their alcohol use because of the pregnancy, but often only after they become aware of it.

***** If you are planning on becoming pregnant, it is safest to stop drinking immediately. *****

Advice for pregnant mums if they are still drinking

For many women, advice from health professionals about not drinking during pregnancy and the reasons why is enough to change drinking behaviour. Not everyone is ready to change, however. Involving a woman's family, support people and wider community to support her to make changes in drinking behaviour can be very helpful. Alcohol use often does not occur in isolation from other social and emotional risk factors for pregnancy. It may therefore be useful to consider a range of health behaviours (eg, tobacco and other drug use, nutrition, stress levels, social support and emotional wellbeing) when addressing alcohol use in pregnancy.

The Ministry of Health recommend a three-step process which can be used as an intervention guide when working with women who are planning a pregnancy or who are pregnant.

1. **Ask** about alcohol use and record and assess the level of alcohol consumption.
2. **Advise** about not drinking alcohol if a woman is planning to be, or is pregnant, and explain why.
3. **Assist** women to stop drinking alcohol while pregnant, and arrange referrals to addiction treatment services for those who are unable to stop.

The key message is that it is never too late to stop drinking.

The [Alcohol Drug Helpline](#) (free to call on ph. 0800-787-797) is a good first step if you are unsure about your local treatment services.

***** Offer support and advice to pregnant mums who are still drinking. *****

NEW – ABC Alcohol on-line learning module.

Harmful drinking is a major avoidable risk factor and the ABC Alcohol approach has been adopted to identify and provide brief advice to patients who engage in harmful drinking. The ABC approach provides a systematic approach to recording alcohol status and brief advice by integrating the ABC approach into the everyday practice of all primary health care workers, as it was originally developed for smoking cessation.

The ABC Alcohol Approach steps are:

- A: Ask
- B: Brief advice
- C: Counselling



Now - a new online learning module is now available free of charge for health practitioners, and is designed to raise awareness of alcohol-related harm in NZ, and promote the ABC Alcohol approach. The new module provides training and support to ensure competency in providing screening, brief advice and referrals for patients with hazardous or harmful alcohol behaviours. The course is available at [here](#) under 'New Courses' and the 'Featured Courses' sections. Completion of the course earns CME credits.

***** Asking patients about their drinking, and offering brief advice, has been proven to reduce alcohol-related harm. *****

Alcohol Drug Helpline

The helpline is an information, referral and intervention service that offers free, confidential information, help and support. Women can be encouraged to ring the 0800 helpline or access the website for information, and advice on how to self-refer to a service. It is free from a landline or a mobile phone and is available 10 am to 10 pm, seven days a week.

***** Alcohol Drug Helpline: 0800 787 797. *****

Breastfeeding and alcohol – advice for mums

Alcohol is best avoided while breastfeeding, as alcohol can pass through the milk to the baby and affect development. This is particularly important during the first month, when breastfeeding is being established. Alcohol peaks in your blood approximately half an hour to an hour after drinking. This varies between individuals, depending on factors such as how much food you have eaten in the same time period, your body weight and percentage of body fat. It takes approximately two hours for your body to break down one standard drink and your blood alcohol level to drop to zero (two standard drinks will take four hours).

Babies under the age of three months have a more limited liver function – their liver can process alcohol at about half the rate of an adult liver. So if you plan to drink, either...

1. express before drinking and feed your baby alcohol-free milk, or
2. drink **after** a feed and wait until your blood alcohol level is safe before you breastfeed – allowing at **least two hours for every standard drink** consumed.

Feed Safe is a new phone app which is now available on [iOS](#) and [Android](#) devices. **Feed Safe** contains answers to the most common questions about alcohol and breastfeeding.

For further advice, see the Ministry of Health [website](#).

***** For the sake of baby, encourage mums to take a pause from alcohol through their pregnancy and while breastfeeding. *****

The NZ FASD Action Plan

The results of a nationwide [consultation](#) undertaken by the Ministry of Health earlier this year on FASD (Fetal Alcohol Spectrum Disorder) have now been published in the [Taking Action on Fetal Alcohol Spectrum Disorder: 2016-2019](#) action plan. The new action plan sets out four priorities: **prevention, early identification, support** and **evidence**. The government has decided to concentrate on those actions that are likely to have the biggest impact. Immediate actions are concentrated in the 'prevention' priority areas as they build on existing structure initiatives.

Read or download the action plan [here](#).

How can I learn more about alcohol & pregnancy?

A **free** online resource has been developed for New Zealand health and community workers to improve their knowledge and skills around alcohol and pregnancy. The **Pregnancy and Alcohol Cessation Toolkit** can be accessed [online](#) or be [sent to you](#) as a workbook. The resource has up to date information and advice on how to work more effectively with women who are pregnant who may choose to stop or reduce their alcohol consumption.

The main objectives of the online learning modules are to prompt and support health professionals to:

1. Ask about and assess alcohol and other drug use by women who are planning or who are pregnant
2. Provide brief advice about not drinking alcohol when planning a pregnancy or when pregnant and explain why this is important
3. Assist women who are having difficulty stopping, or whose drinking is problematic, and refer them to a specialist addiction treatment service

If you wish to learn online – just start by clicking [Module 1](#). Note – you do not need to register to do the training and there is no time constraint to complete the modules. A certificate of completion can be requested upon completion of all four modules (make sure you complete the self-evaluation exercise at the end of each module).

***** Learning more about alcohol and pregnancy is free. *****

Education tools for FASD

As part of its Inclusive Education Guide for Schools, the Ministry of Education recently launched its online resources - [Fetal Alcohol Spectrum Disorder: Strategies to Support Student](#). Click on the link to access the site.

CORE Education - recently highlighted some FASD resources for teachers and teachers' aides on their website. Click on the links to open.

- [Professionals without parachutes: Supporting students with FASD](#)
- [Brain not blame tip sheet](#)
- [Reframing FASD](#)
- [What Educators Need to Know about FASD](#)
- [For Educators: Guides to FASD](#)
- [Understanding FASD – videos](#)
- [WRaP: Strengths based approach to FASD](#) – App downloadable from iTunes



Additional online resources

Fetal Alcohol Network NZ



The people who make up the Fetal Alcohol Network come from within families living with fetal alcohol spectrum disorder (FASD) and a wide range of professionals involved with the health, education, justice and social services sectors. FANNZ is linked internationally to other FASD organisations and services and is affiliated through FASWorld, a non-profit international group of family-based advocates.

Click on the picture to [view](#) their website.



Hazards of alcohol use by pregnant women and women of reproductive age

It should be normal practice to ask all women of reproductive age about their alcohol use. Ideally, at-risk drinking should be identified before pregnancy, allowing for change. This new resource from the Health Promotion Agency encourages consistent messaging on alcohol and pregnancy across all health professionals. Download [here](#)



Don't know? Don't drink.

The Health Promotion Agency (HPA) campaign called '**Don't know? Don't drink**' highlights the fact that there is no known safe amount and no known safe time to drink alcohol during pregnancy. The campaign reminds young women that alcohol can harm developing babies and if they 'don't know' whether or not they're pregnant then 'don't drink'.

The campaign includes a [30-second video](#) and display banners that will appear in a range of digital environments popular with young women.



Interested in knowing more about the effects of drinking alcohol during pregnancy?

[The Online Guide to Making Responsible Decisions about Drinking during Pregnancy](#) is a great way to learn. Choose whether to get Just the Facts, Play a Game, or Follow a Story.

Click on the picture to [view](#).

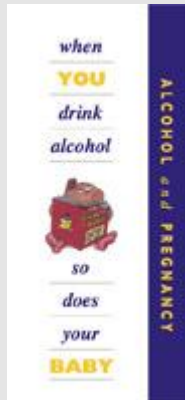


Your Pregnancy/Tō Hapūtanga - A guide to pregnancy and childbirth in New Zealand

On being pregnant and keeping healthy (avoiding alcohol, smoking and drugs), labour and giving birth, the first few weeks after the birth of your baby, and the roles and responsibilities of LMCs (Lead Maternity Carers).

Click on the picture to [download](#) a copy.

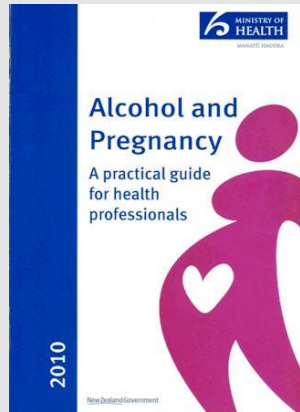
Alcohol and Pregnancy: When you Drink Alcohol So Does Your Baby



Information on the risks of drinking alcohol during pregnancy and while breastfeeding, including the risk of causing birth defects such as fetal alcohol syndrome.

Click on the picture to [download](#) a copy.

Alcohol and Pregnancy - A practical guide for health professionals



The purpose of this resource is to prompt and support primary care health professionals to:

- ask women who are planning a pregnancy or are pregnant if they are drinking alcohol
- provide brief advice about not drinking alcohol when planning a pregnancy or when pregnant and explain why
- assist women who are having difficulty stopping, or whose drinking is problematic, and refer them to a specialist addiction treatment service.

Click on the picture to [download](#) a copy.

Further information and reading from New Zealand:

[Research report: Patterns and dynamics of alcohol consumption during pregnancy in a recent New Zealand cohort of expectant mothers](#)

[Research summary: How alcohol consumption changes during pregnancy](#)

[At a Glance: Changes in alcohol consumption during pregnancy](#)

[Brainwave Trust - Foetal Alcohol Spectrum Disorder – Drinking for Two.](#)

[Fact Sheet:- Fetal Alcohol Spectrum Disorder: The effect of alcohol on early development](#)

[Fetal Alcohol Spectrum Disorder, Adaptive Behaviour and Children's Development. Andi Crawford, \(2013\)](#)

[Trading off: A grounded theory: on how Māori women negotiate drinking alcohol during pregnancy \(2009\).](#)

[What Health Professionals Know and Do About Alcohol and Other Drug Use During Pregnancy. Trecia Wouldes \(2009\)](#)

[Alcohol in pregnancy - A Study. Dr Sherly Parackal \(2009\)](#)

[Fetal Alcohol Spectrum Disorders \(FASD\): systematic reviews of prevention, diagnosis and management. HSAC Report 2008; 1\(9\). Elliot et al](#)


***** Na to rourou, na taku rourou, ka ora ai te iwi. With your food basket, and my food basket, the people will thrive. *****

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A Healthier Northland
He Hauora Mo Te Tai Tokerau

NORTHLAND DISTRICT HEALTH BOARD
Te Poari Hauora Ā Rohe O Te Tai Tokerau



ⁱ [N Z Med J](#). 2009 Nov 20;122(1306):20-32. **Maternal alcohol use before and during pregnancy among women in Taranaki, New Zealand.**
[Ho R](#)¹, [Jacquemard R](#).