



# 10 fundamental components of FASD prevention from a women's health determinants perspective

This consensus document weaves together a range of sources – women's experiences, other expert wisdom, peer-reviewed research, and published reports – to highlight key approaches to Fetal Alcohol Spectrum Disorder (FASD) prevention from a women's health determinants perspective. These components originally emerged from a working session of the Network Action Team on FASD prevention (pNAT) held in Victoria, B.C., Canada in March 2009. Now, in 2022, we have updated this well-used document, based on the expertise of the pNAT members, recent evidence, and international partners, to include new resources. We hope this will inspire those working on FASD prevention to continue to refresh and expand upon their principle-based approach.

## 1. Respectful

Grounding prevention initiatives in respectful relationships is vital to reduce stigma and discrimination. In FASD prevention, respect is fundamental to creating conditions where women and their partners can discuss their experiences, identify coping strategies and healing processes, and feel included as full participants in their own health care. Respect must extend beyond service provision – into broader society and the media – to reduce stigma towards women and individuals with FASD and increase their capacity to access non-judgmental support.

### Helpful Sources

- Canada FASD Research Network. (2022). [Common Messages: Guidelines for talking and writing about FASD](#).
- Lawley, L. (2013). [Creating safe spaces for women to heal](#). Kermode Friendship Society, Terrace, British Columbia.
- Nota Bene Consulting Group and CEWH (2013). [Respectful, Relational and Belonging. In Evaluation of FASD Prevention and FASD Support Programs](#).

## 2. Relational

Relationships and social connection are central to wellbeing. In FASD prevention, supportive, trust-based relationships are especially important because early experiences of relationship trauma and interpersonal violence can reduce a person's

relational capacity. This can lead to social disconnection, which in turn increases risks of alcohol-exposed pregnancy. Relational practice involves supportive connections between individuals and their service providers, along with multiple opportunities for early engagement and intervention. It can be a transformative experience for women who use substances to experience care that aligns with their needs, views them as a whole person, and offers respect, understanding, and authentic collaboration.

### Helpful Sources

- Manitoba FASD Coalition. (2017). [The Mothering Project](#).
- Motz, M., Reynolds, W., & Leslie, M. (2020). [The BTC Compendium, Volume 2: Healing through Relationships](#).
- Pepler, D. J., Motz, M., Leslie, M., Jenkins, J., Espinet, S. D., & Reynolds, W. (2014). [The Mother-Child Study: Evaluating Treatments for Substance-Using Women: A Focus on Relationships](#).

## 3. Self-Determining

Women have the right to both determine and lead their own paths of growth and change. Self-determination is fundamental to successful FASD prevention. Health care and other support systems can facilitate self-determined care by supporting women's autonomy, decision making, and control of resources, including their reproductive rights. To

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*Throughout the Consensus Statement Update we use a range of wording - women, mothers, people, clients, parents, and individuals - with the intention of being inclusive of transgender, Two-Spirited, gender diverse, and non-binary individuals who are pregnant and/or parenting as well as those who see themselves as women or mothers. Note that not all the 'helpful sources' material use gender additive or inclusive terms.*

provide this support most effectively, health systems should involve women and pregnant people in designing models of care that ensure equity of access, are cognizant of women's multiple roles and are respectful of women's needs.

#### Helpful Sources

- Co-Creating Evidence. (2021). [What is a Wraparound Program for Pregnant or Parenting Women?](#)
- Hubberstey, C., Rutman, D., Schmidt, R. A., Van Bibber, M., & Poole, N. (2019). Multi-Service Programs for Pregnant and Parenting Women with Substance Use Concerns: Women's Perspectives on Why They Seek Help and Their Significant Changes. *International Journal of Environmental Research and Public Health*, 16(18), 3299. doi:10.3390/ijerph16183299
- Ritland, L., Jongbloed, K., Mazzuca, A., Thomas, V., Richardson, C. G., Spittal, P. M., & Guhn, M. (2020). Culturally Safe, Strengths-Based Parenting Programs Supporting Indigenous Families Impacted by Substance Use—a Scoping Review. *International Journal of Mental Health and Addiction*, 18(6), 1586-1610. doi:10.1007/s11469-020-00237-9

## 4. Women+ Centered

Centering FASD prevention in gender and health equity is important. Women+ centered approaches are built on three key advances in the conceptualization of women's health and FASD prevention. First, women+ centered care moves beyond a singular fetus/child-centered approach, to focus on the mother's wellness and the mother/child connection. Second, it moves beyond a neutral patient-centered approach to focus on how being participatory, empowering, safe, and holistic matter in gender-specific way. This involves a focus on social justice, reproductive rights, and health equity. Third, women+ centered FASD prevention and care recognizes the diversity of sexual and gender identities involved in birthing and parenting, and encourages service providers to ask about, rather than assume, gender norms, identities, and relations.

#### Helpful Sources

- Centre of Excellence for Women's Health. (2022). [Women-Centered Care Principles- Early Conceptualizations](#).
- Elms, N., Link, K., Newman, A., Brogly, S., B. &

Kingston House of Recovery for Women and children. (2018). Need for women-centered treatment for substance use disorders: Results from focus group discussions. *Harm Reduction Journal*, 15(40). <https://doi.org/10.1186/s12954-018-0247-5>

- University of California San Francisco. (2019). [Recommended Systems Changes & Best Practices for providing gender-affirming healthcare to transgender men and gender-diverse patients in and around pregnancy](#).

## 5. Harm Reduction Oriented

Preventing FASD involves understanding the influence of social and structural determinants of health on substance use and addiction. Harm reduction strategies help to minimize known harms associated with substance use and enable connections to develop between women and health and social services. A harm reduction-oriented response is pragmatic and responds to immediate goals. It provides a variety of options and supports. It focuses on safer substance use but also on reducing broader harms, including retaining or regaining custody of children, access to adequate and stable housing, and the challenges of poverty, food insecurity, and intimate partner violence.

#### Helpful Sources

- CATIE. (2022). [Harm Reduction Fundamentals - Harm Reduction Principles and Practices](#).
- Marcellus, L., Poole, N., & Hemsing, N. (2018). Beyond abstinence: Harm reduction during pregnancy and early parenting. In W. Peterson & M. Faulkes, *Mothers, Addiction and Recovery: Finding Meaning through the Journey*. Bradford, ON: Demeter Press.
- Nathoo, T., Marcellus, L., Bryans, M., Clifford, D., Louie, S., Penaloza, D., Seymour, A., Taylor, M., and Poole, N. (2015). [Harm Reduction and Pregnancy: Community-based Approaches to Prenatal Substance Use in Western Canada](#). Victoria and Vancouver, BC: University of Victoria School of Nursing and British Columbia Centre of Excellence for Women's Health.

## 6. Trauma- and Violence-Informed

Experiences of violence and trauma are linked to substance use and mental health. Interpersonal violence, adverse childhood experiences, and later experiences of trauma, can have profound and enduring effects on health. Women commonly cite that they use substances to cope with such experiences, and thus find it difficult to stop or change when pregnant. Trauma-informed support creates an environment that is safe and trustworthy, supports choice, collaboration, and connection, is strengths based, and does not re-traumatize. Trauma-informed services often provide the opportunity for learning self-regulation skills together with relapse prevention and recovery skills. At the organizational level, trauma- and violence-informed services integrate awareness of the impacts of trauma on health into all aspects of service delivery including wellness support, and prevention of secondary trauma on the part of service providers.

### Helpful Sources

- Clifford, D. (2013). [Sheway, 20 years later: What I Have Learned](#).
- Gender, Trauma & Violence Knowledge Incubator. [Principles of Trauma and Violence Informed Care \(TVIC\)](#).
- (2013). [Trauma-Informed Practice Guide](#).

## 7. Health Promoting

In the context of FASD prevention, health promotion approaches recognize that prevention and support are not simply about alcohol use. Social determinants of health such as poverty, nutrition, access to prenatal care, physical environment, and housing all increase the risk of alcohol-exposed pregnancies. So do experiences of violence, trauma, grief, adverse childhood experiences, stress, and isolation. Holistic, health promoting responses to these complex and interconnected influences are vital to FASD prevention, particularly in the preconception period.

### Helpful Sources

- Centre of Excellence for Women's Health. [Gender Transformative Health Promotion](#).

- Nota Bene Consulting Group. (2021). [Co-creating Evidence: Improving Women's and Children's Wellness through Wraparound Programs](#).
- Lyall, V., Wolfson, L., Reid, N., Poole, N., Moritz, K. M., Egert, S., . . . Askew, D. A. (2021). "The Problem Is that We Hear a Bit of Everything...": A Qualitative Systematic Review of Factors Associated with Alcohol Use, Reduction, and Abstinence in Pregnancy. *International Journal of Environmental Research and Public Health*, 18(7), 3445. doi:10.3390/ijerph18073445

## 8. Culturally Safe

Cultural safety results from respectful engagement that recognizes and strives to address power imbalances in the health care system. The goal is to create an environment free from racism and discrimination, in which all people feel safe when receiving health care. It is incredibly important to acknowledge the enduring impacts of colonialism on women's health, wellness, and access to health care, and to provide care that strengthens cultural identity, promotes Indigenous wellness, and builds individual, familial, and community resilience. Service providers must be aware of their own cultural identity, socio-historical location, beliefs, and ways of conceptualizing health, wellness, and parenting. Respect for individuals' values, worldviews, and preferences in any service encounter is important, as is respect for and accommodation of a woman's desire for culturally-specific healing.

### Helpful sources

- First Nations Health Authority. (2016). [Cultural Safety and Humility Action Series](#).
- Gonzales, K. L., Jacob, M. M., Mercier, A., Heater, H., Nall Goes Behind, L., Joseph, J., & Kuerschner, S. (2021). An Indigenous framework of the cycle of Fetal Alcohol Spectrum Disorder risk and prevention across the generations: Historical trauma, harm and healing. *Ethnicity & Health*, 26(2), 280 – 298. doi.org/10.1080/13557858.2018.1495320
- Jansen, J., Kenyon, D. Y. B., Hanson, J. D. (2016). Preventing alcohol-exposed pregnancy among American-Indian youth. *Sexual Education*, 16(4), 368 – 378.
- Wolfson, L., Van Bibber, M., Poole, N., Lacerte, D., Norton, A., Labounty, B., . . . Wesley, J. (2019). [Revitalizing Culture and Healing: Indigenous Approaches to FASD Prevention](#).

## 9. Supportive of Mothering

Pregnancy is a period of transition that can represent changes in a woman's personal identity, daily life, and relationships. FASD prevention efforts must recognize women's desire to be good mothers and the importance of supporting women's choices and roles as mothers. Prevention and care approaches need to support the range of models for mothering, including part-time parenting, open adoption, kinship and Elder support, shared parenting, inclusive fostering, extended and created family, and so forth. FASD prevention must attend to the importance of pacing and support in transitions for women as they move between mothering roles.

### Helpful sources

- Rutman, D., et al. (2021). [Stories and Outcomes of Wraparound Programs Reaching Pregnant and Parenting Women at Risk](#). Victoria B.C.
- Schmidt, R., Wolfson, L., Stinson, J., Poole, N., & Greaves, L. (2019). [Mothering and Opioids: Addressing Stigma and Acting Collaboratively](#). Centre of Excellence for Women's Health.
- Sword, W., Jack, S., Niccols, A., Milligan, K., Henderson, J., & Thabane, L. (2009). Integrated programs for women with substance use issues and their children: A qualitative meta-synthesis of processes and outcomes. *Harm Reduction Journal*, 6(32).

## 10. Uses a FASD-Informed and Disability Lens

Women seeking support may have disabilities, including FASD. When services provide FASD-informed care, and use a disability lens, they can create safety for all clients, while recognizing their unique strengths and challenges. This form of care uses strengths-based responses, makes person-centered accommodations, and ensures equity of access to health and social services.

### Helpful sources

- Badry D. (2021). [Research updates on FASD – a disability rights lens](#).
- Flannigan K, Pei J, McLachlan K, Harding K, Mela M, Cook J, et al. Responding to the Unique Complexities of Fetal Alcohol Spectrum Disorder. *Front Psychol* 2021;12:778471.
- Flannigan, K., Wrath, A. J., Ritter, C., McLachlan, K., Harding, K. D., Campbell, A., Reid, D., & Pei, J.

(2021). Balancing the story of fetal alcohol spectrum disorder: A narrative review of the literature on strengths. *ACER*, 45(12). doi:10.1111/acer.14733

- Pei, J., Kapasi, A., Kennedy, K. E., Joly, V. (2019). Towards healthy outcomes for individuals with Fetal Alcohol Spectrum Disorder. Canada FASD Research Network in collaboration with the University of Alberta.



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