

Alcohol, Contraception, and Preconception

Information for Service Providers

Most FASD prevention efforts focus on *avoiding alcohol use during pregnancy*, but another option is to *prevent pregnancy during alcohol use*. Service providers can work towards ensuring effective and accessible contraception for all women who drink alcohol during their childbearing years and can address alcohol use with women who are considering or planning a pregnancy.

Strategies for Reducing Alcohol-Exposed Pregnancies

- 1 Reducing alcohol use
- 2 Increasing use of effective contraception
- 3 Both reducing alcohol use and increasing use of effective contraception

Alcohol Use and Unintended Pregnancies



50% Approximately one half of all pregnancies are unintended. The highest rate of unintended pregnancy occurs in the age group of women at highest risk of binge drinking (ages 15 to 19)



62% Percentage of women who report drinking alcohol in the three months prior to pregnancy



11% Percentage of women who report binge drinking before knowing they were pregnant

Preconception Care: Helping Women Prepare for Pregnancy

While 50% of pregnancies are unplanned, this also means that 50% of pregnancies are planned. Service providers can help women to consider:

- ▶ What are the reasons I choose to drink?
- ▶ In what ways is alcohol a part of my life?
- ▶ How would I feel about not drinking at all at the next party I am invited to?
- ▶ Do I associate drinking with smoking, eating, watching TV or other activities?

Can alcohol use affect fertility?

Emerging research suggests that alcohol use can have both short- and long-term effects of fertility.

- ▶ Light drinking (1-5 drinks a week) can reduce a woman's chances of conceiving
- ▶ Long-term heavy drinking can cause adult women to have irregular periods or stop ovulating, cause periods to stop altogether or they can have an early menopause.
- ▶ Heavy drinkers who do become pregnant are more likely to have a miscarriage
- ▶ Heavy drinking or binge drinking can lead to vomiting and reduce the effectiveness of the birth control pill (emergency contraception is an option)

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3. Alcohol, Contraception, and Preconception

Background/ Evidence

While most FASD prevention efforts focus on girls' and women's alcohol use in the preconception period and during pregnancy, there are in fact several different routes to reducing the risk of an alcohol-exposed pregnancy: (1) reducing alcohol use (2) using effective contraception (3) reducing alcohol use and using effective contraception. Interventions that focus on the preconception period or on contraception use by all women who consume alcohol in their childbearing years address concerns about alcohol use prior to pregnancy awareness. Data from the 2009 Canadian Maternity Experiences Survey indicate that 62.4% of women reported drinking alcohol during the three months prior to pregnancy. Binge drinking was reported by 11% of mothers before the recognition of pregnancy [1, 2]. The reported rates of drinking (any amount) during pregnancy by pregnant women in the Canadian Community Health Surveys was 12.4% in 2003 and 10.5% in 2005 (assessed among women who gave birth in the 5 years preceding the survey)[3]. Intervening pre-pregnancy also broadens the traditional focus of primary FASD prevention strategies by addressing women's health overall. It also integrates emerging research on the links between alcohol use and fertility.

Approximately one half of all pregnancies are unintended, and almost one half of these occur in girls and women using a form of reversible contraception [4-6]. The rate of unintended pregnancies varies by maternal age, with the highest rates being in young women aged 15 to 19 years (82% of total pregnancies in this age group) and the lowest being in women aged 35 to 39 years (29% of total pregnancies in this age group). The highest rate of unintended pregnancy occurs in the age group of women at highest risk of binge drinking (ages 15 to 19 years)[5-7].

Women planning their pregnancies differ in significant ways from women whose pregnancies are unplanned: they have higher scores for physical and mental health status, higher scores for self-care behaviours such as the use of supplements, vaccination and nutrition, as well as lower rates of risky behaviours such as smoking, drinking alcohol and using other drugs during pregnancy [8]. A survey in Ontario regarding preconception awareness and behaviours found that women planning their pregnancies in 2008 made more preconception changes (such as stopping drinking, taking folic acid, and talking to a health-care provider) than in 2002. However, 55% of women in 2008 still did not make any changes to their health or lifestyle prior to conception. The majority (58%) of respondents said their health care provider had not brought up the topic of health before conception, only a small number of respondents mentioned receiving print preconception information (2%), and very few recalled being advised to see a health care provider before conception (0.4%) [9].

A number of randomized control trial studies have been conducted demonstrating the efficacy of dual focused interventions (alcohol and contraception) using a motivational interviewing approach tailored for a range of subgroups of girls and women. Settings in which these dual focussed interventions have been applied include primary care, obstetrical/gynaecology practices, university health clinics, jails, and substance abuse treatment settings. The

interventions typically include 1 to 4 manual-guided and tailored sessions and 1 contraceptive counseling session. These studies have shown that having the choice of reducing alcohol use, increasing use of effective contraception or doing both is helpful for women [10-15].

Contraception is most effective when the method used is acceptable to the woman or girl within the context of her life, culture, and relationships [16, 17]. Other factors that contribute to effectiveness in real life are the degree to which the contraceptive method requires user actions at the time of intercourse, daily, weekly, monthly, or is a method that works independent of user-actions (or another way to say this, is that the method is user-independent or “forgettable”) such as an intrauterine device or IUD [16]. In Canada the IUD is the most effective form of reversible contraception available. IUD is currently recommended for adolescents, first time contraception users, and contraception users who have not previously had a pregnancy or birth [18]. The IUD is available as a copper-releasing or levonorgestrel-releasing device that is inserted by a doctor or nurse practitioner. IUDs are associated with the lowest rates of unintended pregnancy, up to ten times fewer pregnancies than among women and girls on “user-dependent” methods such as birth control pills [19, 20], as well as a rapid return to fertility once the IUD is removed [21].

In addition to discussing alcohol and/or contraception use, many girls and women can benefit from understanding the short- and long-term effects of alcohol use on their fertility. Alcohol can affect women’s (and men’s) reproductive systems, and damage fertility. For girls and women it causes imbalances in the hormonal system that controls reproduction. Even small amounts of alcohol can affect the menstrual cycle and reduce the chance of conceiving. The link between drinking and fertility is still being understood but there have been studies that have shown that light drinking can have an effect. These include a Danish study that showed drinking between one and five drinks a week can reduce a woman’s chance of conceiving, and 10 or more decreases the likelihood of conception even further [22]. A 2009 study done at Harvard University of couples undergoing IVF showed that women who drank more than six units per week were 18% less likely to conceive [23]. Long-term heavy drinking can cause adult women to also have irregular periods or stop ovulating. Periods can stop altogether or they can have an early menopause. Heavy drinkers who do become pregnant are more likely to have a miscarriage [24].

Often it asked if men’s alcohol use contributes to FASD. FASD is the result of alcohol exposure in utero, and as such men’s alcohol use is not a direct contributor. However alcohol's effect on gene expression and epigenetics is an emerging area of study in the field of FASD. The effects of paternal preconception alcohol exposure are as yet poorly understood, but it has been documented that these effects can include reduced birth weight and impaired cognitive functioning [25]. This research suggests that we need to focus on preconception alcohol use in both parents.

What You Can Do To Help

Service providers can address alcohol use, contraception use, or both in many different ways.

1. Open a discussion of the effects of alcohol consumption in pregnancy with all women of reproductive age.
2. Share important preconception information with women considering or planning a pregnancy (preparing to stop drinking, taking folic acid, etc.)
3. Help girls and women reduce at-risk drinking by discussing Canada's "low-risk drinking" guidelines
4. Be aware of alcohol and reproductive health risks and share this information with girls and women
5. Support the use of effective contraception.
6. Encourage women to stop drinking upon deciding to become pregnant (i.e., as soon as she stops using her current form of contraception)
7. If she is trying to conceive encourage her to think about reducing or stopping drinking .
8. If she is not planning a pregnancy, encourage women to use contraception to prevent unintended pregnancy and sexually transmitted infections.
9. If she is sexually active and not using effective birth control, encourage her to not drink alcohol.
10. If she is using birth control, ensure that she is using the best method for her, and using it properly. Note that male partners may not be willing to use condoms. Note that different types of birth control may be effective for different groups of girls and women, including those who have FASD themselves
11. Encourage women to drink in ways consistent with low risk drinking guidelines for women AND to increase their use of effective birth control.
12. Support awareness of availability of accessible and free pregnancy testing in your community.
13. Recognize in all communications how women may be unsafe when navigating decisions about contraception and drinking (see sheet 5 in this series on Pregnancy Alcohol and Trauma-informed Practice

Selected Resources & Tools

For service providers:

Alcohol Use and Pregnancy Consensus Clinical Guidelines (<http://sogc.org/wp-content/uploads/2013/01/gui245CPG1008E.pdf>)

This Clinical Practice Guideline (2010) by the Society of Obstetricians and Gynecologists of Canada (SOGC) provides the national standards of care for the screening and recording of alcohol use and counseling on alcohol use of women of child-bearing age and pregnant women based on the most up-to-date evidence. Key recommendations are provided along with helpful strategies and resources for communication, screening, and brief interventions.

Alcohol Screening, Brief Intervention and Referral Website (<http://www.sbir-diba.ca/>)

This website by The College of Family Physicians of Canada and Canadian Centre on Substance Abuse provides a [Clinical Guide](#), [Screening and Assessment](#), [Brief Intervention](#) and [Follow-up and Support](#) Protocol, as well as information and resources on patient sub-populations, including women, alcohol and pregnant and alcohol and breastfeeding.

CHOICES Curriculum (<http://www.cdc.gov/NCBDDD/fasd/freematerials.html>)

CHOICES: A Program for Women About Choosing Healthy Behaviors is an intervention for non-pregnant women of childbearing age and is designed to prevent alcohol-exposed pregnancies by addressing risky drinking and ineffective or no use of contraception. See [Facilitator Guide](#), [Counselor Manual](#) and [Client Workbook](#).

For women:

You may find the following resources helpful to share with women.

Aboriginal Sexual Health (www.aboriginalsexualhealth.ca)

Information about sexual and reproductive health.

Healthy Families BC

<http://www.healthyfamiliesbc.ca/search?keys=birth+control>

The website provides easy to read information for girls and women on contraception, pregnancy, alcohol and the risks and health effects of drinking alcohol.

Babies Best Chance, Parents' Handbook of Pregnancy and Baby Care

<http://www.healthyfamiliesbc.ca/parenting>

Developed by the BC Ministry of Health, this easy to read reference guide helps new parents from pregnancy, through birth, and in the parenting of a baby up to six months of age, including information about alcohol and the risks and health effects of drinking alcohol.

Best Start, Health Before Pregnancy Workbook

(http://www.beststart.org/resources/rep_health/Health_Before_pregnancy_2011_FULL.pdf)

In an interactive format, this workbook for young adults and couples raises issues that can affect both women and men and the health of their future children and provides answers to commonly asked questions people think about as they consider parenting.

Girl Talk (<http://grltrlk.wordpress.com/>)

An interactive website provides information to girls and their parents on alcohol-related choices for underage drinkers and consequences. The site also includes a visual graphic Virtual Girl illustrating some of the effects of alcohol on the body for girls and young women.

Options for Sexual Health

<https://www.optionsforsexualhealth.org/>

Up-to-date information about birth control, including where to access 60 clinics across BC offering confidential, nonjudgmental, youth-friendly, pro-choice, and sex-positive information

about birth control options, including low-cost and free products. You can also submit questions online regarding sexual health, or call 1-800-SEX-SENSE.

Women and Alcohol: A Women's Health Resource Booklet

<http://www.health.gov.bc.ca/women-and-children/pdf/women-and-alcohol-brochure.pdf>

This resource presents low risk drinking guidelines as they apply to women, describes factors influencing girls' and women's drinking, highlights gender-specific health considerations with regard to drinking; and discusses where to find support and more information for those who wish to learn more.

BC Partners for Mental Health and Addictions Information, Alcohol and Pregnancy Sheet

http://www.heretohelp.bc.ca/sites/default/files/LRDG_Pregnancy.pdf

This one-page Alcohol pregnancy sheet highlights Canada's Low-Risk Alcohol Drinking Guidelines for women during pregnancy, when planning to become pregnant and before breastfeeding. It also highlights research on the effects of drinking during pregnancy, breastfeeding, and the percentage of women who drink during pregnancy.

HealthLink BC Pregnancy and Alcohol Use (available in various languages)

<http://www.healthlinkbc.ca/healthfiles/hfile38d.stm>

This HealthLink BC website page offers straight forward answers to many questions women have, including, what are the risks of drinking alcohol during pregnancy?, how much alcohol is risky?, is there any safe time to drink alcohol during pregnancy?, what drinks are harmful?, what if I drank alcohol before knowing I was pregnant?, what else can I do to reduce the risks?, etc. Resources are BC-specific.

From Evidence-to-Practice

Self-Assessment and Questions

1. Are we opening a discussion of the effects of alcohol consumption in pregnancy with all women of reproductive age?
2. What important preconception information is being shared with women, if any? (preparing to stop drinking, taking folic acid, etc.)?
3. Are we educating girls and women about Canada's Low Risk Drinking Guidelines?
4. Are we aware of alcohol and reproductive health risks and sharing this information with girls and women?
5. How is the effective use of contraception being supported, if at all?

Referrals

Alcohol & Drug Information & Referral Service

1-800-663-1441 Lower Mainland: (604) 660-9382

This service is available to people across B.C. needing help with any kind of substance use issues 24 hours a day. It provides multi-lingual information and referral to education, prevention and treatment services and agencies around the province. There are programs in some BC communities that provide women-only services, and that prioritize pregnant women.

BC Association of Pregnancy Outreach Programs

<http://www.bcapop.ca/>

Pregnancy Outreach Programs (POPs) are located all over BC and provide free prenatal and early parenting support to women who experience health or lifestyle challenges during pregnancy, birth and the transition to parenting. The website provides information, resources, and contact information for programs across the province. 1-604-314-8797

First Nation, Métis and Inuit Specific Programs

Contact your local community health nurse or First Nations Health Centre for additional information.

Canadian Prenatal Nutrition Program <http://cpnp-pcnp.phac-aspc.gc.ca/results-resultats-eng.php?city=&province=3&btnSubmit=Search>

BC Association of Friendship Centre's <http://www.bcaafc.com/bc-friendship-centres>

First Nations Health Authority <http://www.fnha.ca/about/regions>

Metis Nation BC - <http://www.mnbc.ca/>

Here to Help <http://www.heretohelp.bc.ca/>

A website of the BC Partners for Mental Health and Addictions. Self-help resources in multiple languages.

Local BC Health Unit

Go here to find out the services that are available in your area – search for maternal child health services.

Vancouver Coastal Health Authority - http://www.vch.ca/locations_and_services/

Island Health Authority - <http://www.viha.ca/locations>

Interior Health Authority - <http://www.interiorhealth.ca/FindUs/Pages/default.aspx>

Fraser Health Authority - http://www.fraserhealth.ca/find_us/

Northern Health Authority - <http://www.northernhealth.ca/OurServices/ContactUs.aspx>

Mental Health Information Line: 310-6789 (no area code needed)

A provincial line that is answered 24/7/365. It provides empowering emotional support, information on appropriate referral options and a wide range of support relating to mental health concerns. The Here to Help website provides additional information, screening self-tests, and self-help resources related to mental health and substance use.

Motherisk

www.motherisk.org 1-877-FAS-INFO (1-877-327-4636)

Includes up-to-date information for professionals and mothers about alcohol, drugs, and pregnancy. A toll-free helpline is available 9am to 5pm with information in English or French based on continuing research and study by Motherisk's specialized team of physicians, psychologists, pharmacologists and counselors.

Options for Sexual Health BC (<https://www.optionsforsexualhealth.org/>)

Provides services on sexual health, birth control and pregnancy through clinics, education programs and the 1-800-SEX-SENSE information and referral line. See their [clinic finder](#).

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