

part because of the social stigma involved. Few women will admit to smoking, with studies showing that 28 to 35 percent lie when asked to self-report tobacco use. Thus, assessing the problem of prenatal smoking becomes a major challenge. However, researchers have found that a structured, multiple-choice question that includes

## HELP FOR FAS/FAE CHILDREN

Until recently, health-care providers have had to depend on a less reliable "gestalt" approach to FAS/FAE diagnosis, using various clinical impressions to make an assessment. A promising new 4-Digit Diagnostic Code has been developed that better expresses the continuum of disabilities

dysfunction and prenatal alcohol exposure.

*"The most challenging problem in the field of fetal alcohol syndrome remains the identification of alcohol-exposed children with no dysmorphia (the majority of alcohol-exposed children),"* says Piyadasa Kodituwakku of the University of New Mexico's Center on Alcoholism, Substance Abuse, and Addictions.

Once a diagnosis has been made, early intervention becomes critical. Unfortunately, there are significant gaps in terms of programs and services. There are no standards of care for FAS and its related disorders. Specialized programs and services are rare and their effectiveness has not been rigorously evaluated. There is also a significant lack of services, both in identification and intervention, for children

under age five, who are most likely to benefit from early, intensive efforts to offset the debilitating effects of FAS/FAE.

As a result of these gaps, researchers are now calling for a comprehensive needs assessment of FAS/FAE children and their families in order to guide the development of new services, programs and treatments.

The list of serious, even debilitating consequences from prenatal alcohol and tobacco use continues to grow. It also provides evidence of the need for a concerted and coordinated set of services and programs to help parents and their young children. Prevention, coupled with early, intensive intervention for babies affected by their mother's smoking and drinking, will make a difference for future generations. 🦋

*"There is generally consistent evidence to suggest that increased prenatal exposure to smoking is associated with higher rates of conduct problems, hyperactivity and juvenile crime in offspring."*

- David Fergusson

the options "never smoke," "recently quit" and "continue to smoke" increases the likelihood of accurate self-reporting.

Pregnancy offers a unique window of opportunity to help women quit smoking, as they tend to have more contact with the health-care system and to be more receptive to the idea of stopping. While quitting in the first trimester seems to provide the greatest benefits, stopping anytime during pregnancy has positive effects. Therefore, pregnant women should be offered cessation help throughout their pregnancy.

A number of well-established, clinically proven smoking cessation programs exist, but researchers suggest pregnant women may benefit from specific interventions that include self-help materials focusing on pregnancy issues. A five-step counselling approach entitled *"The Five As"* shows promise in helping women of various ethnic and racial groups stop smoking. *"The Five As"* system helps care providers assess a woman's smoking and her commitment to stopping, assists her with cessation and arranges for follow-up support.

associated with exposure to alcohol *in utero*. The code asks providers to evaluate the child in four areas: growth deficiency, FAS facial phenotype, brain damage/

*"It is time to touch the minds and hearts of parents to encourage them to stay away from alcohol and tobacco for the sake of their babies. We have to reach the people. We have to go into the communities and make those mothers decide not to smoke and not to drink*

*when they are carrying their baby, either in their tummies, in their arms or with them in their families",* says the Honourable Ethel Blondin-Andrew, Secretary of State (Children and Youth). Canada's future depends on a wholehearted commitment to ensuring that every child has a healthy start in life. *"Child*



photo: Health Canada

## HOW TO AVOID TOXIC SUBSTANCES DURING PREGNANCY?

*development experts have consistently made the case that children who get off to a good start participate actively in society and the economy,"* she says. *"Nothing will do more to maximize the potential of our country than the development of our children."*

The Canadian government has made significant investments through programs such as the National Child Benefit, the National Children's Agenda and the Early Childhood Development Agreement, but challenges remain, Blondin-Andrew adds. *"As promising as the progress is, money alone is only part of the answer.*

*What we need to do is get to the root causes of the problems plaguing children's health, such as the low birth weight of a baby born to a smoking mother or the preventable disabilities from FAS and FAE."*

Blondin-Andrew is a First Nations person and has taught in communities. She has seen firsthand the devastating effects alcohol and tobacco have had in communities. She encourages researchers, service providers and government officials to work collaboratively to develop a standardized diagnosis for FAS and new programs to help those affected. *"We need to know how to reach out to prospective parents and support them in their decision to avoid these toxic substances during their pregnancies,"* she concludes. 🦋