HELPING PREGNANT SMOKERS

Comments by Michèle Matte, Perinatal and Early Childhood Development Program Manager for the Canadian Institute of Child Health

Collected by Liz Warwick

Providing health-care services to pregnant women who smoke requires a carefully balanced act. Pregnancy offers a unique opportunity to help women, as they tend to be more receptive to making lifestyle changes. Thanks to structured, multiple-choice questionnaires, women are more likely to self-report tobacco use, opening up an opportunity for health-care workers to intervene. However, practitioners must guard against making clients feel too guilty about smoking. "You have to encourage women in every effort they make and you have to keep that link with the parent. If you are too confrontational, you will be shut out," says Matte. Practitioners often talk about encouraging "baby steps," small, incremental changes that slowly help a woman reduce or eliminate tobacco use.

New research into the psychosocial effects of prenatal smoking offers health-care workers additional arguments for reducing or stopping tobacco use. While many women will be swayed by discussions of the detrimental physical consequences of smoking (SIDS, low birth weight, increased risks of asthma), others may not. Matte notes, "Talking about learning disabilities and smoking, for example, might touch something in a woman."

The five-step counselling approach suggested by Melvin ("The Five As") also offers an excellent roadmap for working with tobacco-addicted pregnant women. Yet more research is needed into the role partners and family play in maintaining or breaking a smoking addiction. "Smoking is often a family issue, not just a women's issue," Matte says. "We need research into how to work on the whole family dynamic, the role of fathers and how to work with these men. It would be interesting to assess how much the participation of fathers impacts prenatal outcomes as a whole."

More data on the safety and effectiveness of nicotine delivery systems for pregnant women are essential. "Should they use the patch? Chew gum?" asks Matte. "There are no clear guidelines for what is best." Overall, health-care workers would benefit from increased research into effective strategies for smoking cessation, both during and after pregnancy. "It's not clear for practitioners what are the best strategies," she adds.

PRENATAL DRINKING

Comments by Dr. Gail Andrew, medical director, Glenrose Fetal Alcohol Spectrum Disorder Project Clinic, Glenrose Rehabilitation Hospital, Edmonton

Collected by Liz Warwick

Preventing Fetal Alcohol Spectrum Disorder (FASD) depends on delivering a simple message: Don't drink while pregnant. "This message must go out to all women, starting around age 10 and regardless of ethnicity or socio-economic background," says Dr. Gail Andrew.

While prenatal alcohol abuse has had a disproportionate effect on Aboriginal communities, suggestions that FASD is primarily an Aboriginal issue not only stigmatize one group but also prevent proper prevention and detection measures for all women. "This is a women's issue, not an issue for a specific group of women," Dr. Andrew says. "We have to teach physicians to ask the drinking question to all pregnant women they see." However, Aboriginal communities may need "champions" or people willing to openly address the issue of prenatal drinking. These champions can help de-stigmatize the issue and help Aboriginals develop specific strategies for dealing with alcohol abuse in their communities.

"One key problem in addressing FASD has been the lack of accurate diagnostic tools," says Dr. Andrew. At the clinic she directs, they have been using the 4-Digit Diagnostic Code and teaching other health-care workers how to use it. "By standardizing the diagnosis and then building an accurate and complete database of cases, the Canadian government will be able to assess the true scope and impact of FASD," she adds.

However, "a diagnosis alone is never enough. It must drive something—in this case—services and interventions across the lifespan," says Dr. Andrew. More research is needed into the best ways to help FASD children, both in early childhood and beyond. "There is not one approach to helping these children. They will need significant support in many aspects of learning, planning, generalizing information, using judgment, regulating behaviour and social communication. The key word is support, as many children will continue to have difficulty as FASD represents brain damage," she concludes.