

Minnesota Organization on Fetal Alcohol Syndrome



Changing Social Norms

Engaging Prenatal Care Providers
in Your State



Objectives

- Describe the rationale for engaging Prenatal Providers
- Identify two ways to change attitudes and behaviors by engaging Prenatal Care Providers
- Explain how to work towards creating evidenced based change
- Discover ways to replicate engaging Prenatal Providers in your State





Rationale

MINNESOTA ORGANIZATION ON FETAL ALCOHOL SYNDROME (MOFAS)

Our mission is to eliminate disability caused by alcohol consumption during pregnancy and to improve the quality of life for those living with Fetal Alcohol Spectrum Disorders throughout Minnesota.

Our vision is a world in which women do not drink alcohol during pregnancy and people living with Fetal Alcohol Spectrum Disorders are identified, supported, and valued.



Target Audience

Women listen to their care providers

- Motivated to be healthy during pregnancy
- Looking for guidance, medical advice

Medical providers can change behavior through brief intervention

- Motivational Interventions in Prenatal Clinics¹
- Brief Intervention for Prenatal Alcohol Use: A Randomized Trial²
- Brief Intervention for Alcohol Use by Pregnant Women³

^[1] Handmaker, N. & Wilbourne, P. 2001. Alcohol Research & Health, Vol 25 No. 3.

^[2] Chang et al., 2005. Obstetrics & Gynecology, 105 (5 Pt 1): 991-8.

^[3] O'Conner, M.J. & Whaley, S.E. 2007. American Journal of Public Health, 97(2): 252-8.





Changing Attitudes and Behaviors

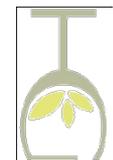
Identify and Create Collaborations

- Funding sources
 - Grants
 - In-Kind Donations
- Partnerships
 - Clinics
 - Insurance Agencies
 - Coalitions/Advisory Committees



Community Grants: First Cycle

- Developed a prenatal alcohol screening tool
- Seven clinics in Hennepin County
- Team of public health nurse and medical director



First Visit **PRENATAL ALCOHOL SCREENING QUESTIONS**

Today's Date _____ Chart No. _____

Patient should answer these questions honestly, so the best possible care can be provided.

1. Before you knew you were pregnant ...

How often, on average, do (did) you drink? (check only one) <input type="checkbox"/> Every day <input type="checkbox"/> At least once a week, but not daily <input type="checkbox"/> At least once a month, but not weekly <input type="checkbox"/> Less than once a month <input type="checkbox"/> Don't drink	On a day or night when you did drink, about how many drinks did you have? (A drink equals a bottle of beer, shot of hard liquor, glass of wine, or a wine cooler.) <input type="checkbox"/> At least 7 <input type="checkbox"/> 5 to 6 <input type="checkbox"/> 3 to 4 <input type="checkbox"/> 1 to 2 <input type="checkbox"/> Don't drink
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2. Since you knew you were pregnant ...

How often, on average, do (did) you drink? (check only one) <input type="checkbox"/> Every day <input type="checkbox"/> At least once a week, but not daily <input type="checkbox"/> At least once a month, but not weekly <input type="checkbox"/> Less than once a month <input type="checkbox"/> Don't drink	On a day or night when you did drink, about how many drinks did you have? (A drink equals a bottle of beer, shot of hard liquor, glass of wine, or a wine cooler.) <input type="checkbox"/> At least 7 <input type="checkbox"/> 5 to 6 <input type="checkbox"/> 3 to 4 <input type="checkbox"/> 1 to 2 <input type="checkbox"/> Don't drink
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3. When was the last time you had a drink? _____

4. Have you ever been in treatment for alcohol or drugs? NO YES If yes, when? _____

Verbal alcohol message given? Yes No Written information provided? Yes No Initials _____

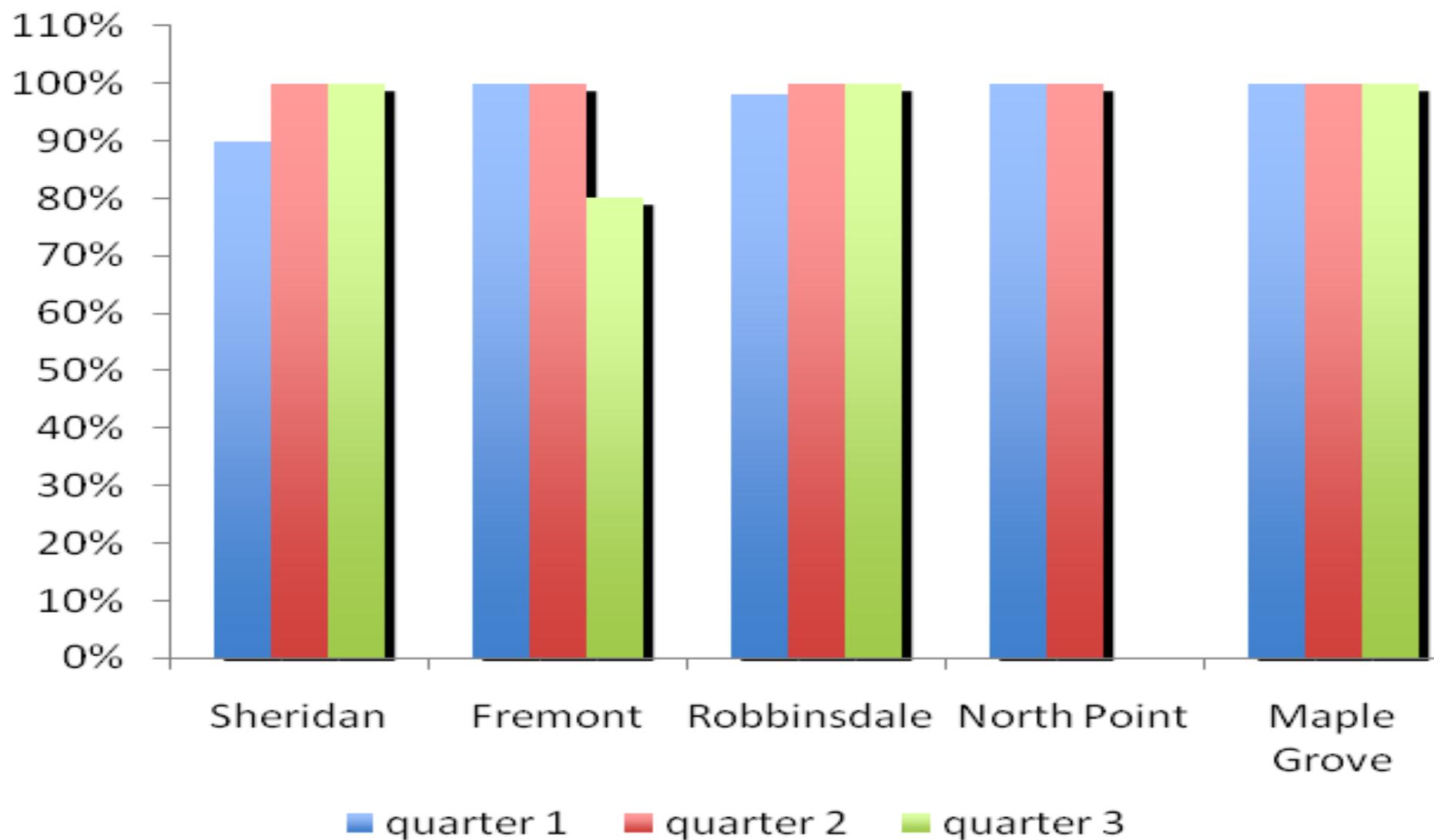
Subsequent Visits

Ask patient: "Have you had any drinks containing alcohol since your last visit?"

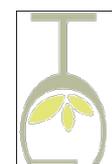
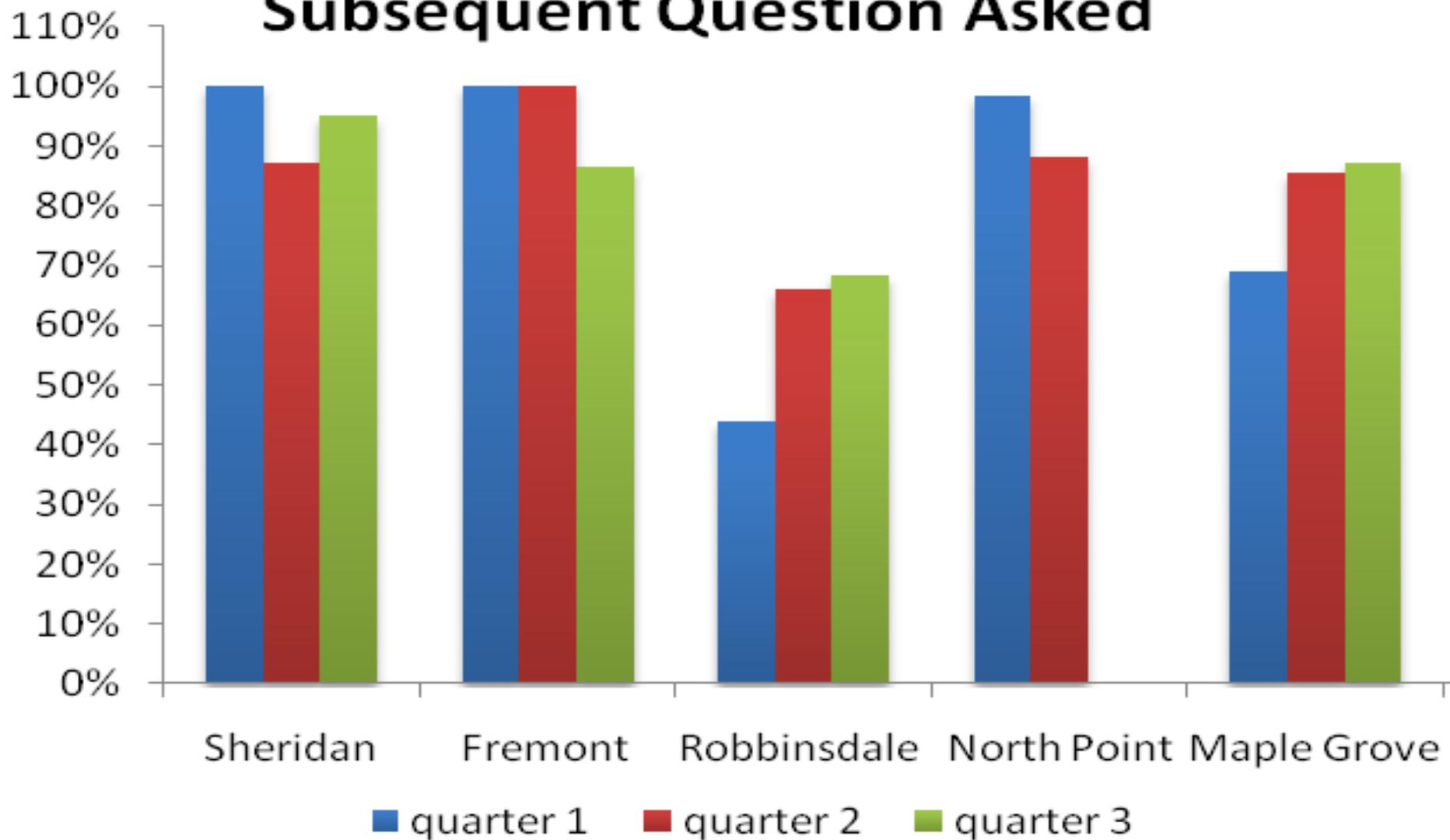
Date	Anything To Drink?	Verbal Alcohol Message Given?	Initials
_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
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_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
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_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____

Date Clinical Comments/Additional Info/Referral Initials

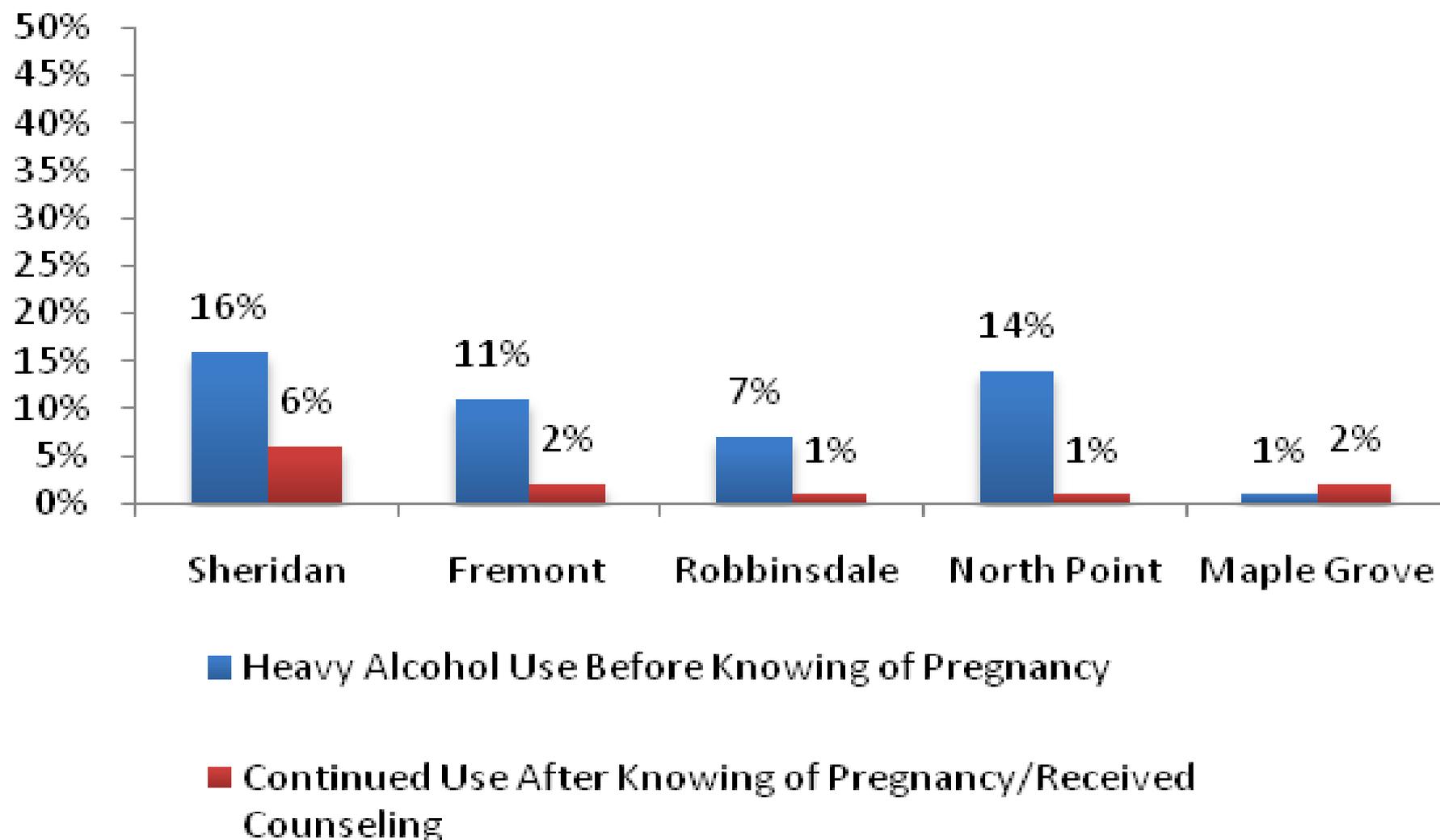
Implementation of Initial Screening



Subsequent Question Asked



Heavy Alcohol Use Before/After Knowing of Pregnancy



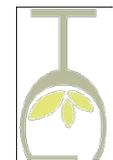


Statewide Replication and Enhancement

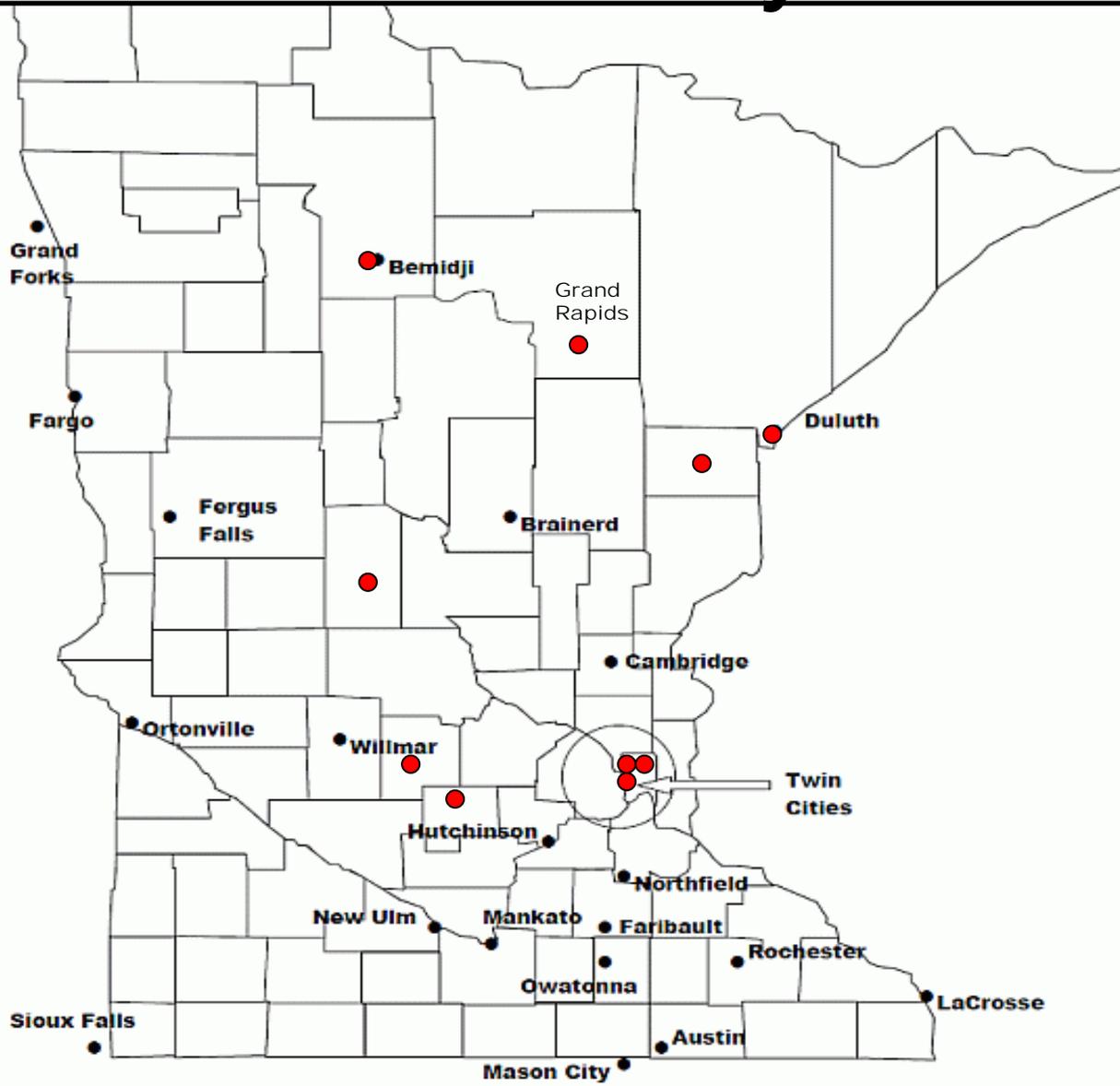
Community Grants: Second Cycle

Expand on the Screening Tool

- Incorporate the screening tool into Electronic Medical Records (EMR)
- Create an action plan
- Develop a resource directory
- Find other ways clinics can give the message (pregnancy test results)



Prenatal Community Grants



Chemical	Before you knew you were pregnant...	After learning you were pregnant...
Smoking/Tobacco	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount: _____
Medications	Type/Freq: _____ _____ _____	Type/Freq: _____ _____ _____
Alcohol	How often, on average, did you drink? (check only one) <input type="checkbox"/> Every day <input type="checkbox"/> At least once a week, but not daily <input type="checkbox"/> At least once a month, but not weekly <input type="checkbox"/> Less than once a month <input type="checkbox"/> Don't drink	Have you had any alcoholic drinks? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, how often (check only one) <input type="checkbox"/> Every day <input type="checkbox"/> At least once a week, but not daily <input type="checkbox"/> At least once a month, but not weekly <input type="checkbox"/> Less than once a month <input type="checkbox"/> Don't drink
	When you did drink, about how many drinks did you have? (A drink equals a bottle of beer, shot of hard liquor, glass of wine, or a wine cooler.) <input type="checkbox"/> At least 7 <input type="checkbox"/> 5 to 6 <input type="checkbox"/> 3 to 4 <input type="checkbox"/> 1 to 2 <input type="checkbox"/> Don't drink	When you did drink, about how many drinks did you have? (A drink equals a bottle of beer, shot of hard liquor, glass of wine, or a wine cooler.) <input type="checkbox"/> At least 7 <input type="checkbox"/> 5 to 6 <input type="checkbox"/> 3 to 4 <input type="checkbox"/> 1 to 2 <input type="checkbox"/> Don't drink
Drugs (Marijuana, Cocaine, Meth, Speed, Other)	Type: _____ How often, on average, did you use drugs? (check only one) <input type="checkbox"/> Every day <input type="checkbox"/> At least once a week, but not daily <input type="checkbox"/> At least once a month, but not weekly <input type="checkbox"/> Less than once a month <input type="checkbox"/> Don't use	Type: _____ Have you used any drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, how often (check only one) <input type="checkbox"/> Every day <input type="checkbox"/> At least once a week, but not daily <input type="checkbox"/> At least once a month, but not weekly <input type="checkbox"/> Less than once a month <input type="checkbox"/> Don't use

1. When was the last time you had a drink or did drugs?

Date: _____ Type: _____

2. Have you ever been in treatment for alcohol or drugs?

NO YES If yes, when? _____

3. If Yes, what support do you have to stay sober?

4. Does your partner have any drug or alcohol problems? _____

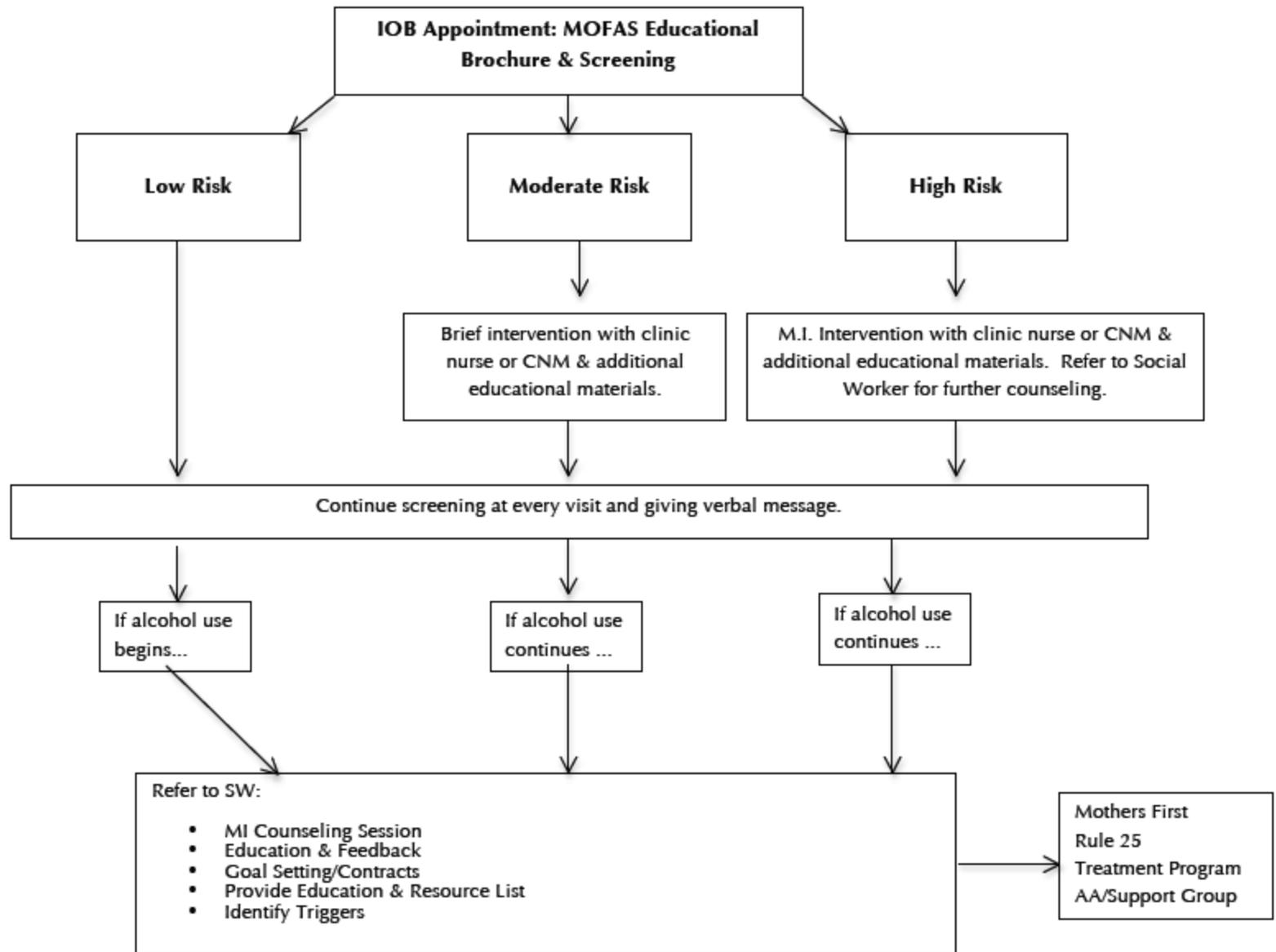
NO YES Type: _____

5. Do any of your family members have drug or alcohol problems? _____

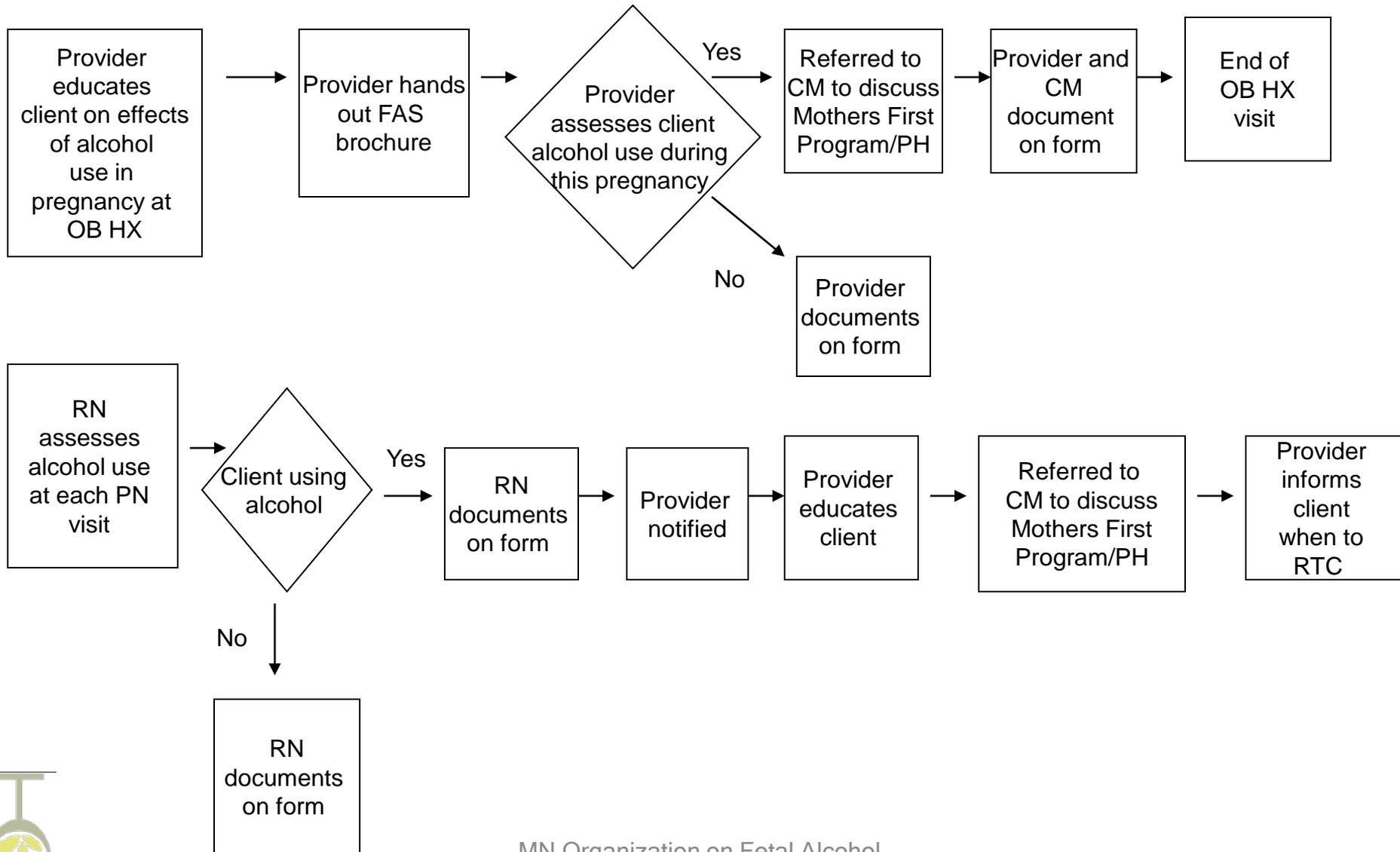
NO YES Family Member: _____

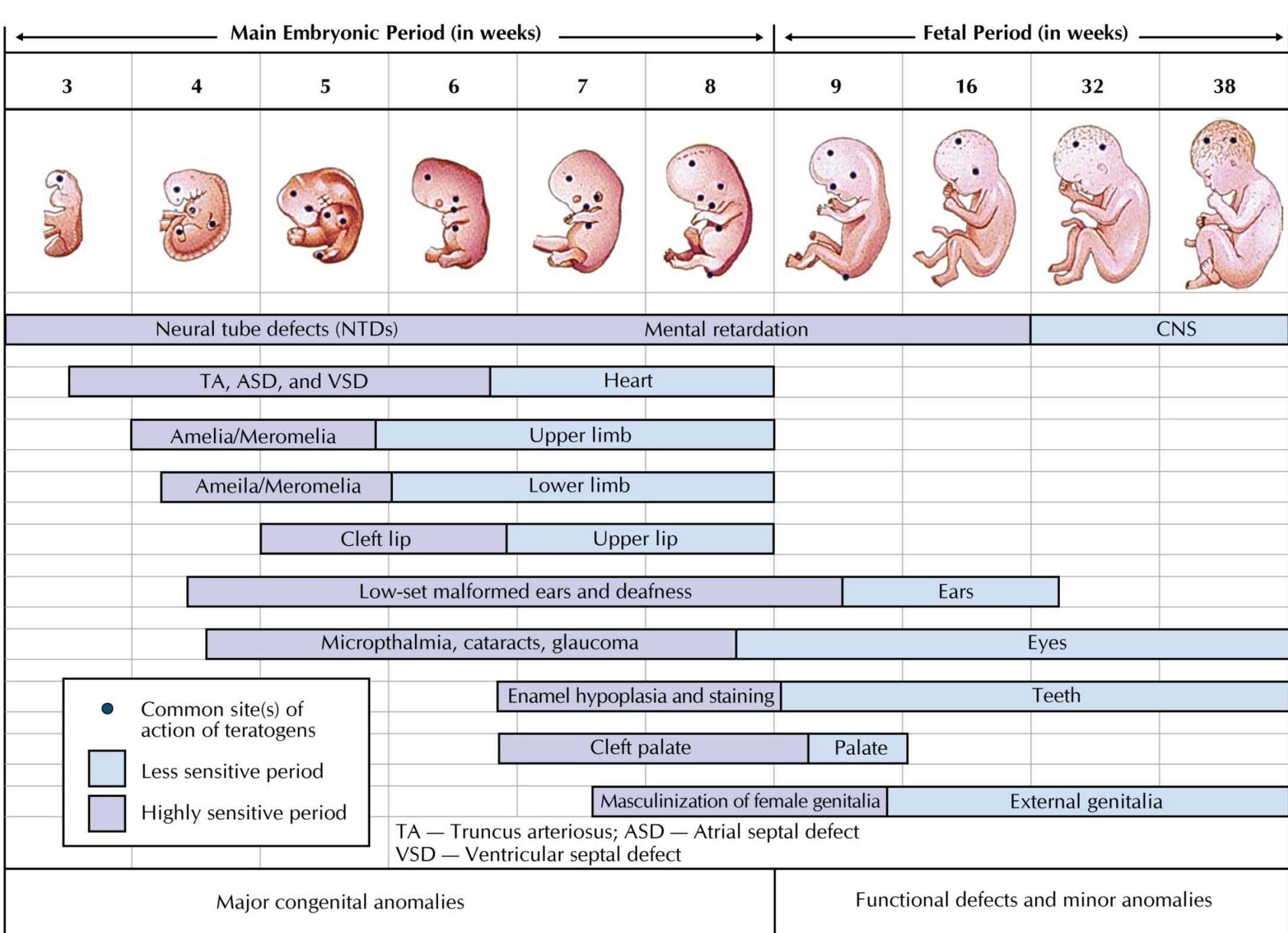


Seton Clinic MOFAS Action Plan



FASD Grant Flow Chart





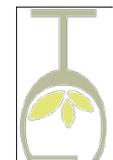
- Common site(s) of action of teratogens
- Less sensitive period
- Highly sensitive period

SAMPLE COUNSELING MESSAGES

- Because there is no known safe level of drinking during pregnancy and because we know that when a pregnant woman drinks, so does her baby, as your doctor I recommend you not use alcohol during your pregnancy.
- There is no known safe level of drinking during pregnancy and we know that when a pregnant woman drinks, so does her baby. The safest thing you can do for your baby is not drink while you are pregnant.
- Your baby is now at ____ weeks. Here is what your baby is doing ____ . If you drink alcohol, it may cause a number of different types of birth defects including mental retardation or milder intellectual deficits, reduced attention span, central nervous system damage, growth retardation, motor control problems and facial malformations.
- Because we don't know how much alcohol is safe to drink during pregnancy, as your doctor I recommend you not use alcohol while you are pregnant to reduce the risk of birth defects in your baby.
- We know that alcohol kills cells in a developing baby no matter when in pregnancy you drink. You are now at ____ weeks and your baby is doing ____ . You need to stop drinking completely to reduce the risk of birth defects in your baby. The sooner you stop drinking alcohol, the better it will be for your baby because when you drink, your baby drinks, too.

Evidence Based Change

- SAMHSA Service to Science award for evidence based practices
- Still in the planning phase, will most likely measure
 - Provider's use of the screening tool
 - Alcohol use among prenatal patients
 - Implementation of action plan



Timeframe

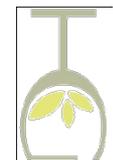
- About 3-4 months for planning/preparation
- 6 months to 12 months to integrate into system change
- Be prepared for barriers (e.g. EMR)



Other Ways to Engage

Training and Education

- Peer to peer education
- CDC Regional Training Center Training of Trainer's for Medical Providers
- Free Online CME Trainings





Provider Public Awareness Campaign

Communications Goals



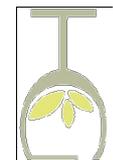
0 4 9TM

- Get the attention of health care providers
- Encourage consistent 049 message with patients



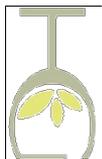
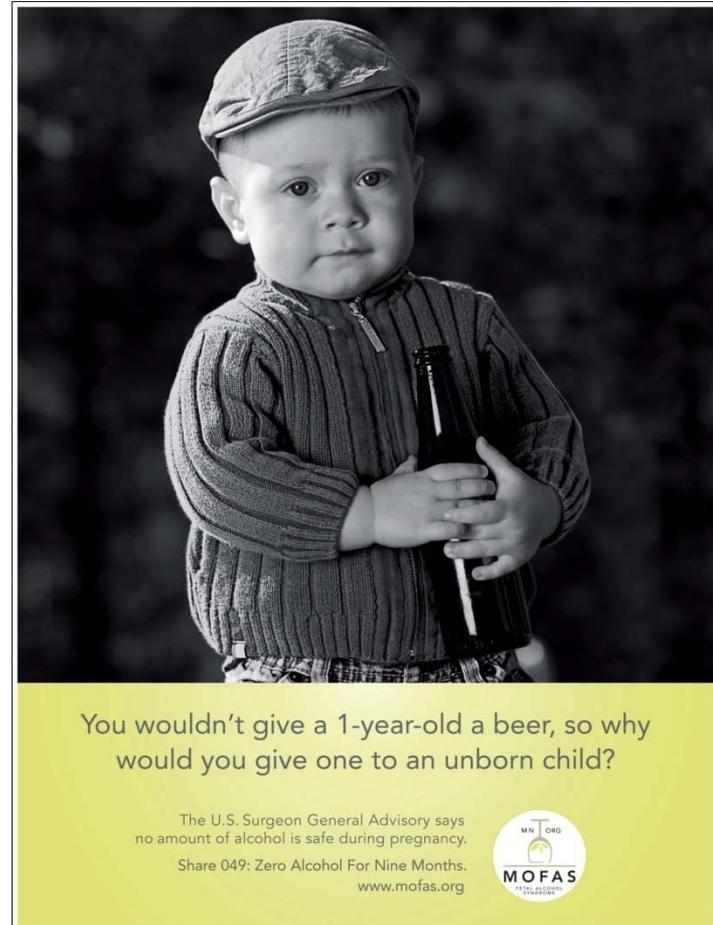
Campaign Objectives

- Educate Providers on their role as an influencer
- Motivate Millennials not to drink during pregnancy.



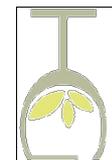
Media Plan

- December, 2010 - June, 2011 includes:
- Provider Media
- Dual Audience Radio
- Millennial Media
- Outdoor Bulletins



Agency Partnership

- Pro-bono partnership
 - Creative development and execution
 - Media recommendation
 - Media negotiation
 - Some pro-bono media placement

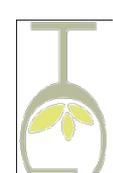




Tips to Replicate in Your State

Things to Consider

- Provider public awareness campaign
- Provide rationale for screening for prenatal alcohol use in pregnancy
- Train/educate clinic staff/providers
- Determine Strategies/Screening Tool for discussing alcohol use during clinic visits
- Figure out appropriate resources for intervention
- Determine costs & sustainability





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