

# FASD AND HEALTHCARE

## Promoting Awareness, Reducing Stigma

If you work in a healthcare setting or profession, you're likely to encounter individuals and families impacted by **prenatal** exposure to **alcohol** or **FASD** – **diagnosed or not**. The broader community is also impacted, particularly when **FASD** goes **unrecognized and unsupported**.

One of the ongoing **challenges** in **preventing** and **supporting FASD** is the difficulty many professionals face in **discussing alcohol** and **substance use** during **pregnancy**. This discomfort often stems from long-standing **social** and **systematic stigma**, which can make these conversations fraught, despite their critical role in patient care.

Healthcare professionals play a vital role in **early identification, support, and education** around **FASD** and **prenatal alcohol exposure (PAE)**. Given comparatively high alcohol consumption in Atlantic Canada, especially among individuals of childbearing age, and the prevalence of unplanned pregnancies, **conversations** about **alcohol use** should be **routine in care settings** – **regardless** of a patient's **background** or **demographics**.



### FASD, Stigma & Primary Care

Providing care for children and families affected by FASD presents unique opportunities. **Reducing stigma** in **healthcare settings** allows for more **compassionate, effective care**. Language matters: using **person-first, non-judgemental terminology** (e.g., “person with substance use disorder” instead of “addict”) helps **promote dignity, trust, and improved outcomes**.

**Parents** of **children** diagnosed with **FASD** **may** face additional **health or psychological challenges**. With **appropriate support**, healthcare **providers can alleviate some of these burdens, support** family well-being, and **promote prevention** efforts in future pregnancies.

**Encouraging support networks** (like family members or partners) to **reduce alcohol consumption** during someone's pregnancy can also be helpful. For clinicians working

### The Spectrum of FASD

Fetal alcohol spectrum disorder (**FASD**) is a **spectrum diagnosis**. FASD has **distinct impacts**, so everyone experiences it differently. FASD should be recognized and supported as a multidimensional condition.

Individuals with FASD have unique sets of **strengths and needs**. Collaborative multi-disciplinary, strengths-based, and trauma-informed approaches can enhance meaningful experiences and minimize many challenges.

**Understanding FASD as a spectrum diagnosis can help us overcome and reduce stigma and focus on strengths.**

directly with **FASD-affected individuals** or **diagnosing** potential cases, **specialized training in trauma-informed and FASD-informed care is crucial**, including knowledge of **how prenatal alcohol exposure** can **manifest** at different developmental stages.

When possible, patients should be encouraged to **bring a support person** or trusted service provider. Support services that include **translators** or **social workers** may also improve care outcomes.

### **Structural Barriers to FASD Care**

Timely and equitable **access** to **FASD-related** screening, diagnosis, and intervention remains a **challenge** across many regions, including parts of Atlantic Canada. **Barriers** can include:



Limited diagnostic services and **trained specialists**



Long **waitlists**



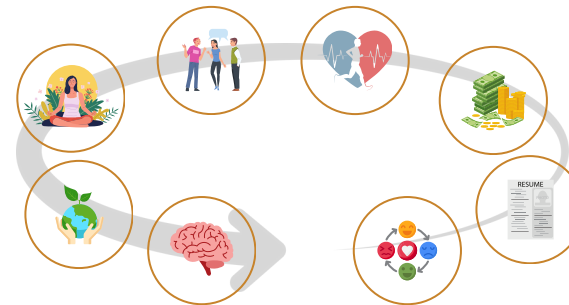
Inadequate public **awareness** or information about services



The impact of **stigma** – social, structural, and individual – on providers and those seeking diagnosis.

When stigma is a barrier, a **diagnosis** of FASD can **reduce** the **stigma** by **increasing understanding** and access to necessary supports. Over time, **broader diagnosis** and **education** foster a more **open, supportive dialogue** - both about FASD and alcohol use.

Primary care teams are often the **first point of contact** for families. This positions them as **central** players in **prevention, early identification, and follow-up**. **Wraparound care** – addressing not only physical, but also psychological, social, and environmental needs- can **significantly improve outcomes** for individuals and families.



Importantly, care teams can help **shift** the **conversation** away from **blame** and **shame**. **Alcohol use** is shaped by **complex social, cultural, economic and policy factors**, many of which emerge in adolescence and early adulthood. **Thoughtful, non-judgemental care** can **reduce stigma** while recognizing the broader determinants of health that affect behaviour and decision-making.

After an FASD diagnosis, the family **physician** can provide meaningful **long-term support** by coordinating **ongoing care** and offering **referrals**, including to mental health, occupational therapy, and family support services.

## General Healthcare & FASD

Open **conversations about lifestyles** - including diet and alcohol use - are a natural part of care, especially during pregnancy. **Motivational interviewing** and **trauma-informed, strengths-based** approaches can help guide meaningful and respectful dialogue. Improved **record keeping** and **coordinated information-sharing** between practitioners can **reduce care gaps** and improve outcomes.

Adopting a trauma-informed, inclusive, and non-judgmental mindset allows for more open disclosure and engagement. Tips for healthcare professionals include:

Avoid **implying that FASD is 100% preventable**, which oversimplifies and stigmatizes.

Understand the **reasons** some people **drink during pregnancy** include misinformation, peer influence, stress, or environmental risks.

**Avoid** saying “No amount of alcohol is safe during pregnancy.” While well-intentioned, such messaging can **exclude or alienate** people experiencing complex realities like substance dependency or limited autonomy. Harm reduction encourages **safety without judgment**.

Use **collaborative, story-telling based, and patient-centred techniques** such as motivational interviewing - posing open-ended questions and sharing relevant, accessible information.

Recognize and **challenge embedded discrimination** including racism, ableism, misogyny and colonial attitudes - particularly in the continuing association of FASD with Indigenous communities.

Recognize that **marginalization** - based on gender, race, disability, or trauma history - **affects** people’s **reactions** to clinical settings and may require building greater trust.

Approach **conversations** about **alcohol sensitively**, avoiding judgmental language or assumptions.

Use **accessible, plain-language** communication to address literacy barriers.

**Promote FASD awareness, prevention, and early identification.**

## Family Inclusion & Systems of Care

**Families** play an **essential** role in every stage of FASD care – from prevention and identification to ongoing support. **Engaging caregivers** and parents early allows health providers to gather **important context** for diagnosis and **tailor care** more effectively.

**Collaborative care** – including professionals, educators, caregivers, and community-supports – can **facilitate information-sharing** and **improve outcomes**.

Healthcare professionals can **support families** by **involving them** in **care planning**, **listening attentively**, and respecting their **insight** – creating a team approach focused on the person’s best interests.



For more on **talking about alcohol and pregnancy for healthcare providers**, visit [www.fasdNL.ca/newresources](http://www.fasdNL.ca/newresources), or scan the QR code.

For more on **what to do after a diagnosis of FASD is established**, visit [www.fasdNL.ca/newresources](http://www.fasdNL.ca/newresources), or scan the QR code.

