

# THE MATERNAL DRINKING HISTORY GUIDE: DEVELOPMENT OF A NATIONAL EDUCATIONAL TOOL

Gideon Koren<sup>1,2</sup>, Moumita Sarkar<sup>1,2</sup>, Charlotte Rosenbaum<sup>2</sup>, Elaine Orrbine<sup>2</sup>

<sup>1</sup>Motherisk Program, Hospital for Sick Children, University of Toronto, and the National Taskforce for FASD Screening, Canadian Association for Paediatric Health Science Centres; <sup>2</sup>Public Health Agency of Canada

## ABSTRACT

### Background

The National Taskforce for the development of screening tools for FASD has identified maternal drinking as a critical area that should be screened. We describe the steps of development and implementation of a knowledge translation program for health care providers. The slide presentation is attached in English and French to allow its maximal use.

### Methods

In 2010, the National Taskforce for the development of screening tools for FASD identified maternal drinking as a critical area that should be screened. The systematic review and associated recommendations have been published<sup>1</sup> and were included in the toolkit developed by the Canadian Association of Paediatric Health Centres with funding support from the Public Health Agency of Canada.<sup>2</sup> Effective inquiry of maternal drinking can be conducted at three levels: Primary level, as part of practice-based screening; Level 2 use of structured questionnaires; and Level 3 laboratory-based screening.

### Conclusion

It was acknowledged that most physicians do not ask women of reproductive age questions regarding their drinking habits<sup>1</sup>, and the Taskforce was seriously concerned that even an effective guide may not change practice at the primary level. To that end, the Taskforce developed a three phase Knowledge Translation plan, to ensure that the educational program developed will be optimally effective for Canadian healthcare providers.

## PHASE 1

### Focus Group of Physicians to Evaluate Content and Approach of an Educational Seminar

The aim of Phase 1 was to identify the optimal pedagogical tool to deliver this knowledge to physicians based on the following underlying assumptions:

- Physicians' time is limited,
- This topic may seem redundant to them and boring compared to "new" topics important, for their practice; and,
- They may have low attention span for this topic.

Two module types were tested:

- a) A traditional type lecture with the main items
- b) Problem-based learning, using a case study of a baby born with full blown FAS, whose mother was never asked about her drinking.

A focus group of physicians (n=13-OBGYN, FP, Pediatricians) and 2 PhD pharmacologists participated in the two forms of learning (a & b). Subsequently they were asked to select the teaching module that was more effective for them. All 15 focus group participants preferred the problem-based teaching method.

## PHASE 2

### Case-based Seminar Delivered at Weekly Rounds

Based on the results of Phase 1, the case-based module was delivered at a community hospital in Quebec to 21 Obstetrical-Gynecology physicians and nurses in their weekly rounds. In a post seminar evaluation, all participants rated the seminar as “outstanding”. All agreed to give their email addresses to allow a follow up survey six months from the event. Six months after the seminar the follow-up study was conducted to assess the effect of this intervention on physicians’ practice of asking women about drinking.

The purpose of the follow-up was to determine if physician behavior had changed and if this behaviour change has become standard in their practices. Twelve (57%) of the seminar participants responded to an email survey. All of them reported that the seminar has brought changes to their practice in regard to asking women about their drinking and to making the questions asked more effective. This resulted in them acquiring more information.

#### Quotes included:

“Your examples of ways to ask women about drinking were very useful. It is important to ask in a non-judgmental way; otherwise we would never get the truth”.

“I now keep asking about drinking in detail. I have a good share of vulnerable patients, and this is one of the reasons that I chose family medicine: an excellent moment to make a difference. Thank you again. Would be great to have you again”.

## PHASE 3

### National Knowledge Translation

A slide presentation that will be finalized and delivered nationally as webinars in English and French. This will include a follow up with questions 6 months later regarding the adherence to, and effectiveness of the program. The Webinars were presented across Canada in January-February 2013. The final presentation is presented herein in both languages and readers are

invited to use them in their practice and universities.

## DISCUSSION

FASD is the most common cause of congenital disability in Canada, the USA, and probably in many other countries.<sup>3</sup> Neglecting to identify women affected by problematic drinking is a serious omission in medical care. It will miss the opportunity to intervene with both the affected baby, as well as the mother who is likely to drink during her subsequent pregnancies as well. The educational presentation we have developed aims at allowing practitioners to identify and adopt in their practices the most effective method that work for them and their patients. By including the slides herein, we hope that the program will be utilized across Canada and worldwide.

If you are interested in presenting this slide presentation, please inquire directly with Dr. Gideon Koren for permission, so that the Taskforce can monitor the effectiveness of this program.

**Corresponding Author:** [gkoren@sickkids.ca](mailto:gkoren@sickkids.ca)

## REFERENCES

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