Healthy Mothers
Healthy Babies
Model in South Africa

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Foundation for Alcohol Related Research (FARR): Overview

• Vision
  – Reduce the damage caused alcohol abuse through community & capacity development
  – Primary focus: Fetal Alcohol Spectrum Disorders (FASD)

• Mission
  – FASD research;
  – Develop and implement evidence based interventions focussing on awareness & prevention;
  – Train professional service providers (private & public service);
  – Offer diagnostic clinic (medical insurance) & support to those affected & families;
  – Provide guidance & advocate for policy and service improvement.
Foundation for Alcohol Related Research (FARR):
Main focus areas

Founded & operational since 1997
Foundation for Alcohol Related Research (FARR):
Main focus areas

Founded & operational since 1997
Project sites in 5/9 provinces
Project sites in 5/9 provinces

52 dedicated colleagues
FASD rates in South Africa

- 15 community prevalence studies in 16 districts, 5 provinces
- Prevalence range from 26/1000 to 282/1000

Prevalence Rate per Community
FASD Community Prevalence Study
On invitation; Role-player engagement; Needs Assessment; Community Profile

- Awareness
  - Universal Awareness
    - General Public
    - Politicians
    - Policy formulators
    - Alcohol industry
  - Selected Awareness
    - High-risk Communities
- Prevention
  - Indicated Awareness
    - Women of childbearing age
    - Partners
    - Family
    - Friends
- Training
  - Community Members
    - Community & Opinion Leaders
    - Church Leaders
    - Community Members
  - Professionals
    - Service Providers: Health, Education, Social Development

**Universal & Selected Awareness:**
- Legislation, Policy, Consensus statements, Media, Advocacy, Community events

**Indicated Awareness:**
- Healthy Mother Healthy Baby® Programme

**Training:**
- Industrial Theatre, Workshops, Community events

**Do you have three minutes?**

**Desired Outcomes:**
- Increase in Alcohol literacy & FASD Awareness
  - Clients who adapt to appropriate health related behaviour;
  - Increased perceived susceptibility;
  - Perceived severity benefits;
  - Increased self-efficacy

Institute of Medicine Model
Methods
FASD Community Prevalence Study
On invitation; Role-player engagement; Needs Assessment; Community Profile

Awareness

Prevention

Training

Universal Awareness
- General Public
- Politicians
- Policy formulators
- Alcohol industry

Selected Awareness
- High-risk Communities

Indicated Awareness
- Women of childbearing age
- Partner
- Family
- Friends

Community Members
- Community & Opinion Leaders
- Church Leaders, Community Members

Professionals
- Service Providers: Health, Education, Social Development

• Legislation, Policy, Consensus statements, Media, Advocacy, Community events

Healthy Mother Healthy Baby© Programme

Industrial Theatre, Workshops, Community events

Training

Do you have three minutes?

DESIRED OUTCOMES
Increase in Alcohol literacy & FASD Awareness
Clients who adapt to appropriate health related behaviour;
Increased perceived susceptibility;
Perceived severity benefits;
Increased self-efficacy
How did we came to select this target group?

- Research findings
- Role-player engagements (Community leaders & members, Policy makers, Service providers…)
- Existing government policies & gaps
- Sustainable model (government & other NGO’s)
- Acceptable and effective…. 
How did we came to select this target group?

- Research findings
- Role-player engagements (Community leaders & members, Policy makers, Service providers…)
- Existing government policies & gaps
- Sustainable model (government & other NGO’s)
- Acceptable and effective…. 

Continuous journey
Steep learning curves
Rewarding!
Linked Awareness Programmes (IOM, 2007).

- **UNIVERSAL** (general public)
- **SELECTIVE** (higher than average risk factors)
- **INDICATED** (already using or with high risk factors)

Prioritise and focus resources (community engagement)

- UNIVERSAL (general public)
- INDICATED (already using or with high risk factors)
- SELECTIVE (higher than average risk factors)

Please help!
- Substance abuse
- Nutrition
- Stress
- Prenatal care
- Parenting

Program Planning Framework
(Intervention Mapping Approach)

Step 1
Needs Assessment

Step 2
Program Objectives

Step 3
Program Design, Methods

Step 4
Program Production

Step 5
Implementation Plan

Step 6
Evaluation Plan

Social context of drinking

• Why do some pregnant women drink?
• Who do they drink with?
• Where do they drink?
• What is the role of the fathers/partners?
• What is the role of the family & friends?
• What is the role of opinion/community leaders?
• What is the role of the media?
• What motivates them or gives meaning to their lives?
• What is the support needed?

Program Planning Framework

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Program Design, Methods

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Evaluation Plan

Research findings

Compliment existing Departmental Policies

• **Department of Health**
  – Basic Antenatal Care Programme (BANC, 2010)
  – First 1000 days of life (2016)
  – Protein Malnutrition Programme (2003)

• **Department of Social Development**
  – Poverty Alleviation
  – Substance Abuse Programme
Department of Health: How do I have a healthy baby?

- Use contraceptives until you plan to have a baby
- Book at the antenatal clinic before you are 3 months pregnant
- Go for a pregnancy test when you think you are pregnant
- Eat 5 fruit and vegetables daily
- Visit clinic regularly
- Stop drinking alcohol as soon as your pregnancy is confirmed
- Rest
- Each and every pregnancy is different
- No smoking during pregnancy
- Be physically active
- Stop taking drugs
- Stop drinking alcohol when planning a pregnancy

Get the support in your community, church, your family and friends
Compliment existing Departmental of Policies

• **Department of Health**
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But: Attitudes, Availability, Accessibility, Acceptability & Affordability.....
Compliment existing Departmental Policies

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Program Planning Framework

Step 1 Needs Assessment
Step 2 Program Objectives
Step 3 Program Design, Methods
Step 4 Program Production
Step 5 Implementation Plan
Step 6 Evaluation Plan

Research findings
Government policies

Healthy Mother Healthy Baby Programme

Where are we currently…..
Community ownership!
### Prenatal alcohol exposure

**Figure 1:** Vulnerability of the fetus to defects during different periods of development. The red portion of the bars represents the most sensitive periods of development, during which teratogenic effects on the sites listed would result in major structural abnormalities in the child. The yellow portion of the bars represents periods of development during which physiologic defects and minor structural abnormalities would occur.

**Source:** Adapted from Moore 1993.
Figure 1: Vulnerability of the fetus to defects during different periods of development. The red portion of the bars represents the most sensitive periods of development, during which teratogenic effects on the sites listed would result in major structural abnormalities in the child. The yellow portion of the bars represents periods of development during which physiological defects and minor structural abnormalities would occur.

Source: Adapted from Moore 1993.
Healthy Mother Healthy Baby Programme

Methodology

• Based on community needs and research findings
• Compliment government policies
• Partnership with antenatal clinics (Department of Health)
• Offered by trained FARR Community Workers (from project areas)
• All pregnant women < 20 weeks gestation (irrespective of substance use) are recruited according to a set target (e.g. 100/annum)
• Focus on Healthier Pregnancy & Healthier Baby (stigma, blame, partnerships)
  – Informed consent
  – AUDIT: 4 risk groups (no alcohol, low, moderate and high risk groups)
  – Brief motivational interviewing (individual & group sessions, home visits)
  – Examination of babies at 9 months of age
• Electronic data capturing on site (RedCap)
Healthy Mother Healthy Baby Programme

Preliminary Information (3 year period)

- Currently 11 project sites: 3,233 participants
- 84.54% (n=2,724) in low risk groups (Groups 1 & 2)
- 15.46% (n=498) in high risk groups (Groups 3 & 4)
- 2,456 completed the programme
- 76.23% retention rate (100% completion)
- 1,779 babies examined to date: 79 diagnosed with FASD (5%)
Healthy Mother Healthy Baby Programme

Preliminary Information (3 year period) - Comments

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Healthy Mother Healthy Baby Programme

Preliminary Information (3-year period) - Comments

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Harm reduction due to client support and whole community participation
A beautiful success story....

These are the true heroes!
I told you we are on a journey…

“How brief can you go?”

“How brief is brief?”

“What are the ideal messages?”

“What if you only have ONE contact with your patient?”

“What can you do with very little training?”

“Do you have something that I can carry in my pocket?”

“Are there more options?”

“How do we link this with departmental policies?”

“How do WE empower family and friends to become partners?”
I told you we are on a journey…

“How brief can you go?”
“How brief is brief?”
“What can you do with very little training?”
“How do we link this with departmental policies?”
“What if you only have ONE contact with your patient?”
“I only have 3 minutes per patient.”

“How do we empower family and friends to become partners?

“Do you have something I can carry in my pocket?”
“I only have 3 minutes per patient.”
On the journey towards a BRIEF intervention

Now piloting:
“Do you have 3 minutes?”
### Do you have 3 minutes?

<table>
<thead>
<tr>
<th>Main Embryonic Period (in weeks)</th>
<th>Fetal Period (in weeks)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Common site(s) of action of teratogens</td>
<td>Less sensitive period</td>
</tr>
</tbody>
</table>

- **Neural tube defects (NTDs)**
- **Mental retardation**
  - CNS
  - Heart

- **Amelia/Meromelia**
- **Upper limb**
- **Lower limb**

- **Cleft lip**
- **Upper lip**

- **Low-set malformed ears and deafness**
- **Ears**

- **Microphthalmia, cataracts, glaucoma**
- **Eyes**

- **Enamel hypoplasia and staining**
- **Teeth**

- **Cleft palate**
- **Palate**

- **Masculization of female genitals**
- **External genitals**

### Not susceptible to teratogenesis

### Death of embryo and spontaneous abortion common

### Major congenital anomalies

### Functional defects and minor anomalies

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For more information contact: www.farr.ie or 01 888 2646

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“Do you have 3 minutes?” Card for DoH

Do You Have 3 minutes?

**Minute 1: Recognise the pregnancy positively.** Congratulate the mom on her pregnancy, or if you feel that would be inappropriate, speak to her about the wonderful opportunity to bring a new life into the world, or how rewarding the relationship with one’s child can be.

**Minute 2: Explain the dangers of drinking during pregnancy.**
Using the fetal development chart on this card, explain that there is no safe time during pregnancy to drink, and that there is no safe amount one can drink during pregnancy. If she is drinking she must stop immediately to reduce the harm done to her baby.

**Minute 3: Ask the mother to reflect on her own behaviour.**
Ask the mother to reflect on her own drinking. Stress that she doesn’t have to share it with you, but if she answers yes to two or more of the following questions she should consider getting assistance with her drinking behaviour:

1. Have you ever felt you should **cut down** on your drinking?
2. Have people **annoyed** you by **criticizing your drinking**?
3. Have you ever **felt bad or guilty** about your drinking?
4. Have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover (**eye-opener**)

Should a mother indicate she may have a problem and wants help, please refer as appropriate.

**FASD is a permanent disability, but it is 100% preventable**
So…watch this space!
Thank you (Enkosi, Ngiybonga, Baie dankie) for the opportunity to share Some of our experiences!
Contact us at

E-mail: lo@farrsa.org.za

Website: www.farrsa.org.za

Facebook: FARR (Foundation for Alcohol Related Research)
Fetal Alcohol Spectrum Disorder (FASD)

- **FAS**: Fetal Alcohol Syndrome
  - Facial features
  - Brain damage

- **pFAS**: Partial Fetal Alcohol Syndrome
  - Some facial features
  - Brain damage
  - Maternal drinking

- **ARND**: Alcohol Related Neurodevelopmental Defects
  - Brain damage
  - Maternal drinking

- **ARBD**: Alcohol Related Birth Defects
  - Organ damage
  - Maternal drinking
Requirements for a FASD diagnosis:

South African prevalence studies use Institute of Medicine (IOM) criteria

1) **Clinical/medical examination:**
   - Professional exam: Dysmorphologist / Paediatrician / Geneticist
   - Growth retardation, characteristic facial dysmorphology and physical signs of FASD.

2) **Neurodevelopmental Assessment:**
   - Professional assessment: Psychologists / Psychometrist
   - Detect deficiencies that may impede child’s ability to learn

3) **Maternal Interview:** Trained interviewer
   - History of maternal drinking