

“Strategies of brief intervention in pregnant and post-partum women with alcohol use disorder and/or drug abuse, and the importance of early intervention in their children as a preventative measure for public health”

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Introduction:

Alcohol consumption during pregnancy goes up to 20% globally. The incidence of SAF and EDAF are 0.4-3% per 1000 living births and 9 per 1000 living births, respectively. In Chile, alcohol consumption sits at 57,4% with at least 1% consuming it daily (Aros et al, 2006).

Key elements for the development of brief and timely interventions in women at high risk is based on health network functioning and active community work, as well as therapeutic accompanying:

Objectives:

Promote intersectoral work to increase incomes of women in pregnancy to program.

Increase attention on sexual and reproductive rights.

Increase community work (nursery/preschool/school/ other service of health).

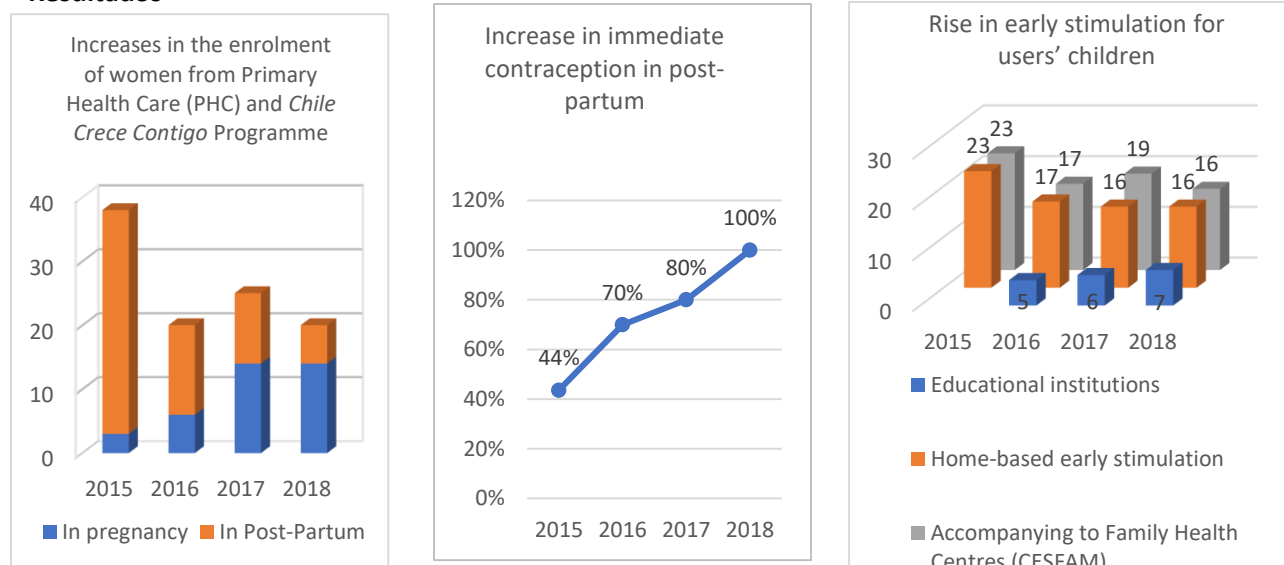
Increase early intervention in children as a preventive measure.

Performing FAS-FASD evaluations for the detection of warning signs/red flags, referral to the health network’s specialties psychiatry and neurology-

Methods:

This study develops a mixed-methods analysis records on cider of HEP, SISTRAT between January 2015 and August 2018. They leaked to obtain unique cases by ID of women in pregnancy and post-partum, in psychiatric treatment, index of low schooling, social vulnerability, history consumption alcohol.

Resultados



Results

At the network level: Pregnant women’s enrolment in Intensive Ambulatory Programme (PAI) is boosted since 2016 through the “Dual Women PAI and PHC extended meeting” that resulted in the “Research and development of a protocol for tackling drug and alcohol consumption in pregnancy in the health network”:Initiation of talks in CESFAM, Initiation of consultancies, Creation of the Women Network Board, Teratogenicity talks in CESFAM.

The tackling of Reproductive and Sexual Health increases since 2016 by means of El Pino Hospital (HEP) midwives’ contraception training.

In pregnancy: Network with CESFAM in accompanying women to prenatal care, pregnancy abstinence (short stay unit SSI/UCE), accompanying and follow-up in midwife, nutritionist and psychiatrist appointments.

In Post-Partum: immediate voluntary contraception, mother-infant dyad, bonding as a transformative force, reduction of alcohol and drug intake.

In Children: Performing psychomotor development assessments for the detection of warning signs/red flags, FAS-FASD evaluations for children older than 5, referral to the health network’s specialties psychiatry and neurology, networking to involve the education sector (nursery/preschool/school).

Conclusions:

Doing community work, use models of human rights and gender in the intervention. /development of specific, early and timely interventions to children of women at high risk/ Training of specialized professionals in SAF, networking to involve the education sector. / Mental health for identifying alcohol exposure in women. Avoid value judgments. Promote dignified treatment.