

# Alcohol, Pregnancy and Partner Support

## Background and Evidence


Research has shown that a woman's alcohol use patterns prior to and during pregnancy are greatly influenced by her social context <sup>[1]</sup>, suggesting that preventing Fetal Alcohol Spectrum Disorder (FASD) is not solely the responsibility of pregnant women. Support from male or female partners, other family members, friends and larger social networks plays a crucial role in promoting healthy pregnancies.

## The Role of Partners

Many pregnant women are more likely to avoid alcohol when their partners support them in doing so <sup>[2]</sup>. Conversely, women find it more difficult to reduce their drinking when their partners oppose that decision or take steps to undermine their efforts <sup>[3-8]</sup>. Because every situation is unique, service providers need to develop personalized approaches to working with pregnant women, their partners and their extended support networks. An important first step is to ask a pregnant woman about the role her partner plays in her life (if any), and what influence the partner may have on her alcohol use. For some pregnant women, their partner may be their primary support person. For others, it may be a parent, a relative, or a friend. Not everyone has a partner, or even family or social support, during pregnancy. For those who do have a partner or another support person, they may or may not support the pregnant woman's decisions regarding her pregnancy. For some women, abstaining from alcohol during pregnancy can have negative repercussions in their relationships, family and social circles <sup>[10]</sup>. A pregnant woman's partner or other support person may think it is okay for women to drink alcohol during pregnancy. They may not support the woman to reduce or quit drinking during pregnancy, or they may be resistant or unable to make changes to their own drinking during the pregnancy <sup>[9]</sup>.

## Interventions with Partners

Service providers may find that many partners are interested in learning more about FASD prevention or have questions about their own alcohol use. Partners may be interested in changing their substance use as they prepare for parenthood or are interested in finding ways to support their partner in reducing or stopping alcohol, tobacco or other substance use <sup>[11]</sup>. The preconception period may be an opportune time to have discussions about alcohol use during pregnancy and in the postpartum period. Some awareness campaigns and resources suggest that partners take a pregnant pause from drinking during pregnancy as a way of showing support. While some pregnant women may find this helpful, others may not find this necessary. Research suggests that it is beneficial to make individualized support plans with couples during pregnancy to determine how to best support both individuals in their efforts to abstain from alcohol, given their relationship dynamics and their unique systems of support <sup>[2]</sup>.



In some situations, service providers may want to consider asking partners about their own alcohol and other substance use. One study testing the effectiveness of a brief intervention in reducing prenatal alcohol consumption found enhanced effects when the brief intervention was given to both parents-to-be, instead of only to the pregnant partner<sup>[12]</sup>. Often, women who are struggling with addiction during pregnancy may have partners who are struggling with their own substance misuse. A recent study indicates that factors such as high life stress, current drug use in the home, alcohol use in the company of partners, and exposure to violence are associated with alcohol use in pregnancy. The article says that since these factors have elements of partner involvement, the decisions about alcohol use during pregnancy are not exclusively made by pregnant women<sup>[16]</sup>. In these situations, service providers may want to consider providing support to partners in the form of education or referrals. However, research on tobacco reduction during pregnancy suggests that these types of brief interventions should be separate from a pregnant woman's care and treatment due to the potential for creating conflict in her relationships<sup>[13, 14]</sup>.

In general, support services for pregnant women can be strengthened by exploring the role the woman's partner may or may not have in supporting their decisions around alcohol use during pregnancy, and by considering services that can be provided to both soon-to-be parents. Increasingly, many partners are expressing interest in finding ways to support their pregnant partners. While there is clear evidence demonstrating the efficacy of gender-specific and women-centred approaches to brief intervention—such as Motivational Interviewing, community-based harm reduction programs and residential treatment for women—effective FASD prevention must also expect and enable pregnant women's partners to fulfill their roles as partners and parents<sup>[15]</sup>.

## What You Can Do To Help

Service providers can:

### 1. **Help pregnant women to identify if it is safe to involve their partner in supporting their choices around alcohol use during pregnancy**

To assess if it is safe, you may want to ask them to consider the following questions:

- Do you feel safe in your current relationship?
- Do you avoid certain topics out of fear of upsetting your partner?
- Do you ever drink alcohol in response to your partner's treatment of you?
- Do you ever drink to help cope with fear of your partner?
- Do you ever feel pressured or manipulated by your partner to use alcohol or other drugs?
- If you quit drinking, what would your partner do? Would you be supported?
- Have you ever found yourself in an unsafe situation when your partner is drinking?

If the woman feels it is unsafe to engage her partner, you can ask them if they would like you to help them to find confidential, safe support in their community. You can refer to the Pregnancy, Alcohol and Trauma-informed Practice sheet for tips on how to offer trauma-informed support and relevant resources. You can also engage pregnant women to identify and engage with other sources of support, other than a partner (see #3).

### 2. **Help pregnant women to explore links between their own alcohol use and the alcohol use of their partner**

You may want to ask them to consider these questions:

- Will your partner be supportive when it comes to making changes to your alcohol use?
- How might your drinking patterns be influenced by your partner's drinking patterns?
- Is your drinking influenced by stress in your relationship?
- Do you feel pressure or judgement about your drinking by your partner, family or friends?
- Do you feel shame or fear about your drinking around your partner?
- Do the pressures of parenting influence your alcohol use?
- Does your drinking influence your relationship with your partner?
- Do you drink to socialize or spend time with your partner?
- Would your partner be supportive of you finding other activities to reduce stress or anxiety levels other than drinking?
- Do you feel you want to make changes to your alcohol use, but do not have the support of your partner, family or friends?

**3. Help pregnant women to identify and engage a supportive family member, friend, or social network. Be supportive and reserve judgment of the unique structure of each individual's support network.**

You may want to ask them to consider these questions:

- Will your support person or network be supportive when it comes to making changes to your alcohol use?
- How might your drinking patterns be influenced by your support person or network's drinking patterns?
- Is your drinking influenced by stress in your relationship with your support person or network?
- Do you feel pressure or judgement about your drinking by your family or friends?
- Do you feel shame or fear about your drinking around your support person or network?
- Do the pressures of parenting influence your alcohol use?
- Does your drinking influence your relationship with your family, friends or support network?
- Do you drink to socialize or spend time with your support person or network?
- Would your support person or network be supportive of you finding other activities to reduce stress or anxiety levels, other than drinking?
- Do you feel you want to make changes to your alcohol use, but do not have the support of your family or friends?

**4. Share the following information with pregnant women, their partners, and the wider community:**

- It is helpful to have support to have a healthy pregnancy and when you're trying to reduce or avoid alcohol use.
- Partners, families and friends play an important role in supporting healthy pregnancies.
- It is helpful for partners, family members and friends to know there is no known safe time to drink alcohol during pregnancy; there is no known safe amount of alcohol consumption during pregnancy; and every type of alcohol carries equal risk of harm to a fetus.
- If a pregnant woman indicates that her partner, family members or friends think it is okay for them to drink when she is pregnant, ask her about how she has responded so far. Brainstorm ways she might want to respond in the future, such as:
  - "I can't compare myself to anyone else."
  - "I don't want to take the chance."
  - "I'm trying to quit or cut down."

**5. Help pregnant women to engage their partners, if the partner is safe and supportive, and share some ideas of what her partner (or another support person) can do, such as:**

- Avoid drinking around you and in social situations when you are together.
- Take a pause from alcohol during the pregnancy - quit or cut down. Whether it's for one month, three months or the full nine months, your partner can sign a Pregnant Pausers pledge to remain alcohol free while you are pregnant.

Family, friends and colleagues can:

- Join in and also pause alcohol use to support your pregnancy.
- Tell family, friends and anyone offering you alcohol that there is no known safe time to drink alcohol during pregnancy and no known safe amount.
- Announce to family and friends they have taken a pause from alcohol to support your pregnancy.
- Ask other family and friends to support you to not drink while you are pregnant and provide them with details of how they can do this.
- Offer you non-alcoholic drinks (e.g., mocktails) and bring non-alcoholic drinks to social events.
- Engage in social and recreational activities with you that don't involve alcohol.
- Help reduce stress in your life. Provide specific details of how they can do this.

**6. Provide supports to pregnant women if they are in an unsafe relationship.**

You can:

- Listen with empathy and respect, without trying to fix it for them. Let them know they are not alone, they are not crazy and they are not to blame.
- Ask them if they need any information or help in connecting with community resources.
- Ask them about their strategies for staying safe from situations that involve violence or heavy drinking, and what additional supports they need.
- Discuss what the pattern of abuse can look like in a relationship, and how individuals experiencing partner abuse can be controlled and isolated through different forms of abuse, including, but not limited to, physical violence.
- Discuss how pregnancy can be a more difficult time because some women feel they have fewer options, and some partners become more controlling. Offer safe, confidential community supports and links if the individual wants them.

## **7. Involve the partners of pregnant women in services.**

You can:

- Include partner support information in both preconception and prenatal materials.
- Provide tools and resources for pregnant women to take home, if it is safe to do so, to assist them in opening a conversation with their partner or support person about alcohol and pregnancy.
- Consider ways to provide support and alcohol use intervention to pregnant women, as well as their partners, where needed.
- Ask pregnant women if they would like to invite their partner, a close family member or a friend to their next appointment to discuss how they may be able to support a healthy pregnancy.
- Share suggestions of how soon-to-be parents can be supportive of their pregnant partners. Encourage partners to ask their pregnant partner what kind of support she needs to avoid alcohol, reduce stress and have a healthy pregnancy.
- Make prenatal services inclusive for teen parents-to-be where appropriate, and be understanding of their needs. This may mean including teen partners in existing services, providing a separate program or providing information to teen partners on an individual basis.
- Connect pregnant women with community programs and services that involve partners, family members and other supports towards healthy pregnancy.



## Resources and Tools for Service Providers

**Best Start – Creating Circles of Support for pregnant women and new parents:  
A manual for supporting women’s mental health in pregnancy and post-partum**  
[http://www.beststart.org/resources/ppmd/pdf/circles\\_of\\_support\\_manual\\_fnl.pdf](http://www.beststart.org/resources/ppmd/pdf/circles_of_support_manual_fnl.pdf)

This manual looks at defining support and the circle of support women need during the perinatal period. It provides evidence and ideas from the literature and practice on how to help women create their own circle of support. A helpful template to assist service providers and their clients in identifying their circle of support can also be downloaded.

**Social Work Intervention with Co-addicted Couples**  
<http://aia.berkeley.edu/media/pdf/coaddictedcouples.pdf>

This Research to Practice Brief, published in 2013 by the National Abandoned Infants Assistance Resource Center at the University of California, Berkeley, addresses how alcohol and drug addiction occurs in the context of social relationships. It also introduces a vision for comprehensive, integrated, recovery-oriented and harm-reduction services to couples throughout the spectrum of intervention.

**Pimotisiwin: A Good Path for Pregnant and Parenting Aboriginal Teens**  
[http://beststart.org/resources/rep\\_health/pimotisiwin\\_sept.pdf](http://beststart.org/resources/rep_health/pimotisiwin_sept.pdf)

Aimed at providers, this resource provides support strategies for working with and engaging Aboriginal teens. It discusses abusive relationships, mental health and substance use, stress, and cultural-specific issues related to Aboriginal pregnant and parenting teens.

**With Dad: Strengthening the Circle of Care**  
[www.nccah-ccnsa.ca/286/With\\_Dad\\_Strengthening\\_the\\_Circle\\_of\\_Care.nccah](http://www.nccah-ccnsa.ca/286/With_Dad_Strengthening_the_Circle_of_Care.nccah)

This is a detailed report from a national showcase hosted by the National Collaborating Centre on Aboriginal Health. The showcase took place in Ottawa from Feb. 23 to 24, 2011. The report outlines presentations on the impact of Canada’s Indian Residential School System, research on Indigenous fatherhood, an understanding of barriers to father involvement, a panel of fathers’ personal experiences and more.

**Resources for Indigenous Fathers, Families, and Community Programs**  
[www.fira.ca/cms/documents/39/Fathers\\_Resources\\_List.pdf](http://www.fira.ca/cms/documents/39/Fathers_Resources_List.pdf)

Developed by Jessica Ball of the University of Victoria, this list provides information to order resources, including DVDs and guide booklets, on topics around fatherhood from an Indigenous perspective, a guide for community programs to support Indigenous fathers, a plain language guide with practical advice for Indigenous fathers, worksheets and guides for program workshops, and a summary of the Indigenous Fathers Research Project.

**Meeting the Needs of Families Affected by Co-occurring Substance Use and Intimate Partner Violence**  
<http://aia.berkeley.edu/media/pdf/MeetingTheNeedsOfFamilies.pdf>

This Research to Practice Brief, published in 2015 by the National Abandoned Infants Assistance Resource Center at the University of California, Berkeley, addresses the unique

and interconnected service needs of families affected by co-occurring intimate partner violence and substance use.

## **Resources and Tools to Share with Pregnant Women and their Partners**

### **What Men Can do to Help: Alcohol, Pregnancy and Prevention of FASD**

<https://fasdprevention.files.wordpress.com/2014/02/what-men-can-do-final-feb-2014.pdf>

Developed by the CanFASD Research Network, this two-page handout lists 12 ways men can support any pregnant woman, including their partner.

### **With Child Without Alcohol**

<http://www.mbl.ca/WithChildWithoutAlcohol>

Created by Manitoba Liquor and Lotteries, this short guide can be downloaded from the website or ordered in hard copy at no cost in English, French, Cree and Ojibway. It includes a section specifically for partners and family members.

### **Baby's Best Chance- Parents' Handbook of Pregnancy and Baby Care**

<https://www.healthyfamiliesbc.ca/parenting>

Developed by the British Columbia (B.C.) Ministry of Health, this reference guide helps new parents from pregnancy, through birth, and in the parenting of a baby up to six months of age with easy to read information, including information about the risks and health effects of drinking alcohol.

### **Health Before Pregnancy Workbook**

[http://www.beststart.org/resources/rep\\_health/Health\\_Before\\_pregnancy\\_2011\\_FULL.pdf](http://www.beststart.org/resources/rep_health/Health_Before_pregnancy_2011_FULL.pdf)

In an interactive format, this workbook for young adults and couples raises issues that can affect both women and men and the health of their future children and provides answers to commonly asked questions people think about as they consider parenting.

### **Fatherhood is Forever- A resource booklet about fathering for First Nations and Métis parents in B.C.**

<http://www.fnha.ca/Documents/fatherforever.pdf>

This resource describes the importance of the role of a father, and includes practical information about how fathers can be involved with their children, including before and during pregnancy, and through all stages of childhood.

### **Sensible Guide to a Healthy Pregnancy**

<http://www.phac-aspc.gc.ca/hp-gs/pdf/hpguide-eng.pdf>

This is a Government of Canada publication for pregnant mothers and their supporters.

### **Mixing Alcohol and Breastfeeding**

[http://www.beststart.org/resources/alc\\_reduction/bf\\_handouts/breastfeed\\_and\\_alcohol\\_EN.pdf](http://www.beststart.org/resources/alc_reduction/bf_handouts/breastfeed_and_alcohol_EN.pdf)

This is a resource for mothers and partners about drinking alcohol while breastfeeding.





**It Takes a Village – Maternal Child Health Booklet**

<http://thehealthyaboriginal.net/wp-content/uploads/2014/04/It-Takes-a-Village.pdf>

Developed by the Healthy Aboriginal Network, this is a comic booklet about Lara, a young Indigenous mom-to-be. She is visited by Danis, a stranger, who teaches her about the importance of having a healthy pregnancy, including eating healthy foods, avoiding alcohol, partner support and respecting the traditional knowledge of her elders.

**Motherisk**

[www.motherisk.org](http://www.motherisk.org) or 1-877-FAS-INFO (1-877-327-4636)

This link includes up-to-date information for professionals and mothers about alcohol, drugs and pregnancy. The toll-free helpline, listed above, is available 9 a.m. to 5 p.m., with information in English or French, based on continuing research by Motherisk's specialized team of physicians, psychologists, pharmacologists and counselors.

## **From Evidence-to-Practice: Self-Assessment and Discussion Questions**

The following questions are intended to support direct-service providers, program leaders, and system planners in reflecting on their current practices, policies and procedures related to pregnant women and mothers who use substances. These questions can be used for self assessment or as a tool for group discussion and collective reflective practice.

1. Are we discussing the importance of partner support with individuals before pregnancy?
2. Are we considering the safety of pregnant women when discussing potential partner involvement in support services?
3. Are we offering links to supportive community services and programming to pregnant women in unsupportive or unsafe relationships?
4. Are we tailoring information about partner support to pregnant women, partners, and the wider community?
5. Are we providing tools and resources for pregnant women to take home, if it's safe to do so, to assist them in opening a conversation with their partners about alcohol and pregnancy?
6. Are we asking pregnant women if they would like to invite a support person—their partner, a family member or friend—to their next appointment to discuss how they can support the pregnant woman?
7. Are we engaging soon-to-be parents in conversation about their ideas of how they can be supportive of their pregnant partners, and encouraging them to ask their partner what they specifically need to avoid alcohol, reduce stress and have a healthy pregnancy?
8. Are we making prenatal programs and services inclusive of partners where appropriate, and understanding of their needs? This may mean including partners in existing services, providing a separate program or providing information to partners on an individual basis.
9. Are we connecting pregnant women with other community programs and services that involve partners?

## Referrals

### Healthy Baby Program

The **Manitoba Prenatal Benefit** provides pregnant women with a net income of less than \$32,000 with a monthly cheque to help buy healthy foods during pregnancy. To download an application form, visit:

<http://www.gov.mb.ca/healthychild/healthybaby/mpb.html>

or phone Healthy Child Manitoba at 204-945-1301 or toll free 1-888-848-0140.

**Healthy Baby Community Support Programs** are offered across the province for women who are pregnant or have a baby under the age of one. These drop-in, group programs offer information, support and resources on prenatal and postnatal nutrition and health, breastfeeding, parenting tips and lifestyle choices and the opportunity to connect with other parents. For a complete list of programs, visit:

<http://www.gov.mb.ca/healthychild/healthybaby/csp.html>

### Families First

Families First offers home visiting supports across the province to families with children, from pregnancy to school entry. Families First home visitors provide support and information on: health, safety and nutrition, learning through play, exploring solutions to challenging situations, pregnancy, health care, connecting to community resources, supporting healthy growth and development, and building strong family relationships.

For more information, visit: <http://www.gov.mb.ca/healthychild/familiesfirst/>, or contact your Regional Health Authority's community public health office.


### InSight Mentor Program

This is a long-term, intensive outreach program for women (age 18 and up) who are pregnant or recently postpartum, use substances and are not effectively connected to community resources. InSight offers women a three-year relationship with a professional mentor who provides practical supports, connections to community resources and caring support for women to reach their goals. InSight uses a harm reduction and trauma-informed approach. InSight aims to reduce alcohol-exposed pregnancy and increase connections to community resources and services. These include resources and services for health care, basic needs, housing and addiction treatment for participants and their children.

InSight services are offered in six Manitoba communities: Winnipeg, Portage la Prairie, Dauphin, The Pas, Flin Flon and Thompson. For more information on the program or contact details, visit <http://www.gov.mb.ca/healthychild/fasd/insight.html> or phone the Healthy Child Manitoba Office at (204)945-2266 or toll free 1-888-848-0140.

### The Mothering Project (Manito Ikwe Kagiikwe)

A single-access site located at the Mount Carmel Clinic in Winnipeg, the Mothering Project uses an evidence-based philosophy of care that is women-centred, trauma-informed, culturally safe, harm reduction-focused and supports all types of mothering. The Mothering Project supports women (age 18 and up) who are pregnant or have young children, use substances



and are impacted by systemic marginalization. Program goals are to support women's health and wellness, healthy pregnancies, children's health and development, family preservation, and providing services to a woman and her whole family. The Mothering Project offers drop-in programs, access to prenatal and health care on-site, food security programs, traditional ceremonies and crafts, access to elders, parenting supports, space for family visits, and advocacy for needed community services. For more information, contact the Program Manager: 204-589-9409.

### **Neah Kee Papa (I Am Your Father)**

Neah Kee Papa is a parenting enhancement program designed to support the well-being of children and to encourage and promote the parenting role of fathers. Participants who enrol in the eight-week program can obtain a certificate of completion. For more information, contact the Manitoba Métis Federation's Métis Community Liaison Department at 204-586-8474.

### **The Parenting Centre**

The Parenting Centre is a program of New Directions in Winnipeg for children, youth, adults and families, where families with young children can consult about issues and access information and resources about needs and challenges around parenting and family life. Families can access counselling and family therapy, support for children with special needs in the daycare system, and group facilitation, including Triple P, Circle of Security and a Parent Support Group. For more information, call 204-786-7051 or visit <http://newdirections.mb.ca/counselling-assessment-support-prevention/parenting-centre>.

### **Public Health Services**

<http://www.gov.mb.ca/health/publichealth/offices.html>

This website provides contact information for all public health offices in Manitoba.

### **Directory of Adult Addictions Services**

<http://www.gov.mb.ca/healthyliving/addictions/adult.html>

All provincially-funded addictions agencies are listed on this website. It also includes their contact information, purpose and eligibility criteria.

### **Directory of Youth Addictions Services**


<http://www.gov.mb.ca/healthyliving/addictions/youth.html>

All provincially-funded addictions agencies are listed on this website. It also includes their contact information, purpose and eligibility criteria. **Provincial Central Intake – Youth Addictions Service** 1-877-710-3999

### **Family Violence Prevention Program**

<http://www.gov.mb.ca/fs/fvpp/> or 1-877-977-0007

The Family Violence Prevention Program (FVPP) supports special services for abused women and their children and for men living with family violence. There are 33 agencies across Manitoba that provide help for people affected by family violence:



10 women's shelters, nine women's resource centers, four residential second-stage housing programs and fourteen specialized programs. Contact the Family Violence Prevention Program to receive guidance on making the most appropriate referral.

**Mental Health Information and Services**


*(In Winnipeg)* Klinik Crisis Line: 204-786-8686 or 1-888-322-3019

*(Outside of Winnipeg)* Manitoba Farm and Rural Support Services: 1-866-367-3276

## References

1. LaBrie, J.W., et al. (2009). What men want: The role of reflective opposite-sex normative preferences in alcohol use among college women. *Psychology of Addictive Behaviors*, 23 (1): p. 157-162.
2. van der Wulp, N.Y., Hoving, C., & de Vries, H. (2013). A qualitative investigation of alcohol use advice during pregnancy: Experiences of Dutch midwives, pregnant women and their partners. *Midwifery*, 29 (11): p. 89-98.
3. Gearing, R.E., McNeill, T., and Lozier, F.A. (2005). Father involvement and Fetal Alcohol Spectrum Disorder: Developing best practices. *Fetal Alcohol Research*, 3: p. 14.
4. Mellingen, S., Torsheim, T., & Thuen, F. (2013). Changes in alcohol use and relationship satisfaction in Norwegian couples during pregnancy. *Substance Abuse Treatment, Prevention & Policy*, 8 (1): p. 1-11.
5. Astley, S.J., et al. (2000). Fetal alcohol syndrome (FAS) primary prevention through FAS Diagnosis: II. A comprehensive profile of 80 birth mothers of children with FAS. *Alcohol & Alcoholism*, 35 (5): p. 509-519.
6. Everett, K.D., et al. (2007). Men's tobacco and alcohol use during and after pregnancy. *American Journal of Men's Health*, 1 (4): p. 317-325.
7. Roberts, S.C.M. (2012). Macro-level gender equality and alcohol consumption: a multi-level analysis across U.S. States. *Social Science and Medicine*, 25 (1): p. 60-68.
8. Riehman, K.S., et al. (2003). The influence of partner drug use and relationship power on treatment engagement. *Drug & Alcohol Dependence*, 70 (1): p. 1-10.
9. Gearing, R.E., et al. (2008). Perspectives of mothers with substance use problems on father involvement. *Canadian Journal of Clinical Pharmacology*, 15 (1): p. 99-107.
10. Bridge, P. (2011). Ord Valley Aboriginal Health Service's Fetal Alcohol Spectrum Disorders program: Big steps, solid outcome. *Australian Indigenous Health Bulletin*, 11 (4).
11. Waterson, E.J., Evans, C., & Murray-Lyon, I.M. (1990) Is pregnancy a time of changing drinking and smoking patterns for fathers as well as mothers? An initial investigation. *British Journal of Addiction*, 85 (3): p. 389-396.
12. Chang, G., et al. (2005). Brief Intervention for prenatal alcohol use: A randomized trial. *Obstetrics & Gynecology*, 105 (5 Pt 1): p. 991-998.
13. Bottorff, J.L., et al. (2006). Couple dynamics during women's tobacco reduction in pregnancy and postpartum. *Nicotine and Tobacco Research*, 8 (4): p. 499-509.
14. Greaves, L., Kalaw, C., & Bottorff, J.L. (2007). Case studies in power and control related to tobacco use during pregnancy. *Women's Health Issues*, 17 (5): p. 325-332.



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15. Jonsson, E., Salmon, A., & Warren, K.R. (2014). The international charter on prevention of fetal alcohol spectrum disorder. *The Lancet Global Health*, 2 (3), p. 135-137.
  16. McBride, N. (2015). Paternal involvement in alcohol exposure during pre-conception and pregnancy. *Australian Nursing & Midwifery Journal*, 22 (10), p. 51.