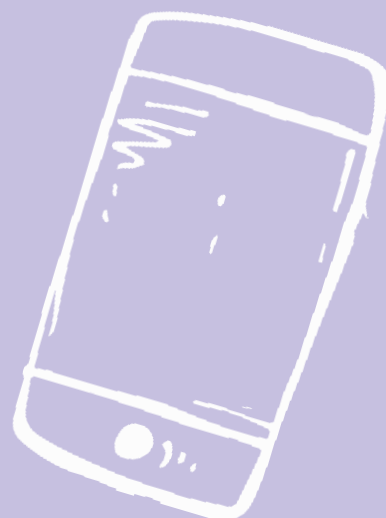
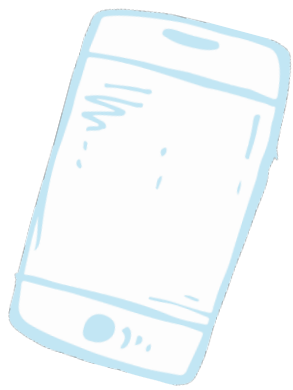




Guidelines for Pregnancy Application ('APP') Developers





Integrating Messages about Alcohol Use in Pregnancy and FASD: Guidelines for Pregnancy Application ('App') Developers

Many pregnant women access pregnancy applications ('apps') and online content on their smartphones as a primary source of information about healthy pregnancies and fetal development. However, it can be challenging to find up-to-date information about the risks of alcohol use during pregnancy that support the prevention of Fetal Alcohol Spectrum Disorder (FASD).

These guidelines were created to support pregnancy app and online content developers in integrating alcohol- and FASD-related content that is clear, up-to-date, and non-judgmental in order for women, pregnant individuals, and families to learn more about alcohol/substance use during pregnancy and FASD to get the support they may need to have a healthy pregnancy.





1 Develop messaging that is strengths-based, not proscriptive nor fear-based.

Apps are ideally situated to be locations where women can safely and confidentially seek information, and can have the opportunity to think critically about alcohol use in pregnancy. Proscriptive advice and fear and deficit-based language can increase guilt among pregnant women and deter such exploration. Avoiding this type and tone of advice is especially important for women who may have been consuming alcohol before knowing that they were pregnant or who may not have known the risks associated with alcohol use in pregnancy. Providing strengths-based messaging can encourage women to learn about and make healthy choices in their pregnancy without shame and seek additional support from their health and service providers.

2 Develop messaging that is harm reduction-oriented.

It is important to avoid absolutist language like “FASD is 100% preventable” and using messaging that suggests that abstinence is the only possible option for reducing risk and harm. Harm reduction messages encourage reducing (not only stopping) alcohol use, and increasing strategies such as drinking more non-alcoholic beverages, socializing with people who are not drinking alcohol, eating well, and enjoying recreation and alcohol-free social events. Pregnancy apps are well positioned to offer women these, and many other, options that address women’s substance use and the many influences on women’s drinking.

3 Provide links and resources to online and local community supports.

Women want to know what is safest and healthiest during their pregnancy. Providing women with up-to-date and evidence-based links and resources gives women the desired information. For women who need additional support, providing outreach options that can be accessed virtually or in women’s local areas can be particularly helpful.

4 Ensure that alcohol messaging is available to all women who use the app, not only as an opt-in option.

Some apps only include alcohol or other substance use messaging as an ‘opt in’ option to women. However, this option runs counter to what is known about FASD as an “equal opportunity disability”, with the potential for alcohol exposure to affect fetal health regardless of the class, ethnicity, race, religion, age, or socioeconomic status of mothers. Providing consistent messaging to all individuals, and not just those that opt in, ensures that all app-users receive information about alcohol and other substance use over the duration of their pregnancy and while breastfeeding.

5 Include messaging that encourages women to talk to a range of trusted health care and social service providers.

Many apps encourage women to visit their doctor if they have more questions. While that is great advice, not all women have doctors that they feel comfortable discussing alcohol use or related health and social concerns with. Broadening the scope to include other health care providers, such as midwives and nurses, as well as allied health and social service providers (i.e., anti-violence workers, substance use professionals, sexual health service providers, pregnancy outreach workers, etc.) can encourage women to speak with the provider(s) with whom they feel the most comfortable, in order to access accurate information about having a healthy pregnancy.

6 Link alcohol use with other issues important to women's health and safety.

There are many reasons why women may drink alcohol or use other substances during pregnancy. Including health messaging about reducing stress, finding healthy coping strategies, enhancing support through trusted and safe relationships, and navigating social situations where alcohol is present can be an important strategy in addressing interrelated concerns for women who have not been able to reduce or stop their substance use in pregnancy.

7 Collaborate with research organizations when developing messaging.

Many research organizations are invested in effectively bringing evidence to practice and policy, to help guide practitioners, health system planners, and those working directly and indirectly to support healthy pregnancies, including pregnancy app developers. Collaboration with organizations – such as the Canada FASD Research Network (CanFASD), the Centre of Excellence for Women's Health (CEWH), the Canadian Centre on Substance Use and Addiction (CCSA), and the Centre for Addiction and Mental Health (CAMH) – can facilitate effective FASD prevention strategies, and promote ongoing, helpful partnerships.

8 Provide information about the effects of alcohol use early in an individual's pregnancy, and continue messaging during pregnancy and while breastfeeding.

Messaging about the effects of alcohol use during pregnancy should include information about the timing of exposure, the amount and pattern of exposure, metabolism of alcohol, and maternal nutrition. For example, while the first trimester has often been described as the most dangerous to fetal development, messaging should describe that alcohol exposure at any time during any trimester can have risk. Messaging should start early in the first trimester and be repeated throughout pregnancy at multiple time points and in different forms, such as in daily messaging or weekly content, as the context of women's lives will change over the course of their pregnancy.



Include clear messaging that describes the risks of alcohol use.

A great deal of conflicting and inaccurate information about alcohol and pregnancy exists. Therefore, app messaging is an important opportunity to clearly describe the risks, including FASD, miscarriage, stillbirth, and low birth weights. It may be useful to openly acknowledge the mixed messaging about the risks of alcohol use in pregnancy in circulation, and where possible to note the many factors that affect risk for FASD, such as the mother's overall health, nutrition, use of other substances, stress level and connection to prenatal care, as well as genetics. App messaging should articulate that experts agree that there is no known safe time or level of drinking during pregnancy, thus while *it is safest not to drink alcohol in pregnancy*, there are many options for reducing or stopping alcohol consumption available to women and their partners.



Use consistent language/messaging about FASD and alcohol use during pregnancy.

In order to promote a common language about FASD and alcohol use during pregnancy, and to minimize misinterpretation of key issues, we encourage app developers to use consistent messaging when discussing these issues. For example, app developers can consider using CanFASD's [standard definition](#) or [lay definition](#) of FASD, as well as guidelines for the use of language and images when discussing [alcohol use during pregnancy](#). This consistency will ensure that language and imagery is informed, inclusive, and non-stigmatizing.

Summary

Many young women turn to apps for quick, accessible, and trusted information about their pregnancy. These ten recommendations provide insight on how to frame messages about alcohol use and pregnancy, and promote the integration of non-judgmental, up-to-date, evidence-based messaging in many different topic areas important to healthy pregnancies. Moving forward, it is important to continue to build bridges across research and practice to increase availability of consistent and evidence-based information about alcohol use to women who are pregnant, planning to become pregnant, or are breastfeeding.

For Further Reading:

- Canada FASD Research Network. (2019). Language Matters... Talking about Fetal Alcohol Spectrum Disorder. Available at: <https://canfasd.ca/wp-content/uploads/2019/10/Warning-Labels-Issue-Paper-Final.pdf>
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- Nathoo, T., Poole, N., Wolfson, L., Schmidt, R., A., Hemsing, N., & Gelb, K. (2018). Doorways to conversation: Brief intervention on substance use with girls and women. Centre of Excellence for Women's Health: Vancouver, BC.
- Network Action Team on FASD from a Women's Health Determinants Perspective. (2010). Consensus on 10 Fundamental components of FASD prevention from a women's health determinants perspective. Available at: <https://canfasd.ca/wp-content/uploads/2016/09/ConsensusStatement.pdf>
- Poole, N., Wolfson, L. (2020). Alcohol and breastfeeding. Available at: <https://canfasd.ca/wp-content/uploads/publications/Breastfeeding-and-Alcohol-Issue-Paper-Final.pdf>
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