

Prevention of Alcohol Use during Pregnancy:

Implementation of the Screening, Brief Intervention and Referral to Treatment (SBIRT) Model in Home Visitation and Community Health Worker Programs in Northern New Jersey

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LEARNING OUTCOME

Discuss the rationale for collaboration with home visitors and community health workers to screen and educate clients about the effects of alcohol on the developing fetus.

BACKGROUND

Maternal use of alcohol during pregnancy can cause developmental disabilities.

- 53% of women of childbearing age report alcohol use in the past 30 days in NJ (CDC Behavior Risk Factor Surveillance System).
- 50% report drinking alcohol in the three months prior to pregnancy and 10.5% report alcohol use during the last three months of pregnancy (2014 New Jersey PRAMS).

Fetal Alcohol Spectrum Disorder (FASD)

Children born with FASD can exhibit:

- Slow physical growth and physical defects
- Learning and intellectual disabilities
- Difficulty with memory, coordination, and attention
- Hyperactivity and impaired social skills

Alcohol use during pregnancy is also associated with higher risk of preterm birth and low birthweight, birth outcomes which are associated with a greater risk of developmental disabilities).



Home visitors and community health workers (HV/CHWs) provide individual education to clients.

The Partnership developed a program to train HV/CHWs on the Screening, Brief Intervention, and Referral to Treatment (SBIRT) approach to educate about FASD and the importance of abstaining from alcohol use during pregnancy.

WHAT IS SBIRT?

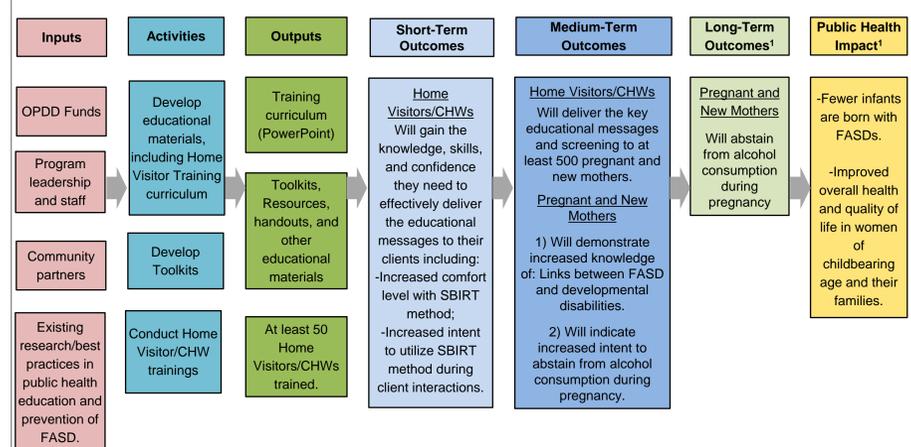
Screening, Brief Intervention and Referral to Treatment (SBIRT) is an evidence-based approach used to identify alcohol and substance use with the goal of reducing and preventing related health consequences. The three components of SBIRT are:



METHODS

- Developed professional training on the potential impact of alcohol use on the developing fetus, and the SBIRT model.
- Provided trainings to HV/CHW staff over 18 months.
- Evaluation tool measured impact on comfort level and intent to utilize SBIRT with clients.
- Prepared toolkits for HV/CHWs to use for client education.
- HV/CHWs provided one on one education to pregnant or postpartum clients on the impact of alcohol use during pregnancy and the links between FASD and developmental disabilities.
- Pre/post-tests measured changes in knowledge and intent of clients educated.

LOGIC MODEL



¹ These long term outcomes and public health impact will not be evaluated in the current project but are included in the logic model for completeness.

RESULTS

- 14 educational sessions were held
- 106 HV/CHWs were trained in providing education on FASD and in using SBIRT
- Evaluation results are listed in the following table:

HV/CHW Training – Evaluation Outcomes

Comfort level with using SBIRT	96.8%
Likelihood to use SBIRT with clients	96.1%

- 1,047 clients were trained by the HV/CHW
- Pre/post-test outcomes are highlighted below:

Client Education – Pre/Post-Test Outcome

	Pre-Test	Post-Test	Increase
Overall knowledge of FASD	86.8	96.6	11.3%

Client Education – Post-Test Outcomes

Knowledge of link between FASD and Developmental Disabilities	90.1%
Increase in plan to abstain from alcohol consumption during pregnancy as a result of education provided by HV/CHW	84.1%

CONCLUSION

- The integration of SBIRT into client practice for HV/CHWs was successful because HV/CHWs have trusting relationships with their clients and are able to provide one on one education.
- Addressing alcohol use during pregnancy and the first year of postpartum is a primary prevention strategy that can decrease the occurrence of FASD in children.
- Trained HV/CHWs will be able to incorporate the SBIRT approach into their practice in order to positively impact pregnancy outcomes of families they serve in the future.
- Replicating this model with all HV/CHWs will have a larger public health impact.