

Prenatal Psychosocial Health Assessment Reference Guide



Adapted by the
PEI Reproductive Care Program

Original Editions Edited by Deana Midmer BScN, MEd, EdD.

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Adapted from **A Reference Guide for Providers: The ALPHA Form**
(Editions 1993 & 1996: Edited by Deana Midmer BScN, MEd, EdD, FACCE)

THE ALPHA GROUP

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PRENATAL PSYCHOSOCIAL HEALTH ASSESSMENT

Recent guidelines by several groups such as the SOCG, College of Family Physicians, and Health Canada have stressed that assessment for psychosocial issues during pregnancy be a standard of obstetrical care. The original APLHA form and the Woman's Self Report form were developed for this reason; to ensure that psychosocial issues become part of comprehensive perinatal care. The Prenatal Psychosocial Health Assessment and the Ask Me! Identifying Stressors for Pregnant Women forms were adapted from the original ALPHA and Self Report forms by the PEI Reproductive Care Program following a two year pilot study.

Purpose of the Assessment

The assessment tools will guide health care providers in their assessment of prenatal factors that have been found to be strongly associated with at least one poor postpartum outcome. These postpartum outcomes include: **child abuse, woman abuse, couple dysfunction, postpartum depression, increased physical illness of children, and low birth weight.**

Development of the ALPHA Form

An interdisciplinary group of maternal and child care providers in Ontario met over the course of the ALPHA project to identify the most important psychosocial information that needed to be collected prenatally. The project included two components:

1. A Survey of Family Physicians

A survey was carried out within a network of family physicians across Ontario to

determine the usefulness of a prenatal form to assist in the systematic gathering of psychosocial information. Responses indicated considerable interest in the idea of such a form and highlighted important areas of concern that they did not consistently assess: e.g., woman abuse, substance use by a woman or her partner.

2. A Comprehensive Literature Review

A comprehensive and critical literature review was conducted to identify those prenatal factors that showed a strong association with poor postpartum psychosocial outcomes.

Because of the importance of low birth weight (LBW) as an important cause of infant mortality and morbidity, a review of the literature on psychosocial influences for LBW was also completed.

Testing in Focus Groups/Pilot Tests

Following the first two components, the original form was then developed. Focus groups of obstetricians, family physicians, midwives, nurses, social workers, and prenatal educators were used to test the validity of the form. These groups identified a need for general lines of inquiry around sensitive issues. The form was modified to include this information. Pilot tests were then conducted in Ontario. Following this, a Woman's Self Report form was developed.

Pilot Testing of Forms on PEI

Over a two year period the two forms were pilot tested on PEI by the PEI Reproductive Care Program. The adaptations to the forms were made as a result of the recommendations from the pilot study. The

forms have minor modifications from the original ALPHA forms, and these are indicated by an asterisk.

Issues in Using the Forms

1. Problem Identification

The forms provide a guide for inquiring about prenatal risk factors. Early problem identification can lead to tailoring care to a woman's particular situation and result in collaborative decision-making about the best intervention strategies.

2. Grouping of Factors

Prenatal factors have been grouped into the following categories on the forms:

- **Maternal Factors**
- **Family Factors**
- **Substance Abuse**
- **Family Violence**

3. Issues of Confidentiality

The information elicited through the use of the forms may be sensitive. Except in the case of child abuse, which must be reported to Child and Family Services, careful consideration and discussion with the woman should occur before sharing this information with other caregivers.

4. Use of the Forms by Other Providers

Because the forms are used to assess psychosocial health prenatally, continuity of care will be enhanced by providing information to those caring for the woman and her family in the intrapartum period: e.g., family physician, obstetrician, pediatrician, and perinatal nursing staff.

5. Causality is Not Implied

The associations between prenatal factors and postpartum outcomes do not imply causality but rather the increased likelihood of an outcome occurring.

Even if a prenatal factor is identified, the woman and/or her family may not experience the associated adverse outcome. However, the presence of the factor should alert the caregiver to monitor the family more closely. More frequent visits or the mobilization of resources may be warranted.

6. Identification of Resources

Follow-up resources are suggested at the end of every risk factor and in the accompanying Resource Directory.

7. Cultural Sensitivity

Sensitivity to cultural differences is a cornerstone of good psychosocial interviewing. Women attending for health care during pregnancy bring into the provider-client relationship not only their own personal responses and reactions to pregnancy and childbirth but also the rich repertoire of beliefs, values, norms, customs, and myths that are specific to their culture.

What is an acceptable practice in one culture may be considered less acceptable in another. These practices may relate to the woman's diet and nutrition, her housing arrangements, her relationship with her partner, extended family members, community, and so on.

Prenatally, unless a specific practice or custom is harmful to the woman or her fetus, respect for cultural differences should be maintained.

THE REFERENCE GUIDE FOR PROVIDERS

Design of the Prenatal Psychosocial Health Assessment Form

Like the original ALPHA Form, the Prenatal Psychosocial Health Assessment Form is designed with prenatal factors associated with adverse postpartum outcomes in the **left column** of the form. Adverse outcomes are abbreviated after each prenatal factor. **Bold print** indicates **good** evidence of association and regular type indicates **fair** evidence of association. Space on the right is available for notes and comments.

The following is a list of adverse outcomes:

- **CA** - child abuse
- **PI** - physical illness
- **LBW** - low birth weight
- **PD** - postpartum depression
- **CD** - couple dysfunction
- **WA** - woman abuse

Set-up of the Guide

Prenatal Factors

For easy reference, each prenatal factor assessed on the form is discussed separately in the *Reference Guide*.

Evidence of Association

The evidence of association is included in a **FAST FACTS** section. This is followed by brief discussion of some of the issues pertaining to the prenatal factor.

Facilitating Disclosure

General lines of inquiry are suggested in the **HOW TO ASK** section.

In order to facilitate safe disclosure, the questions are open-ended. This is intended to maximize the woman's control of the interviewing experience, and is founded on the belief that the woman knows what she needs and wants for herself and her family.

The prenatal factors are arranged in less-to-more sensitive areas of inquiry. Asking about the individual prenatal factors on more than one occasion may be warranted if the woman appears uncomfortable or anxious during the initial interview. A woman should be encouraged to set the agenda during the interview, thereby decreasing any vulnerability about discussing sensitive issues.

Interventions

Minimal interventions are included in the **WHAT TO DO** section. When prenatal concerns have been disclosed, providers are encouraged to allow time for further discussion at following visits. A woman should be encouraged to bring in her partner and/or family for further discussion, if this is appropriate.

Directory of Resources

A Resource Directory has been developed to aid referral. It is provided separately.

Selected Bibliography

For further reading, references relating to the postpartum outcomes are listed.

When to Complete the Form

It is recommended that the assessment be completed after the 16th week of pregnancy. Have each woman complete the Ask Me! Identifying Stressors for Pregnant Women form and use the Prenatal Psychosocial Health Assessment form as a guide to review the areas that were identified as a concern. This form can also be used for documentation of issues and should be kept on the woman's chart.

PRENATAL CARE (LATE ONSET)

WA

FAST FACTS

Late onset of prenatal care has shown

Good evidence of association with

domestic violence (WA)

Seeking Prenatal Care

If a primiparous woman does not start prenatal care until the third trimester, this is a “red flag” for concern because of the strong association with abuse by her partner. It is important to inquire why there was a delay in seeking prenatal care. It is also important to identify any cultural factors that impact on the woman’s decision to attend for care.

A woman may experience the following types of abuse:

- **emotional:** being controlled by her partner; threatened; denigrated; criticized
- **physical:** being hit, slapped, choked, pushed, burnt, whipped; objects thrown at her
- **sexual:** sexual assault or rape; pressure to perform sexual acts unwillingly
- **financial:** total financial dependence on partner; having to account for money spent
- **social:** isolation in the community; denial of access to friends or family

HOW TO ASK

- When did you first start prenatal care?
- What is the reason you did not start prenatal care sooner?
- In your culture, when do women usually seek care when pregnant? From whom?

PRENATAL CARE (LATE ONSET)

WA

WHAT TO DO

Options to consider if you determine/suspect the woman is being abused/assaulted:

- Interview her alone, if necessary use an interpreter (non-family).
- Reassure her about confidentiality and your concern for her health and welfare.
- Explore the issue with care and sensitivity to cultural differences if present.
- Explain that it is not her fault and that no one has a right to be violent.
- Allow her to make decisions and take charge and control of her life.
- Help her to explore her options: family, friends, shelter, counseling.
- Make her aware that violence can increase during pregnancy.
- Determine with the woman if she is safe in her home and help her develop a safety plan.
- Determine if children in the family are at risk or are being abused.
- Indicate that you will support her whether she decides to stay with or leave her partner.
- Make her aware of resources: Anderson House, Outreach Worker, Victim Services.
- Make her aware that assault is a crime punishable by law and keep detailed notes.

PRENATAL EDUCATION (REFUSAL OR QUIT) CA

FAST FACTS

Refusal to attend or quitting prenatal classes has shown

Good evidence of association with

child abuse (CA)

Attendance at Prenatal Classes

If a primiparous woman refuses to attend prenatal classes or quits prenatal classes, there is an increased likelihood of child abuse. However, as with all maternal factors, it is important to look at the context of a woman's life situation before drawing conclusions about her risk for postpartum difficulties.

A woman may not attend classes because she or her partner does not speak the language in which they are given in her community. She may not choose to attend because she is single and classes are only offered to couples, because she is in a same-sex relationship and classes are heterosexual in orientation, because her partner refuses to attend, or because she can not afford the class fees. However, she may also not attend because she does not want the pregnancy. It is important to explore her reasons for non-attendance.

HOW TO ASK

- What are your plans for prenatal classes?
- What is your reason(s) for not attending/quitting your prenatal classes?
- In your culture, how do new mothers learn about giving birth?

PRENATAL EDUCATION (REFUSAL OR QUIT)

CA

WHAT TO DO

Options to consider if you determine the woman refuses or has quit prenatal classes:

- Explore her feelings about the pregnancy and coming child.
- Discuss any concerns she may have about the birth.
- Determine whether the decision to not attend or quit classes is hers or her partner's.
- Offer alternative educational opportunities: readings, birth videos, one on one sessions with Public Health Nursing and/or Community Nutrition, Family Resource Centre.
- Schedule extra well-baby visits and follow the family closely after birth.
- Refer to Public Health Nursing for postpartum follow-up, if appropriate.

FEELINGS TOWARDS PREGNANCY AFTER 20 WEEKS CA, WA

FAST FACTS

Unwanted pregnancy after 20 weeks has shown

Good evidence of association with

• **child abuse (CA)**

• **woman abuse (WA)**

Feelings Towards Pregnancy

It is normal for a woman to experience some ambivalence regarding her pregnancy in the early stages, and it is helpful to discuss this with her and offer support. It is also important to determine a woman's feelings later in the pregnancy, since an increased risk for child abuse is indicated by an unwanted and unaccepted pregnancy after 20 weeks. This may also be an indication of distress in her relationship with her partner that may result in woman abuse.

The woman may express unhappy feelings or demonstrate little interest in the pregnancy. In particular, it is important to determine a woman's feelings about the pregnancy when she has initially decided to put the baby up for adoption and then changes her mind later in the pregnancy.

HOW TO ASK

- How did you feel when you found out you were pregnant?
- How do you feel about it now?
- How does your partner feel about the pregnancy? Your family?
- In your culture, how do women describe their feelings about being pregnant?

FEELINGS TOWARDS PREGNANCY AFTER 20 WEEKS CA, WA

WHAT TO DO

Options to consider if you determine the woman does not want or accept the pregnancy at 20 weeks:

- Discuss the woman's feelings further and help her explore her options.
- Consider meeting with the woman and her partner together.
- Schedule extra prenatal visits to provide a forum for discussion and/or counseling.
- Refer to Public Health Nursing, Community Mental Health, or psychiatrist if appropriate.
- Schedule extra well-baby visits and monitor very closely.
- Contact Child and Family Services when appropriate.

Options to consider if you determine/suspect the woman is being abused/assaulted:

- Interview her alone.
- Reassure her about confidentiality and explain that it is not her fault.
- Help her to explore her options: family, friends, shelter, counseling.
- Determine with the woman if she is safe in her home and help her develop a safety plan.
- Indicate that you will support her whether she decides to stay with or leave her partner.
- Make her aware of resources: Anderson House, Outreach Workers, Victim Services
- Make her aware that assault is a crime punishable by law and keep detailed notes.

RELATIONSHIP WITH PARENTS

CA

FAST FACTS

A poor childhood relationship with parents has shown

Good evidence of association with

child abuse (CA)

Quality of Relationship With Parents

If a pregnant woman describes herself as having had a poor relationship with her parents when growing up, there is an increased likelihood of child abuse in the future.

For example, a woman may describe herself as having had conflict and a lack of closeness with her mother, or she may have had feelings that her parents were displeased with her as a child. She may also have felt unaccepted by her family of origin, or describe the parenting she received as cold and rejecting.

If opportunities arise, it would also be important to pursue the following lines of questioning with the woman's partner as well.

HOW TO ASK

- How did you get along with your mother? Your father?
- As a child, did you feel loved by your mother? Your father?
- How do you get along with your parents now?
- In what ways will you parent like your parents did? What would you do differently?
- In your culture, what is the usual way of parenting? Of disciplining? Of showing affection?

RELATIONSHIP WITH PARENTS

CA

WHAT TO DO

Options to consider if you determine the woman had a poor childhood relationship with her parents:

- Discuss how this may affect her mothering.
- Ask the woman to identify how she might develop a strong bond with her infant.
- Refer to parenting classes through prenatal education/community resources.
- Monitor closely and schedule extra visits postpartum, if necessary.
- Refer to Public Health Nursing or Community Mental Health, if appropriate.
- Contact the Child and Family Services, if appropriate.

SELF-ESTEEM**CA, WA****FAST FACTS****Low maternal self-esteem has shown****Good** evidence of association with***child abuse (CA)*****Fair** evidence of association with***woman abuse (WA)******Definition of Self-Esteem***

Self-esteem can be defined as self-respect or having a favorable opinion of oneself. A woman with good self-esteem would feel good about herself, see herself as generally successful in life, and have secure and positive feelings about her mothering skills.

Lack of Maternal Self-Esteem

Women who view themselves as unsuccessful in life often regard themselves negatively and have insecure feelings about their future mothering skills. These feelings of insecurity may be related to how they viewed their own mother's feelings of competence and her ability as a parent. There is a strong correlation between low maternal self-esteem and child abuse and a fair correlation with woman abuse.

HOW TO ASK

- What concerns do you have about becoming/being a mother?
- What sort of mother do you think you'll be?
- How do you picture yourself as a mother?
- In your culture, what are mothers expected to be like?
- In your culture, how are mothers supposed to act or behave?

SELF-ESTEEM

CA, WA

WHAT TO DO

Options to consider if you determine that the woman has poor self-esteem or expectations of mothering:

- Discuss during visit and provide on-going support and follow-up.
- Meet with woman and her partner, if appropriate.
- Schedule extra well-baby visits and monitor closely postpartum.
- Identify situations when the woman has had higher self-esteem and encourage her to seek out more of these situations.
- Refer to Public Health Nursing, Community Mental Health, or Family Resource Centre.

EMOTIONAL/PSYCHIATRIC HISTORY

CA, WA, PD

FAST FACTS

A history of psychiatric or emotional problems has shown

Good evidence of association with

Fair evidence of association with

• *child abuse (CA)*

• *postpartum depression (PD)*

• *woman abuse (WA)*

Past History of Emotional or Psychiatric Problems

During the course of prenatal care, it is important to determine whether the woman has experienced a psychiatric disorder in the past or present because of the strong association with postpartum child abuse and woman abuse.

Specifically, the conditions that have been found to be important include bipolar affective disorders, current psychosis, chronic psychiatric problems, chronic depression, or a history of past or present psychiatric treatment.

HOW TO ASK

- Have you ever had emotional problems? How serious were they?
- Have you ever seen or are you seeing a psychiatrist or counselor?
- How would you describe your current emotional/mental health?
- In your culture, what does a woman do if she has serious emotional/psychiatric problems?

EMOTIONAL/PSYCHIATRIC HISTORY

CA, WA, PD

WHAT TO DO

Options to consider if you determine the woman has/had serious emotional or psychiatric problems:

- Assess the woman's current state of emotional/mental health.
- Identify extra social support resources that might be available for the woman postpartum.
- Schedule extra prenatal visits for monitoring and follow-up.
- Monitor carefully for postpartum depression disorders.
- Refer to Public Health Nursing or Community Mental Health, if appropriate.
- Refer for psychiatric follow-up for assessment and support.

DEPRESSION IN THIS PREGNANCY

PD

FAST FACTS

A history of depression in this pregnancy has shown

Good evidence of association with

postpartum depression (PD)

Depression in Pregnancy

In general, 10% of new mothers experience a postpartum depression. However, numerous studies have shown that if a woman is clinically depressed during her pregnancy, she is at higher risk for a postpartum mood or anxiety disorder.

Other factors that increase her risk of experiencing postpartum depression include recent serious life stress, a lack of social support, couple relationship problems, a family history of depression, previous emotional and/or psychiatric problems, a previous postpartum depression, and a difficult infant.

HOW TO ASK

- How has your mood been during this pregnancy?
- Have you felt low or depressed at times during this pregnancy? If yes, for how long?
- Were you depressed after previous pregnancies?
- In your culture, if women are depressed where do they go for help?

DEPRESSION IN THIS PREGNANCY

PD

WHAT TO DO

Options to consider if you determine the woman is at risk for a postpartum mood or anxiety disorder:

- Provide close follow-up before and after birth.
- Schedule extra visits early after birth and monitor woman's mental health closely.
- Identify extra social support resources that might be available for the woman postpartum.
- Refer to community support and self-help groups.
- Refer to Public Health Nursing, Community Mental Health/or psychiatrist, if appropriate.
- Consider use of antidepressants during the postpartum period.

SOCIAL SUPPORT**CA, WA, PD****FAST FACTS****Lack of social support has shown****Good** evidence of association with**Fair** evidence of association withō **child abuse (CA)**ō **postpartum depression (PD)**ō **woman abuse (WA)****Definition of Social Support**

In its broadest sense, while being modified and reshaped by culture, ethnicity, and family of origin, social support reflects an individual's sense of belonging and safety with respect to a caring partner, family or community.

Lack of Social Support

Insufficient social support during pregnancy is characterized by isolation; lack of help when dealing with daily tasks, stressful events, or crises; and lack of social, instrumental, and/or emotional support from a spouse, close friend or family member.

Social Support and Culture

Women who have recently relocated or immigrated to a new community may experience a lack of social support. The separation from their country of origin or from their cultural community may compound feelings of isolation. A lack of literacy in English or French may further increase their sense of disconnection.

HOW TO ASK

- How does your partner feel about your pregnancy? Your family?
- What support do you get from your family, friends, and partner?
- Who will be helping you when you go home with the baby?
- What family and/or friends do you have in town?
- Who do you turn to when you have a problem or when you've had a bad day?

SOCIAL SUPPORT

CA, WA, PD

WHAT TO DO

Options to consider if you determine that the woman is lacking social support:

- Help her to understand the importance of and need for support after the baby is born.
- Ask the woman to identify how she might increase support in her life.
- Consider additional visits during the prenatal and postpartum periods.
- Consider meeting with her partner and/or family.
- Provide information about community groups for new mothers; encourage her joining.
- Identify local resources that will provide culturally appropriate support.
- Consider a referral to Public Health Nursing or Family Resource Centre for prenatal and postpartum support and follow-up.

RECENT STRESSFUL LIFE EVENTS**CA, WA, PD, PI****FAST FACTS****Stress and serious life problems have shown****Good** evidence of association with**Fair** evidence of association with• **child abuse (CA)**• **physical illness (PI)**• **woman abuse (WA)**• **postpartum depression (PD)****Definition of Stressful Events**

Stressful events are those life experiences that require some degree of adaptation and deplete emotional reserves. These may include negative events such as financial problems, job loss, illness/death of a loved one, legal problems, and/or household or work moves. Joyful events, such as marriages in the family or promotions and/or other opportunities at work can also be stressful and require adaptation by the young family.

Responses to Stress

If over-stressed, individuals may resort to the stress-reduction behaviours modeled in their family-of-origin, such as social withdrawal, abuse of alcohol or other substances, somatization, and/or inappropriate or violent venting of anger and frustration.

HOW TO ASK

- What major life changes have you experienced this year? For example, job loss, financial problems, illness/death of a loved one, work or household move....?
- What changes are you planning during this pregnancy?
- How do you cope with stress in your life? How does your partner cope?

RECENT STRESSFUL LIFE EVENTS

CA, WA, PD, PI

WHAT TO DO

Options to consider if you determine that the woman and/or her partner have experienced recent stress:

- Encourage the woman to discuss life stresses with her partner.
- Advise against taking on additional, elective changes, if possible.
- Consider meeting with her partner and/or family.
- Identify what stress reduction strategies have been effective in the past, e.g., discussion with others, exercise, yoga, deep breathing, visualization, relaxation exercises.
- Identify what stress reduction strategies are being used that may be potentially harmful, e.g., use of alcohol or other substances.
- Inquire at each visit about progress in this area.
- Identify local resources that will provide culturally appropriate support.
- Consider referral to Community Mental Health.
- Schedule extra visits for postpartum and well-baby care.

SOCIOECONOMIC STATUS

LBW

FAST FACTS**Low socioeconomic status (SES) is**

○ Low SES ***may be*** a marker for factors associated with low birth weight (LBW) such as smoking and poverty-related low maternal weight

Low SES and Psychosocial Outcomes

Low socioeconomic status (SES) by itself was not found to be an prenatal predictor for adverse postpartum family outcomes. However, adequate housing, appropriate nutrition, and enough money to survive are social determinants of health. The inability to meet basic survival needs and the experience of poverty may limit the capacity of individuals to feel safe and secure in their day-to-day lives.

Consequently, the constant and unrelenting stress and anxiety that can accompany jeopardized survival may be a mitigating factor in the adverse postpartum outcomes of child abuse, woman abuse, couple dysfunction, postpartum depression, and physical illness.

HOW TO ASK

- Do you have financial concerns/worries?
- Are you and/or your partner presently working?

SOCIOECONOMIC STATUS

LBW

WHAT TO DO

Options to consider if you determine the woman and family are financially stressed:

- Ask the woman what financial strategies have worked in the past.
- Determine how the financial stresses are impacting on the woman, e.g., poor nutrition.
- Refer to Community Nutrition or Family Resource Centre, if appropriate.
- Identify community resources, including local food banks.
- Identify problems the woman may have in relating to resources, e.g., language barrier.
- Refer to Income Support, if appropriate.
- Discuss different approaches to the problem, e.g., courses on budgeting, time management, money management, credit counseling.

COUPLE'S RELATIONSHIP**CD, PD, WA, CA****FAST FACTS**

Prenatal couple dysfunction, rigid traditional roles have shown

Good evidence of association with Fair evidence of association with

• **couple dysfunction (CD)** • woman abuse (WA)
 • **postpartum depression (PD)** • child abuse (CA)

Postpartum Couple Relationship

The strongest predictor of a good postnatal relationship is the quality of the relationship prenatally. How couples rate their relationship prenatally is strongly correlated with the way they rate their relationship in the first postnatal months.

The Traditional Postpartum Relationship

Most marriages or similar relationships in the postpartum period become more traditional by virtue of the woman's increased emotional and financial dependence on her partner. Because of this shift in the spousal structure, women who hold less traditional role expectations may experience more marital dissatisfaction in the postpartum period.

HOW TO ASK

- How would you describe your relationship with your partner?
- Has your relationship changed since pregnancy? What will it be like after the baby?
- How will your partner be involved in looking after the baby?
- How do you share tasks at home? How do you feel about this?
- Do you have any concerns about your relationship with your partner?
- In your culture, what usually happens in a couple's relationship once the baby is born?

COUPLE'S RELATIONSHIP

CD, PD, WA, CA

WHAT TO DO

Options to consider if you determine couple is experiencing relationship difficulties:

- Discuss the woman's feelings about the relationship. What changes does she want?
- Rule out woman abuse as an issue in the couple dysfunction.
- Elicit what is a culturally appropriate intervention for the woman and her partner.
- Encourage the couple to problem solve and seek solutions together.
- Offer to see the couple together and provide office counseling, if appropriate.
- Refer to marital counselor.

SMOKING

LBW

FAST FACTS

Smoking during pregnancy has shown

Good evidence of association with

low birth weight (LBW)

Smoking During Pregnancy

Numerous studies have shown strong correlation between smoking during pregnancy and low birth weight due to prematurity and intrauterine growth restriction (IUGR). It is important to determine whether the woman is a smoker, her degree of addiction to nicotine, and whether she is planning to quit. It is also important to determine whether her partner or other household members smoke.

HOW TO ASK

- Do you currently smoke cigarettes or are you an ex-smoker?
- If you currently smoke, how many cigarettes do you smoke each day?
- Have you ever considered or tried cutting down or quitting?
- Would you like help in trying to quit smoking?
- Does your partner, or someone else in the home, smoke?

SMOKING**LBW****WHAT TO DO**

Options to consider if you determine that a woman or her partner smoke tobacco:

- Identify her reason(s) for smoking, eg., stress reduction, social habit.
- Discuss the risks of smoking on the health of the fetus/infant.
- Discuss the impact of second hand smoke on the infant.
- Advise her to quit or cut down and provide strategies for doing so.
- Assess her attitudes and concerns about quitting.
- Assess her readiness to quit.
- Identify previous quitting strategies that have worked for her.
- Provide her with self-help quit smoking resources.
- Offer encouragement and support and consider follow-up visits.
- Consider enlisting her partner's and family's support.
- Refer her to a smoking cessation program, if desired and committed to attending.
- Advise her to avoid second hand smoke.
- Encourage her partner to quit or cut down or to smoke out of the home.
- Encourage her and/or her partner not to smoke around the infant, if they don't quit.

ALCOHOL/DRUG USE**WA, PI, CA****FAST FACTS**

The use of alcohol or drugs during pregnancy has shown

Good evidence of association with

Fair evidence of association with

ŏwoman abuse (WA)

ŏchild abuse (CA)

ŏphysical illness (PI)

Consequences of Alcohol or Substance Use in Pregnancy

Abuse of alcohol or other substances by the woman or her partner is an important prenatal risk factor, both medically and psychosocially. Medical complications include Fetal Alcohol Effects and Fetal Alcohol Syndrome as well as Neonatal Abstinence Syndrome (secondary to maternal opiate use).

Psychosocial risk factors include child abuse and woman abuse. Heavy use of alcohol may be determined from self-report, a history of black-outs, need for an “eye-opener”, loss of control, dependency on alcohol, and hallucinations or delirium tremens in the abstinence phase. The use of illicit drugs can be determined by urine assay or self-report. Abuse of sedative, hypnotic or prescription narcotics can be associated with significant postpartum difficulties.

HOW TO ASK

- Before you knew you were pregnant did you drink alcohol?
- Do you currently drink alcohol? If yes, how many standard drinks do you have per week? (1½ oz. liquor, 12 oz. beer, 5 oz. wine)
- Are there times when you drink more? If yes, how much?
- Do you feel that you have a problem with alcohol?

(continued)

- **Cage Screen:**

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C Have you felt you ought to **cut** down your drinking?

A Have people **annoyed** you by criticizing your drinking?

G Have you felt bad or **guilty** about your drinking?

E Have you ever needed an **eye-opener** in the morning to get going?

(2 or more positive answers of “sometimes” or “quite often” warrant in-depth assessment)

- Before you knew you were pregnant did you use drugs? (prescription, non- prescription, street drugs)
- Do you currently use drugs? If yes, have you considered cutting down or quitting?
- Do you believe that you have a problem with drugs?
- Does your partner have a problem with alcohol or drugs?

WHAT TO DO

Options to consider if you determine a woman abuses alcohol or other substances:

- Identify “triggers” for alcohol and/or substance use.
- Identify pros/cons of current alcohol and/or substance use.
- Discuss times when the woman uses less alcohol and/or substances and encourage her to employ these strategies more often.
- Help the woman develop an action plan for dealing with triggers.
- Inform the woman of the risks and problems for her health and that of her fetus.
- Assess the woman’s willingness to cut down or stop.
- Refer to Addiction Services, if appropriate.

Options to consider if you determine a woman’s partner abuses alcohol or other substances:

- Assess the impact of partner’s alcohol and/or drug use on the woman.
- Assess the woman’s level of stress associated with her partner’s usage.
- Discuss how the woman copes with her partner’s usage.
- Refer the woman to Addiction Services, if desired.
- Offer to assess the partner’s alcohol and/or drug use.

PAST EXPERIENCE OR WITNESS OF ABUSE**CA, WA****FAST FACTS****Woman/partner's experience/witness of abuse has shown****Good** evidence of association with**Fair** evidence of association with**child abuse (CA)****woman abuse (WA)*****Experienced or Witnessed Violence***

If a pregnant woman or her partner either experienced violence or witnessed violence during childhood, they are at higher risk of violence in their own family. Violent childhood experiences can include physical, emotional, and/or sexual abuse. There is a good correlation between the childhood experience or witnessing of abuse and child abuse, and a fair correlation with postpartum woman abuse.

HOW TO ASK

- What was your parents' relationship like? How did they get along?
- Did your father (or your mother's partner) ever scare or hurt your mother?
- Did your mother ever scare or hurt your father?
- Did either of your parents ever scare or hurt you?
- Were you ever sexually abused as a child?
- In your culture, what happens when there is violence in the family?

WHAT TO DO

Options to consider if woman has experienced family violence as a child:

- Explore woman's childhood experience of family violence in a sensitive manner.
- If she has not worked through past experience, refer to Community Mental Health, if appropriate.

Options to consider if you determine that woman abuse may be a current problem:

- Interview her alone.
- Reassure her about confidentiality and your concern for her health and welfare.
- Explore the issue with care and sensitivity to cultural differences.
- Explain that it is not her fault and that no one has a right to be violent.
- Allow her to make decisions and take charge and control of her life.
- Help her to explore her options: family, friends, shelter, counseling.
- Make her aware that violence can increase during pregnancy.
- Determine with the woman if she is safe in her home and help her develop a safety plan.
- Determine if other children in the family are at risk or are being abused.
- Indicate that you will support her whether she decides to stay with or leave her partner.
- Make her aware of resources: Anderson House, Outreach Worker, Victim Services.
- Make her aware that assault is a crime punishable by law and keep detailed notes.

Options to consider if you determine or suspect that current child abuse may be a problem:

- Discuss parenting problems in current situation.
- Report suspicions/concerns to Child and Family Services.
- Schedule extra well-baby visits to monitor closely and provide follow-up.

CURRENT OR PAST WOMAN ABUSE**WA, CA, PD****FAST FACTS****Current or past woman assault has shown****Good** evidence of association with**Fair** evidence of association with• **postpartum woman abuse (WA)**

• child abuse (CA)

• postpartum depression (PD)

Woman Abuse

Woman abuse and child abuse are under-reported by patients and under-diagnosed by health care providers. Studies have shown that pregnancy is a high risk time for woman abuse.

If a pregnant woman has experienced or is currently experiencing abuse by her partner, she is at high risk of abuse during the rest of the pregnancy and during the postpartum period. There is also fair evidence that current or past woman abuse is associated with child abuse and postpartum depression. Woman abuse can be emotional, physical, sexual, financial, and social.

HOW TO ASK

- In general, how would you describe your relationship with your partner?
- How do you and your partner solve arguments?
- Do you ever feel frightened by what your partner says or does?
- Have you ever been hurt during a fight with your partner?
- Do you ever feel frightened by what your partner says or does?
- Does your partner ever humiliate you or emotionally abuse you in other ways?
- Have you ever been forced to have sex against your will?
- In your culture, what do people think about a man who is violent with a woman?

WHAT TO DO

Options to consider if you determine or suspect that the woman is being abused:

- Interview her alone, if necessary use an interpreter (non-family).
- Reassure her about confidentiality and your concern for her health and welfare.
- Explore the issue with care and sensitivity to cultural differences.
- Explain that it is not her fault and that no one has a right to be violent.
- Allow her to make decisions and take charge and control of her life.
- Help her to explore her options: family, friends, shelter, counseling.
- Make her aware that violence can increase during pregnancy.
- Determine with the woman if she is safe in her home and help her develop a safety plan.
- Determine if other children in the family are at risk or are being abused.
- Indicate that you will support her whether she decides to stay with or leave her partner.
- Make her aware of resources: Anderson House, Outreach Worker, Victim Services.
- Make her aware that assault is a crime punishable by law and keep detailed notes.

Options to consider if you have determined that child abuse may be a problem:

- Discuss parenting problems in current situation.
- Report suspicions/concerns to Child and Family Services
- Schedule extra well-baby visits to monitor closely and provide follow-up.

PREVIOUS CHILD ABUSE BY WOMAN OR PARTNER CA

FAST FACTS

Previous child abuse by the woman or partner has shown

Good evidence of association with

child abuse (CA)

Definition of Child Abuse

Child abuse is the deliberate act of physically, sexually, or emotionally assaulting and/or violating a child's rights or person.

If either the pregnant woman or her partner has ever been officially reported to have committed any form of child abuse or if a child of theirs has ever been placed in foster care, there is a significant risk of abuse to the child the woman is carrying.

Mandatory Reporting to Child and Family Services

All health care providers are mandated by law to report to Child and Family Services when there is reasonable and probable cause to suspect child abuse/neglect .

HOW TO ASK

For multiparous women or women whose partner's have children:

- Do you have any children who are not living with you? If so, for what reason?
- Does your partner have children? Are they living with you? If no, where are they living?
- Have you ever had involvement with Child and Family Services?

PREVIOUS CHILD ABUSE BY WOMAN OR PARTNER CA

WHAT TO DO

Options to consider if you determine that there has been previous child abuse:

- Discuss parenting issues and/or problems in current situation.
- Contact Child and Family Services to discuss concerns and/or suspicions.
- Schedule extra well-baby visits to monitor closely and provide follow-up.
- Refer to Public Health Nursing, if appropriate.

CHILD DISCIPLINE

CA

FAST FACTS

A history of harsh discipline has shown

Good evidence of association with

child abuse (CA)

Child Discipline

The use of corporal punishment, such as frequent and hard spanking or the use of physical punishment of a baby prior to crawling; excessive cursing at a child; withholding food, shelter, and basic requirements for healthy living; as well as deliberate emotional rejection are examples of harsh discipline and may be considered child abuse.

There are strong cultural components to child raising and many behaviours observed at face value may be culturally appropriate to the family. It is important to ask parents not only about their parenting beliefs but also about the parenting beliefs of members of their extended families who may be involved in child rearing.

HOW TO ASK

- How were you disciplined as a child? Were you ever spanked?
- How do you think you will discipline your child? How will your partner discipline?
- How do you deal with your children at home when they misbehave?
- In your culture, what is the usual way children are disciplined in the family?

CHILD DISCIPLINE

CA

WHAT TO DO

Options to consider if you determine the woman/partner may use harsh discipline:

- Discuss with the woman and her partner, if appropriate.
- Determine cultural influences, if any, on parenting practices.
- Inform parents that you have a legal obligation to report suspicions of child neglect or abuse to Child and Family Services.
- Monitor closely during infancy and continue to follow up during childhood.
- Refer to Public Health Nursing or Community Mental Health, if appropriate.
- Consider whether this risk factor, in conjunction with other information about the family, indicates that Child and Family Services should be involved in the postpartum period.

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