

Fetal Alcohol Syndrome

Introduction

Information in this report is presented from the Rapid Risk Factor Surveillance System (RRFSS). RRFSS is an on-going telephone survey occurring in various public health units across Ontario. On a monthly basis, a random sample of adults in Leeds, Grenville and Lanark counties, aged 18 years and older, is interviewed regarding a variety of risk behaviours, knowledge, attitudes and awareness about health related topics of importance to public health. The survey was conducted by the Institute for Social Research (ISR) at York University, on behalf of the Leeds, Grenville and Lanark District Health Unit.

The focus of this report is on **Fetal Alcohol Syndrome (FAS)**. The purpose of the RRFSS questions on FAS is to:

- Determine the public's perceived risk of drinking during pregnancy.
- Assess the public's knowledge of the potential effects of drinking alcohol during pregnancy on an unborn child.
- Assess the prevalence of specific risk reduction strategies.

This report primarily includes data collected in Leeds, Grenville and Lanark from January to August 2006, during which time there were 672 people included in the sample. There are also some comparisons made between 2006 data and data collected from May to November 2004. In 2004, 860 people were included in the sample.

Data from RRFSS modules are analyzed following standard RRFSS data analysis protocols. All results are weighted to adjust for household size. Estimates are presented with 95% Confidence Intervals (C.I.). A 95% Confidence Interval indicates that there is a 95% probability that the true value of the variable measure (proportion) is contained within the interval. When the data is presented in a table, a * indicates that the estimate must be treated with caution due to sampling variability and a ** indicates the estimate is suppressed due to small cell size/high sampling variability.

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Results

Indicator 1 - % of adults (18+) who believe that drinking alcohol during pregnancy is harmful to an unborn baby.

As shown in the data table below, the majority of adults in Leeds, Grenville and Lanark thought that drinking alcohol during pregnancy could be harmful to the unborn baby and another small proportion said that it depends. The data also provided evidence that younger adults, ages 18-34, were even more frequently of this opinion that alcohol was harmful than the older population over 65 years. There was no evidence of significant differences in response by gender.

Belief that drinking alcohol at any time during a pregnancy is harmful to the unborn baby, n= 672

	%	95% C.I.
Yes	89.1	86.7-91.5
No	5.7	3.9-7.5
It depends	3.4*	2.0-4.8
Don't know/refused	**	

Indicator 2 – % of adults (18+) who feel that drinking alcohol during pregnancy is most harmful to an unborn baby in either the beginning of the pregnancy, the middle of the pregnancy, the end of the pregnancy or throughout pregnancy.

This question was asked only to those who answered “yes” or “it depends” to introductory question. The majority of adults in LGL felt that alcohol was most harmful throughout pregnancy. Younger adults, aged 18-35, were even more likely to hold this opinion than older adults. This view that alcohol use was most harmful at the beginning of pregnancy was more commonly held among older adults than among younger respondents.

Opinion of when drinking alcohol in pregnancy is most harmful to the unborn baby, n= 621

	%	95% C.I.
Beginning	14.0	11.3-16.7
Middle	1.8*	0.8-2.8
End	**	
Harmful throughout	79.2	76.0-82.4
Don't know	3.7*	2.2-5.2

Almost identical proportions of males and females thought that alcohol consumption could be most harmful throughout pregnancy. A larger proportion of females than males responded that alcohol use could be most harmful at the beginning of pregnancy.

Opinion of when drinking alcohol in pregnancy is most harmful to the unborn baby, by gender

	Male % (n=292)	95% C.I.	Female % (n=329)	95% C.I.
Beginning	10.6	7.1-14.1	17.0	12.9-21.1
Middle	**		**	
End	**		**	
Harmful throughout	79.8	75.2-84.4	78.7	74.3-83.1
Don't know/other	5.5*	2.9-8.1	**	

Indicators 3-5 - % of adults (18+) who believe that if a woman drank during pregnancy, her baby could be born with alcohol in its system, permanent brain damage, and permanent birth defects or deformities.

These three questions were asked only to those who answered “yes” or “it depends” to the introductory question, and also excludes those who answered the previous question by responding that alcohol is not harmful in pregnancy. About two thirds of respondents thought that a baby could be born with alcohol in its system. Close to 75% of respondents thought that permanent brain damage and permanent birth defects or deformities could be associated with drinking during pregnancy.

Opinions whether drinking during pregnancy could cause the baby to be born with ill effects

	Yes % (95% C.I.)	No % (95% C.I.)	It depends % (95% C.I.)	Don't Know/Refused % (95% C.I.)
Alcohol in its system N=621	65.4 61.7-69.1	15.0 12.2-17.8	4.7* 3.0-6.4	15.0 12.2-17.8
Permanent brain damage N=620	74.0 70.5-77.5	5.8 4.0-7.6	6.1 4.2-8.0	14.0 11.3-16.7
Birth defects or deformities N=621	75.8 72.4-79.2	4.0* 2.5-5.5	3.7* 2.2-5.2	16.4 13.5-19.3

Indicator 6 - % of adults (18+) who report having discussed the effects of alcohol on an unborn child with health professionals.

Almost one-quarter of the total sample had discussed the effects of alcohol in pregnancy with a health care professional, such as doctor, nurse, midwife, social worker, counselor, or other. However, this estimate varied significantly with age. In the 19-34 year old group, about half had discussed the issue with a professional.

Experience of discussing the effects of alcohol on an unborn child with a health professional, n= 672

	%	95% C.I.
Yes	24.6	21.3-27.9
No	74.3	71.0-77.6
Don't know/other	**	



Indicator 7 - % of adults (18+) who recall being told by healthcare provider that a women should not drink any alcohol during pregnancy.

This question was posed only to those who had reported having a discussion about alcohol use with a health care professional. About 75% of this subset of individuals had received the “no alcohol” message. This represents about 18% of the total pool of respondents.

Message received from a health care professional about drinking alcohol during pregnancy, n=164

	%	95% C.I.
Pregnant women have 1-2 drinks over 1 month is fine	11.6*	6.7-16.5
Should reduce amount consumed when pregnant	**	
Should not drink any alcohol at all when pregnant	58.5	51.0-66.0
Pregnant woman who does not drink should continue not drinking	16.5*	10.8-22.2
Don't know	8.5*	4.2-12.8

Indicator 8: % of adults (18+) by preferred method of obtaining information on the effects of alcohol on an unborn baby.

Respondents were asked how the local public health department could best get information to them on the effects of alcohol on an unborn baby. The most popular response among those with opinions (n=623) was via the mail, followed by pamphlets/brochures /flyers, and Internet health department website. Less than 5% mentioned prenatal classes as a best way to receive the information.

There was a large number of responses that fell into the “other” category. These responses are those that were not coded into a category at the time of the interview, but rather, recorded as a “text” response. The types of responses that appeared across health units in this category include going directly to the health unit, through physicians, newspaper ads and so on. About 7.1% stated they did not know their preference for receiving this information.

Preferred Vehicles for Receiving Alcohol in Pregnancy Information N=623

Information Vehicle	%	95% C.I.
Mail	37.5	
Pamphlets/flyers/brochures	21.5	18.3-24.7
Prenatal class/information centre	3.5*	2.1-4.9
Telephone Information help line	10.0	7.6-12.4
Internet/health department website	17.5	14.5-20.5
Other	32.9	29.2-36.6

Analysis by Age

Relevant patterns of response by age are apparent when the data is analyzed in this way. While in many cases the sample sizes for these subgroups is too small to establish statistical significance, these differences are nevertheless worth noting and provide evidence that younger age groups are somewhat differently informed than the older age groups as to the potential harm from alcohol use during pregnancy.



Younger people were more often of the opinion that alcohol use was harmful throughout pregnancy: 85% (78.2-91.8) for ages 18-34 compared to 68.2% (59.5-76.9) for those 65 and older. The difference in percentages between these two age groups was statistically significant. Younger adults were also much more likely than older adults to believe that permanent ill effects could result from alcohol use. However, there were high and statistically similar perceptions that alcohol use by the mother during pregnancy could be harmful to the unborn baby (92.9% of respondents aged 18-34 vs. 85.4% of respondents aged 65 and older)

When asked whether a health professional had ever discussed the effects of alcohol on an unborn child with the respondent, age category was clearly a factor, as seen in the table below. This is important to note when interpreting the overall results for the module, as the sample is heavily biased towards the middle age group. Results pertaining to the preferred methods of receiving information from the health unit were examined by age group, but no significant differences were observed.

Experience of discussing the effects of alcohol on an unborn child with a health professional, by age

Age Group	# respondents	%	95% C.I.
18-34	108	52.2	43.0-61.4
35-64	448	23.7	19.8-27.6
65+	123	4.9*	6.5-16.8

Comparison Between 2004 and 2006 Data: _____

These same questions were posed to a large sample of adults in Leeds, Grenville and Lanark in 2004. For the most part, answers to the questions were similar over these two periods. However, there were notable exceptions. There has been a statistically significant increase in the proportion of individuals who thought that consumption of alcohol at any time during pregnancy could be harmful to the unborn baby, as shown in the table below.

Belief that drinking alcohol at any time during a pregnancy is harmful to the unborn baby, by year

	%	95% C.I.
2004 (n=939)	82.2	79.8-84.6
2006 (n=672)	89.1	86.7-91.5

There was also an increase over this period in the proportion of individuals who thought that the effect of alcohol consumption was most harmful throughout pregnancy. However, since the confidence intervals overlapped at the edges on the estimates for the two periods the difference could be described as a trend towards significance.

Opinion that drinking alcohol in pregnancy is most harmful to the unborn baby throughout pregnancy, by year

	%	95% C.I.
2004 (n=835)	74.6	71.6-77.6
2006 (n=621)	79.2	76.0-82.4

Also, of those that had talked to a health care professional about FAS, 58.5% of respondents (C.I. 51.0%-66.0%) in 2006 got the message that a pregnant woman should not drink alcohol at all; compared to 72.9% (C.I. 66.9%-78.9%) in 2004. This is a statistically significant difference.

