

REAIM Evaluation of the Alcohol and Pregnancy Project: Educational Resources to Inform Health Professionals about Prenatal Alcohol Exposure and Fetal Alcohol Spectrum Disorder

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Background

Fetal alcohol spectrum disorder (FASD) is an umbrella term that describes a range of adverse effects that occur as a consequence of fetal exposure to alcohol. Such consequences include structural abnormalities of the brain and abnormal brain function; neurocognitive deficits; other structural anomalies; poor growth and learning; and behavioural and social difficulties.

There is no specific treatment or cure for FASD and the burden and cost to individuals, families, communities, and society is great. Most Australian women drink alcohol and a high proportion of pregnancies are unplanned; therefore, many women may have consumed alcohol before becoming aware of their pregnancy. Some women also continue to drink alcohol during pregnancy. Health professionals are the preferred source of information about the effects of alcohol on the fetus.

The Health Action/Innovation

Actions aimed to increase the proportion of health professionals who routinely asked pregnant women about alcohol use, and who routinely gave pregnant women information about consequences of alcohol use during pregnancy.

The project intended to develop and distribute educational resources to health professionals.

There were four educational resources about the prevention of prenatal alcohol exposure and FASD.

- 38 page booklet including information on the consequences of drinking alcohol during pregnancy, FAS and FASD, the role of the health professional, and addressing alcohol before and during pregnancy. It provided contact numbers for referrals for women and children and it contained the message *No Alcohol in Pregnancy is the Safest Choice*
- double-sided laminated fact sheet that summarized information from the booklet
- wallet card for health professionals to give to women which included a list of statements to help women say no to alcohol during pregnancy, information about the possible effects of drinking alcohol during pregnancy, contact numbers for alcohol and drug information services, and the message *No Alcohol in Pregnancy is the Safest Choice*
- desktop calendar with each monthly view displaying the message *No Alcohol in Pregnancy is the Safest Choice*

RE-AIM Evaluation

What are the evaluation questions across the RE-AIM elements for this health action?

What kind of data might help answer these questions?

	Evaluation and Reflection Questions	Data
Reach		
Effectiveness		

	Evaluation and Reflection Questions	Data
Adoption <u>Organisational</u>		
Implementation <i>Organisational</i> <i>Individual</i>		
Maintenance <i>Individual</i> <i>Organisational</i>		

Data Collection & Results

REACH

Individual measure of participation, participant representativeness

Audit of health professionals in WA.

	Aboriginal Health worker	Allied Health Professional	Community Nurse	GP	Obstetrician	Total
Employed by WA Health	74	417	614	2	0	1107
Employed by Aboriginal Health organisations	71	3	48	62	0	184
Contact details with AMA	0	0	0	1948	109	2057
Mailed resources	145	420	662	2012	109	3348
Return to sender	2	17	8	87	10	124
Resources delivered (%)	143 (99%)	403 (96%)	654 (99%)	1925 (96%)	99 (91%)	3224 (96.3%)

These represented all health professionals affiliated with organizations employing or representing health professionals in WA.



EFFECTIVENESS

Individual measure of consequences (positive and negative), unexpected impact, satisfaction, moderators

Questionnaire sent to health professionals in 2002 assessing routinely asking pregnant women about alcohol use and routinely giving pregnant women information about consequences of drinking alcohol during pregnancy.

Questionnaire resent to representative sample of health professionals 6 months after package was delivered.

	Aboriginal Health worker	Allied Health Professional	Community Nurse	GP	Obstetrician	Total
T1 % routinely asking about alcohol use	30	20	41	67	57	44
T2 % routinely asking about alcohol use	26	18	41	69	76	46
T1 % routinely provide information on consequences of alcohol in pregnancy	27	3	30	32	16	25
T2 % routinely provide information on consequences of alcohol in pregnancy	26	11	37	40	31	32



ADOPTION

Organisational measure of proportion and representativeness of settings that use the program, and barriers/enablers

There was 100% adoption of the project by three major organizations employing or representing health professionals in WA

- the Western Australian Department of Health
- Aboriginal Community Controlled Health Service
- Australian Medical Association



IMPLEMENTATION *Organisational measure of the extent the program was done as intended, individual measure of participant adherence*

Project delivered according to protocol and in time frame. Project delivered in budget: 60% costs development and production of educational resources; 15% distribution of resource package; 25% survey. Not informed of any unintended consequences.

Questionnaire resent to representative sample of health professionals 6 months after package was delivered. Items asked if the professional had seen the resources and used the resources. Overall response rate was 67%, ranging from 46% for GPs to 79% for AHP.

	Aboriginal Health worker	Allied Health Professional	Community Nurse	GP	Obstetrician	Total
Saw resources (%)	58	77	77	54	61	69
Used any resources (%)	96	78	85	67	71	80
Used desktop calendar (%)	59	65	66	31	39	57
Used wallet cards (%)	68	35	62	44	23	51
Used fact sheet (%)	23	26	42	32	35	35
Used booklet (%)	14	17	27	12	10	20



Maintenance

Individual measure of sustained change, organisational measure of extent to which program embedded in system

The resources were upload to the websites of The WA Department of Health, Workforce Development, Statewide Policy and Planning Directorate, Child and Adolescent Health Service. The resources were linked to websites throughout Australia of relevant peak bodies and organizations for health professionals, Aboriginal Community Controlled Services, major women's and children's hospitals, online health and medical websites, and resource centres.

Only one survey of health professional use was conducted: 6 months after delivery.

Among targeted respondents

- 38% said the resources had assisted them to change their practice
- 16% said they intended to change practice



