

EVALUATING INSIGHT: A Mentoring Program to Support Women who use Alcohol in Pregnancy

For women who are pregnant, there is no known safe amount and no known safe time for drinking alcohol. And yet, about 11% of pregnant Canadian women report that they drank during pregnancy. While avoiding alcohol in pregnancy may seem simple, for many women it is not. Women who use alcohol in pregnancy are often living in poverty, have poor health, and are less likely to plan their pregnancies. Many have a history of addiction or mental illness, have family members with drug or alcohol addictions, and may have experienced physical or sexual abuse.

Children who were exposed to alcohol in the womb may have a disability called Fetal Alcohol Spectrum Disorder (FASD). Children with FASD often have memory and learning problems, have trouble controlling their emotions and behaviours, and struggle with daily living tasks.

The women enrolled in InSight were vulnerable, and had unmet needs for health care and social services.

What is the best way to support at-risk women and prevent children from being born with FASD? One approach is to provide social programs to help pregnant women make healthier choices for themselves and their families.

The InSight Mentoring Program

The InSight Mentoring Program is an example of one of those social supports. InSight is run by Healthy Child Manitoba, a government organization that oversees a variety of programs for children and families. InSight is offered to pregnant women or new mothers who have alcohol addictions. During the three years they are enrolled in the program, women work on a one-to-one basis with a trained mentor who helps them set their own goals to change their health behaviours. This can include reducing alcohol use, increasing reliable use of contraceptives, or connecting with social services to get the support they need. The mentors encourage the women to develop the confidence to speak for themselves and to use resources and supports in their communities.

To see how well InSight worked, researchers at the Manitoba Centre for Health Policy (MCHP) evaluated outcomes, such as how often the women enrolled in InSight saw their doctors, how well connected they were to social services, and their use of alcohol in later pregnancies. For this study, we had usable data on 226 women who had been enrolled in the program. These data were then linked with the databases on health and social service use stored at MCHP. In these administrative data files, all identifying information was either removed or scrambled to protect the privacy of the people involved.

We asked three questions about InSight:

1) What do we know about the women enrolled in InSight before they entered the program? That is, did the program reach the intended population?

We used program data to describe the women who enrolled in InSight **before** they began working with a mentor. This helps us understand the challenges they were facing at the beginning of the InSight program.

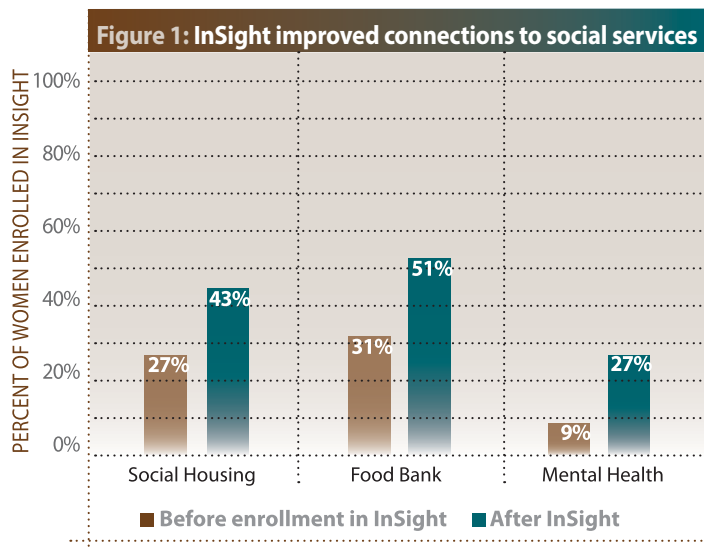
The information in Table 1 shows that this group of women was vulnerable. It also shows that many of the women identified needs for health care and social services that were not being met. These findings confirm that the InSight program reached the population it was meant to reach, and where it would do the most good.

Table 1: A snapshot of the women enrolled in InSight

Young age when they started using alcohol:
59% started drinking at age 13 or younger
46% were binge drinking at age 13 or younger
High-risk pattern of alcohol use:
8% consumed alcohol every day in the month before they enrolled
81% drank alcohol during their pregnancy
Many struggled with mental health problems:
77% reported a history of anxiety or depression
49% said they needed mental health services
Reported a need for support from social services:
57% reported a need for social housing
26% said they were not connected to a food bank
25% reported an unmet need for domestic violence services
25% were not receiving income assistance, even though they did not report any income from employment

Source of quotes on front cover image:

Burnside L, McDermott J, Gough P, Tanchak S, Reinink A. The Experiences of Women Involved with Mentoring: Summary of NAT 4 Research Projects 2011-12. Canada FASD Research Network. June 30, 2012.



2) Did InSight increase healthy behaviours in women enrolled in the program?

During the InSight program, the women:

- Went longer periods without drinking during their current pregnancy, and drank less during later pregnancies.
- Used more reliable contraceptives.
- Connected with the social services they needed, as shown in Figure 1

3) Did InSight lead to better health and social outcomes for mothers and their children, compared to a matched group not enrolled in InSight?

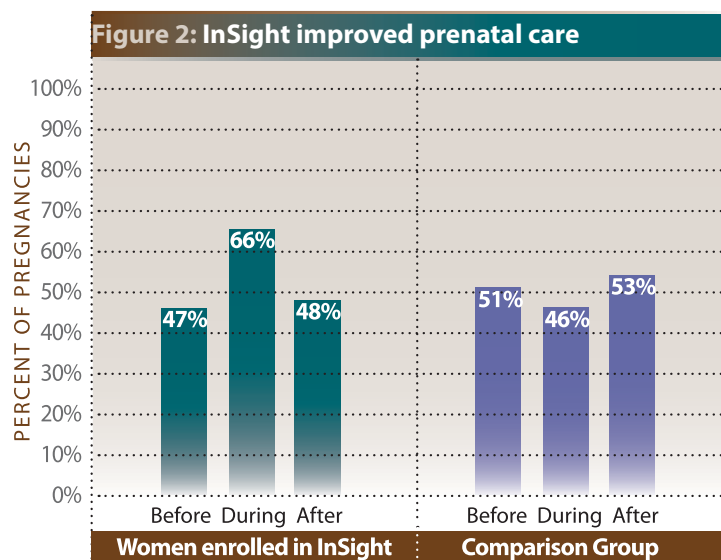
We compared the women enrolled in InSight to a matched group *not* enrolled in InSight, called the comparison group. The comparison group is made up of women who reported using alcohol during pregnancy and were on income assistance, but did not have the social support of a program like InSight. Comparing these two groups is a powerful way of seeing if the program worked. Three important findings are described below.

Prenatal Care: The results in Figure 2 show that prenatal care, or health care related to pregnancy, was boosted by the InSight program. Women in the program visited their doctors *earlier* and *more often* than those in the comparison group, and were more likely to have the *screening tests* recommended in all pregnancies. However, once the women exited the program, rates of prenatal care

dropped back down to what they were before. Meanwhile, over the same time period, rates did not change in the comparison group. This means that there was a strong program effect; that is, the increase in prenatal care was because of InSight, but these effects were then lost after the women completed the program.

Breastfeeding: Breast milk is an important source of nutrition for infants, and breastfeeding has many benefits for mom and baby. But breastfeeding tends to be less common in high-risk groups. The study showed that breastfeeding was actually less common in the InSight group than the comparison group. This finding was surprising, but might be explained by looking further into the families' circumstances. It is not possible to know whether breastfeeding was the best choice for the mothers without knowing more about their alcohol use after the birth. The InSight group also had more newborns taken into care by Child and Family Services at birth; this may have affected breastfeeding rates.

Involvement with the Healthy Baby Program: The Healthy Baby Program helps connect pregnant women to prenatal caregivers and community programs, and it also offers some financial support. More of the women enrolled in InSight received the Healthy Baby prenatal benefit, and they were more involved with community support groups than women in the comparison group. This is an important positive finding, since participation in the Healthy Baby Program is linked to other good health outcomes for mom and baby.



What have we learned about InSight?

The good news is that the answer to all three of our questions about InSight was generally “Yes”! The program reached women who were clearly in need of social support and could be helped by this kind of service. InSight increased healthy behaviours (less drinking and more use of contraceptives) in most of the women enrolled in the program. And in many cases, InSight helped connect women and their families to the social services they needed.

But the study produced mixed results on some outcomes:

- The number of *infants* taken into care by Child and Family Services was higher in the InSight group than the comparison group. However, the number of *older children* taken into care was lower in the InSight group.
- After the program, women enrolled in InSight reported feeling more socially isolated than women in the comparison group. This shows the need for ongoing social services to help women build new support networks for healthier living.

- For women enrolled in InSight, hospitalization rates decreased, and then increased after they left the program; whereas in the comparison group, rates continued to decrease. Increased hospitalization after the program might mean that these women are seeking more health care (which could be a good thing), but might also be a marker for more mental health problems or injuries.

Next Steps in Supporting At-Risk Families

The InSight program led to more prenatal care, reduced alcohol use and increased reliable contraceptive use. This report is an early look at the effects of InSight, and it highlights areas for further study. Such studies would benefit from more complete data collection and a larger number of participants. We see from these results that a longer program or a “phasing out” period at the end of the program would help the women continue their positive changes.

But overall, it is heartening to see that InSight increased healthy behaviours in women who were enrolled in the program.

InSight reached women who were clearly in need of social support and could be helped by this kind of service, increased healthy behaviours and in many cases helped connect women and their families to the social services they needed.

The Manitoba Centre for Health Policy at the University of Manitoba’s College of Medicine, Faculty of Health Sciences, conducts population-based research on health services, population and public health and the social determinants of health.

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