

# Resources for High-Risk Drinking and Alcohol Use Disorder in Pregnancy

## METHODS

### Objective

The overall objective of this work was to develop summaries, resources, and tools specifically tailored for pregnant populations with high-risk drinking or alcohol use disorder (AUD). The work was intended to supplement the Canadian Clinical Guideline for High-Risk Drinking and Alcohol Use Disorder. To support this work, a national committee with members from diverse disciplines and backgrounds was convened. The committee identified gaps in knowledge and resources and prioritized those that will be most impactful or useful for the target audiences: clinicians, patients, and the supports/family members of patients.

### Funding

The Alcohol and Pregnancy resources were supported by grant funding from Health Canada's Substance Use and Addictions Program (2021-HQ-000066) and by in-kind contributions from the British Columbia Centre on Substance Use (BCCSU). This guideline was developed without support from the pharmaceutical industry or associated stakeholders.

### Committee Membership

An interdisciplinary committee of 21 individuals was assembled in March 2023, including representation from across Canada, with expertise spanning addiction medicine, obstetrics and gynaecology, family practice, nursing, midwifery, pharmacy, health care policy, research, and people with lived and living experience of alcohol use during pregnancy. It should be noted that several committee members who were initially active were unreachable at the final stages of the project. Their meaningful input and contributions have been included.

### Conflicts of Interest

Committee members were required to disclose all sources and amounts of direct remuneration received in the past five years from industry, for-profit enterprises, and other entities (i.e., direct financial conflicts) that could introduce real, potential, or perceived risk of bias. In addition, committee members were asked to report possible indirect conflicts of interest, such as academic advancement, clinical/professional revenue, and public standing that could potentially influence interpretation of evidence and formulation of the strategies contained in this guidance. Disclosures were collected from all committee members between March and May 2023.

No committee members disclosed direct monetary or non-monetary support from industry sources within the past five years. No committee members disclosed direct financial conflicts in

the form of paid consulting or advisory board participation, or paid honoraria for lectures/training. Related to sources of potential interest or bias, 9 individuals disclosed special interests related to their expertise in the areas of pregnancy or alcohol, research and academic activities, and publications. None of these individuals reported a potential for financial benefit from their involvement in this project.

## Resource Development Process

In March 2023, the project team and committee co-chairs conducted an informal environmental scan and needs assessment, in order to develop a list of potential resource topics that would help fill the gaps in current knowledge and materials for both clinicians and patients. The evidence base for the topics was determined by drawing from previous guidelines and new, targeted literature searches. Where there was insufficient evidence, the group relied on the clinical expertise of the committee to develop materials.

Between May 2023 and February 2024, the Alcohol and Pregnancy committee conferred through email and virtual meetings. At the first committee meeting in May 2023 and via a follow-up survey, the outline, scope, and topics for the resources were approved by committee consensus.

For each resource, a working group was created. Between June and August 2023, each working group conferred over email to discuss and approve draft resource contents and recommendations. The project team developed the first drafts of all resources. All drafts underwent multiple rounds of review and revisions, conducted by the working group, committee co-chairs, and project team. This occurred until the working groups achieved consensus on the contents. In February 2024, all committee members, including those not involved in working groups, reviewed all resources. In March 2024, 21 committee members provided their approval of the final versions of all resources.

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## Acknowledgements

Production of these resources has been made possible through a financial contribution from Health Canada (Substance Use and Addictions Program 2021-HQ-000066). The views expressed herein do not necessarily represent the views of Health Canada. In-kind contributions from the British Columbia Centre on Substance Use (BCCSU) also supported the development of these resources. The committee is grateful to the following current and former BCCSU staff members for their contributions: Maryam Babaei, Mathew Fleury, Cheyenne Johnson, and Samantha

Robinson. The committee is grateful to Dr. Jocelynn Cook, Dr. Courtney Greene, and the SOGC for allowing us to share the recommendations they published in *Guideline 405*, as well as sharing existing pregnancy resources and supporting committee recruitment. The committee is grateful for the advice on knowledge gaps and resource needs shared by Dr. Cassandra Felske and Dr. Carolyn Marchand. The committee offers a special thanks to Maria Mulder for their review of our patient-facing resources, focusing on enhancing inclusivity through language and imagery that is gender-neutral. The project team and committee are grateful for the graphic design work by Sharon Hu and the Be The Change Group and for the French translation by ITC Traductions.