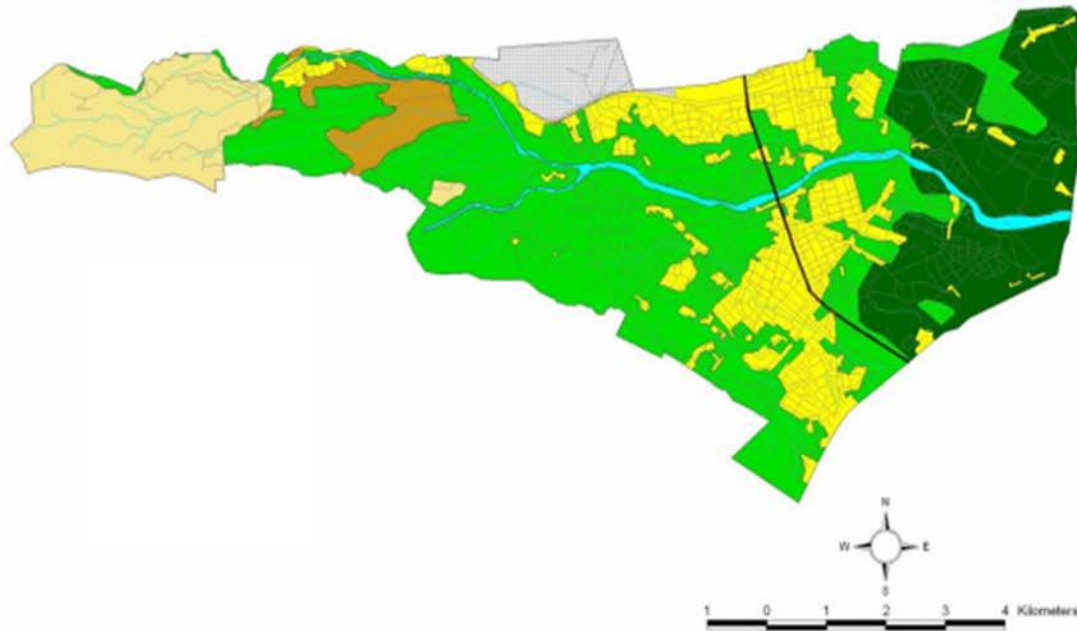


# Health Workers' Knowledge, Skills and Awareness of Prenatal Alcohol Exposure and the Risks of Fetal Alcohol Spectrum Disorder in Angeles City, Philippines

Maria Henedina Zulueta, RPm

Olga Angelinetta Tulabut, Ph.D., RPm





Angeles City, is composed of 33 *Barangays*. A *Barangay* is the smallest administrative division in the Philippines, it can be translated to “village” or “district”. Population is 368,000.



# Introduction

There are 6 Rural Health Units, 27 Barangay Health Units under the Barangay Health Care Management Information System which is a community-based organization.

- Its goal is to provide first aid, maternal and child health care, and other basic health services to all the members of the community it is serving.



clueless



Knowledge

Skills

Awareness

Health  
Workers



# Method: Descriptive Research Design

- Survey
- Archival Review





# Method: Survey

## Questionnaire development

- 80 questions initially prepared
- Assessed for omissions, clarity and validity
- Shortlist of 5 questions remained
- Validated by the multidisciplinary team



# Method: Archival Review

The Department of Health Manual of Operations:  
Maternal, Newborn and Child Health Nutrition (2011)

### MOMMY'S Pre-Natal Chart

**PERSONAL INFORMATION**

Blood Type \_\_\_\_\_ Family Serial No. \_\_\_\_\_  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_

**TETANUS TOXOID**

Date Given	1	2	3	4	5
Age	Below 18	18-34	35+		
Height	Below 145 cm	145 cm & above			

**OBSTETRICAL HISTORY**

Number of Previous Pregnancies	1	2	3	4+
Previous Caesarean Section	NO	YES		
3 Consecutive Miscariages	NO	YES		
Stillbirth	NO	YES		
Post-partum Hemorrhage	NO	YES		

**PRESENT HEALTH PROBLEMS**

Tuberculosis (14 days + of cough)	NO	YES
Heart Disease	NO	YES
Diabetes	NO	YES
Branchial Asthma	NO	YES
Goniter	NO	YES

Refer to Physician/RHU (and follow-up)   
  Close observation or action by midwife/nurse   
  Hospital delivery recommended

\*You may wish to consider a permanent medical of Family Planning

Gawing All-Around BIBO ang anak mo!

**PRESENT PREGNANCY**

LMP EDC	TRIMESTER	TRIMESTER	TRIMESTER	TRIMESTER	TRIMESTER	TRIMESTER	TRIMESTER	TRIMESTER	TRIMESTER
	1st	2nd	3rd	4th	5th	6th	7th	8th	9th
AOG in Months									
Date of Visit									
Vaginal Bleeding (Y/N)									
Urinary tract infection									
Weight in Kg									
Blood Pressure									
BP 140/90 and above (Y/N)									
Fever 38 and above (Y/N)									
Pallor (Y/N)									
Abnormal Fundal Height (Y/N)									
Abnormal Presentation (Y/N)									
Making Fetal Heartbeat (Y/N)									
Eclamps (Y/N)									
Vaginal infection (Y/N)									
Lab Test Results (e.g. HGB, Uline, VDRL)									

**ACTION**

Iron/Folate #/RX	
Iodine Supplementation in High Risk Areas	
Malaria Prophylaxis (Y/N)	
Mother intends to breastfeed? (Y/N)	
Advice on 4 danger signs (Y/N)	
Dental Check-up? (Y/N)	
Emergency plans and place of delivery (Y/N)	
Risk? (Y/N)	
Date of next visit	

**LABOR AND DELIVERY**

Immediate breastfeeding (Y/N)	Birth Weight in grams
Type of delivery	Post Partum Hemorrhage 500 CC+ (N/Y)
Date of delivery	Baby Alive
Place of delivery	Baby Healthy (Y/N)

Gawing All-Around BIBO ang anak mo!

**POST PARTUM**

Timing of Post Partum Visit	HOME VISITS			CLINIC VISIT
	24 Hrs	1 week	2-4 weeks	
Date of Visit				
Exclusive Breastfeeding (Y/N)				
Intends to use Family Planning (Y/N)				
Fever >39C (Y/N)				
Foul Smelling Vaginal Discharge (Y/N)				
Excessive Bleeding (Y/N)				
Pallor (Y/N)				
Cord OK? (Y/N)				

**POST PARTUM**

Vitamin A 200,000 IU (Y/N)

Iron / Folate / Date / #

Refer to Hospital   
  Refer to Physician / RHU

**FAMILY PLANNING**

Date of Visit	Date of Follow-Up	Method	Quantity Given	Remarks



# Respondents

Total of **31**, all females as follows:

27 Midwives

2 Nurses

1 Medical Aide

1 Health Worker



# Results

Results from the survey:

- All of the health workers confirmed the procedure upon first contact when providing primary health care to pregnant women consistent to the data required in the maternal health record form.



# Results

Results from the survey:

- Seven of the participants advised against prenatal alcohol exposure and smoking. The rest of the responses included healthy diet, vitamin intake, regular intake of prescribed medicines (if any), self-care, proper amount of sleep, regular check up and drinking plenty of water.



# Results

## Results from the survey

- All of the health workers had knowledge that prenatal alcohol exposure has negative effects on the fetus.



# Results

## Results from the survey

- None of the health workers believe that there is a safe amount of alcohol exposure to the fetus.





# Results

## Results from the survey

- Two of the participants responded “yes” to awareness of FASD, 29 responded “no”.



# Results

## Results from the archival review

- Discussion on healthy lifestyle with focus on smoking cessation, healthy diet and nutrition, alcohol intake, regular exercise, sexually transmitted infection control, HIV prevention and oral health was cited.



# Results

## Results from the archival review

- Prenatal alcohol exposure is not screened as evidenced by the Maternal Health Record Form being filled up by the pregnant woman's first visit to the health unit. There was no indication of the need to know, both for the WHO prototype as well as the revised form currently used.



# Conclusions and Recommendations

- No data is collected to record prenatal alcohol exposure upon initial check-up of a pregnant woman with the barangay health unit. With the (then) ongoing prevalence study in Angeles City, preparing intervention and preventing further escalation is necessary. Such records will lead to correct diagnosis and proper intervention and will make a difference in the lives of those possibly affected. It is recommended that changes be made on the maternal health record form to indicate prenatal alcohol exposure.



# Conclusions and Recommendations

- The respondents had a certain level of awareness on the effects of prenatal alcohol exposure, but may be taken lightly by pregnant women because there was very little knowledge of FASD and the lifelong effects it may have. Therefore the support and care needed may not be readily accessible in preventing its risks. It is recommended that seminars and talks be conducted regarding PAE to health workers as they play a critical role in the prevention of FASD. This will also aid in the creation of resource materials to increase the community's level of awareness as a whole.





# Conclusions and Recommendations

- Psychologists' involvement in the intervention needed for pregnant women at risk through counseling and psychotherapy will help enable changes in their behavior and improve outcomes for both the mother and child.



# Conclusions and Recommendations

- FASD is of little interest in the Philippines, it is recommended that further study be made in order to raise awareness



# Presenter Disclosure

Maria Henedina Zulueta discloses that there is no conflict of interest in this study. No grants have been received from any pharmaceutical company, no payment, in any form has been received from any medical or hospital group.

