



COLLEGE OF NURSES AOTEAROA (NZ) Inc

P O Box 1258
Palmerston North 4440
P: (06) 358 6000
E:admin@nurse.org.nz
www.nurse.org.nz

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Consultation on Fetal Alcohol Spectrum Disorder (FASD)

Submission To: FASD Action Plan
Ministry of Health
PO Box 5013
WELLINGTON 6145

FASD_Plan@moh.govt.nz

This submission was completed by:	Professor Jenny Carryer
Address:	PO Box 1258
	Palmerston North 4440
Email:	J.B.Carryer@massey.ac.nz
Organisation (if applicable):	College of Nurses Aotearoa (NZ) Inc.
Position (if applicable):	Executive Director

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The College of Nurses is a professional body of New Zealand registered nurses and Nurse Practitioners from all regions within New Zealand and specialties both within and outside of the District Health Board ('DHB') setting. It provides a voice for the nursing profession and professional commentary on issues that affect nurses, and also the health of the whole community, aiming for excellence in nursing practice and health care delivery which addresses disparities in health.

Feedback from College of Nurses Aotearoa (NZ) Inc members:

- A multidisciplinary approach to screening and early intervention relies on all practitioners having access to the same support systems and service structures. For example, there is no explicit funding nor is the current maternity services funding available for antenatal services delivered by nurses within PHC/general practice. In my experience, nurses are often the first person to see women presenting for pregnancy confirmation and yet they are not resourced or supported to undertake more comprehensive assessment and care planning services.
- The drivers for alcohol use and high risk pregnancies are the result of multiple social and health determinants which cannot and are not addressed within the plan i.e. poverty, employment, education, health literacy, family violence. It is one thing to identify women at risk but quite another to expect health professionals to pick up the pieces and assist with lifestyle change once a woman is pregnant and remaining within the same context that leads her to be at risk!
- The plan needs to address the vast inequities of access to services across the DHB's. It is unethical in my view to screen for issues if you have no (or inadequate and untimely) access to services to refer people on to. It leaves the burden on the practitioner who does the screening without leading to improvement/development in services. I support a nationally consistent approach to screening which includes a centrally managed database to track and coordinate referrals – this will both ensure equity of access and also provide utilisation/unmet needs based data on which to plan services in the future. It also allows the broader picture to be followed up i.e childhood immunisations, well child checks, B4 school and early intervention services for those children who are born from at risk pregnancies to at risk women.
- If FASD is caused by alcohol..... why are treatments not covered by ACC???

It would make a significant difference to families if they could access services and support, in the same way they could if their child had for example, a traumatic brain injury. FASD is an acquired brain injury..... therefore, it should be able to be an ACC claim.

One way to achieve this would be for midwives/obstetricians and paediatricians to note alcohol intake in pregnancy. If it was recorded at the time of pregnancy, delivery or soon after..... there could be grounds for a later claim should a diagnosis of FASD be confirmed.



Professor Jenny Carryer RN PhD FCNA(NZ) MNZM
Executive Director
College of Nurses Aotearoa (NZ) Inc