

Preventing fetal alcohol spectrum disorders in new zealand

[Food & Diet](#)



SUBMITTED BY:

- Harmanjot Kaur (CIB00002rv)
- Amandeep Kaur (CIB00002ku)

New Zealand is one of the healthiest and welfare countries. The government is well aware about the fact of healthy citizens. According to Global Health Observatory Data Repository Total expenditure on health in New Zealand is increasing every year, and was 10. 3% of Gross domestic product in the year 2013. This level of improvement in health has come through various health organizations. New Zealand is incorporating and following the *Ottawa Charter for health promotion* , which was being held for the first time in Ottawa, on 21st of November 1986. It was basically a reaction to the developmental needs of population for general wellbeing. It was based on the advancement made through the Declaration on Primary Health Care at Alma-Ata, the World Health Organization's Targets for Health all over the world.

Treaty of Waitangi: New Zealand government recognizes that Māori wellbeing and incapacity needs are an obligation regarding the entire area. It likewise recognizes that Māori groups ought to have the capacity to characterize their own particular needs for wellbeing. Thus, while health promotion we need to consider three principles of the Treaty of Waitangi that is a Partnership, Participation, Protection (Ministry of Health, 2014).

1. Partnership: The partnership between people who are promoting health and women of New Zealand who can be Māori or non-Māori or someone else to create, execute, and survey strategies to promote their health.

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2. Participation: The Participation is about equal opportunity and results. It comes when both health promoters and women of different cultures participate together to get positive outcomes.
3. Protection: The principal of protection is about maintaining the dignity and protecting the rich Māori culture, interests, values and beliefs while promotion of health.

Drinking liquor is a piece of numerous New Zealanders lives, however, to a noteworthy extent, the example of drinking reasons hurt both to themselves as well as other people. One of the serious emerging threat of alcoholism in New Zealander females is Fetal Alcohol Spectrum Disorders (FASD). It has been noted that about 3000 children born with fetal alcohol spectrum disorder every year in New Zealand (Dastgheib, 2014).

Fetal Alcohol Spectrum Disorders (FASD) is an umbrella term used for a group of conditions caused by alcohol exposure to fetal. Each condition is somewhat similar to other and its diagnosis are based on the appearance of characteristic features which are different in different individual and may be physical, developmental and or neurobehavioral (National Organisation for Fetal Alcohol Spectrum Disorders, 2013).

Liquor can result in harm to the unborn kid whenever mother consume alcohol during pregnancy and the level of damage is subject to the amount and frequency of liquor consumption. The adverse of alcohol also depend on age of pregnant mother, environmental factors like stress, diet, poverty, and housing.

It encompasses the following diagnostic terms:

Fetal Alcohol Syndrome (FAS): is utilized to depict a particular identifiable gathering of young people who all impart certain qualities: a particular arrangement of facial peculiarities, focal sensory system (CNS) dysfunction, and regularly development insufficiency. (Blackburn, 2010).

Partial Fetal Alcohol Syndrome (PFAS): In this case children have few appeared symptoms, some physical symptoms and few intellectual disabilities. (Blackburn, 2010).

Alcohol-related Neurodevelopmental Disorder (ARND): Causes damage to central nervous system, Child may face challenges in learning, poor motivation control, poor social aptitudes, and issues with memory, consideration and judgment (Blackburn, 2010).

Alcohol-related Birth Defects (ARBD): Particular physical inconsistencies these can be heart disorders, skeletal, vision, hearing related issues. (Stratton, Howe and Battaglia 1996).

There is no cure for FASD and its effects last a lifetime (Ministry of Health, 2014). So there is need to prevent the cause.

HEALTH PROMOTION PLAN:

Rationale: There is a need of action to reinforced endeavors to spread word about Fetal Alcohol Spectrum disorder (FASD). It is been identifies as a priority to prevent FASD and to address the gaps in delivery of service to those affected by FASD. It is underpinned by a commitment to the Treaty of <https://assignbuster.com/preventing-fetal-alcohol-spectrum-disorders-in-new-zealand/>

Waitangi. It recognizes New Zealand's obligations under a range of United Nations charters. So there is need have decimate the FAS from New Zealand society as almost half of NZ women are consuming some alcohol while pregnant. The alcohol consumption is not limited to the female consuming it, it is passed through placenta, as other nutrition passes to fetus. There is need to realize the fact and take an action while cooperating in a facilitated, financed and successful key heading.

Population Group: This program covers all the women in their fertility age.

Program description: Program includes Primary awareness, Secondary awareness and dealing with the disorder. A scope of methodologies is utilized as a major aspect of a national interchanges project to help New Zealanders settle on positive choices about their liquor utilization especially in pregnant women.

PRIMARY AWARENESS

- Essential step: Our first step will be developing fund sources to incorporate widespread general mindfulness messages to all communities in New Zealand. Few communities including Maori, Pacific Islander females, and migrants need to be focused more because they are less likely to be familiar with terms like FASD. There need of making those people aware of such conditions so that they can abstain from drinking liquor during pregnancy.
- Awareness campaigns for young females: It is likely to possible that we can conduct seminars and promotional campaigns in schools starting

from intermediate or higher levels, because this is the age in which child get addicted to alcohol and other things. They should be aware of fetus alcohol syndrome in there early fertility age, so that they can easily make better choices for their children. Secondly this can lead to spread the words in families and communities as well. No doubt they know about the harmful effect of drinking but not the actual effect on fetus and FASD.

- Mass media: Social media have great impact on the young population of the country. We can use social sites, television, YouTube to convey the message to youth. A short documentary videos will prove effective in spreading messages.

As well pamphlets, brochures and health promotion posters to settle on better choices about drinking liquor. Just make people aware by themselves by promoting the adverse effects, for example, wellbeing cautioning marks or labels on liquor cans and bottles will prove effective.

Utilizing broad communications to connect with our gatherings of people, we can provide online devices and other data where individuals can evaluate their own drinking and know about statistics and facts dealing with liquor.

SECONDARY AWARENESS:

- Screening: If female consume alcohol, no matter in which amount, the female is pregnant or likely to get pregnant, it is recommended to get screening from the consultant. This will involve nourishment history, sexual wellbeing, contraception history (if taken in the past), previous pregnancy history, breast feeding etc. This all data can reveal the

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chances of getting FASD in her child and thus appropriate precautions can be taken to avoid it. Secondary prevention can be done with essential health care and examining nourishment, sexual wellbeing, contraception, origination and/or pregnancy with customers preceding and amid pregnancy and breastfeeding.

Need to consider following advice on alcohol use before and after pregnancy:

‘ No liquor in pregnancy is the most secure decision’

We will encourage ladies to quit drinking liquor when pregnant and preferably when they are planning to conceive, quit it right away. Because there is no safe limit or time to drink liquor during pregnancy.

If woman is not able to quit liquor, we will advise her to lessen her liquor consumption, do not refrain yourself to seek medical support.

Action Plan: First and foremost action is to distribute pamphlets and brochure. The main site of getting attention will be gynecology and obstetrics wards and clinics in Auckland, where it will be of greater use. This will help us to can set up an activity plans, with shorter-term objectives and duties. For long term goals, we will target teenage girls, young women in their early twenties, to prevent FASD from root.

How to deal with Fetal Alcohol Spectrum Disorders (FASD)?

FASD is not actually curable, early mediation administrations help child to improve from birth to toddler age and can learn critical aptitudes. Certain therapies and conservative treatments are helpful in making child talk, walk,

and collaborate with others. There are projects that can help individuals with FASD with their learning and conduct. These projects can help individuals with FASD be as free and accomplish however much as could be expected.

Last but not least, do not hesitate to consult with your GP.

CONCLUSION: Health promotion is not only the matter of distributing pamphlets and advertisements, it is a huge responsibility and opportunity to make society aware of its surroundings. We need to utilize the framework's vision, objectives and managing standards. We need to gather and disperse learning, consequences of assessment and best practices are placed set up at the national level. It is a continuous process, if done with the proper vision and direction, can make effective change in community.

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