

Helping pregnant women prevent alcohol-related harm

Ask

Identify women planning pregnancy, pregnant or breastfeeding

- ▶ Patient record prompts
- ▶ Prompts by general practice team

Check alcohol intake at each antenatal visit

Is the woman consuming ANY alcohol? **Yes** →

No

- ▶ Reinforce benefits of abstinence for the woman and baby, especially during pregnancy and breastfeeding

Assess

Assess risk level and woman's readiness to reduce or stop drinking

- ▶ Alcohol use assessment tool (AUDIT-C*)
- ▶ Ascertain drinking patterns in the 3 months prior to confirmation of pregnancy, and woman's current drinking if she is pregnant or breastfeeding
- ▶ If the woman scores 4–5 in the alcohol assessment tool (AUDIT-C*) and if other risk factors are present (chronic medical conditions, heart disease, medications that interact with alcohol and mental health problems), the full AUDIT** screening instrument should be administered
- ▶ If the woman scores 6 or over in the alcohol assessment tool (AUDIT-C*), the full AUDIT** screening instrument should be administered
- ▶ Is the woman interested in cutting down or stopping altogether?
- ▶ Is the woman confident about succeeding?
- ▶ Does the woman need new skills?
- ▶ Does the woman want some support?

Advise

Provide tailored non-judgmental advice

- ▶ Provide brief non-judgmental information
- ▶ Inform the woman that there is no evidence for a safe level of drinking in pregnancy and breastfeeding
- ▶ **No alcohol during pregnancy is the safest choice**
- ▶ Discuss benefits of abstinence for preconception, pregnancy, her baby and breastfeeding
- ▶ Stopping at any stage of pregnancy will benefit mother and baby**
- ▶ Discuss NHMRC Australian Alcohol Guidelines—Guideline 11 for pregnant and breastfeeding women—see over page
- ▶ Many women consume alcohol before knowing they are pregnant. It is important to manage any anxiety relating to alcohol consumed prior to knowing they were pregnant
- ▶ Give culturally appropriate written and pictorial information
- ▶ Jointly discuss barriers to abstinence/reducing alcohol intake
- ▶ Jointly negotiate and set realistic goals
- ▶ Identify key family and friend supports
- ▶ Suggest drink diary and review in 2 weeks for moderate or high risk drinkers**. Support women to drink within NHMRC guidelines during this time
- ▶ Negotiate lapse and relapse prevention and management strategies
- ▶ At-risk women should have priority referral to alcohol treatment services and/or other support services**

Assist

Write prescription for healthy pregnancy

- ▶ Develop individual plan to deal with drinking habit, stress and high-risk situations
- ▶ Remember concomitant nicotine and other drug use
- ▶ Engage key family and friend supports
- ▶ Set review dates

Arrange

Arrange referral and follow-up as appropriate

- ▶ Recruit support (e.g. partner or family)
- ▶ Organise follow-up in no more than 2 weeks for review
- ▶ Provide key support contacts should relapse occur

* Audit C is a short screening questionnaire assessing drinking history (frequency and quantity). It can be used routinely to assess risk to the woman's health.

** If the AUDIT screening instrument indicates drinking at high-risk levels for the woman's health or dependence, the Alcohol and Pregnancy Lifescript is no longer an appropriate tool. Referral for specialist treatment should be considered. There is risk to the foetus from sudden alcohol withdrawal.



Evidence for the benefits of alcohol abstinence

Alcohol consumption at any stage of pregnancy may harm the unborn baby leading to Foetal Alcohol Spectrum Disorder (FASD).

FASD is an umbrella term that includes the conditions of Foetal Alcohol Syndrome (FAS), Alcohol Related Birth Defects (ARBD) and Alcohol Related Neurological Defects (ARND)¹. Intellectual impairment associated with FASD is permanent¹.

Known risk factors for women at higher risk of having a baby with FASD include binge drinking, previous child affected by FASD, high gravidity and parity, higher maternal age, cigarette use, use of other drugs and poor nutrition². Diagnosis is difficult; if FASD is suspected seek specialist help.

FASD is regarded as a leading, preventable cause of non-genetic intellectual handicap¹. Published prevalence rates of FASD are considered an underestimate at 0.02 per 1000 Australian births and 2.76 per 1000 Aboriginal births³. However, there are few published data in Australia on frequency and level of alcohol use in pregnancy or rates of FASD and Foetal Alcohol Syndrome (FAS).

Risky and high risk alcohol consumption can seriously harm the health of the woman.

Advice on alcohol consumption in pregnancy

All pregnant women and those considering pregnancy should be given advice on the risks of alcohol consumption during pregnancy and that there is no evidence for a safe level of drinking in pregnancy and breastfeeding. Although 30% of women drink at risky levels⁴, less than half of health professionals screen for alcohol use⁵.

The most harm is likely to be sustained in the first trimester of pregnancy, although alcohol consumption at anytime during pregnancy may result in harm. The NHMRC Australian Alcohol Guidelines⁶ note that the most vulnerable period for the unborn baby is probably the first few weeks after conception, including the time before the woman is aware of her pregnancy. Preconception consumption can be an indicator of actual consumption during this critical period.

The current NHMRC Australian Alcohol Guideline 11⁶ recommends that women who are pregnant or might soon become pregnant:

- 11.1 may consider not drinking at all
- 11.2 most importantly, should never be intoxicated
- 11.3 if they choose to drink, over 1 week, should have less than 7 standard drinks, AND, on any 1 day, no more than 2 standard drinks (spread over at least 2 hours)
- 11.4 should note that the risk is highest in the earlier stages of pregnancy, including the time from conception to the first missed period.

It is important to manage anxiety amongst women that may prevent them from seeking and receiving good obstetric care and support if they continue to drink during this time. Many women consume alcohol before knowing they are pregnant and high anxiety may result in a precipitous decision to terminate a pregnancy. Provide advice that stopping at any stage will benefit mother and baby.

Advice on alcohol consumption whilst breastfeeding

Alcohol passes readily into the breast milk. The NHMRC Australian Alcohol Guideline 11⁶ recommends women who are breastfeeding do not exceed the levels of drinking recommended and may consider not drinking alcohol at all.

Aboriginal and Torres Strait Islander women

Data indicates incidence of FASD and FAS is higher among the babies of Aboriginal and Torres Strait Islander women³. Assessment in some communities can be difficult because heavy drinking and group drinking are often the norm. Alcohol consumption can therefore be difficult to quantify in terms of standard drinks⁷.

Detoxification in pregnancy

All pregnant women withdrawing from alcohol require medical supervision in an inpatient service where their overall health and obstetric needs can be medically assessed, monitored, treated and managed safely. Their care should include support with medication, nutritional and vitamin supplementation and access to maternal and foetal wellbeing assessment⁷. Some maternity units have detoxification services for pregnant women less than 20 weeks gestation. This requires case management, ongoing support, counselling and a supportive, multidisciplinary health care team. Ad hoc, home or other non medical detoxification for this vulnerable group should not be considered.

Advice from maternity unit detoxification services may also be helpful where other substance use occurs; e.g. cannabis.

If the AUDIT screening instrument indicates drinking at high-risk levels or dependence, the Alcohol and Pregnancy Lifescript is no longer an appropriate tool. Referral for specialist treatment should be considered. Pregnant women and unborn babies are at risk of harm from complications of sudden alcohol withdrawal such as seizures. All pregnant women withdrawing from alcohol require medical supervision.

Naltrexone

The safety and efficacy of Naltrexone use during pregnancy is not established and should not be offered⁷.

References

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5. Payne J, Elliott E, D'Antoine H, et al. Health professionals' knowledge, practice and opinions about fetal alcohol syndrome and alcohol consumption in pregnancy. *Australia and New Zealand Journal of Public Health*; 2005; 29; 558-64.
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