

Delivering an ABI:

Process, screening tools
and guidance notes

Alcohol brief interventions

Antenatal professional pack

We are happy to consider requests for other languages or formats. Please contact 0131 314 5300 or email nhs.healthscotland-alternativeformats@nhs.net

Please note: To take account of different settings that ABIs are performed in NHS Health Scotland refers to the 'individual', instead of other associated terms, such as, 'patient', 'client' and 'service user'. This is found throughout the text only and not within intervention models (which because of copyright cannot be changed).

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Antenatal care pathway

The UK Chief Medical Officers' advice is that:

- If you are pregnant or think you could become pregnant, the safest approach is not to drink alcohol at all, to keep risks to your baby to a minimum.
- Drinking in pregnancy can lead to long-term harm to the baby, with the more you drink the greater the risk.

The risk of harm to the baby is likely to be low if you have drunk only small amounts of alcohol before you knew you were pregnant or during pregnancy.

If you find out you are pregnant after you have drunk alcohol during early pregnancy, you should avoid further drinking. You should be aware that it is unlikely in most cases that your baby has been affected. If you are worried about alcohol use during pregnancy do talk to your doctor or midwife.

PRE-PREGNANCY

Only ABIs delivered on in-pregnancy drinking will be counted towards the ABI LDP standard.



* Please note: the new CMOs' guidelines recommend a weekly drinking guideline that is the same for both men and women; note that these intervention models were validated against different drinking thresholds.

PREGNANCY

Stage 1 Key question – raise the issue of alcohol ('Are you drinking at the moment?').

Yes

Stage 2 If yes, clarify consumption to ascertain level and pattern of consumption during pregnancy. The SWHMR alcohol in pregnancy question can support this process.

If drinking alcohol at all but where their description of their pattern of drinking does not give cause for concern regarding possible dependence.

If regularly drinking, causing concern about serious harm or possible dependence. If in doubt, a formal screening tool may help.

Stages of screening and delivering an ABI – Stages 3, 4 and Exit strategy:

Complete stage 2 by giving feedback on risk, and deliver ABI as per flowchart. Consider referral for higher levels of consumption/binge drinking even if dependence not a concern.

Exit strategy:

Consider signposting and/or referral to specialist treatment and support services. Only deliver ABI if appropriate, i.e. no concern about dependence.

Pregnancy

Doctors, nurses or midwives in the antenatal setting should use the following guidance, along with their clinical judgement, when deciding how to respond to women who report drinking in pregnancy:

Scenario	Practitioner response
Women who are not drinking at all .	Reinforce this as the safest approach in pregnancy.
Women who choose to drink no more than 1 to 2 units , once or twice a week.	Reinforce current CMOs' guidelines on alcohol consumption in pregnancy. Highlight that if you are pregnant, the safest approach is not to drink alcohol at all, to keep risks to the baby to a minimum. If time allows, practitioners should also take this opportunity to review guidelines (when not pregnant) and the general risks to health from alcohol in the short, medium and long term.
Women who are currently drinking more than 1 to 2 units , once or twice a week, but their description of their pattern of drinking does not give cause for concern regarding dependence or serious harm.	Provide a full ABI as outlined in pages 12–17. Complete stage 2 of the ABI by giving factual feedback on risk and deliver the remaining stages of an ABI as per the ABI flowchart overleaf.
Consumption of 6 units or more on a single occasion but where their pattern of drinking does not give cause for concern regarding dependence.	A screening tool such as TWEAK or T-ACE may help to inform a decision on whether to signpost to specialist services for full assessment. See pages 22–23 and 30–31 for templates of these screening tools. If there is no concern about dependence, deliver a full ABI.

Regular/ongoing alcohol consumption that gives rise to concerns about **possible dependence or serious harm to an unborn child**.

A screening tool such as TWEAK or T-ACE may help to inform a decision on whether to signpost or refer to specialist services for full assessment. **Brief interventions are not recommended if dependence is suspected.**

Stages of screening and delivering an alcohol brief intervention

Stages of screening and delivering an alcohol brief intervention

Throughout the alcohol brief intervention (ABI) remember to:

- maintain rapport and empathy
- emphasise the woman's personal responsibility for her decisions.

1 Raise the issue

'The next area for us to focus on is alcohol use. While some women go off alcohol when pregnant, many continue to have an occasional drink. Are you drinking at the moment?'

2 Screen and give feedback

'Can you take me through what you normally drink in a week?...on your heaviest drinking day during the week?' 'From what you've told me, the fact that you are drinking means that there could be risks to your developing baby and also to your own health now and in the future.'

3 Listen for readiness to change and consider whether to continue with ABI or signpost/refer.

'How do you feel about what we have discussed?'
'What would be helpful to you just now?'

Exit strategy – remember you or the woman can choose not to continue at any point.

Close conversation:
'If you don't want to discuss this now, I'll give you this leaflet. If you want to, we can discuss this again at your next appointment.'

Signpost and/or refer to specialist services if appropriate: 'I can arrange an appointment with X for you, if you like?'

4

Choose a suitable approach. Use one or more of the following:

Information and advice
'We know that drinking while pregnant can increase the risk of X...'

Enhance motivation
'What are the pros and cons of your drinking now you are pregnant?'

Coping strategies
'How can you prepare to avoid problems and difficult situations?'

Build confidence
'You have made some great efforts to stay healthy – that tells me you really care about your health and the health of your baby. I am sure you can do this.'

Menu of options
'What changes might work for you?'

Stages of screening and an alcohol brief intervention

The diagram on the previous pages outlines the key stages of an alcohol brief intervention (ABI) which are described in more detail below. These are based on motivational questioning approaches for the delivery of an effective alcohol brief intervention.

The following key elements should be established at the start of the conversation and maintained throughout the brief intervention, ensuring that the woman's communication needs are taken into account:

Ask open questions – to find out what is important to the woman and what their level of knowledge regarding alcohol currently is; for example, 'What do you know at the moment about the guidance on safe levels of drinking?'

Maintain rapport and empathy – i.e. ensuring the woman does not feel judged or criticised by the practitioner. The practitioner must remain empathetic to the woman. The practitioner can do this by listening reflectively (using open questions, where appropriate, and positively reflecting back to the woman) without trying to persuade.

Emphasise the woman's personal responsibility for her decisions about drinking and not letting her say 'I have to do this' or 'The doctor says I have to.' You can say 'It's up to you to decide what you want to do.'

1. **Raise the issue** – current practice in antenatal settings often includes enquiries about alcohol consumption, and the Scottish Woman-Held Maternity Record (SWHMR) includes questions on alcohol. It is recommended that these questions are introduced by first asking the woman if she is currently drinking alcohol. You should seek permission from the woman to discuss her drinking further.
2. **Screen and give feedback** – if the woman indicates that she is drinking alcohol during pregnancy, it is necessary to clarify the level and pattern of consumption. The response to this will indicate whether an ABI is appropriate.
 - **If drinking, but *not* at levels which cause concern regarding possible dependence:**
 - deliver an ABI as per this crib sheet
 - consider referral to specialist services for higher levels of regular consumption even if dependence is not a concern.
 - **If drinking above levels which cause concern about possible dependence or serious harm:**
 - consider signposting or referral to specialist services for full assessment
 - a screening tool such as TWEAK or T-ACE may help to inform a decision on whether to refer or not
 - deliver an ABI if no concerns about dependence.

To provide feedback, give factual information on the potential effects her level of drinking may have on her health and the development of the fetus. At this stage, this should be short and factual, as more detailed information can be provided as part of the 'Information and advice' at stage 4 of the ABI. Finish by asking how the woman feels about this, and if she would like to discuss this further.

3. **Listen for readiness to change** – use open questions, reflect and summarise the discussion and, from the woman’s response to the information provided, choose a suitable approach. At this point it should be clear whether the woman is receptive to further discussion that would constitute an ABI. Although the practitioner should respect the woman’s choice not to discuss her alcohol use within the antenatal setting, a follow-up discussion on alcohol consumption is recommended at routine appointments to monitor alcohol intake and the potential risk to the developing fetus.
4. **Choose a suitable approach** – if the woman has not thought about change at all, start with ‘Information and advice’. If the woman is already trying to change, use one or more of the subsequent approaches:
 - Information and advice (if you have permission to do so) – on the impact of alcohol on her own health, and evidence for the impact of alcohol on the developing fetus; clarify the current national guidance on drinking while pregnant.
 - Enhance motivation – build the woman’s motivation to change by helping her to weigh up the pros and cons of her drinking.
 - Menu of options – for changing drinking behaviour. Ask the woman if she can suggest ways to change her drinking pattern (e.g. lower alcoholic-strength drinks, having drink-free days, taking up other activities). Try to let the woman come up with the ideas. If she is finding it difficult to do this, the practitioner (with the woman’s permission) can offer suggestions in a neutral way that leaves the choice with the woman.

- Build confidence – using a questioning style that enhances the woman’s belief in her ability to change (her self-efficacy). For example, identifying her previous successes and role models she can learn from, and identifying other people who can support her.
- Coping strategies – help the woman to identify times when she might find it more difficult to stick to her plans to cut down and to come up with strategies for coping with these situations.

Exit strategy – at any point during the intervention, you or the woman may decide not to continue. If so, ensure the conversation is closed sensitively and, if appropriate, signpost or refer to further information or services.

TWEAK alcohol screening tool for antenatal settings

TWEAK

TWEAK (tolerance, worried, eye-opener, amnesia, k/cut down) can be used to help assess possible risky drinking, as well as identifying harmful drinking or alcohol dependence.

Guidance on the use of TWEAK is provided on page 24.

TWEAK questions

Record the scores in the boxes on the right.

1 **How many drinks does it take to make you feel high?**
Less than 3 **0** 3 or more **2** Score

2 **Have close friends or relatives worried or complained about your drinking?**
No **0** Yes **2** Score

3 **Do you sometimes have a drink in the morning when you first get up?**
No **0** Yes **1** Score

4 Has a friend or family member ever told you about things you said or did while you were drinking that you could not remember?

No **0** Yes **1**

Score



5 Do you sometimes feel the need to cut down on your drinking?

No **0** Yes **1**

Score



Add up the scores to the above questions and record. The minimum score is 0 and the maximum score is 7.

Total Score

A score of 2 or more would indicate potential dependency and referral for an alcohol dependency assessment would be appropriate.



TWEAK

TWEAK can be used to help assess possible risky drinking, as well as identifying harmful drinking or alcohol dependence. If used, all questions should be asked.

The maximum score on the tool is 7 points, with the score for the first two questions being a possible 2 points each and the remaining three questions being a possible 1 point each.

A total score of 2 or more on the tool is an indication of potential dependent drinking and a referral for an alcohol dependency assessment would be appropriate.

When to use TWEAK

TWEAK can be used to help assess possible risky drinking, as well as identifying harmful drinking or alcohol dependence. If alcohol dependence is clearly not a concern, there is no need to use the TWEAK tool. It cannot be used alone to decide if an alcohol brief intervention (ABI) is needed.

If the woman is drinking during pregnancy, it is necessary to fully clarify the level and pattern of consumption to help identify whether an alcohol brief intervention is appropriate. The current question used in the Pregnancy Record of the Scottish Woman-Held Maternity Record (SWHMR) relates to weekly drinking in pregnancy and can be used to support this exploration of consumption. To complete this process, current daily consumption should also be explored along with the level of drinking on the woman's heaviest drinking day.

The following is an example of how a practitioner might ask a woman to describe her drinking:

'Can you take me through what you normally drink in a week?... on your heaviest drinking day during the week?'

Within the context of antenatal settings, the level and pattern of consumption identified will then guide the practitioner on what to do next. If this exploration of consumption raises any concerns for practitioners about potential alcohol dependence, the TWEAK tool may help to inform a decision on what to do next.

It is important to note that TWEAK was validated in the USA, and this may explain the unusual wording of the first question. For this reason, TWEAK should be used with caution. Some practitioners and researchers have raised concerns about the cultural appropriateness/suitability of the questions in the tool for use with women in Scotland. However, it should also be noted that if questions in the tool are substituted or amended, their validity may be affected.

The first TWEAK question seems strange – how should I explain it if asked?

The term ‘feel high’ is not commonly used within the Scottish context of alcohol use. Within the TWEAK tool, this question is used to ascertain the number of drinks it takes for the woman to feel the effects of alcohol.

If the woman responds that it takes ‘three or more’ drinks to feel high, i.e. to feel the effects of alcohol, she scores 2 points. If she responds ‘less than three’, she scores 0 on the question.

The number of drinks used to score positively in the TWEAK screening tool is based on the ‘standard drinks’ in American unit measures. Three or more US ‘standard drinks’ is equivalent to approximately five or more UK units.

For further information on units and calculation, please see the **Antenatal briefing paper**.

A useful example to note is that NHS Tayside has amended this first question for use in the antenatal setting to read 'How many drinks does it take before you begin to feel the first effects of alcohol?'

Alcohol dependence

If a woman gains a score of 2 or more and/or you suspect a woman is (or may be) dependent on alcohol, she should be thoroughly assessed. Some practitioners will choose to carry out this specialist assessment themselves, while others will prefer to refer the woman to a specialist service for assessment. **Brief interventions are not recommended for those who may be alcohol-dependent.**

T-ACE alcohol screening tool for antenatal settings

T-ACE

T-ACE (tolerance, annoyed, cut down, eye-opener) is a modification of the CAGE screening tool. It has been validated for use to detect a range of alcohol use, including risk drinking in pregnancy.

Guidance on the use of T-ACE is provided on page 32.

T-ACE questions

Record the scores in the boxes on the right.

1 **How many drinks does it take to make you feel high?**
Less than 3 **0** 3 or more **2** Score

2 **Have people annoyed you by criticising your drinking?**
No **0** Yes **1** Score

3 **Have you ever felt that you ought to cut down your drinking?**
No **0** Yes **1** Score

4

Have you ever had a drink in the morning (eye opener) to steady your nerves or get rid of a hangover?

No 0

Yes 1

Score



Add up the scores to the above questions and record. The minimum score is 0 and the maximum score is 5.

Total Score

A score of 2 or more indicates pregnancy risk drinking.



T-ACE

T-ACE has been validated for use to detect a range of alcohol use, including risk drinking in pregnancy. If used, all questions should be asked.

The maximum score on the tool is 5 points, with the score for the first question being a possible 2 points and the remaining three questions being a possible 1 point each.

A total score of 2 or more on the tool is an indication of pregnancy risk drinking. A positive screen, alongside concern raised due to the consumption questions (level and pattern), would warrant a referral for an alcohol dependency assessment. A positive screen, with no concern raised from the consumption questions, may indicate the benefit of an alcohol brief intervention.

When to use T-ACE

T-ACE is a modification of the CAGE screening tool. If alcohol dependence is clearly not a concern, there is no need to use the T-ACE tool.

If the woman is drinking during pregnancy, it is necessary to fully clarify the level and pattern of consumption to help identify whether an alcohol brief intervention (ABI) is appropriate. The current question used in the Pregnancy Record of the Scottish Woman-Held Maternity Record (SWHMR) relates to weekly drinking in pregnancy and can be used to support this exploration of consumption. To complete this process, current daily consumption should also be explored along with the level of drinking on the woman's heaviest drinking day.

The following is an example of how a practitioner might ask a woman to describe her drinking:

‘Can you take me through what you normally drink in a week?... on your heaviest drinking day during the week?’

Within the context of antenatal settings, the level and pattern of consumption identified will then guide the practitioner on what to do next. If this exploration of consumption raises any concerns for practitioners about potential alcohol dependence, the T-ACE tool may help to inform a decision on what to do next.

It is important to note that T-ACE was validated in the USA, and this may explain the unusual wording of the first question. For this reason, T-ACE should be used with caution. Some practitioners and researchers have raised concerns about the cultural appropriateness/suitability of the questions in the tool for use with women in Scotland. However, it should also be noted that if questions in the tool are substituted or amended, their validity may be affected.

The first T-ACE question seems strange – how should I explain it if asked?

The term ‘feel high’ is not commonly used within the Scottish context of alcohol use. Within the T-ACE tool, this question is used to ascertain the number of drinks it takes for the woman to feel the effects of alcohol.

If the woman responds that it takes ‘three or more’ drinks to feel high, i.e. to feel the effects of alcohol, she scores 2 points. If she responds ‘less than three’, she scores 0 on the question.

The number of drinks used to score positively in the T-ACE screening tool is based on the 'standard drinks' in American unit measures. Three or more US 'standard drinks' is equivalent to approximately five or more UK units.

For further information on units and calculation, please see the **Antenatal briefing paper**.

Alcohol dependence

If a woman gains a score of 2 or more and/or you suspect a woman is (or may be) dependent on alcohol, she should be thoroughly assessed. Some practitioners will choose to carry out this specialist assessment themselves, while others will prefer to refer the woman to a specialist service for assessment. **Brief interventions are not recommended for those who may be alcohol-dependent.**

Pros and cons of change

Pros and cons of change

1. Advantages of current drinking	2. Disadvantages of current drinking
<ul style="list-style-type: none">• What do you enjoy about your drinking right now?• What are the good things about your drinking at the moment?• How does this make you feel?	<ul style="list-style-type: none">• Is there anything that is not so good about your drinking at the moment?• What are the disadvantages of your current drinking patterns?• What impact does this have?
3. Disadvantages of change	4. Benefits of change
<ul style="list-style-type: none">• What would be the worst thing about changing what/how you drink?• What effect would this have?• What other negative aspects would there be?	<ul style="list-style-type: none">• What would be the benefits of changing your drinking habits?• What difference would this make to you?• What other advantages might there be?

If the woman raises barriers to change, it is important to acknowledge them. However, avoid correcting her or offering solutions. Try to discuss the benefits of change last, so that this part of the conversation finishes on a positive note.

Building motivation to change

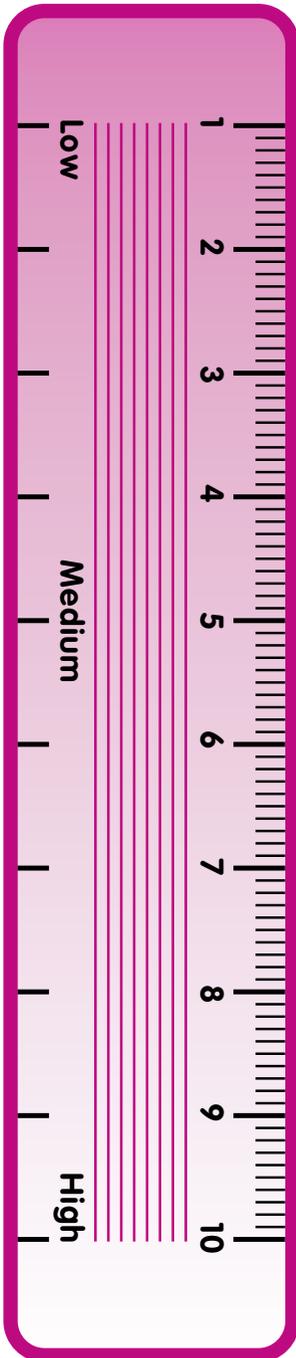
Lack of motivation to change is often the result of ambivalence – that is ‘feeling two ways’ about something. Encourage the woman to discuss the pros and cons of change from her point of view.

Weighing up the pros and cons of change

The box below gives suggestions that you can use to prompt discussion with the woman. Remember, it is best if the woman generates the ideas herself.

<p>1. Perceived advantages of current drinking</p>	<p>2. Disadvantages of current drinking</p>
<ul style="list-style-type: none"> • Get to meet up with friends. • Helps me cope when things are difficult. 	<ul style="list-style-type: none"> • Potential for my drinking to cause harm to self and the fetus. • My drinking sometimes causes arguments. • My drinking sometimes leaves me short of money.
<p>3. Disadvantages of change</p>	<p>4. Benefits of change (including abstinence)</p>
<ul style="list-style-type: none"> • I might not be able to do it. • My friends might think I’m being less sociable. 	<ul style="list-style-type: none"> • Reduced risks to my health and that of the fetus. • I will feel healthier. • I will be able to spend more time with my family.

Building confidence to change



The readiness ruler

1. How **important** is it for you to make a change?
2. How **confident** do you feel that you can make changes to your lifestyle?

Using the readiness ruler

When discussing lifestyle with an individual, there are two main questions that provide a lot of information about 'readiness' for change. Ask the individual:

1. How **important** is it for you to make a change?
2. How **confident** do you feel that you can make changes to your lifestyle?

Ask individuals to indicate their best answer to each question (remember they may be at different stages of readiness to change for each lifestyle behaviour you may discuss).

Use the 1–10 scale to help you quantify ‘readiness’, whereby lower numbers on the **importance scale** represent fewer thoughts about change and higher numbers represent specific plans to change.

1	2	3	4	5	6	7	8	9	10
Few thoughts about change								Specific plans to change	

Explore their response.

Importance

Ask what factors made them choose their score and what would help increase their score. This highlights potential obstacles to change. You can discuss these with the individual and help them to consider ways of overcoming these barriers.

Focus as well on why the score was not lower. This brings out the positive aspects of the individual’s thoughts about their importance and confidence with regard to behaviour change.

Confidence

Sometimes an individual scores higher in importance but lower in confidence. The **confidence scale** helps to measure the individual’s belief in their ability to comply with the changes required to have a healthier lifestyle. A low score requires further discussion. It may be due to a lack of confidence and motivational skills and the individual may need more support in developing a plan of action. Alternatively, you may find that the individual is not confident because they have other priorities in their lives at the moment and feel unable to commit to lifestyle behaviour change.

This is not a fixed numerical assessment but a tool to quickly identify readiness.

There are some strategies which can prove useful in helping to increase an individual's confidence in their own abilities. The following may be useful:

Previous successes: Draw attention to episodes from the individual's past when they have been successful in making changes (in any way). In addition, it is helpful to highlight any positive steps that the individual has taken already, and to break down any barriers by clarifying small steps that need to be taken in order to reach their goals.

Role models: Highlight how other people in a similar situation have succeeded in making changes.

Support: Highlight the fact that, as a professional, you have belief in the ability of the individual to change. Reinforce this by identifying significant others in the individual's life who also have this belief.

Ask the individual if they can enlist the help or support of responsible family members or friends to help them change their drinking habits.

(Adapted from British Psychological Society, 2007)

Options for change

Options for reducing and abstaining from alcohol consumption

It is best to avoid alcohol completely during pregnancy, as any alcohol the woman drinks while pregnant will reach the baby and may cause harm. Women should be encouraged to identify ways to refrain from, or reduce, any alcohol consumption.

No alcohol means no risk. Women who are trying to conceive should also avoid drinking alcohol.

Evidence suggests that people are more likely to successfully change behaviour if they come up with potential solutions themselves. Ask the woman how she might reduce her alcohol intake. What might work for her? Here are some suggestions but avoid telling the woman what to do. Options for reducing overall alcohol consumption:

Ideas to help women abstain

Soft drinks that are a bit more exciting than the norm:

- Treat yourself to some fancy juice, e.g. tropical flavours/ pressed apple, etc.
- Alcohol-free cocktails – most cocktail bars are very happy to do this for you.
- Alcohol-free fizz – sparkling water mixed with juices; sparkling juice, e.g. Appletiser™, Shloer™.
- Alcohol-free bottles – J2O™.
- Alcohol-free beers/lagers – ask your local pub to stock them for you, or order online from supermarkets if you're having trouble finding them.

When you're out with people who don't know you're pregnant:

- Bring the car – people are often happy to have a designated driver.
- Tell them you're on a detox/diet before Christmas/New Year/your holiday, etc.
- Consider a quiet night in – you might be feeling too tired to go out anyway!

Alternatives to the pub/drinking at home:

- There are plenty of activities (some of which you may be doing already) which don't involve drinking. Now is an ideal opportunity to spend time doing these.
- Take the chance to get to know other mums/mums-to-be through:
 - pregnancy yoga
 - bumps and babies groups
 - aquanatal classes
 - relaxation classes.
- If it's your first baby, enjoy the peace and quiet, read a book, go to the cinema or treat yourself, e.g. have a pregnancy massage. These things will be harder to do after the baby is born.

Options for change – guidance notes

The suggestions on the previous page may help women who want to cut down or abstain from their drinking, or who have already started to do so.

Benefits of change

Physical benefits:

Improved memory

A lower risk of miscarriage in the first trimester

Feeling happier and less anxious

A lower risk of low birthweight

A lower risk of developing many forms of cancer

Having more energy



A lower risk of brain damage

Having fewer hangovers

A lower risk of preterm labour

A lower risk of fetal alcohol syndrome (FAS) and other fetal alcohol spectrum disorders (FASD)

A lower risk of liver disease

Psychological, social and financial benefits:

- A lower risk of accident or injury.
- Developing better relationships.
- Feeling more positive about yourself.
- Having more time for other interests.
- Saving money.
- A lower risk of drink-driving.

When a woman is thinking, and perhaps ambivalent, about changing her drinking behaviour while pregnant, it can be helpful for her to consider some of the benefits of change. With the woman's permission, you may wish to discuss the facts regarding the benefit of reducing her alcohol intake. It is important to do this from a non-judgemental perspective. Then ask her how she feels about this. The benefits of change may include physical, psychological, social and financial benefits.

