

Delivering alcohol brief interventions in the antenatal setting

This briefing is one of a pair of papers (along with the main ABI briefing) published by NHS Health Scotland. It will support professionals when delivering alcohol brief interventions (ABIs) in antenatal settings.

Background

Alcohol-related harms in Scotland are among the highest in Western and Central Europe. This is due to large increases during the 1990s and early 2000s. Despite recent improvements, hospital admissions and deaths related to alcohol remain notably higher than in the 1980s.¹ The most recent alcohol sales data suggest that consumption per adult has increased in Scotland by 8% over the last 20 years (1995–2015). In 2015, an average of 20.8 units were sold per adult per week in Scotland.²

The long-term aim of the ABI programme in Scotland has been to ensure that ABI delivery becomes part of routine practice.³ The evidence base for the effectiveness of ABIs in the primary care setting is substantial, with a WHO review of 32 alcohol strategies and interventions finding them to be among the most effective alcohol policies.⁴ However, the current evidence base of their effectiveness in the antenatal care setting is less clear and more research is required.

The purpose of this briefing paper is to provide guidance on the delivery of brief interventions in the antenatal setting and to support the implementation process. This briefing paper is specific to the delivery of alcohol brief interventions within antenatal settings. This setting has been identified as a priority setting for alcohol brief intervention delivery, alongside primary care and A&E settings. For guidance specific to these other settings, see the ABI briefing paper on the **NHS Health Scotland Alcohol pages** (www.healthscotland.scot/alcohol).

The evidence used to support this briefing paper is at times dated, but it has been included to build a useful and relevant knowledge base for professionals.

1. Why should we be trying to reduce people's drinking?

- Alcohol-related problems have been estimated to cost the Scottish economy more than £3.56 billion per year and, in fact, this is thought to be an underestimation. More than half of this figure is incurred by the economic cost to society of people being absent from work, being less productive when they are working, or dying at a younger age from illnesses caused by alcohol consumption.⁵
- The negative consequences of drinking are not confined to the heaviest, dependent drinkers. The wider population of people drinking at hazardous and harmful levels also experience damage from their alcohol consumption, and it is this group for whom brief interventions are most effective.⁶
- Excessive alcohol consumption can also affect non-drinkers in many ways. This includes the impact of parental drinking on children; violence; fires and accidents; and the effect that drink has on relationships, families and employment.⁷

2. Women, alcohol and pregnancy

On average, women consume less alcohol per week than men. However, the 2015 Scottish Health Survey reported that:

- 17% of women were classified as hazardous or harmful drinkers (defined as drinking more than 14 units per week)
- 32% of women drank more than 3 units on their heaviest drinking day, while 14% drank more than 6 units.⁸

These statistics are of particular concern due to the strong association between hazardous or harmful drinking, sexual risk-taking and unintended pregnancy.⁹ It is recognised that when pregnancies are unplanned, there is a greater likelihood of significant alcohol exposure to the developing fetus prior to the woman being aware that she is pregnant.

The UK 2010 Infant Feeding Survey¹⁰ explores smoking and alcohol use during pregnancy as well as wider infant feeding practices. It cites that 81% of mothers across the UK had drunk alcohol in the two previous years, similar to the proportion found in 2005 (83%). Also reported in this survey was the fact that mothers in England (41%) and Wales (39%) were more likely to drink during pregnancy than mothers in Scotland and Northern Ireland (35% in each). It is recognised in these studies that for the majority this is lower-level drinking. The findings suggest that many women significantly reduce their alcohol intake when they find out they are pregnant.¹⁰ Other key findings are that of those mothers who drank alcohol before pregnancy:

- 49% gave up drinking completely during pregnancy, while 46% cut down the amount they drank.
- 2% did not change their drinking behaviours as a result of their pregnancy.
- 51% of mothers from managerial and professional occupations drank during pregnancy compared to 18% of mothers who had never worked.

Current evidence suggests that it can be difficult for professionals to identify alcohol use during pregnancy.¹¹ The need to rely on self-reporting of consumption may lead to underreporting due to a number of factors including: possible discomfort on the part of pregnant women in reporting their actual alcohol consumption to antenatal professionals, as well as a lack of knowledge or confusion over what constitutes a unit of alcohol. However, it is important to accurately record any alcohol use in pregnancy, as this is a crucial piece of information that must be shared with other universal service providers during the child's life course.

3. Impact of alcohol on the fetus

Recent reviews have shown that the risks of low birth weight, preterm birth, and being small for gestational age all may increase in mothers drinking above 1 to 2 units/day during pregnancy.¹²

In addition, heavier levels of alcohol consumption are associated with an increased risk of a wide range of developmental issues and physical disability, including fetal alcohol spectrum disorder (FASD).^{13,14,15} FASD is an umbrella term for several diagnoses that are all related to exposure to alcohol in the womb including fetal alcohol syndrome (FAS): a lifelong neurological condition that can significantly affect the outcomes for the child. The word 'spectrum' is used because each individual with FASD may have some or all of a spectrum of mental and physical problems.

4. Current alcohol advice in Scotland for fertility and pregnancy

The Chief Medical Officers' guideline¹⁶ 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, talk to your doctor or midwife.

5. What is an alcohol brief intervention (ABI)?

An ABI is described as a short, evidence-based, structured conversation about alcohol consumption with a patient/client. It seeks in a non-confrontational way to motivate and support the individual to think about and/or plan a change in their drinking behaviour in order to reduce their consumption and/or their risk of harm.¹⁷

Current practice in many antenatal settings often includes enquiries about alcohol consumption and the Scottish Women's Handheld Maternity Record includes two questions on alcohol. The delivery of a brief intervention offers health professionals a way to respond to women who report drinking while pregnant. It has the potential to be more effective in reducing drinking than just giving advice.

6. What is not an alcohol brief intervention?

- Merely giving a patient a leaflet about alcohol and telling them to read it, without any accompanying discussion, is not an evidence-based approach.¹⁸
- On the other hand, brief interventions are not the same as alcohol counselling. The evidence suggests that they can be effectively delivered by health professionals in a range of settings, and that specialist counselling training or experience is not required.⁶
- There is no strong evidence from other settings to suggest that multiple sessions or follow-up sessions to discuss alcohol consumption are more effective than single sessions in reducing consumption.⁶

7. Why brief interventions in antenatal settings?

The majority of evidence for the effectiveness of ABIs lies within primary care settings.^{6, 18} However, there is some research into the use of ABIs in other areas, including the antenatal setting.^{11, 19-23} The Cochrane Review¹¹ into psychological and/or educational interventions for reducing alcohol consumption in pregnant women highlighted the need for further research in this area. What the evidence does indicate is that around 40% (two out of five) of pregnant women in the UK in 2010 consumed alcohol during pregnancy.²⁴ In Scotland the available figures vary between 20%²⁵ and 35%¹⁰ for those reporting drinking during pregnancy. This is despite new UK CMO alcohol guidelines advising women that the safest option is to avoid alcohol altogether.¹⁵

Despite the limited evidence supporting ABIs in the antenatal setting, there is significant plausible theory as to why ABIs should be delivered in this setting. With reference to ethical principles,²⁶ ABIs can do good not only for the mother but also for the developing fetus; they are equitable in that every pregnant woman can be screened and offered an ABI; and they are sustainable because of their quick delivery and low implementation costs after initial training is completed.

Overall, the programme of ABIs being implemented across Scotland has helped to identify women who might be drinking while pregnant. It also:

- provides midwives and other health professionals with a structured and evidence-based process for responding to women who report drinking during pregnancy
- offers the opportunity to reinforce and standardise the provision of national advice on alcohol consumption
- offers an opportunity to develop the evidence base for the delivery of alcohol brief interventions within the antenatal setting, through the national evaluation process for ABI implementation.

8. What is the goal of a brief intervention in antenatal settings?

Within the context of antenatal settings, the overall goal of an alcohol brief intervention is to support pregnant women to abstain from alcohol throughout their pregnancy.

It is important to note that any reduction in alcohol consumption is likely to result in a reduction in health risks for both the mother and the developing fetus.

This goal should be considered in terms of the advocated approach of an alcohol brief intervention, which is to engage women in a conversation about their drinking in order to:

- give them an opportunity to discuss their drinking if they wish to do so
- offer them feedback on how their drinking may affect their health, their pregnancy and the health of their fetus
- explore how they feel about cutting down or changing their drinking
- help them to make changes if they want to.

This approach is supportive of the ethos of women-centred care and informed decision-making which is placed at the heart of current NICE (National Institute for Clinical Excellence) guidelines for antenatal care.²⁷ These guidelines also highlight the importance of taking into account the views of women's partners and families in relation to the choices they make. Health professionals should be alert to opportunities for these views to be taken into account when delivering alcohol brief interventions.

9. When might it be appropriate to signpost or refer a patient to another service or professional?

It is acknowledged that there are particular challenges, pressures and demands for engaging with women in the antenatal setting. If screening and feedback, rather than a full alcohol brief intervention, are only possible under these circumstances, then it may be appropriate, with the woman's consent, to suggest a brief intervention at the next appointment.

In certain circumstances, whether or not a brief intervention has been delivered, it may be advisable or necessary to refer the woman on to specialist services if:

- the woman wants to speak to someone else or might benefit from additional help or support
- discussion with the woman indicates signs of alcohol dependence or she has screened positively for dependence
- the woman is drinking heavily at a level that is likely to put the fetus at risk, even if dependence is not a concern
- there are indicators of other problems that the practitioner cannot adequately support or address (e.g. other substance misuse or mental or physical health problems) or there is a concern about child protection.

In some cases, women may not be willing to accept referral. Brief intervention aimed at increasing a woman's readiness to accept onwards referral may be helpful in these situations. This should be followed up so that further offers of referral/signposting can be made.

If referral is appropriate, the woman should be fully informed of this action and be provided with information on the next steps.

There are a number of resources, outlined in section 10, which women can be provided with or signposted to by the practitioner.

10. Resources to support the delivery of an ABI within the antenatal setting:

- *Alcohol & pregnancy* and Alcohol Focus Scotland's leaflet *Alcohol & Pregnancy Don't Mix* provide information to help expectant mothers make healthy choices regarding alcohol consumption in pregnancy. These leaflets (currently being reviewed) also highlight the dangers to the unborn baby of drinking alcohol while pregnant. Both of these publications recommend that no alcohol is the best and safest choice for the unborn baby: www.alcohol-focus-scotland.org.uk/media/60028/Alcohol-pregnancy-dont-mix-leaflet.pdf
- NHS Health Scotland, Alcohol Focus Scotland and the Scottish Government have produced a suite of leaflets intended to provide tips and advice on alcohol-related topics, including *Women and Alcohol* (www.alcohol-focus-scotland.org.uk/media/60091/Women-and-alcohol-leaflet.pdf). This leaflet provides general information on issues that may affect women who drink alcohol, including a small section on pregnancy and breastfeeding.
- Visit www.healthscotland.scot/alcohol to download copies of this ABI pack and for the latest national information on alcohol brief interventions. For further support on delivering ABIs, please contact your local ABI training coordinator to find out more information about ABI training in your local area.
- For more alcohol information, please visit the following websites:
www.nhsinform.scot/healthy-living
www.gov.scot/Topics/Health/Services/Alcohol
www.scotpho.org.uk/behaviour/alcohol/introduction

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