Delivering alcohol brief interventions in the antenatal setting

Antenatal briefing paper

This briefing is one of a pair of papers published by NHS Health Scotland. It will support professionals when delivering alcohol brief interventions (ABIs) in antenatal settings, based on the evidence to date.

Background

In Scotland, alcohol-related hospital admissions have quadrupled, and despite recent falls, death rates remain significantly higher than in the early 1980s. The 2013 Scottish Health Survey stated that 40% of men and 31% of women exceeded the recommended daily maximum on their heaviest drinking day.

The long-term aim of the ABI programme in Scotland has been to ensure that ABI delivery becomes part of routine practice. The evidence base for the effectiveness of ABIs is substantial, with a WHO review of 32 alcohol strategies and interventions finding them to be among the most effective alcohol policies. However, there is room to strengthen the evidence base in the antenatal setting.

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.

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.

- 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.

- 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.
2. Women, alcohol and pregnancy

There has been a downward trend in the volume of pure alcohol sold per adult in Scotland since 2009, decreasing by a total of 8% between 2009 and 2012. Overall, the declining trends in self-reported alcohol consumption are steeper among men than women. The most recent national study, in 2013, into Scotland’s health estimated that:

- 16% of women drank at hazardous or harmful levels (more than 14 units per week); this rising to 31% of women above the daily drinking maximum recommended limits (over three units).
- 25% of women with the highest household incomes are most likely to drink at hazardous or harmful level.
- 35% of women exceeded the recommended weekly and/or daily consumption guidelines.

This final statistic is of particular concern due to the strong association between hazardous or harmful drinking, sexual risk-taking and unintended pregnancy. 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 Survey 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.

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.

3. Impact of alcohol on the fetus

Overall there is strong evidence that harmful and hazardous drinking (more than five units on one occasion) and heavier alcohol consumption during pregnancy can increase the risk of miscarriage, preterm birth and low birthweight. However, there is considerable variation in research studies in what is defined as ‘heavy’, ‘moderate’ or ‘light’ alcohol consumption during pregnancy.

In addition, these 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). 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.

The effect of lower levels of alcohol consumption in pregnancy for example no more than one or two units, once or twice a week – is much less clear. However, the stage of gestation and the frequency of drinking do have an effect on whether a child develops full-blown FAS with strong physical characteristics recognisable from birth; or FASD, which is more likely to be identified later in the child’s life. The Royal College of
Obstetricians and Gynaecologists\textsuperscript{6} updated patient information relating to alcohol consumption and the outcomes of pregnancy is as follows:

- There is no proven safe amount of alcohol that women can drink during pregnancy. The only way to be certain that the baby is not harmed by alcohol is not to drink at all during pregnancy.
- Harmful or hazardous drinking in early pregnancy is putting the mother and her unborn child's health at risk. Specific advice to men and women should make this clear. Advice on the risk of harm to an unplanned pregnancy, as well as the risk of sexually transmitted disease, should be widely available. Access to emergency contraception and screening for sexually transmitted infections should be made available to those whose behaviour has put them at risk.
- In antenatal clinics, effort should be made to improve accurate history taken about alcohol and other substance abuse, to attempt to identify the high-risk group of women with problem drinking or other behaviour that can be harmful to the fetus.

4. Current alcohol advice in Scotland during pregnancy

Drinking no alcohol during pregnancy is the best and safest choice. No alcohol, no risk.\textsuperscript{21}

The Scottish Government advises that women who are trying to become pregnant or are pregnant should avoid drinking alcohol. There is no ‘safe’ time for drinking alcohol during pregnancy and there is no ‘safe’ amount. The effects of alcohol on the developing fetus can be many and varied, potentially devastating and lifelong. These effects are influenced by many different factors and are difficult to predict.\textsuperscript{20}

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 her drinking behaviour in order to reduce their consumption and/or their risk of harm.\textsuperscript{21}

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.\textsuperscript{22}
- 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.\textsuperscript{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.\textsuperscript{5}
7. Why brief interventions in antenatal settings?

The majority of evidence for the effectiveness of ABIs lies within primary care settings. However, there is some research into the use of ABIs in other areas, including the antenatal setting. The Cochrane Review 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 almost half of women continue to drink alcohol to varying levels while pregnant despite current national guidance advising women that the safest option is to avoid alcohol altogether.

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, 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 alcohol brief interventions (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. 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. They 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.fasdtrust.co.uk](http://www.fasdtrust.co.uk) [www.alcohol-focus-scotland.org.uk/media/1071/alcohol-pregnancy-dont-mix-leaflet.pdf](http://www.alcohol-focus-scotland.org.uk/media/1071/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/1055/women-and-alcohol-leaflet.pdf](http://www.alcohol-focus-scotland.org.uk/media/1055/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.com/alcohol](http://www.healthscotland.com/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.co.uk/health-library/articles/a/alcohol-misuse/](http://www.nhsinform.co.uk/health-library/articles/a/alcohol-misuse/)
  - [www.scotland.gov.uk/Topics/Health/Services/Alcohol](http://www.scotland.gov.uk/Topics/Health/Services/Alcohol)
  - [www.scotpho.org.uk/behaviour/alcohol/introduction](http://www.scotpho.org.uk/behaviour/alcohol/introduction)
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