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“If you can have one glass of wine now and then, why are you denying that to a woman with no evidence”: Knowledge and practices of health professionals concerning alcohol consumption during pregnancy

Dr. Andrea L. Fielder^a,
 Fiona Crawford-Williams^a, Mary Steen^a, Adrian Esterman^a,
 Antonina Mikocka-Walus^b

Sansom Institute for Health Research, School of Nursing and Midwifery^a
 Department of Health Sciences, University of York^b

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ORIGINAL RESEARCH – QUALITATIVE
 “If you can have one glass of wine now and then, why are you denying that to a woman with no evidence”: Knowledge and practices of health professionals concerning alcohol consumption during pregnancy

Fiona Crawford-Williams^{a,*}, Mary Steen^a, Adrian Esterman^a, Andrea Fielder^a,
 Antonina Mikocka-Walus^{a,b}

^aSchool of Nursing and Midwifery, University of South Australia, Frome Road, Adelaide, SA, Australia
^bDepartment of Health Sciences, University of York, Heslington, York YO10 5DU, United Kingdom

ARTICLE INFO ABSTRACT


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Conflict of interest

- No conflict of interest to declare.
- University of South Australia’s Human Research Ethics Committee (HREC) (0000031358).
- Women’s and Children’s Health Network HREC (HREC/13/WCHN/ 121).


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The spectrum

- Knowledge regarding the ↓ consequences of alcohol consumption during pregnancy has continued to ↑.
- Prenatal alcohol use can lead to a range of adverse effects known as Fetal Alcohol Spectrum Disorders (FASD).
- Fetal Alcohol Syndrome (FAS) ↑ spectrum.
- FASD is the leading preventable cause of brain damage in unborn children in Western countries.

(Sokol et al., 2003)


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Difficulty and prevalence

- FASD prevalence: difficult to determine, often goes undiagnosed.
- Health professional confusion: FASD vs FAS.
- US estimates between 0.5 and 2 births/1000 affected by FAS
- Australia FASD prevalence reported to be approximately 6/1000 live births.
- Figures likely to be higher due to under-reporting associated with diagnosis difficulty.

(May et al., 2001; Newham et al., 2012)


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Alcohol and pregnancy in Australia

- Current Australian guidelines: for pregnant women, or women planning a pregnancy, not drinking is the safest option.
- Despite this, 20% pregnant women in Australia continue to consume alcohol during pregnancy.

(NHMRC 2009; Callinan & Room, 2012)



What is happening?

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Why do women continue to consume alcohol during pregnancy?????????



Health Professional's: alcohol use in pregnancy

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- General
 - 45% routinely ask
 - 25% routinely provide information on the consequences
 - 13% provide advice consistent with current NHMRC guidelines
- Paediatricians
 - 21% routinely ask
 - 10% routinely provide
- Midwives and GP's
 - Limited knowledge of the health risks
 - Unlikely to ask: "clients already knew"

(Payne et al., 2005, 2011; Jones et al., 2012; O'Leary et al., 2012; France et al., 2010)



Rationale

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- There are significant areas for improving the dissemination of accurate information by health professionals to pregnant women about alcohol use in pregnancy
- An in-depth exploration into the knowledge and attitudes of health professionals was deemed necessary to investigate any barriers to providing accurate information about alcohol use to pregnant women
 - Midwives, shared-care GPs, obstetricians
 - In-depth interviews to gain an understanding of the knowledge and practices in relation to alcohol use during pregnancy



Interview

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- Literature review to determine major issues for health professionals.
- Interview protocol developed.
- Explored health professionals' knowledge of the effects, current practice in questioning pregnant women, and the information they provide about alcohol use during pregnancy.



Participants and data analysis

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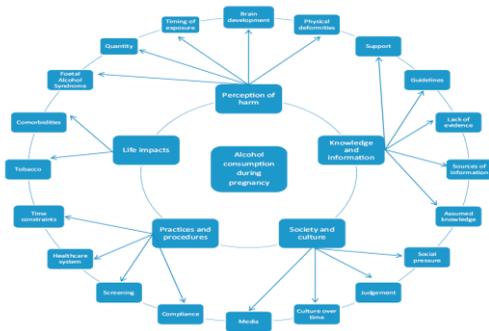
- A purposive sample was recruited using word-of-mouth.
- More than six months experience in antenatal care.
- Ten semi-structured interviews (data saturation):
 - 4 x midwives
 - 3 x GPs
 - 3 x obstetricians.
- Interviews audio-taped and transcribed verbatim, with field notes and summaries of the key points written at the end of each interview.
- Braun and Clarke 6 step protocol for thematic analysis



Demographics

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- Age ranged from 27 to 62 years.
- Five participants from private practice (one general practitioner (GP), one midwife, and three obstetricians).
- Five participants from the public sector (three hospital midwives, and two GPs).
- Seven participants were female and three were male.



1. Perception of harm

- Most health professionals had a good understanding of physical and developmental problems associated with consumption.
- All noted FAS as the most serious consequence: several participants could not explicitly describe the condition, and additionally few participants had heard of FASD.
 - "I'm not sure of the specific details of what happens to these babies but they are very, very unwell" (GP#3)
 - "I think the problem is too much alcohol, real alcoholics. That can cause brain injuries. We learnt about Fetal Alcohol Syndrome as part of midwifery training. But I think it is an issue in Aboriginal women" (midwife #3)
 - "If women drink a lot of alcohol there is a condition know as Fetal Alcohol Syndrome" (obstetrician #3)

2. Knowledge and information

- Participants were aware of the current Australian guidelines: recommended no alcohol as the safest option during pregnancy.
- Many participants felt there needed to be more evidence to support these guidelines
 - "I really think that a drink won't hurt...These days everything is very extreme, they say no coffee, no alcohol etc with limited evidence" (midwife#3)
 - "If you can have one glass of wine now and then, why are you denying that to a woman with no evidence" (GP#1)
 - "I don't think there is actually any evidence that a small quantity of alcohol does any harm. I suspect the people that sit around tables making these decisions decided to play it safe" (obstetrician#1)

3. Society and culture

- Health professionals believed Australia has a big drinking culture: they could understand women might feel social pressure to drink, even when pregnant.
 - "I do think there is such a culture towards drinking and a lot of women would feel pressured to drink....It doesn't really make sense to me why someone would go and get really intoxicated once off or even frequently during the pregnancy, but I can understand the social situations that lead to that for sure" (midwife#2)
 - "You look at the young women, a lot of them don't drink everyday but when they do drink they are very heavy drinkers and I think if we're going to be serious about treating women with alcohol issues we've got to do it before they get pregnant" (GP#3).

4. Practices and procedures

- Existing practices and procedures played a key role in the way pregnant women were provided information about alcohol use during pregnancy.
 - "...its one of those things that just slips under the net a bit. You tend not to bother with it, because there is so much other stuff. And no one asks about it either. Everyone asks what can I eat....." (midwife#1)
 - "I suppose in their dreams they would want the obstetrician personally to tackle each particular issue, like smoking, breastfeeding, alcohol and all these different single issue matters, but the truth of the matter is that we are not in a position to do that, the way the Medicare fees are structured" (obstetricians#1)
 - "Luckily my patients are very compliant with the no alcohol advice....I see really concerned and cooperative antenatal patients so it [alcohol consumption] is just not an issue" (GP#2).

5. Life impacts

- If women were drinking during pregnancy there may be underlying mental health issues, other illicit drug use and other co-morbidities that need addressing.
 - "Is alcohol the only thing that she's doing that is detrimental to her health" (midwife#2)
 - "I know alcohol is an issue, but arguably, tobacco is a bigger issue in pregnancy" (obstetrician#1)
 - "There are all the problems it can cause the mother, and the baby, and potentially the family, because alcohol is a shocker. It affects the whole family, and the second family and everyone as well. And if there are any people who have those sorts of issues we can get them to see drug and alcohol counsellors before" (GP#3)



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Discussion

- Health professionals displayed adequate knowledge that alcohol can cause physical and mental difficulties that are lifelong.
- Knowledge of the term FASD and the broad spectrum of difficulties associated with alcohol consumption during pregnancy was limited.
- Although health professionals were willing to discuss alcohol with pregnant women, many did not make this a routine part of practice.
- Concerning judgments about who does, and does not, drink during pregnancy were reported.



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Conclusion

- Communication between health professionals and pregnant women need to be improved to ensure that accurate information about alcohol use in pregnancy is being provided.
- *Women Want to Know* campaign from Foundation for Alcohol Research Education was developed after the current study was conducted and these resources hope to promote conversation and inform health professionals.
- It is important to ensure that the national guidelines are being supported by all health professionals.



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- Thank you and questions



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References

- Sokol RJ, Delaney-Black V, Nordstrom B. Fetal alcohol spectrum disorder. *JAMA* 2003;290:2996–9.
- May PA, Gossage JP. Estimating the prevalence of fetal alcohol syndrome: a summary alcohol research and health. *National Institute on Alcohol Abuse and Alcoholism*; 2001; 159–67.
- Newnham C. No alcohol in pregnancy is the safest choice for women who are, or might become pregnant. *Premie Press: a quarterly publication for those interested in the development of premature babies and children*, vol. 13. 2012;p. 8–9.
- National Health and Medical Research Council. Australian guidelines to reduce health risks from drinking alcohol. Canberra: NHMRC; 2009.
- Callinan S, Room R. Alcohol consumption during pregnancy: results from the 2010 National Drug Strategy Household Survey. Canberra: Centre for Alcohol Policy Research; 2012.
- Payne JM, Elliott E, D'Antoine H, O'Leary C, Mahony A, Haan E, et al. Health professionals' knowledge, practice and opinions about fetal alcohol syndrome and alcohol consumption in pregnancy. *Aust N Z J Public Health* 2005;29:558–64. 11.
- Payne JM, France KE, Henley N, D'Antoine HA, Bartu AE, Mulch RC, et al. Paediatricians' knowledge, attitudes and practice following provision of educational resources about prevention of prenatal alcohol exposure and Fetal Alcohol Spectrum Disorder. *J Paediatr Child Health* 2011;47:704–10. 12.
- Jones SC, Telenta J. What influences Australian women to not drink alcohol during pregnancy? *Austr J Prim Health* 2012;18:68–73. 13.
- O'Leary CM, Bower C. Guidelines for pregnancy: what's an acceptable risk, and how is the evidence (finally) shaping up. *Drug Alcohol Rev* 2012;31:170–83. 14.
- France K, Henley N, Payne J, D'Antoine H, Bartu A, O'Leary C, et al. Health professionals addressing alcohol use with pregnant women in Western Australia: barriers and strategies for communication. *Subst Use Misuse* 2010;45:1474–90.