

**Health Professionals Making a Difference:
Fetal Alcohol Spectrum Disorder, Alcohol and
Substance Use in Pregnancy, and Breastfeeding**

Westlink Satellite Series 1

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Associate Professor Moira Sim

Addressing alcohol use
with women
before and during pregnancy

Associate Professor Moira Sim
Edith Cowan University
General Practitioner and Alcohol & Drug Specialist

Health professionals

- Encounter women in many settings
 - Information providing
 - Preventive checks
 - Illness management
 - In different roles - patient/client, mother, carer
- Contact with women before & during pregnancy
 - Strong motivation to change behaviour at this time

Health professional role

- Expected to give advice
- Advice is personalised
- Knowledge is respected and trusted
- Have authority which can change behaviour
- Can provide support or refer to those who can support to make changes

Health professionals & action on alcohol in women

- WA study in health professionals
 - 97% thought women should be informed about the consequences of alcohol use in pregnancy
 - 55% of those caring for pregnant women did not routinely ask about alcohol use
 - 75% did not routinely provide information about consequences of alcohol use in pregnancy

Health professionals: Barriers to action

- Social norms
- Concerns about woman's response
- Feel it is not their role
- Other competing priorities and time issues
- Unsure of how to ask
- Lack knowledge about effects of alcohol use & pregnancy
- Unprepared to give advice, lack skills to do so
- Not aware of support services

5 'A' Action steps

- **Ask** all women of child-bearing age & pregnant women
- **Assess** the level of risk
- **Advise** pre-pregnancy & during pregnancy
 - No safe level
 - Level of risk hard to predict but less is better
 - Consequences & report concerns
- **Assist** through encouragement to reduce/stop
- **Arrange** support

Emma, aged 18

- Seeking the contraceptive pill
 - Likely social norms include alcohol excess on weekends
 - May see media promoting alcohol, and negative media may be seen as referring to others
 - May encounter GP, nurse at school or family planning/youth centre, pharmacist



Emma, aged 18

- Appointment re contraceptive pill
 - **Ask** as part of general health assessment including rubella, HPV, smoking (routine, non-judgemental)
 - **Assess** risk for later
 - **Advise** pre-pregnancy
 - No safe level, less is better
 - Discuss consequences & suggest planning
 - **Assist** - now & plan for pregnancy later
 - **Arrange** - follow up for general health needs & support as needed



Emma, aged 18



- Follow up
 - Later appointments for contraceptive review
 - Pap/HPV
 - General health issues - diet, exercise
 - Pregnancy planning
 - Rubella
 - Folic acid
 - Diet
 - Encourage to review prior to pregnancy

Emma, aged 18

- Concept of brief intervention
 - Brief advice by health professional
 - As part of routine care
 - Proven consistently to make difference to lifestyle behaviour
 - Multiple opportunities in care
 - Non-judgemental approach
 - Can repeat, can use more intensive techniques if required later



Tracy, aged 26



- 1st pregnancy, unplanned (pill failure), concerned re alcohol use
 - **Assess** consumption
 - **Advise** on risk
 - Difficult to assess but usually low if small amounts (<5 std drinks any one occasion, < 7 std drinks/ wk)
 - Stopping alcohol will reduce risk
 - Discuss concerns, general pregnancy monitoring
 - **Arrange** on going pregnancy care & other supports as required

Tracy, aged 26



- Health conscious, well informed
 - Point of checking & reinforcing information
 - If alcohol use has not been high, positive message of future action being able to make a difference
 - Support in monitoring & referral as needed

Christine, aged 32



- Pregnant again, ongoing alcohol issues & domestic violence
 - Previous attempts to stop alcohol failed
 - Relationship issues, husband drinks & violent
 - Wanting another child
 - Drank throughout last pregnancy, no problems
 - Concerned that 3 yr old daughter is getting old enough to witness parental conflict

Christine, aged 32

- **Assess** alcohol use & related issues
 - Risk
 - Knowledge
 - Supports
 - Willingness to stop or reduce
 - Assistance required to stop or reduce



Christine, aged 32



- Motivational interviewing
 - Aims to increase readiness to change by resolving ambivalence
 - Empathy, reflective listening
 - Recognise resistance, avoid argumentation
 - Highlight ambivalence and enhance discrepancy
 - Reinforce comments Christine makes about behaviour change, supporting self-efficacy

Christine, aged 32



- Motivational interviewing
 - “How do you feel about your alcohol use?”
 - “What do you like about it?”
 - “What are the not-so-good things about it?”
 - Summarise..., then “Where does that leave you?”

Christine, aged 32



- Motivational interviewing
 - “On a scale of 1-10 if 10 is very high, how much do you want to stop alcohol?”
 - “Why so high?”
 - The questions encourage Christine to make statements which can help to motivate her

Christine, aged 32

- Motivational interviewing
 - Reinforce self-efficacy
 - Offer support, using resources available
 - Practical strategies
 - Follow up



Christine, aged 32



- Harm minimisation
 - If Christine is not ready to stop alcohol use
 - Aim to reduce
 - Ensure obstetric team aware
 - Consider use of Antenatal Chemical Dependency Clinic at KEMH
 - Support, continue to work on issue over time
 - Establish therapeutic relationship, create opportunities to continue to monitor post pregnancy

Lisa, aged 34



- Planning pregnancy
 - Works in a senior position and concerned about impact in job if this is known
 - Avoiding alcohol would be noticed
- Discuss dealing with this
 - “I’m getting healthy - eating properly, exercise, no alcohol”

Health professionals

- Ideally placed to make a difference to alcohol use before and during pregnancy
- Where possible as part of routine care by asking and acting on this
- Resources
 - Clinical services
 - Written resources



