



ST JOHN OF GOD

Raphael Services

Driving Change: pregnancy, parenting, alcohol and other drugs conference

Welcome



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Asking women about alcohol use in pregnancy: Why and how

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Asking women about alcohol use in pregnancy

Why and how

Tracy Reibel, Senior Research Fellow, Alcohol and Pregnancy team

WHY?



A prospective study: Victoria 2011-2012 1570 pregnant women

- 41% did not drink in pregnancy
- 59% drank at some time in their pregnancy
- 32% throughout

Muggli E et al. "Did you ever drink more?" A detailed description of pregnant women's drinking patterns. BMC Public Health 2016;16:168



Women who drank beyond the first trimester

- have a higher income and higher level of education
- 18% of the study sample had an alcohol binge prior to pregnancy recognition

“this information was only gleaned by asking a question about drinking on special occasions”



Western Australian Births 2013

33,928 women gave birth:

- average age, 29.8 years
- 20.5% aged 35 years or older
- 78.6% resided in metropolitan area
- 63% were born in Australia

Hutchinson, M; Joyce, A. (2016). Western Australia's Mothers and Babies, 2013: 31st Annual Report of the Western Australian Midwives' Notification System, Department of Health, Western Australia



An extrapolation

33,928 women gave birth in 2013:

20,017 (59%) women drank at some time
in pregnancy

9,106 (27%) women didn't drink after first
trimester

10,856 (32%) women drank through
pregnancy



6,107 women had a binge
drinking occasion prior to
pregnancy recognition

HOW?

RELATIONSHIP

Q: Since becoming pregnant/last appointment, how often have you had a drink containing alcohol?					Score			
					Date:	Date:	Date:	Date:
					Pre-Pregnancy	Gestation	Gestation	Gestation
0 Never	1 Monthly or less	2 2-4 times a month	3 2-3 times a week	4 4+ a week				
Q: How many standard drinks containing alcohol do you have in a day when you are drinking?								
0 1 or 2	1 3 or 4	2 5 or 6	3 7-9	4 10+				
Q: How often do you have five or more standard drinks in one sitting?								
0 Never	1 Monthly or less	2 Monthly	3 Weekly	4 Daily / almost daily				
Total Score:								

This is the time to be asking the special occasion question

Ask your client the following questions about their alcohol use to assess the level of risk.
Add the scores for each question to get a total score and match the total score to the level of risk below.

					Score			
					Date:	Date:	Date:	Date:
					Pre-Pregnancy	Gestation	Gestation	Gestation
Q: Since becoming pregnant/last appointment, how often have you had a drink containing alcohol?								
0	1	2	3	4				
Never	Monthly or less	2-4 times a month	2-3 times a week	4+ a week				
					2	1	2	3
Q: How many standard drinks containing alcohol do you have in a day when you are drinking?								
0	1	2	3	4				
1 or 2	3 or 4	5 or 6	7-9	10+				
					2	1	1	1
Q: How often do you have five or more standard drinks in one sitting?								
0	1	2	3	4				
Never	Monthly or less	Monthly	Weekly	Daily / almost daily				
					3	0	0	0
Total Score:					7	2	3	4

Level of Risk

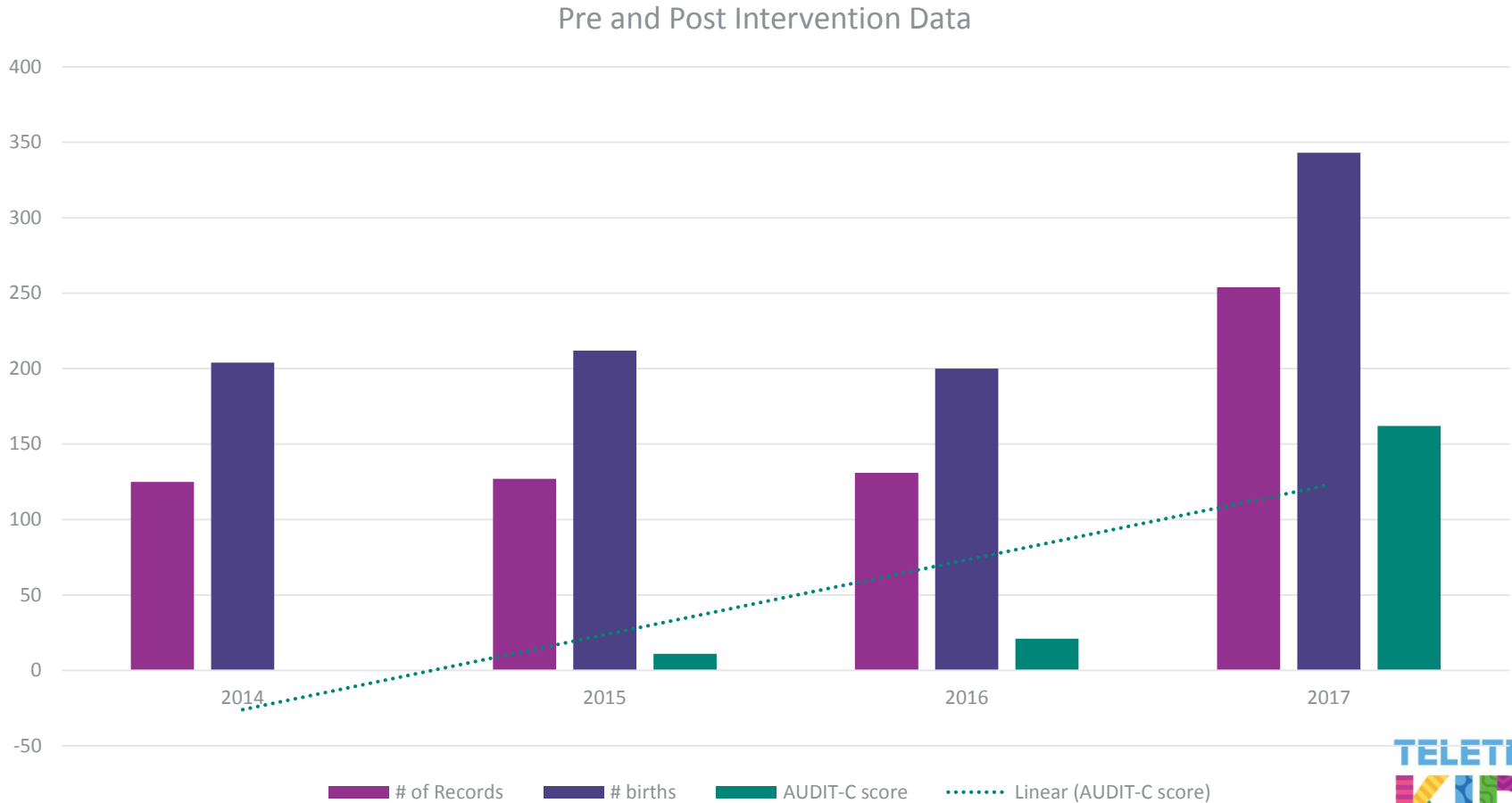
Low risk of harm to women (total score 0-3)	Medium risk of harm to women (total score 4-7)	High risk of harm to women (total score 8+)
Actions:		
a) Discuss score and provide feedback for low risk drinking for women. b) Assist by providing alcohol harm prevention and reduction resources. c) Offer to arrange a follow up session if needed.	a) Discuss score and give feedback for risky drinking. b) Discuss positives and negatives of taking action. c) Discuss tips, strategies and plan for taking action. d) Assist by providing alcohol harm prevention and reduction resources. e) Offer to arrange referral and follow-up session if needed.	a) Discuss score and provide feedback for high risk drinking. WARNING: People who score in the high risk range (8+) should not be told to stop drinking alcohol or cut down without seeing a doctor. b) Discuss the positives and negatives for taking action. c) Provide contact information for alcohol and other drug services, ADIS and a doctor. d) Assist by providing alcohol harm prevention and reduction resources. e) Offer to arrange referral and a follow-up session.

Table continued over page

Continuation of 'Level of Risk' table

Lower risk of fetal harm (total score <1)	Risk of fetal harm (total score 1-4)	Higher risk of fetal harm (total score >5)
Key messages:		
<ul style="list-style-type: none"> Advise that the safest choice is not to drink alcohol during pregnancy. Advise that a score of 0 indicates no risk of alcohol-related harm to the developing fetus. Commend women who have not consumed alcohol since becoming pregnant. Advise women who have consumed small amounts (e.g. one or two standard drinks) of alcohol prior to or during pregnancy, that the risk to the developing fetus is low. Advise that the risk to the developing fetus is influenced by maternal and fetal characteristics and is difficult to predict. Advise that the risk of harm to the developing fetus increases with increasing the amount and frequency of alcohol consumption. Offer to arrange a follow-up session if needed. 	<ul style="list-style-type: none"> Advise that the safest choice is not to drink alcohol during pregnancy. Advise that a score of 0 indicates no risk of alcohol-related harm to the developing fetus. Commend women who have not consumed alcohol since becoming pregnant. Advise women who have consumed small amounts (e.g. one or two standard drinks) of alcohol prior to or during pregnancy, that the risk to the developing fetus is low. Advise that the risk to the developing fetus is influenced by maternal and fetal characteristics and is difficult to predict. Advise that the risk of harm to the developing fetus increases with increasing the amount and frequency of alcohol consumption. Offer to arrange a follow-up session if needed. 	<ul style="list-style-type: none"> Advise that the safest choice is not to drink alcohol during pregnancy. Advise that a score of 0 indicates no risk of alcohol-related harm to the developing fetus. Commend women who have not consumed alcohol since becoming pregnant. Advise women who have consumed small amounts (e.g. one or two standard drinks) of alcohol prior to or during pregnancy, that the risk to the developing fetus is low. Advise that the risk to the developing fetus is influenced by maternal and fetal characteristics and is difficult to predict. Advise that the risk of harm to the developing fetus increases with increasing the amount and frequency of alcohol consumption. Offer to arrange a follow-up session if needed.

Pre and Post Intervention Data



WA Health AUDIT-C Learning Guide



Government of **Western Australia**
Department of **Health**

YOUNG MOTHER

"A friend of mine, she fell pregnant quite young. So she was maybe 19, and her doctor said there was no reason for her to stop drinking. I think that's the first thing I kind of threw into my mind. Is it alright to continue drinking a little bit? I didn't. But is it ok? A little bit ok? Or is it none?"

MIDWIFE

"They usually do disclose it, because they are worried about the baby. They genuinely want to do the right thing by their baby. So they will usually slide a question in somehow that makes you think 'oh'!"



Women's and Newborns Health Service

- Health professionals section > WNHS education hub > WNHS and other self directed learning
- <https://www.kemh.health.wa.gov.au/For-health-professionals/Staff-resources/WNHS-Education-Hub/Self-directed-learning/WNHS-and-other-health-services-self-directed-eLearning>