Alcohol in Pregnancy

This guidance does not override the individual responsibility of health professionals to make appropriate decision according to the circumstances of the individual patient in consultation with the patient and /or carer. Health care professionals must be prepared to justify any deviation from this guidance.

Introduction

Alcohol can have a wide range of differing impacts on the foetus. These include a range of lifelong conditions, known under the umbrella term of 'Fetal Alcohol Spectrum Disorders' (FASD). The severity and nature of this are linked to the amount drunk and the developmental stage of the foetus at the time. Although alcohol can be purchased legally from the age of 18, many people forget that it is in fact a drug.

This guideline is for use by the following staff groups:

This guideline is relevant to all healthcare professionals involved in the care of pregnant women and birthing people in all maternity settings, including but not limited to, Midwives, Obstetricians, Early Pregnancy Unit (EPAU) staff, Sonographers, Students, and MCA's/MSW's.

Lead Clinician(s)

Linda Haynes	Public Health Midwife
Approved by *Maternity Governance Meeting* on:	19th May 2023
Review Date: This is the most current document and should be used until a revised version is in place	19th May 2026

Key amendments to this guideline

Date	Amendment	Approved by:
May 2023	New Guideline	MGM

Purpose

The purpose of this guideline is to provide staff with a practical and quality assured approach that provides women with the information they need to know about alcohol consumption during pregnancy, it is important to know how much a woman is drinking and how this has changed since she found out that she is pregnant. This assessment of alcohol consumption, combined with education and support, can assist women to stop or reduce alcohol use in pregnancy and reduce the risk of adverse consequences from alcohol consumption such as Fetal Alcohol Spectrum Disorder.

To provide guidance on use of the AUDIT-C (Alcohol Use Disorders Identification Test – Consumption) tool, and where necessary, referral pathways following this assessment.

The Chief Medical Officers' guidance for alcohol consumption 2016 states 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 term "low risk drinking" implies that no level of alcohol consumption is completely safe.

Background

Alcohol passes from the mother's blood through the placenta to baby. A baby's liver is one of the last organs to develop and does not mature until the later stages of pregnancy. Babies cannot process alcohol well, and exposure to alcohol can seriously affect their development. It can damage their brain and body and damage normal development.

Drinking alcohol during pregnancy increases the risk of miscarriage, premature birth, and low birthweight. It can result in the loss of the pregnancy. Babies who survive may be left with lifelong problems.

What are fetal alcohol spectrum disorder (FASD) and fetal alcohol syndrome (FAS)?

Drinking heavily during pregnancy can cause fetal alcohol spectrum disorder (FASD) or fetal alcohol syndrome (FAS).

While FASD is less severe than FAS, children with FASD can have learning difficulties, problems with behaviour, physical disability, and emotional and psychiatric problems that last a lifetime. Whether or not a baby is affected mildly or severely with FASD is directly linked to how much and how often a woman drinks during pregnancy.

Heavy drinking of alcohol or drinking alcohol regularly in pregnancy is harmful for babies and may result in
a serious condition called fetal alcohol syndrome (FAS). Children with FAS usually have severe physical and mental disability. For more information, see the resources available from NOFAS (National Organisation for Foetal Alcohol Syndrome-UK) at: www.nofas-uk.org.

Foetal Alcohol Spectrum Disorder (FASD)

FASD is an umbrella term that encompasses all disabilities caused by antenatal exposure to alcohol

FASD can cause problems with:

- movement, balance, vision, and hearing
- learning, such as problems with thinking, concentration, and memory
- managing emotions and developing social skills
- hyperactivity and impulse control
- communication, such as problems with speech
- the joints, muscles, bones, and organs, such as the kidneys and heart

These problems are permanent, though early treatment and support can help limit their impact on a child's life. FASD is completely avoidable if no alcohol is consumed during the pregnancy. There is no safe level of alcohol in pregnancy, not drinking at all is the safest approach.

Fetal Alcohol Syndrome (FAS)

FAS is a group of symptoms seen in children who were exposed to alcohol before birth. Full FAS is characterised by:

- Growth deficiency, with height or weight below the 10th centile
- Facial Characteristics – small eyes, smooth philtrum, and a thin upper lip
- Central nervous system damage (structural, neurological, and/or functional impairment)

"The risk of harm to the baby is likely to be low if only small amounts of alcohol were consumed before the pregnancy was discovered." (Drinking alcohol while pregnant www.nhs.uk 13th March 2023)

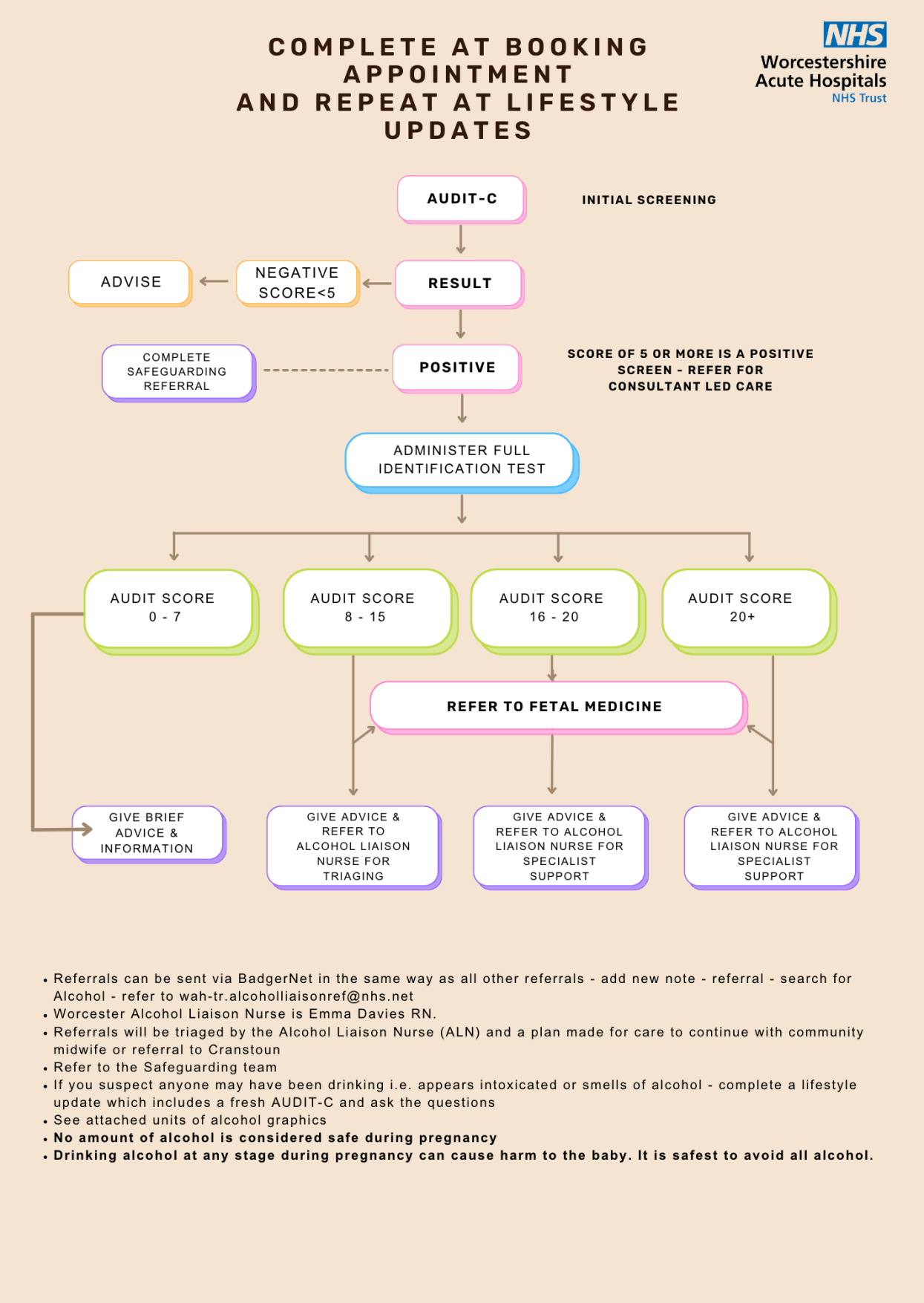
This guideline aims to ensure that:

- All pregnant women are screened at booking using the AUDIT-C Tool within Badgernet
- Advice is given to all women regarding alcohol consumption during pregnancy
- The lifestyle form is regularly updated to reflect use of the AUDIT-C
- Information and advice are provided to anyone who scores ≥ 5 on the AUDIT-C
- Where necessary referrals are made to the correct speciality**

To provide women with the information they need to know about alcohol consumption during pregnancy it is important to know how much a woman is drinking and how this has changed since she found out that she is pregnant. This assessment of alcohol consumption, combined with education and support, can assist women to stop or reduce alcohol use in pregnancy and prevent adverse consequences from alcohol consumption such as Fetal Alcohol Spectrum Disorder.

One way to assess a woman's alcohol consumption is by using the AUDIT-C (Alcohol Use Disorders Identification Test – Consumption). This tool has three short questions that estimate alcohol consumption in a standard, meaningful and non-judgemental manner. The total score from these questions provides an indication of the risks to the woman's health and can be used to guide conversations about alcohol and pregnancy. Remember, it is safest for pregnant women not to consume any alcohol during pregnancy.

Pathway for completion of the AUDIT-C, consideration should be given to updating the information at each lifestyle update. This should be a minimum of three occasions during the



- Referrals can be sent via BadgerNet in the same way as all other referrals - add new note - referral - search for Alcohol - refer to wah-tr.alcoholliaisonref@nhs.net
- Worcester Alcohol Liaison Nurse is Emma Davies RN.
- Referrals will be triaged by the Alcohol Liaison Nurse (ALN) and a plan made for care to continue with community midwife or referral to Cranstoun
- Refer to the Safeguarding team
- If you suspect anyone may have been drinking i.e. appears intoxicated or smells of alcohol - complete a lifestyle update which includes a fresh AUDIT-C and ask the questions
- See attached units of alcohol graphics
- **No amount of alcohol is considered safe during pregnancy**
- **Drinking alcohol at any stage during pregnancy can cause harm to the baby. It is safest to avoid all alcohol.**

pregnancy.

The AUDIT-C is a shortened version of the 10-item AUDIT tool, first developed by the World Health Organization in 1989. AUDIT-C has been validated for use with pregnant women and is used within the Badgernet digital record.

The initial three AUDIT-C questions that measure the amount and frequency of a person's drinking are included below. Add the scores for each question to get a total score.

Questions must be repeated at each lifestyle update, these should be completed a minimum of three times during the pregnancy.

AUDIT-C

Questions	Scoring System					Score
	0	1	2	3	4	
How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times per month	2-3 times per week	4 or more times per week	
How many units of alcohol do you drink on a typical day when you are drinking?	0 to 2	3 to 4	5 to 6	7 to 9	10 or more	
How often have you had 6 or more units on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	

The initial two audit C questions should be based on current use, the third question could identify those who were drinking harmfully/dependent in the last 12 months. If someone were to score 3-4 on the third question only, this should prompt a discussion to establish if use was harmful/dependent in the early weeks of pregnancy, maybe asking "do you feel confident in managing this change?" and reinforcing the no alcohol recommendation.

Scoring

- A total of 5 or more is a positive screen – prompting the full audit
- 0 to 4 indicates low risk
- 5 to 7 indicates increasing risk
- 8 to10 indicates higher risk
- 11 to 12 indicates possible dependence

The best advice for all women, regardless of whether or not they drink alcohol is that:

- No alcohol is the safest choice when pregnant or trying to get pregnant.
- No safe level of alcohol consumption during pregnancy has been determined. This advice is consistent with the NICE guidance, RCOG and the UK Chief Medical Officers low risk drinking guideline
- Following completion of the initial three questions, advise should be given consistent with national and Trust guidance. This is in line with the three-step rule – Ask Advise Act

Don't overlook individuals whose AUDIT-C score indicates they are drinking at low risk levels, give advice about low risk levels.

"It's great that your alcohol intake is within the low-risk guidelines, however no alcohol is the safest choice in pregnancy."

Score	Suggested advice
0 = no risk of harm	• Provide positive reinforcement and encourage her to continue not to drink any alcohol during pregnancy. • A score of zero indicates no risk of alcohol-related harm to the fetus. • Advise her that the safest option is not to drink any alcohol during pregnancy. • Advise that the risk of harm to the developing fetus increases with increasing amounts and frequency of alcohol consumption and that any score above zero indicates potential risk to the fetus.
1 – 4 = low risk of harm	• Advise her that the risk to the fetus is likely to be low but the safest option is not to drink any alcohol during pregnancy. • Advise that the risk of harm to the developing fetus increases with increasing amounts and frequency of alcohol consumption and that any score above zero indicates potential risk to the fetus. • Encourage her to stop drinking alcohol altogether during pregnancy and arrange a follow-up session if required.

5 – 7 = medium risk of harm COMPLETE FULL AUDIT	• Advise her that the safest option is not to drink alcohol during pregnancy.
	• Discuss that the AUDIT-C score indicates that she is drinking at a level of increasing risk for her health
	• Advise that the risk of harm to the developing fetus increases with increasing amounts and frequency of alcohol consumption.
	• Discuss the effects of current alcohol consumption levels and outline health concerns for both the woman and her baby.
	• Reinforce the benefits of stopping drinking at any stage during her pregnancy to minimise further risk to herself and her baby.
	• Ask her how she feels about stopping drinking or cutting down and establish:
	  ◦ Positives and negatives of taking action
	  ◦ How confident she is in being able to stop or cut down
	  ◦ Tips, strategies, and plans for taking action
	  ◦ If she would like assistance, including from support networks and partners – offer to arrange referral if applicable
	• If you suspect that the woman may be alcohol dependent arrange to refer the woman to a specialist treatment service.

8 or more = higher risk of harm	• Discuss that the AUDIT-C score indicates that she is drinking at a level of high risk for her health and high risk for the baby's health. • Discuss positives and negatives of taking action and determine what assistance she requires to be able to stop or cut down. • Refer to a specialist alcohol service as she may be at risk of alcohol dependence. Specialist support should be organised for her before advising her to stop or cut down her alcohol consumption, as without support alcohol withdrawal can be dangerous to both their health and the baby's health.

Women who find out they are pregnant after already having drunk during early pregnancy, should avoid further drinking, but should be aware that it is unlikely in most cases that their baby has been affected.

A score of 5 or more on the original three questions will prompt completion of the remaining alcohol harm questions within Badgernet to obtain a full AUDIT score. Appendix 1 units of alcohol chart can be used as a visual aid to calculate intake.

FULL AUDIT

Questions	Scoring System					Score
	0	1	2	3	4	
How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you failed to do what was normally expected from you because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you been unable to remember what happened the night before because you had been drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Have you or somebody else been injured as a result of your drinking?	No		Yes, but not in the last year		Yes, during the last year	
Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?	No		Yes, but not in the last year		Yes, during the last year	

Scoring

- 0 – 7 indicates low risk
- 8 – 15 indicates increasing risk
- 16 – 19 indicates higher risk
- 20 or more indicates possible dependence

The RCOG Patient information leaflet "Alcohol and pregnancy" should be added to a patients additional reading in their Badgernet App if appropriate.

Discussions around alcohol can be difficult, challenging conversations training is available within the Trust. Please speak to your line manager if you would like to attend.

Telling pregnant women that something they are doing is harmful to themselves and their unborn child doesn't necessarily mean they take action to remove the harm.
People are far more likely to act if we use an empathetic and supportive approach, facilitating women to recognise what may happen without a change and strengthening their motivation for change is far more likely to result in action. Supporting people to find their own solutions is most effective.

We also know how we speak to people is likely to be just as important as what we say. Being listened to and understood is an important element of change. However, frontline professionals will often have only a short time to raise their concerns and have a challenging conversation regarding unhealthy behaviours.
So, for those conversations to be impactful there is a need to increase the confidence of those frontline professionals, who are best placed to encourage and enable change, to have these conversations.

Training will include:

1. Understanding of harm of the three key behaviours which have been identified as the priority, smoking in pregnancy and beyond, alcohol use and healthy weight.
2. Understanding the theory of motivational interviewing.
3. The ability to assess an individual's confidence to change.
4. Building confidence to instigate a conversation to enable change and encourage action.

What is the process of Brief Advice?

Identifying patients drinking levels and offering brief advice consists of four basic steps:

1. Initial screening (AUDIT-C), determining if the patient is drinking above low-risk limits
2. **Where prompted**, ask the remaining 7 questions of AUDIT (10 questions in total) to determine level of risk
3. Delivering brief advice to patients who are drinking above the low risk levels, and advising pregnant women that no level of alcohol is considered safe during the pregnancy.
4. Referring or signposting possible dependent drinkers to the Alcohol Liaison Service for further assessment and correct support.

Ensure
All referrals are completed as soon as the need is identified:
Consultant led care – through BadgerNet
Safeguarding – through BadgerNet
Alcohol Liaison Service – through BadgerNet
Fetal Medicine – Discuss or refer through BadgerNet

References

UK Chief Medical Officers' Low Risk Drinking Guidelines 2016
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/545937/UK_CMOs__report.pdf

Foetal Alcohol Spectrum Disorder (FASD)
www.nhs.uk

National Organisation for FASD
https://nationalfasd.org.uk

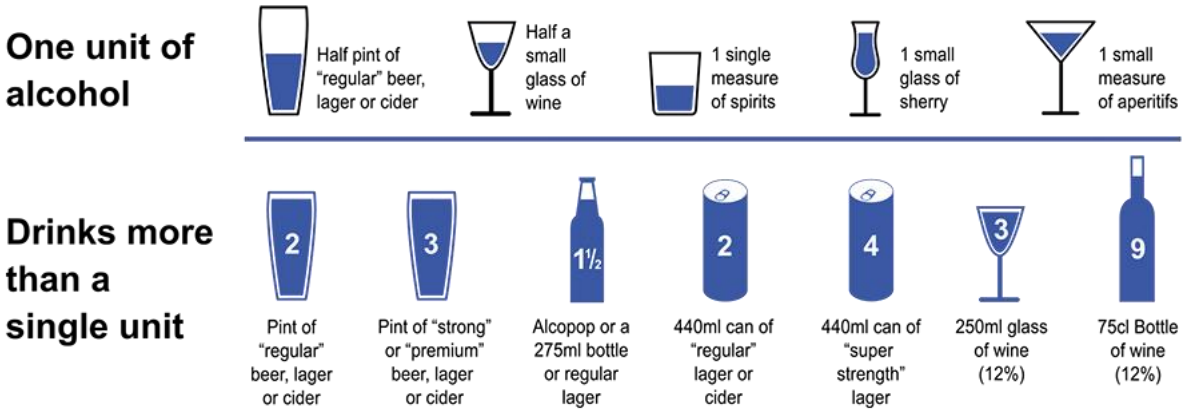
Alcohol and Pregnancy
Royal College of Obstetricians and Gynaecologists 2015 (reviewed January 2018)

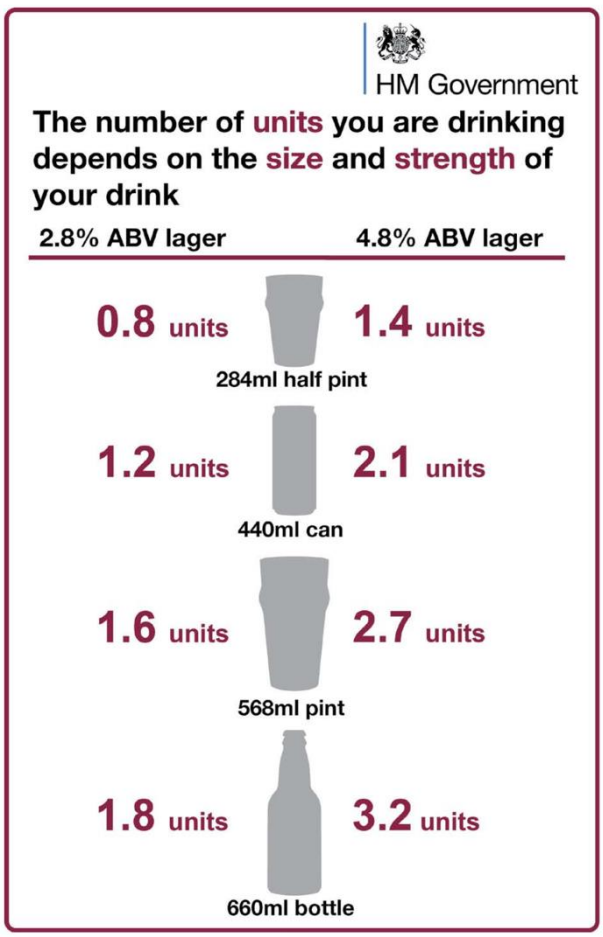
Fetal Alcohol Spectrum Disorder
Quality Standard
www.nice.org.uk/guidance/qs204

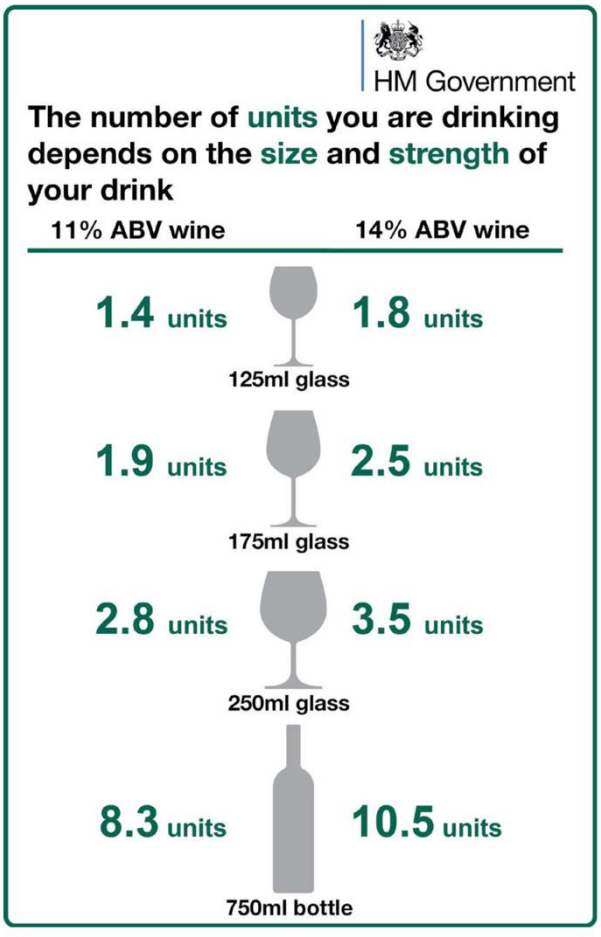
Alcohol use screening tests
Office for Health Improvement and Disparities
Published 1 June 2017 updated 30 October 2020

How should I screen for problem drinking?
www.cks.nice.org.uk
https://cks.nice.org.uk/topics/alcohol-problem-drinking/diagnosis/how-to-screen/
Revised November 2022

Appendix


One unit of alcohol
Half pint of "regular" beer, lager or cider
Half a small glass of wine
1 single measure of spirits
1 small glass of sherry
1 small measure of aperitifs
Drinks more than a single unit
2
Pint of "regular" beer, lager or cider
3
Pint of "strong" or "premium" beer, lager or cider
1½
Alcopop or a 275ml bottle or regular lager
2
440ml can of "regular" lager or cider
4
440ml can of "super strength" lager
3
250ml glass of wine (12%)
9
75cl Bottle of wine (12%)


HM Government
The number of units you are drinking depends on the size and strength of your drink
2.8% ABV lager
4.8% ABV lager
0.8 units
1.4 units
284ml half pint
1.2 units
2.1 units
440ml can
1.6 units
2.7 units
568ml pint
1.8 units
3.2 units
660ml bottle


HM Government
The number of units you are drinking depends on the size and strength of your drink
11% ABV wine
14% ABV wine
1.4 units
1.8 units
125ml glass
1.9 units
2.5 units
175ml glass
2.8 units
3.5 units
250ml glass
8.3 units
10.5 units
750ml bottle

Contribution List

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This key document has been circulated to the following individuals for consultation;

Designation
Maternity Newsletter distribution List (All Maternity Staff)

This key document has been circulated to the chair(s) of the following committee's / groups for comments;

Committee
Maternity Governance Meeting