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Advising pregnant women about alcohol – experiences from research in England and Sweden

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SHAAP/SARN 'Alcohol Occasional' Seminar
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Scottish Health Action on Alcohol Problems (SHAAP) and the Scottish Alcohol Research Network (SARN) are pleased to support the lunchtime 'Alcohol Occasional' seminars which showcase new and innovative research on alcohol use. All of the seminars are run in conjunction with the Royal College of Physicians of Edinburgh. These events provide the chance for researchers, practitioners, policy makers and members of the public to hear about new alcohol-related topics and discuss and debate implications for policy and practice. The current theme for the seminars is "Alcohol, Europe and the World". Briefing papers, including this one, aim to capture the main themes and to communicate these to a wider audience. SHAAP is fully responsible for the contents, which are our interpretation.

Scholin began her talk by providing an overview of the main themes around alcohol in pregnancy. Alcohol use in pregnancy can damage the foetus, particularly with high levels of drinking, and can cause foetal alcohol syndrome (FAS). For low or moderate levels of drinking there is no conclusive evidence that alcohol harms the foetus. Alcohol use in pregnancy is also associated with a range of conditions and disorders, known as foetal alcohol spectrum disorder (FASD). There is no accurate measure of global prevalence of FASD.

There are a number of predictors which increase the likelihood of alcohol use during pregnancy. These include a higher age, intimate partner violence, and higher levels of drinking pre-pregnancy. Research undertaken by O'Keefee et al[1] found that around 70% of women in the UK reported any drinking during their pregnancy. This is in contrast to Sweden where only 6.5% of women drank in pregnancy[2]. However, comparing prevalence data across countries poses a number of methodological issues including underreporting and different measurements of consumption.

Scholin outlined the findings from her PhD research. Using a cross-cultural mixed-methods approach, the aim of the research was to explore differences and similarities in countries promoting abstinence versus lower limits in regards to practices, perceptions and values of new mothers and their partners, and also those of midwives. England and Sweden were the countries studied and compared. Participants were recruited through children's centres, GP practices, social media, and online parent groups.

The findings showed significant differences between the countries. In England, 44% of women reported having drunk any amount of alcohol during pregnancy, compared to only 6% in Sweden. In relation to advice given in antenatal care, 23% of women in England were advised that drinking small amounts of alcohol was okay compared to only 2% of Swedish women. Furthermore, 37% of English women in the study believed there was a safe level of drinking during pregnancy, compared to only 5% in Sweden. Scholin believes the significant differences between the two countries can be largely explained by the messaging, advice and values in each country. Advice given to women in England varies greatly. In contrast, Swedish advice is very clear, with messaging emphasising abstinence. The majority of English parents reported uncertainty around the risk and harm from low level consumption, and emphasised the personal choice of the mother as important.

In both countries, all midwives recommended abstinence and all felt prepared to talk about alcohol. However, there were differences between the personal and professional opinion of midwives in the two countries. In England, midwives, although professionally recommending abstinence, reported personal scepticism in relation to whether a small amount of alcohol is harmful and emphasised the importance of adapting and tailoring information

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to fit the individual. In Sweden, this conflict/difference was not apparent. Swedish midwives talked about using the AUDIT screening tool and the good structure and consistency this gave to screening. English midwives reported using standard 'screening' questions although these did not reflect the full range of drinking behaviours, especially occasional drinking. The challenge for midwives is to balance the need to maintain a good relationship with the mother/ parents with also providing important information and advice about a healthy pregnancy.

Scholin concluded her presentation by arguing that risk is culturally framed. In the case of alcohol in pregnancy, there is a maternal-foetal conflict, with differing ideas of what is a 'good mother' in both countries. The cultural framing of risk influences the advice given to women in each country and how it will be perceived. We need to appreciate that women make decisions about drinking in relation to a number of different factors, such as social, risk, events and pleasure, and how these factors interact to influence behaviour.

Since 2012, Scottish guidelines have recommended 'no alcohol, no risk' messaging for pregnant women. This was rolled out to all midwives by NHS Scotland and appropriate knowledge, support and training were key facilitators for this. One discussant asked whether it is easy for midwives to believe what they are telling pregnant women. In response, a practising midwife stated that all midwives are clear on the abstinence message.

Alcohol availability and costs are very different in Sweden. Scholin reported that heavily pregnant women in Sweden would not go into the state monopoly stores to buy alcohol for their partners, as the social norms around not drinking alcohol in pregnancy were so strong. It had been hypothesised that the drinking of partners might influence womens' drinking. However, this did not seem to matter significantly.

A representative from the alcohol industry in the audience was questioned on the industry's support for pregnancy warnings on packaging. He stated that they were supportive of both pregnancy warning labels and the government's guidelines, and he argued that labels should be prominent and consistent across alcohol brands to ensure reach and consistency of message. It was suggested that the symbols used are sometimes not recognised by consumers. The industry representative agreed that this needs to be communicated more effectively.

The discussion concluded with a consideration of some of the implications of the research for policy. The usefulness of the terms 'responsible' and 'irresponsible' drinking as regards to policy outcomes were questioned. They are difficult to define and cannot provide details of categorical or measurable effects of alcohol. More broadly in relation to policy, discussants suggested a need for consistent messaging across Scotland, with a consistent approach to screening. It was suggested that an emphasis should be placed not only on what questions are asked, but also on how they are asked, to enable the provision of appropriate advice, information and support.

[1] O'Keeffee, L. M., Kearney, P. M., McCarthy, F. P., Khashan, A. S., Greene, R. A., North, R. A., Poston, L., McCowan, L. M., Baker, P. N., Dekker, G. A., Walker, J. J., Taylor, R. & Kenny, L. C. 2015. *Prevalence and predictors of alcohol use during pregnancy: findings from international multicentre cohort studies*. BMJ Open, 5, e006323.

[2] Skagerström, J., Alehagen, S., Haggstrom-Nordin, E., Arestedt, K. & Nilsen, P. 2013. *Prevalence of alcohol use before and during pregnancy and predictors of drinking during pregnancy: a cross sectional study in Sweden*. BMC Public Health, 13, 780.

Forthcoming Occasionals

Our next events in the current series of Alcohol Occasionals will be:

Adolescent binge drinking in Chile: Does it matter which school they go to?

Francisca Maria Roman, University College, London

Tuesday, 14th June 2016

These events are popular and places are limited. We need you to confirm if you would like to attend. You can do this by registering via EventBrite through our website at **www.shaap.org.uk/events.html**

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