



15<sup>TH</sup> NATIONAL  
RURAL HEALTH  
CONFERENCE  
*Better together!*

24-27 MARCH 2019  
Hotel Grand Chancellor  
Hobart, Tasmania



NATIONAL RURAL  
HEALTH  
ALLIANCE LTD

## Women, alcohol and pregnancy: are we telling the truth?

**Marion Hale**

Drug Education Network

### Background

There is a mountain evidence that shows us how potentially damaging alcohol can be in pregnancy. Perhaps even when consumed at much lower levels than previously thought. Women have a right to be given accurate, evidence-based information about alcohol risks...so why doesn't this happen? Why do we still hear that women are told ... *a couple of drinks is ok...* by their health care providers?

In Australia's alcohol marinated culture, it's almost impossible for people trying to conceive, as well as pregnant and breastfeeding women to avoid alcohol entirely. It is critically important that we support people to make safe and healthy choices and protect their babies from alcohol. We all have a role to play

### What do health professionals need to know about FASD?

Foetal alcohol spectrum disorder (FASD) describes a spectrum of disabilities caused by alcohol exposure during pregnancy. The quantity, timing, frequency and duration of alcohol exposure all contribute to how alcohol impacts a foetus, with no clear-cut set of bio-markers and symptoms. This is in stark contrast to other early teratogens which travel through the placenta and affect the developing foetus. Thalidomide, for example, led to highly visible outcomes at birth and the distinctive pattern enabled the cause of these birth defects to be identified very quickly.

When FASD was first described it was based on the similar facial features which the children of women with an alcohol abuse problem all had in common. This attracted the attention of David Smith and Kenneth Lyons Jones (1973) at the University of Washington. We now know that only 17% of people living with FASD have these trade mark facial features. The other 83% have organic brain damage which affects executive function and creates other less visible physical affects (Kuehn et al., 2012). This damage affects behaviour, capacity to learn, memory skills, ability to transfer information and learning, ability to predict consequences, ability to understand language and other communication difficulties. In short, all the essential living skills which enable neurotypical growth and development.

Diagnostic clinics in Australia have only begun operating in the last decade and there are very few centres which diagnose adults. Based on overseas research it is likely that a significant number of the population have FASD and are not aware of it, though their life experiences and behaviours may indicate that there is cognitive impairment or executive function issues. A recent study in the Western Australian juvenile detention centre confirmed that nearly 37% of the detainees had FASD and almost none of them had been previously diagnosed (Bower et al., 2018). Another 13%

demonstrated the behaviour and characteristics of FASD but maternal confirmation of alcohol exposure was not obtained because the birth mother was uncontactable, deceased or otherwise unavailable to provide this information. Therefore, based on this, it is likely that close to 50% of the sentenced young people in the West Australian juvenile detention centre have brain damage due to pre-natal alcohol exposure. It is very likely that all Australian States would replicate these results if the studies were undertaken.

FASD is the leading cause of non-genetic disability in Australia. There are more children born each year with FASD than Autism Spectrum Disorder, Spina Bifida, Cerebral Palsy, Down Syndrome and SIDS combined (Karr-Morse & Wiley, 2012). According to the Australian institute of Health and Welfare (2014) 50-60% of Australian women consume some alcohol while pregnant, often before they realise that they have conceived.

FASD is a serious public health issue in Australia. It is often hidden, unrecognised and unknown and its presence undermines the treatment and management of substance use disorders, mental illnesses, disability services, homelessness issues and other necessary services.

### **Is the occasional drink harmful?**

There is no proven safe limit of alcohol exposure for a foetus, and as research techniques are refined smaller and smaller amounts of alcohol can be demonstrated to influence a developing foetus and cause harm. Muggli et al. (2017) determined that prenatal alcohol exposure, even at low levels, can influence craniofacial development. Although the clinical significance of these findings is yet to be determined, they support the conclusion that for women who are, or may become, pregnant, avoiding alcohol is best for the baby.

We will never conduct experiments on pregnant women to determine a 'safe' level of alcohol intake. However, we know alcohol is a teratogen that harms the brain with potential severe consequences.

### **Why do women drink alcohol in pregnancy?**

There are many factors that contribute to women drinking alcohol during pregnancy:

- lack of knowledge about the effects of alcohol on the foetus
- lack of convincing evidence that the occasional drink is harmful
- having a partner or friend who drinks
- opinions from family and friends who drank in pregnancy with apparently healthy children
- peer pressure, particularly about drinking on special occasions
- lack of support from partner, friends and family
- living in a family or community tolerant of heavy drinking
- social isolation and living in remote communities
- poverty
- unemployment
- stress, domestic violence, loneliness which may result in self-medicating
- women who have FASD themselves.

While poverty and unemployment may be contributing to drinking in some populations, Australian research has found that in mainstream public antenatal care, higher income and tertiary educated women were 2-4 times more likely to drink alcohol throughout pregnancy than women with only secondary school education. FASD Hub (2019)

### **What do we know about Tasmanian Women?**

Despite the known risks of maternal alcohol use, and current guidelines recommending no alcohol use, many women still drink during pregnancy. Knowledge and attitudes are important predictors of future behaviour, and represent a modifiable risk factor, which can be targeted by educational interventions. Before the research conducted by the Drug Education Network and UTAS McGann (2018) we knew very little about the attitudes and behaviours of Tasmanian women.

### **Methodology**

Information was gathered through an anonymous online survey asking about demographic information, current and past pregnancy, substance use, knowledge and attitudes towards substance use during pregnancy.

#### **The sample**

The sample comprised of 923 Tasmanian women aged between 18 and 84 with a mean age of 29. It is important to emphasise that these figures shouldn't be interpreted at population level statistics, as the sample is likely to be biased towards those who have an interest in the topic.

- The sample had relatively high levels of education and employment
- Around three quarters of the sample had ever been pregnant and almost one-quarter were currently pregnant
- Among those who had ever been pregnant, almost one-third (32%) had drunk alcohol at some stage during their most recent pregnancy
- Around one-quarter of participants had consumed 1 drink or less, either during or after the first trimester
- 15% had consumed more than one drink in a single session in the first trimester
- And 8% had consumed more than one drink after the first trimester

### **Attitudes to alcohol in pregnancy**

In general, there were unfavourable attitudes towards alcohol use during pregnancy, with a majority agreeing or strongly agreeing that:

- It can lead to disability
- It is safest to avoid drinking
- People should not drink

However, fewer agreed that any use was harmful:

- Over one-third (36%) agreed that a small amount of alcohol is safe during pregnancy, with a further 18% undecided (which is not consistent with current guidelines),
- 8% agreed that moderate use was ok, with a further 12% undecided about this

## How are we responding?

The SHINE project is a partnership between NOFASD Australia and the Drug Education Network to build capacity to prevent and respond to FASD in the Tasmanian community.

Through the last year we have provided training and information sessions on FASD to community groups, health care providers, foster and kinship carers and many other groups.

One consistent theme that is brought up in these sessions is that women are still getting mixed messages from health care providers. Women who have been recently pregnant report that they are still being told moderate consumption is ok and that consumption in the third trimester is less risky.

It is critically important that women are given accurate information so they can make safe choices for their pregnancy. One of the major challenges in this area is to dispel myths and legend such as:

- My Mum drank when she was pregnant and I'm fine
- I drank with my first pregnancy and that child is fine
- A more relaxed Mum is healthier for the baby
- It's only going to happen to poor, uneducated women

An important part of the SHINE project is to develop messaging that will resonate with Tasmanian women.

## What is our responsibility as health professionals?

Professionals working in the community sector, especially health professionals, need to be clear and consistent in communicating the message that no alcohol should be consumed by women who are sexually active and not using effective birth control, those who are planning a pregnancy and women who are pregnant.

Professionals need to be fully informed about FASD. Knowledge that pregnancies exposed to alcohol may result in harm is not enough. Children and adults affected by an alcohol exposed pregnancy are experiencing learning difficulties, health challenges and limitations to their ability to live a normal life. They are being denied supports and services because behaviours and difficulties are viewed as being the result of their personal choices. They are blamed for failing to meet obligations, when they have brain damage which affects their functioning.

Australia led the way in reducing overall rates of smoking and in particular smoking rates for women who are pregnant. The same vigour and determination must be applied to the prevention of alcohol-exposed pregnancies and recognition and support for those already affected.

## Where to get help?

For further information on Foetal Alcohol Spectrum Disorder and Alcohol Exposed Pregnancy go to NOFASD Australia's website at <https://www.nofasd.org.au> or visit our page for health professionals <https://www.nofasd.org.au/service-providers/health>

Excellent information and resources are available at:

- NOFASD Australia [www.nofasd.org.au](http://www.nofasd.org.au)
- FASD Hub [www.fasdhub.org.au](http://www.fasdhub.org.au)

An excellent campaign is The 'Women Want to Know' project which encourages health professionals to routinely discuss alcohol and pregnancy with women and to provide advice that is consistent with the **National Health and Medical Research Council's Australian Guidelines to Reduce Health Risks from Drinking Alcohol**.

The 'Women Want to Know' project was developed by the **Foundation for Alcohol Research and Education** (FARE) in collaboration with leading health professional bodies across Australia and is supported by funding from the Australian Government Department of Health

This presentation will showcase some tools from this campaign and demonstrate how they can support health practitioners to get clear, accurate and honest information to pregnant women.

## References

- Australian Institute of Health and Welfare. (2014). *National Drug Strategy Household Survey detailed report 2013*. Drug statistics series no. 28. Cat. no. PHE 183. Canberra: AIHW
- Bower, C., Watkins, R. E., Mutch, R. C., Marriott, R., Freeman, J., Kippin, N., Giglia, R. (2018). Fetal alcohol spectrum disorder and youth justice: A prevalence study among young people sentenced to detention in Western Australia. *BMJ Open*, 8, 1-10. doi:10.1136/bmjopen-2017-019605
- Karr-Morse, R., & Wiley, M. S. (Collaborator). (2012). *Scared sick: The role of childhood trauma in adult disease*. New York, NY, US: Basic Books.
- Kuehn, D., Aros, S., Cassorla, F., Avaria, M., Unanue, N., Henriquez, C., ... Mills, J. L. (2012). A prospective cohort study of the prevalence of growth, facial, and central nervous system abnormalities in children with heavy prenatal alcohol exposure. *Alcoholism, Clinical and Experimental Research*, 36(10), 1811-1819. doi:10.1111/j.1530-0277.2012.01794.x
- Muggli, E., Matthews, H., Penington, A., Claes, P., O'Leary, C., Forster, D., ... Halliday, J. (2017). Association between prenatal alcohol exposure and craniofacial shape of children at 12 months of age. *JAMA Pediatrics*, 171(8), 771-780. doi:10.1001/jamapediatrics.2017.0778
- Smith, D., & Jones, K. L. (1973). Recognition of the fetal alcohol syndrome in early infancy. *The Lancet*, 302(7836), 999-1001. doi:https://doi.org/10.1016/S0140-6736(73)91092-1
- McGann (2018). Predictors of Favourable Attitudes Towards Alcohol Use During Pregnancy: *The Tasmanian Context*. Thesis submitted as a partial requirement for Masters in Clinical Psychology. University of Tasmania.

## Presenter

**Marion Hale** has worked in improving health equity in the Tasmanian and Australian community for the last 25 years. Marion's career has spanned crisis support, counselling, community development, policy development and population health. In 2012 Marion was elected to the Board of the International Network of Women Against Tobacco (INWAT) and in 2015 became the President of INWAT. Marion joined DEN after an extensive period working in government policy and health programs, as well as community development work. Marion has a particular passion for the promotion of smoke-free pregnancy, and was awarded a Churchill Fellowship in 2012 to study smoke-free pregnancy programs internationally. Marion is on the Alcohol Advertising Review Panel and Smoke Free Tasmania and works hard to make the world a more equitable place. Marion is currently a national educator with NOFASD Australia and leading their project Shine—a joint project between the drug Education Network and NOFASD Australia.