Alcohol & Pregnancy

A national prevention programme and the role of primary care

DON’T
 KNOW? DON’T
 DRINK
 ALCOHOL
HARMS
BABIES

RNZCGP Conference
Hamilton, 1 August 2015

Dr John McMenamin (WRHN)
Kiri Milne (HPA)
FASD

• Affects 1% - 5% of live births every year (600 - 3,000 NZ babies)

• Estimated to cost $1.6-2.4 million per affected child over their lifetime
Alcohol use in pregnancy in NZ

• “Prevalent and socially pervasive”
  (BMJ, 2015)

• > ½ of NZ women drink in early pregnancy /first trimester
  – Most stop or reduce on pregnancy recognition /after first trimester
  – 10-30% continue to drink through pregnancy
  – ~ 10% binge drink
New focus on early pregnancy

Alcohol can affect a developing baby throughout pregnancy, including before a woman even knows she is pregnant.
There is no known safe level of alcohol consumption during pregnancy.

Stop drinking alcohol if you could be pregnant, are pregnant or are trying to get pregnant.
Sector Leaders’ Group

- GPs, including Royal NZ College of GPs and Rural General Practice Network
- Midwives, including NZ College of Midwives
- Obstetricians, including The Royal Australian and New Zealand College of Obstetricians and Gynaecologists
- Paediatricians
- Practice nurses
- Youth health
- Alcohol treatment services
- Ministry of Health
Tools for health professionals

• Early Pregnancy Assessment Tool
• Options for doing alcohol screening and brief intervention through Patient Dashboard
• Other resources
Alcohol & pregnancy

Alcohol & pregnancy - what you need to know
Stop drinking alcohol if you could be pregnant, are pregnant or are trying to get pregnant. There is no known safe level of alcohol consumption during pregnancy. This message is supported by key health sector agencies.

Evidence & research
A large body of evidence underpins HPA’s alcohol and pregnancy work and the advice to stop drinking if you could be pregnant, are pregnant or are trying to get pregnant.
EPAT and EPAA

**EPAT**
- Electronic tool to assist GPs and PNs to screen and assist risk in early stages of pregnancy
- Medtech integrated advanced form

**EPAA**
- Broader approach required
- Incorporates clear, coordinated pathways of care and service linkages
EPAA is a broad strategy which seeks to integrate "... a number of programmes and projects to create a cross-system, collaborative service for pregnant women and young families, with a goal of ‘one encounter’ for mother to access services to promote healthy and safe pregnancies and infancy".
**Alcohol Consumption**

<table>
<thead>
<tr>
<th>Record</th>
<th>Analysis</th>
<th>Brief Assessment</th>
<th>Outcome</th>
<th>Claim</th>
<th>History</th>
<th>Resources</th>
<th>Patient Handout</th>
</tr>
</thead>
</table>

**Patient has declined**
- **How often do you have a drink containing alcohol?**
  - Never
  - Once per month (or less)
  - 2-4 times per month
  - 2-3 times per week
  - 4-5 times per week
  - 6-7 times per week

**Are you currently pregnant?**
- No
- Yes

**Continued monitoring required:**
- No alcohol in pregnancy

---

**Smoking Status**

**Cessation Support Provided:**
- Brief Advice Given
- Referred to Cessation Support
- Prescribed Cessation Medication
- Motivation/Lifestyle Support Given
- Declined

---

**IS YOUR DRINKING OK?**

This advice is designed to help you make an informed choice and help keep your risk of alcohol-related accidents, injuries, diseases and death low.

Low-risk is not, however, no-risk. Even when drinking within the low-risk limits, a range of factors can affect your level of risk including if you drink too quickly, your body type or genetic makeup, your gender, existing health problems, and if you are young or an older person.

- **Reduce your long-term health risks**
  - No more than...
  - On any single occasion
  - and no more than 10 a week
  - and no more than 15 a week

- **Reduce your risk of injury**
  - No more than...
  - On any single occasion
  - and no more than 10 a week
  - and no more than 15 a week

- **Pregnant women**
  - No alcohol
  - There is no known safe level of alcohol use at any stage of pregnancy

**YOUR DRINKING**

You are not currently drinking any alcohol.

- There is no known safe level of drinking when you are pregnant. Effects on the unborn baby can range from mild development issues to Fetal Alcohol Syndrome.
Assessment of Mental Health

Questions for depression:
- During the past month, have you been bothered by feeling down, depressed or hopeless?
- During the past month, have you been bothered by little interest or pleasure in doing things?

Questions for anxiety:
- During the past month have you been worrying a lot about everyday problems?

PHQ-9: Score: 13 Recorded 06/06/2014 
Assess Now

GAD-7: Score: 10 Recorded 06/06/2014 
Assess Now

Kessler 10: Score: 29 Recorded 06/06/2014 
Assess Now

Notes:

Long Term Conditions

<table>
<thead>
<tr>
<th>Select</th>
<th>Classification</th>
<th>Note</th>
<th>Onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>✔</td>
<td>Mental stimulation</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Depression screen</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Diabetes mellitus</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Diabetic retinopathy</td>
<td>best practice</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Esophagus smoker (20-30/day)</td>
<td>50 calories: &quot;Staged 1993&quot; Stopped 2003, 10 years ago</td>
<td></td>
</tr>
</tbody>
</table>

Medical Warnings

No allergies or warnings recorded.
**Screening**

Antenatal laboratory screen arranged:  
- Consider offering and referring for:
  - M81 (ideal between 9-11 weeks)
  - Ultrasound Scan (ideal between 11-13 weeks + 6 days - nuchal lucency)
  - M82 (14-16 weeks)

**Infection Risk Assessment**

Swabs taken for chlamydia:
- Yes
- No
- Not Clinically Indicated

High vaginal swab taken:
- Yes
- No
- Not Clinically Indicated

Notes:

**LMC/Midwife liaison**

Next of kin: Not recorded.
- Yes
- No

List of LMCo provided:
- M81 (ideal between 9-11 weeks)
- Ultrasound Scan (ideal between 11-13 weeks + 6 days - nuchal lucency)
- M82 (14-16 weeks)

Pregnancy information:
- “Your Pregnancy” booklet given:
- Midwife booked today:
- Yes
- No
Pregnancy Medication

Prescribing Guidelines

- [ ] Patient taking OTC pregnancy medications

<table>
<thead>
<tr>
<th>Folic acid:</th>
<th>No folic acid prescribed in last 2 months.</th>
<th>Prescribe Now</th>
</tr>
</thead>
<tbody>
<tr>
<td>Iodine:</td>
<td>No iodine prescribed in last 2 months.</td>
<td>Prescribe Now</td>
</tr>
</tbody>
</table>

Immunisation

- Pertussis: No recall recorded for 28-38 week pertussis immunisation. | Add Recall Now |

- Influenza: No influenza vaccination recorded. | Record Now |

Risk Assessment and Referral

At risk pregnancy:  
- [ ] Yes  
- [ ] No  

Refer to WRHN Maternal Navigator (implies patient consent given):  
- [ ] Yes  
- [ ] No  

Reason for referral (if applicable):

- Pregnancy and Parenting classes  
- Pepi-pod referral  
- Breast feeding support  
- Green Rx Active Pregnancies  
- Healthy Homes  
- Support to connect with an LMC  
- Smoking cessation  
- Alcohol counselling (mild - moderate)  
- Other (specify)  

Click on "OK" to print this as a referral and save form to the patient's forms.
## EPAA evaluation findings

<table>
<thead>
<tr>
<th>Early outcomes</th>
<th>Challenges / areas to focus on</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increasing buy-in</td>
<td>Training</td>
</tr>
<tr>
<td>Increasing EPAT skills and awareness of referral pathways</td>
<td>Protected time /resource</td>
</tr>
<tr>
<td>Valuable when there’s training and protected time</td>
<td>Use of Section 88</td>
</tr>
<tr>
<td>Consistent with expectations of pregnant women</td>
<td>Awareness and use of maternal navigator role</td>
</tr>
<tr>
<td>Reaching target population – those living in areas of high deprivation</td>
<td>Links between general practice and LMCs</td>
</tr>
<tr>
<td></td>
<td>Wider stakeholder involvement</td>
</tr>
<tr>
<td></td>
<td>Synergies with other national groups (National Maternity Group and Maternal Quality Programme)</td>
</tr>
</tbody>
</table>
Questions for you …

• What are the barriers to -
  − routinely advising women about risks of drinking alcohol during pregnancy?
  − having conversation with a pregnant women about drinking?

• What are the opportunities?

• How would you increase systematic provision of alcohol and pregnancy advice in your practice?

• How can we support that?