



Early pregnancy assessment in general practice

Use of a clinical tool

Focus on smoking and alcohol

Dr John McMenamin

john.mcmenamin@wickmed.co.nz

Healthy Pregnancy

Pre-pregnancy BMI:

Height: recorded 22/07/2016

Weight:

BMI:

Diet discussed:

☐

Today's blood pressure:

 /

Previous blood pressure:

115/75 recorded 22/07/2016

Smoking status:

Never Smoked (as at 08/08/2011)

Update Now



Alcohol consumption:

Alcohol intake within rec limit (Equivalent of 6 standard units per week.)
(Recorded on 08/08/2011)

Update Now



Stopped drinking during pregnancy: ☐

[Alcohol and Pregnancy - a Practice Guide for Health Professionals \(MOH\)](#)

"Safe Families" screen:

No "Safe Families" screen recorded.

All women should be routinely asked about family violence.

No concerns: ☐

Screen Now



Other drug use:

Other information:



Clinical advanced form in medtech

12 sections

Clinical risk assessment

Smoking

Alcohol and other drug use

Personal safety (violence)

Mental health

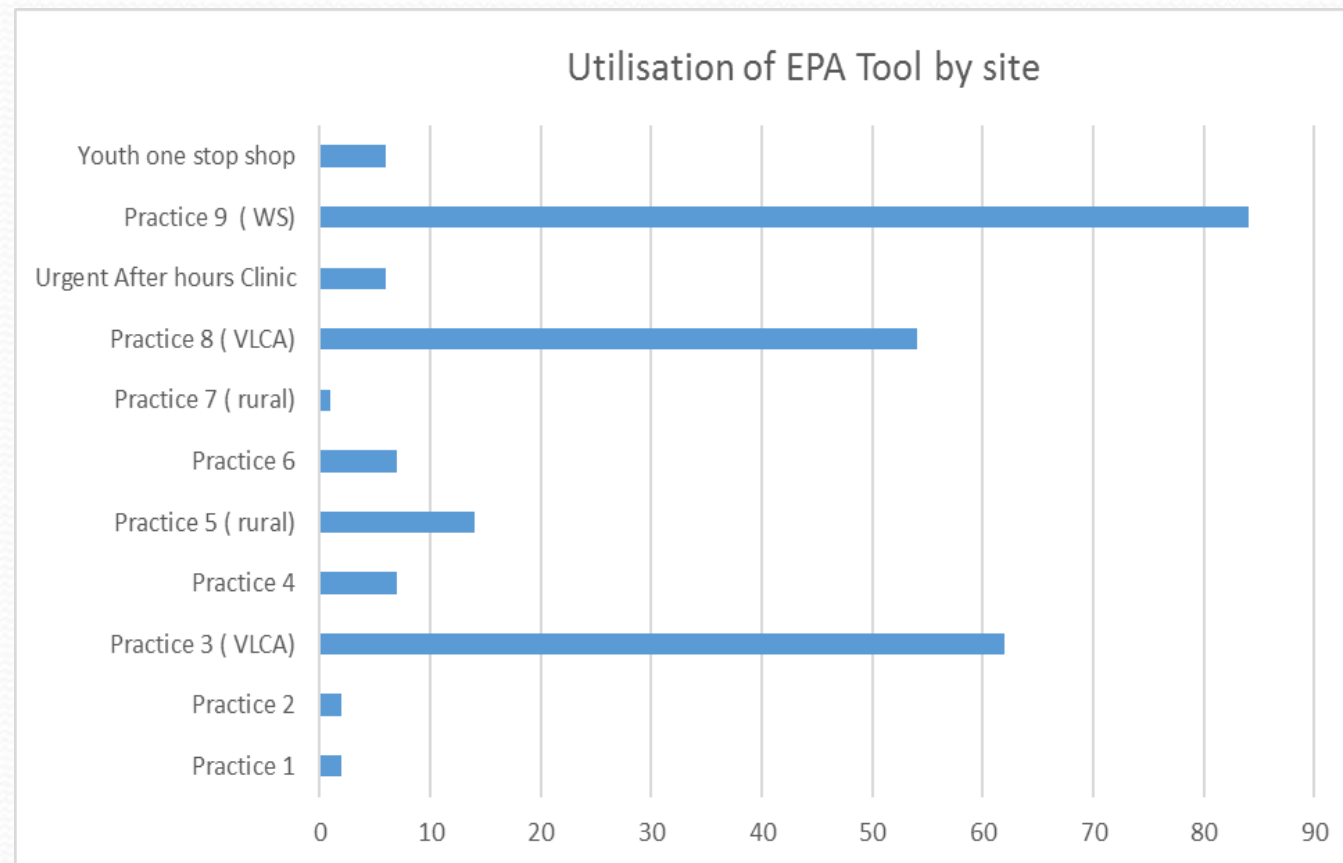
Pregnancy medication

Vaccinations

Midwife referral

Overall risk assessment and
referral options

In the first 18 months the tool used 298 times to assess pregnant woman at 10 sites. This was approximately 25% of all pregnancies.



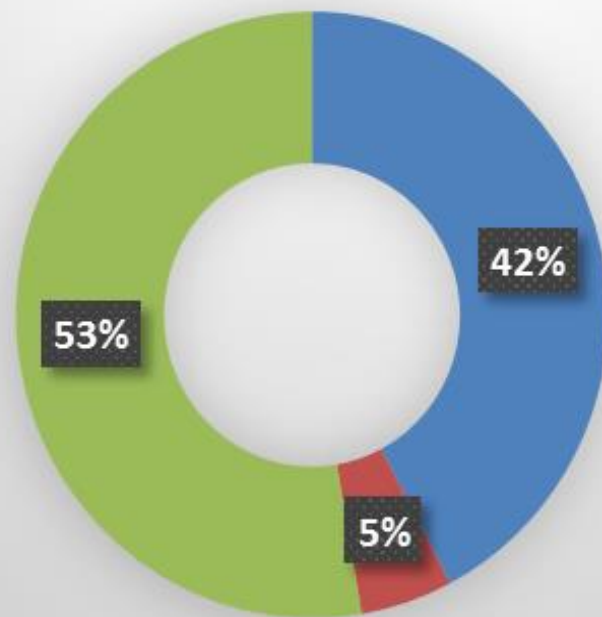


Training update provided over 3 months 2017 which has increased uptake of the Early Pregnancy Tool to 50% of pregnancies

After update training:

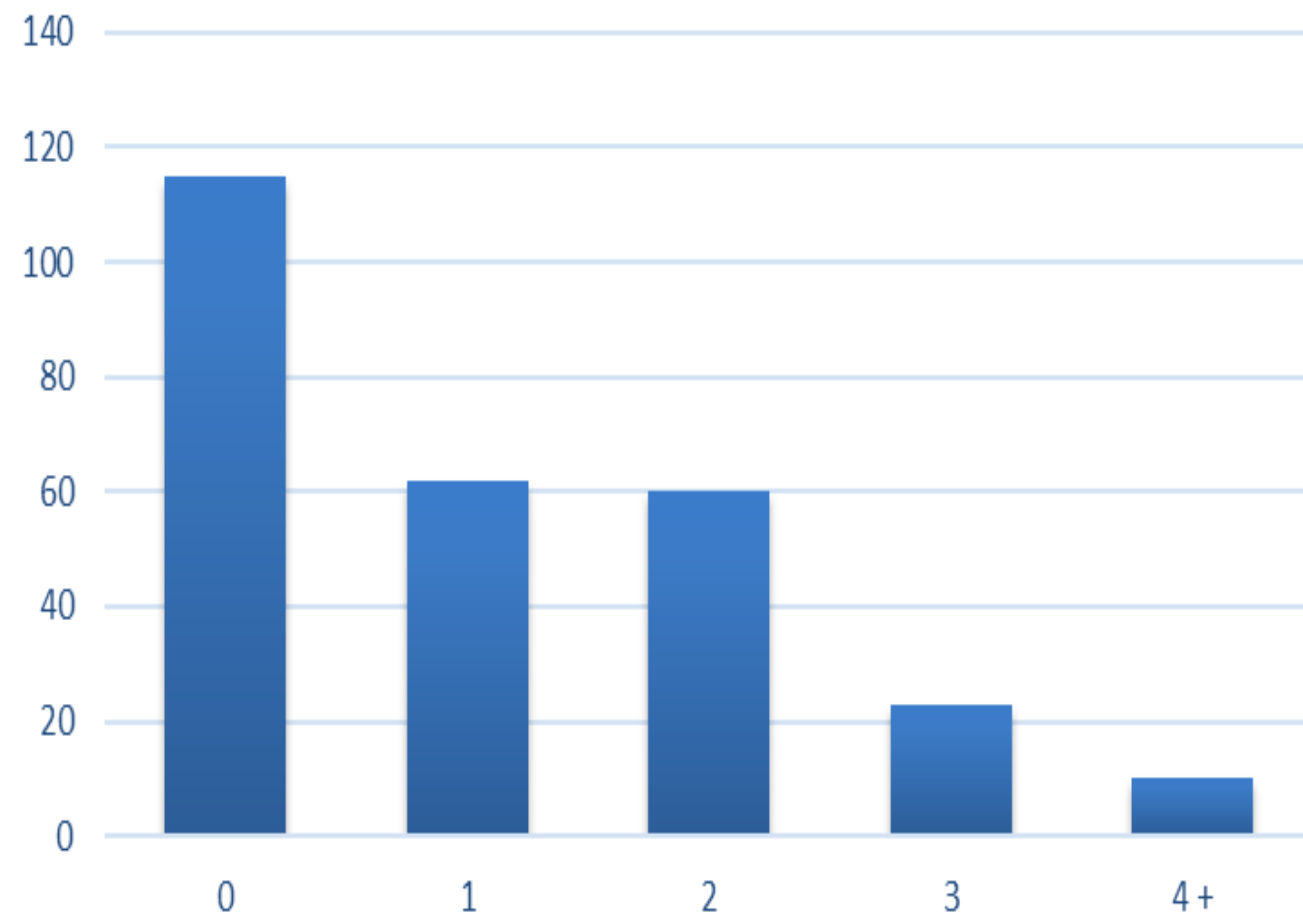
All city practices completed some early pregnancy assessments and one rural practice.

Ethnicity



- Maori
- Pacific
- Other

Para



Tracking pregnancy in the practice

Confirm Pregnancy

Confirmation of Pregnancy

Is patient currently pregnant? ☐ Yes ☐ No

Date of Last Menstrual Period:

Estimated Delivery Date: ☐ Calculated ☐ Scan

Clinical Information						Dashboard Note	
Medical Warnings	No known allergies						
Alerts	auto pay misc: Eligible Gardasil						
Body Measurements	156.0cm 71.0kg BMI: 29.2 (Overweight); Diet and exercise advice given	14/07/2016	 				
Screening and Monitoring						Conditions of Interest	
Alcohol Consumption	Non drinker	19/10/2015	 		Asthma		
Blood Pressure	110/65	20/07/2016			onset 2005/6, associated with smoking onset (stopped) with unexpectedly marked symptoms, started preventer 2006 PF 200 -> 330 after Rx		
Cervical Screening	Screening up to date - No abnormal results in last 5 years	17/03/2015	 		 		
Diabetes Screening	HbA1c: 30mmol/mol	14/07/2016	 		Quick Links		
Smoking Status	Stopped more than 12 months ago (stopped 2013)	19/10/2015	 		Map of Medicine NZ Formulary Current Allocations Confirm Pregnancy		
Pregnancy Assessment	5.2 weeks pregnant. Early Pregnancy Assessment completed	20/07/2016	 		<input type="text" value="Search for form or document"/>		
Clinical Management							
Children/Siblings	All children up to date or declined						
Flu Vaccination	Given	20/07/2016					
Care Plus Enrolment	Consider enrolment in Care Plus: 6 or more visits						

Scan reports

OBST US UD1 : 21 March 2016

Clinical:

Checking dates.

Findings:

A single viable intrauterine pregnancy has been shown.

The crown-rump length of the fetus was 19 mm indicating a gestation of 8 weeks 2 days.

EDD from this scan, 29/10/16.

Heart rate 169 bpm.

No complications were seen.



Smoking

40% were current smokers (40%) after initial 18 month review (2015/16), dropping to 29% over the last year (2016/7)

70% of smokers were assessed before 6 weeks which is the ideal early intervention period for smoking cessation

Clinic and ED letters

had LLETZ in July 2015 and the biopsy showed CIN 3 which was completely excised. She was supposed to be seen in the Colposcopy Clinic today for a smear and repeat colposcopic examination of her cervix. did not attend today. She had earlier on informed the Gynae nurse that she was three months pregnant. I also tried to contact on the telephone, to no avail.



Dear Quit Coach

Thank you for seeing ... in early pregnancy for smoking
cessation support

Incentive project



Alcohol

40% women reported they were not using alcohol

A further 36% had stopped alcohol use since pregnancy confirmation

24% were using alcohol (almost all reduced but not stopped)



How to follow up patients where alcohol use is a concern

 Alcohol consumption : above recommended guidelines

ABC Alcohol for Pregnancy – A guide for health professionals

There is no known safe level of alcohol use in pregnancy. Women are advised to stop drinking if they could be pregnant, are pregnant or are trying to get pregnant.¹

All women of childbearing age, whether they are pregnant or not, should be routinely asked about alcohol use, advised on the consequences of alcohol use during pregnancy and supported to stop drinking alcohol when pregnant or planning pregnancy. *ABC Alcohol for Pregnancy* provides a practical guide to help primary care health professionals address alcohol use in pregnancy.

ABC Alcohol for Pregnancy involves the following three steps:

A - Ask all women of childbearing age and pregnant women about their alcohol use and assess and record their alcohol use and level of risk.

For women who are not pregnant - Ask about alcohol use as part of a broader health check and reassess regularly. It is good practice to routinely ask all women about their alcohol use to enable advice and intervention, where needed.

For women who are pregnant - Alcohol use should be assessed at the initial visit and routinely thereafter. Women may not reveal their alcohol use the first time they are asked and they may not stop drinking straight away so it is important to have this conversation more than once.

For all women:

- Use a non-judgemental, empathetic approach to create a safe environment for women to disclose alcohol use.
- Use a validated screening tool such as Alcohol Use Disorders Identification Test - Consumption (AUDIT-C) for a quick assessment of how much and how often a woman is drinking.

- Use a standard drinks guide to assist with accurate recall of the number of alcoholic drinks consumed.
- Record information obtained about a woman's alcohol use before and during pregnancy. This helps prompt follow-up conversations and may at a later date support accurate diagnosis of fetal alcohol spectrum disorders (FASD) if there are any concerns with a child.

B - Give Brief advice to women of childbearing age and pregnant women that it is important to stop drinking alcohol if they are pregnant or trying to get pregnant and explain why.

Key messages -

- **There is no known safe time to drink alcohol during pregnancy.** Alcohol can affect the development of a baby's brain and central nervous system throughout pregnancy, including around the time of conception.
- **There is no known safe amount of alcohol that can be drunk in pregnancy.** Frequent heavy drinking is known to harm a developing baby but it is not known how much alcohol it takes to cause damage.
- **A baby is not protected from alcohol by the placenta.** Alcohol passes freely through the placenta and reaches concentrations in the baby's blood that can be as high as those in the mother.
- **The consequences of a woman drinking alcohol while pregnant can include** miscarriage, stillbirth, premature birth, low birthweight and a child being born with lifelong mental, physical, behavioural and learning disabilities (FASD).

For women who are not planning pregnancy - Advise the importance of:

- using effective contraception to avoid unintended pregnancy
- stopping drinking alcohol if they think they might be pregnant to avoid their baby being exposed to alcohol in the first weeks of pregnancy.

For women who are planning pregnancy - Advise the importance of stopping drinking alcohol in advance to avoid their baby being exposed to alcohol in the early weeks before pregnancy is recognised.

For women who are pregnant and have been drinking alcohol - Advise that:

- it is never too late to stop – stopping drinking alcohol at any time during pregnancy is best for their baby
- not all babies exposed to alcohol during pregnancy will be affected
- you are happy to discuss any concerns they might have, including any concerns once the baby is born.

For women who indicate that they will continue to drink during their pregnancy:

- Use motivational interview techniques to help increase a woman's readiness to stop drinking.
- Provide advice on where to find further information and support, including how to self-refer to specialist services for help with stopping drinking while pregnant (see next column).
- Involve a woman's partner and family to support her to stop drinking during her pregnancy.
- Ask about progress with drinking at future visits.

C - Refer to **Counselling** if women need more support than you can provide because they are pregnant and finding it difficult to stop drinking. Refer to a specialist in your service if you have one or to a specialist addiction service.

- **The Alcohol Drug Helpline** can provide an intermediary service between primary care health professionals and specialist addiction services and may be a preferred option for support for some women. The Helpline is staffed by trained brief

intervention counsellors and offers free, confidential information, help and support. Women can ring the free helpline **0800 787 797**, **free text adh to 234** or access the website **alcoholdrughelp.org.nz** for information and advice on how to self-refer to a service.

- Information for health professionals about specialist addiction services and the referral process can also be found on the Alcohol Drug Helpline website **alcoholdrughelp.org.nz/directory**.
- Depending on the specialist addiction service, referral can be self-referral or from a health professional or a non-health agency. For preferential referral, it is useful to inform the service that the referral is for a pregnant woman.

Further information and resources for health professionals

Alcohol and pregnancy information and resources, including information about the Health Promotion Agency's 'Don't know? Don't drink' campaign, available from **alcoholpregnancy.org.nz**.

Alcohol and Pregnancy – A practical guide for health professionals (Ministry of Health, 2010), available from **health.govt.nz/publication/alcohol-and-pregnancy-practical-guide-health-professionals**.

Pregnancy & Alcohol Cessation Toolkit – An education resource for health professionals (Alcohol Healthwatch and the University of Otago, 2012), available from **akoatearoa.ac.nz/projects/pact**.

Implementing the ABC Alcohol Approach in Primary Care (Royal New Zealand College of General Practitioners and the Health Promotion Agency, 2012), available from **rnzcgp.org.nz/college-resources**.

Information about FASD and the Fetal Alcohol Network NZ available from **fan.org.nz**.

Resources



Drink less be your best

DrinkSmart is a fun and social way to help you save money and cut back on calories while keeping your drinking under control.

