

National Interactive Seminar: Research use in public health, planning and commissioning for reducing alcohol related harm

**National workshop 5th November 2013
Teesside University, Darlington Campus, DL1 1JW**

English Case study site vignette and discussion on evidence use at the front-line to address alcohol use in pregnancy

Quotes from the interviews in the English case study site were used to highlight the following dilemmas and generate discussion;

Midwives, GPs and other NHS practitioners face challenges advising women in the context of contested and contradictory evidence about alcohol use in pregnancy. How do public health practitioners and commissioners make sense of it when faced with different sources of evidence and ideas about what's best for women?

There are gaps in our understanding and intelligence, with limited reliable local or national data available about women, alcohol and pregnancy, and problems of reporting and recording.

The scale of the problem is uncertain, and limited data is available about Foetal Alcohol Spectrum Disorder, with problems of identification and diagnosis.

Pregnant women may be reluctant to disclose their alcohol use because of taboo, stigma and guilt, and a desire to be seen to be a good parent, avoid social disapproval.

Midwives face challenges raising tricky issues with women during pregnancy, amidst time constraints and concerns to maintain contact and build relationships, and not put women off accessing future appointments.

Difficult issues are raised at antenatal booking (e.g. about smoking, substance use, domestic violence), and some data recorded, but not always in ways that capture useful information about alcohol use. For example, there is no standard definition of 'occasional use' leaving it open to interpretation. Questions do not take account of timing, frequency or precise quantities.

There is limited understanding of units, and how much is 'safe' to drink in pregnancy.

The way questions are asked may be informed by midwives own personal views about alcohol, and its acceptability in pregnancy.

Professional guidelines vary, and professional advice is not consistent.

There is recognition of the need for consistent messages, and some support for a 'zero tolerance approach' advocating no drinking in pregnancy, but

health professionals and commissioners are concerned about raising women's anxiety, when evidence is not clear cut.

The curious case of poor routine data and the challenges facing midwives...

