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ORIGINAL RESEARCH – QUALITATIVE

"If you can have one glass of wine now and then, why are you denying that to a woman with no evidence": Knowledge and practices of health professionals concerning alcohol consumption during pregnancy

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ABSTRACT

Background: Alcohol consumption during pregnancy has the potential to cause significant harm to the foetus and the current Australian guidelines state that it is safest not to drink alcohol while pregnant. However, conflicting messages often appear in the media and it is unclear if the message to avoid alcohol is being effectively conveyed to pregnant women.
Aims: This research aims to explore the advice that health professionals provide to pregnant women about alcohol consumption; the knowledge of health professionals regarding the effects of alcohol consumption; and their consistency with following the Australian guidelines.
Methods: Ten semi-structured face to face interviews were conducted with health professionals who regularly provide antenatal care. These include midwives, obstetricians, and shared care general practitioners. A six-stage thematic analysis framework was used to analyse the interview data in a systematic way to ensure rigour and transparency. The analysis involved coding data extracts, followed by identifying the major themes.
Findings: Health professionals displayed adequate knowledge that alcohol can cause physical and mental difficulties that are lifelong; however, knowledge of the term FASD and the broad spectrum of difficulties associated with alcohol consumption during pregnancy was limited. Although health professionals were willing to discuss alcohol with pregnant women, many did not make this a routine part of practice, and several concerning judgements were noted.
Conclusion: Communication between health professionals and pregnant women needs to be improved to ensure that accurate information about alcohol use in pregnancy is being provided. Further, it is important to ensure that the national guidelines are being supported by health professionals.

1. Introduction

Concern about the effect of alcohol consumption on the developing foetus is not a new phenomenon. In 1968, Lemoine and colleagues identified a range of physical defects and developmental delays in 127 children born to alcoholic mothers in France.[1] Independently, Jones and colleagues in the US identified similar physical and behavioural problems in children of chronic alcoholic mothers in 1973, and were the first to employ the term Foetal Alcohol Syndrome (FAS).[2,3] Since then, knowledge regarding the negative consequences of alcohol consumption during pregnancy has continued to increase and it is now well recognised that prenatal alcohol use can lead to a range of adverse effects. These effects are known as Foetal Alcohol Spectrum Disorders (FASD) and are the leading preventable cause of brain damage in unborn children in Western countries.[4] FASD is an umbrella term that describes the range of effects that can occur from prenatal alcohol use; including physical, mental, behavioural, or learning disabilities. FAS falls at the highest end of this spectrum and is characterised by distinctive facial abnormalities and

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physical birth defects.[5] The prevalence of FASD is difficult to determine as it often goes undiagnosed and there is confusion, even amongst health professionals, between the terms FAS and FASD. However, it is estimated that in the US between 0.5 and 2 births per 1000 are affected by prenatal alcohol use.[6] The prevalence of FASD in Australia is reported to be approximately six per 1000 live births although this figure is likely to be higher due to under-reporting associated with the difficulty in diagnosing FASD.[7]

Due to the serious consequences that prenatal alcohol consumption may have, the current Australian guidelines recommend for pregnant women, or women planning a pregnancy, not drinking is the safest option.[8] Despite this, many pregnant women in Australia continue to consume alcohol during pregnancy, even after learning that they are pregnant.[9] Given that FASD is a preventable cause of birth defects and lifelong developmental issues, it is important to understand why women are continuing to consume alcohol during pregnancy.

A recent survey of health professionals in Australia found that only 45% ($n = 514/1143$) routinely ask about alcohol use in pregnancy, only 25% ($n = 285/1143$) routinely provide information on the consequences of alcohol use in pregnancy and only 13% ($n = 148/1143$) provide advice consistent with the current NHMRC guidelines on alcohol consumption in pregnancy.[10] A similar survey among paediatricians in Western Australia found that approximately 21% of paediatricians ($n = 17/82$) routinely ask about alcohol use during pregnancy and approximately 10% ($n = 8/82$) routinely provide information about the effects of alcohol consumption on the foetus.[11] Research conducted by Jones et al. indicated that midwives had limited knowledge of the health risks associated with alcohol use during pregnancy, and that although there was a strong social presumption that pregnant women should not consume alcohol, the women were often not asked about their alcohol use.[12] Other Australian research has shown that midwives and general practitioners were unlikely to ask pregnant women about their alcohol consumption as they believe that their clients already knew not to drink alcohol.[13,14] Research findings such as these provide insight into a potential underlying lack of information which may be responsible for women continuing to consume alcohol during pregnancy, despite clear government recommendations. This suggests that there are significant areas for improving the dissemination of accurate information by health professionals to pregnant women about alcohol use in pregnancy.

2. Rationale

Women are continuing to consume alcohol during pregnancy, and the incidences of FAS and FASD are not decreasing. Past qualitative research has suggested that advice from health professionals about alcohol consumption during pregnancy is desired by many pregnant women, and may be persuasive in reducing consumption.[15,16] For this reason, an in-depth exploration into the knowledge and attitudes of health professionals was deemed necessary to investigate any barriers to providing accurate information about alcohol use to pregnant women. The current research focused on a range of health professionals, including midwives, shared-care general practitioners (GPs) and obstetricians, and used in-depth interviews to gain an understanding of the knowledge and practices of these health professionals in relation to alcohol use during pregnancy.

3. Participants and methods

A literature review was conducted to determine the major issues for health professionals in the area of alcohol consumption during pregnancy and following this an interview protocol was developed. The protocol explored health professionals' knowledge of the effects of alcohol consumption during pregnancy, their current practice in questioning pregnant women about alcohol use and the information they provide about the use of alcohol during pregnancy. The interview protocol contained questions and prompts for the interviewer to follow.

3.1. Participants

A purposive sample of ten participants was recruited using word-of-mouth. Participants were included if they were health professionals who regularly provide antenatal care, and have had more than six months experience in antenatal care. Ten semi-structured interviews were conducted with health professionals including: four midwives, three GPs, and three obstetricians.

3.2. Procedure

Eligible health professionals were contacted via email by the first author (FCW). Forty-two emails were sent and health professionals who expressed interest in the research were contacted to arrange an interview time. Ten participants were initially selected; approximately equal numbers from each profession. Data saturation was reached after this number and therefore no further interviews were arranged.

3.3. Data collection

The interviews were conducted between January and May 2014 by the first author (FCW) at the health professional's place of work, which included GP practices and antenatal clinics across Adelaide. Interviews ranged from 22 to 48 min.

3.4. Data analysis

Interviews were audio-taped and transcribed verbatim, with field notes and summaries of the key points written by the researcher at the end of each interview. A six-step protocol described by Braun and Clarke was used to analyse all interview transcripts using thematic analysis techniques.[17] The analysis involved deriving data extracts from field notes, summaries, and verbatim transcripts. Extracts of data were then coded into logical concepts, and these codes were categorised, re-categorised and condensed to identify the major themes. The themes and sub-themes identified through the analysis were reviewed and cross-checked with other members of the research team, before naming and defining.[17] Throughout the thematic analysis process, codes and themes that arose were discussed by the research team to ensure agreement with interpretation and grouping of data.

3.5. Ethical considerations

Approval was granted by both the University of South Australia's Human Research Ethics Committee (HREC) and the Women's and Children's Health Network HREC prior to the study's commencement (Protocol nos. 0000031358 and HREC/13/WCHN/121 respectively). Participants took part in the research after written consent was obtained to conduct and record the interview. Participants were assured that anonymity and confidentiality would be upheld. The researcher (FCW) conducting the interviews did not have any clinical relationships with the participants prior to recruitment; this therefore reduced any potential bias. The interviewer explained the goals of the research at the commencement of each interview. All aspects of this research conformed to the *National Statement on Ethical Conduct in*