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# Implementation of alcohol brief interventions in antenatal care in Scotland – what have we learned?

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# Background

- ◇ Screening and brief interventions recommended in international guidelines – albeit not specified which screening tools to use (WHO, 2014)
- ◇ Evidence for efficacy of alcohol brief interventions (ABIs) in antenatal care is limited (Stade et al., 2009; Gilinsky et al., 2011) – evidence base for primary care is good
- ◇ Evidence around national ABI programmes in antenatal care limited in the literature



# National ABI programme in Scotland



- ◇ Population of about 5.4 million
- ◇ Recognised high levels of harm compared to rest of UK and Europe prompted action
- ◇ National ABI programme introduced in 2008
- ◇ High profile, well-funded (inc. training), government target for NHS to deliver ~50,000 ABIs in primary care, A&E, and antenatal care per year
- ◇ Local health boards reported quarterly to Government





# Exploring implementation

- ◇ **Aim: To explore approaches to introducing and discussing the issue of alcohol with pregnant women in the antenatal care setting, from the perspective of ABI implementation leaders in Scotland**
- ◇ Secondary analysis of 8 interviews re antenatal setting in the implementation phase (now a long time ago)
- ◇ Transcripts re-read exploring relevant aspects
- ◇ Thematic analysis
- ◇ Focus on their experience of how and when to introduce and discuss alcohol with pregnant women or deliver a brief intervention.





# Summary of key findings

- ◇ A variety of approaches were adopted of how and when to ask and when to deliver a brief intervention
- ◇ Screening tools can be valuable but finding the right one that elicit most honest responses – focus on the **conversation**
- ◇ Tailoring approaches to the local context seems important
- ◇ Unintended consequences – changes in reported pre-pregnancy drinking



# Screening

- ◇ Overall, there was no consensus on HOW to screen women for alcohol use. Key issues:
  - Acceptability to frontline staff.
  - Time required to complete (TW EAK perceived as appropriate in one health board, but too time consuming in another)
  - Existing maternity system included standard questions about alcohol (Scottish Women's Hand-held Maternity Record) – was used or adapted in several health boards.





“We designed a new screening tool because we felt that some of the tools for the antenatal session weren’t [local] language, midwives fed back that they weren’t comfortable with that”

“I think the big thing for us is the local culture and the local language that we use.”



# ABI delivery

- ◇ In some health boards, low disclosure rates of alcohol use during pregnancy (0-2%) = very few ABIs were delivered
- ◇ Lost confidence among trained midwives as they got very few , if any, chances to deliver what they had learned
- ◇ Implementers in some health boards gave a lot of thought to \*exactly\* how to ask women about alcohol to encourage open discussion.





“Less than 1% of all women [coming for first antenatal appointment] say that they are drinking. So we have very poor ABI delivery figures because women are not admitting to drinking”

“In antenatal, they (midwives) just don’t feel they can get women to be honest about the drinking”



# Dealing with low disclosure rates

- ◇ In 2 health boards implementation leaders and midwives had been working together to address/avoid low disclosure rates
  - They believed that the way the question is asked was important
- ◇ They approached the question differently - by asking about pre-pregnancy patterns of drinking.





“Initially we looked at how we approached the alcohol question. We found that women tell us that they don’t drink, they will always say they don’t drink, but we know that is not true. So we had to look at a way that it was more of a conversation than about asking women about normal [pre- pregnancy] drinking behaviour”

“I was trying to get away from the midwives using the initial screening tool and questions in a ‘parrot’ fashion”



“Women were not comfortable revealing that they were currently drinking. So we were encouraged to target that pre-pregnant [drinking] group as well.”

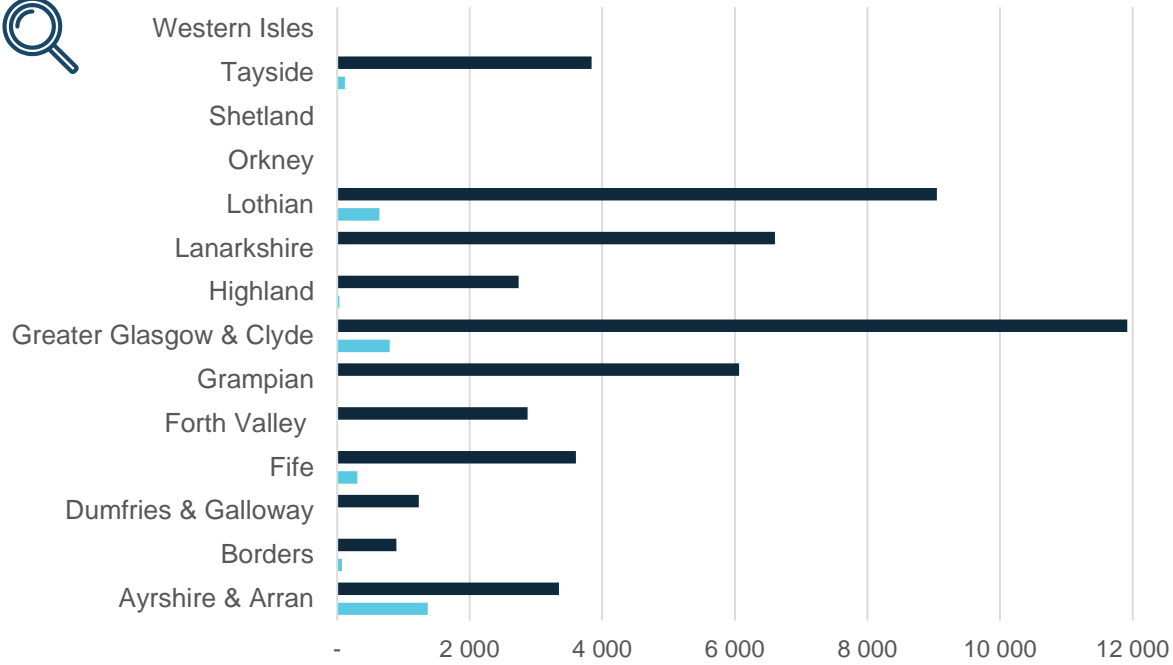


# What does this study add?

- ◇ Small study, raises question about honesty and accuracy of disclosure may vary (a lot?) depending on the way we ask about alcohol
- ◇ Little discussion about this in literature – focus on formal screening tools, less on quality of conversation
  - Symons et al. (2016) showed the utility of retrospective diaries in Scottish antenatal care
  - Focusing on a person-centred communication approach important to facilitate discussion (Doi et al., 2015)



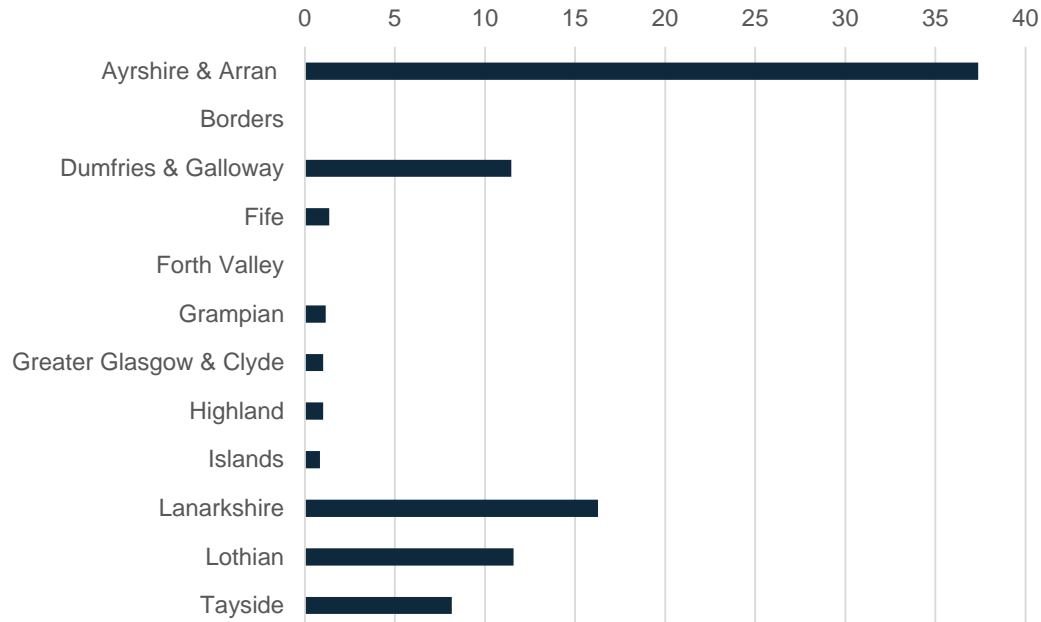
# Number of ABIs delivered 20 17/ 20 18



■ Antenatal bookings  
■ ABIs delivered

Source: Information Services  
Department Scotland  
<https://bit.ly/2SPinfa>

# Reported prenatal alcohol use (SMR02)









# Scottish Alcohol Framework (2018)

17 We will review evidence from Alcohol Brief Interventions being carried out to look at how they work in different settings – where they are most effective and whether there would be any settings in which they are not effective.

**Strengthen** restrictions on alcohol availability.

**Advance** and enforce drink driving countermeasures.

**Facilitate** access to screening, brief interventions, and treatment.

**Enforce** bans or comprehensive restrictions on alcohol advertising, sponsorship, and promotion.

**Raise** prices on alcohol through excise taxes and pricing policies.

Beginning in 2018

WPA  
THI

## Supporting families and carers

### Number Action

18 We will continue to raise awareness of alcohol-related harm caused by alcohol through increased awareness of, and improved diagnosis and support for, Fetal Alcohol Spectrum Disorder.

## Prevention, diagnosis and support

### Timing

Various timescales

### Contributes to

WPA  
INS  
THI





# Thank you for listening

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