

“Zero alcohol. Zero risk”

- Open discussion on harms of drinking including effects on fetus at every opportunity.
- All pregnant women to be screened using adapted AUDIT-C tool and provided with Chief Medical Officer (CMO) guidance, including the risks associated with alcohol, and alcohol brief intervention (ABI) if appropriate at the first maternity booking appointment. This should be electronically recorded where possible.
- An automatic referral to the FT Specialist Midwife or Consultant to be made within one working day for all women with a current score of 8 or more, and for those who continue to consume any alcohol in pregnancy despite being made aware of risks and CMO guidance. An appointment with the Specialist Midwife or Consultant is to take place within 10 working days.
- An automatic, same day rapid referral to the Specialist Midwife or Consultant and alcohol treatment service to be made for those scoring 20 or more which is to include maternal mental health assessment information. An appointment with the Specialist Midwife or Consultant and alcohol treatment service is to take place within 10 working days.
- Where referral to Alcohol Treatment Service is made, Specialist Consultant to work on advice of Alcohol Treatment Service to ensure safe detoxification. Do not advise women with possible dependence to stop drinking without specialist intervention.
- When being referred to Alcohol Treatment Service, women should be offered a face-to-face intervention with a pregnancy trained specialist in a maternity setting where possible.
- There should be regular liaison between the Specialist Midwife or Consultant and Alcohol Treatment Service.
- The Specialist Midwife or Consultant and alcohol treatment service should attempt to contact the woman with three telephone/text contacts from over three consecutive working days. Letter/email to be sent to woman offering appointment/support to those who cannot be contacted by telephone. The referrer to be advised of non-engagement and child protection referral should be considered.
- Past/present drinking status of woman (including AUDIT C scores) to be documented in maternity records, PHCR (Redbook) and clearly documented in handover to Health Visitors and Neo Natal Unit (NNU). This should be documented electronically where possible.
- ABI training (to regional standards and NHS Scotland recommendations) which provides maternity staff with the knowledge and confidence to undertake the intervention should be completed annually. Initial training to be delivered face-to-face followed by annual e-learning.
- Partners who complete the tool and identify as regularly drinking should be given an ABI including discussion around safe parenting. Those regularly consuming 14 to 19 units should be advised to attend their GP for a health check. Those regularly consuming over 19 units or reporting to struggle with abstaining should be advised to self refer to the Alcohol Treatment Service/GP and gain additional support through a child protection referral. All health professionals involved in families care should be informed (i.e Health Visitor, GP, Midwife).
- Any woman who is concerned about the impact of alcohol in previous pregnancies on other children should be signposted to their GP.

Further Information:

www.healthscotland.scot/media/1279/interventions-to-reduce-alcohol-consumption-during-pregnancy_jan2016_english.pdf

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/545937/UK_CMOs_report.pdf

http://www.healthscotland.scot/media/1361/abi-briefing-paper_apr2017_english.pdf

North East Alcohol in Pregnancy Pathway: 1 (universal care)

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Woman (and partner if present optional) to complete parts A and B of adapted AUDIT C tool.

Currently drinking alcohol?

Abbreviations:

CMO: Chief Medical officer

PCHR: Personal Child Health Record (Red Book)

ABI: Alcohol Brief Intervention

First maternity contact

NO

YES

Complete part A and C again based on current drinking levels.

Score 5 or less pre-pregnancy

Reaffirm CMO Guidelines and associated risks
Document in maternity records

Score >5 pre-pregnancy

Complete part C score:

Part A+C score combined:
5-8 Indicates lower risk
8 -19 Indicates increasing risk
20+ High risk of relapse

Give ABI, reaffirm CMO recommendations and document in maternity records

Score 1-7

Reaffirm CMO Guidelines

Provide ABI

Document in maternity records

Score 8-19

Reaffirm CMO Guidelines

Provide ABI

Refer to specialist consultant/ midwife. Follow **pathway 2**

Document in maternity records

Score 20+ possible dependence

Do not advise to stop drinking abruptly

Refer urgently to Specialist Consultant/ Midwife and specialist treatment service. Follow **pathway 2**

Document in maternity records

Next contact

Reassess current drinking at next contact/by 12 week scan by using adapted AUDIT C tool part B.

ANY ongoing drinking refer to specialist consultant/ midwife and follow **pathway 2**.

16 weeks

Using adapted AUDIT C tool **part B** reassess current drinking
Reaffirm CMO Guidelines
Document in PCHR & records

Refer to specialist consultant/ midwife and follow **pathway 2**.

Using adapted AUDIT C tool **part B** reassess current drinking

Reaffirm CMO Guidelines

Document in PCHR & records

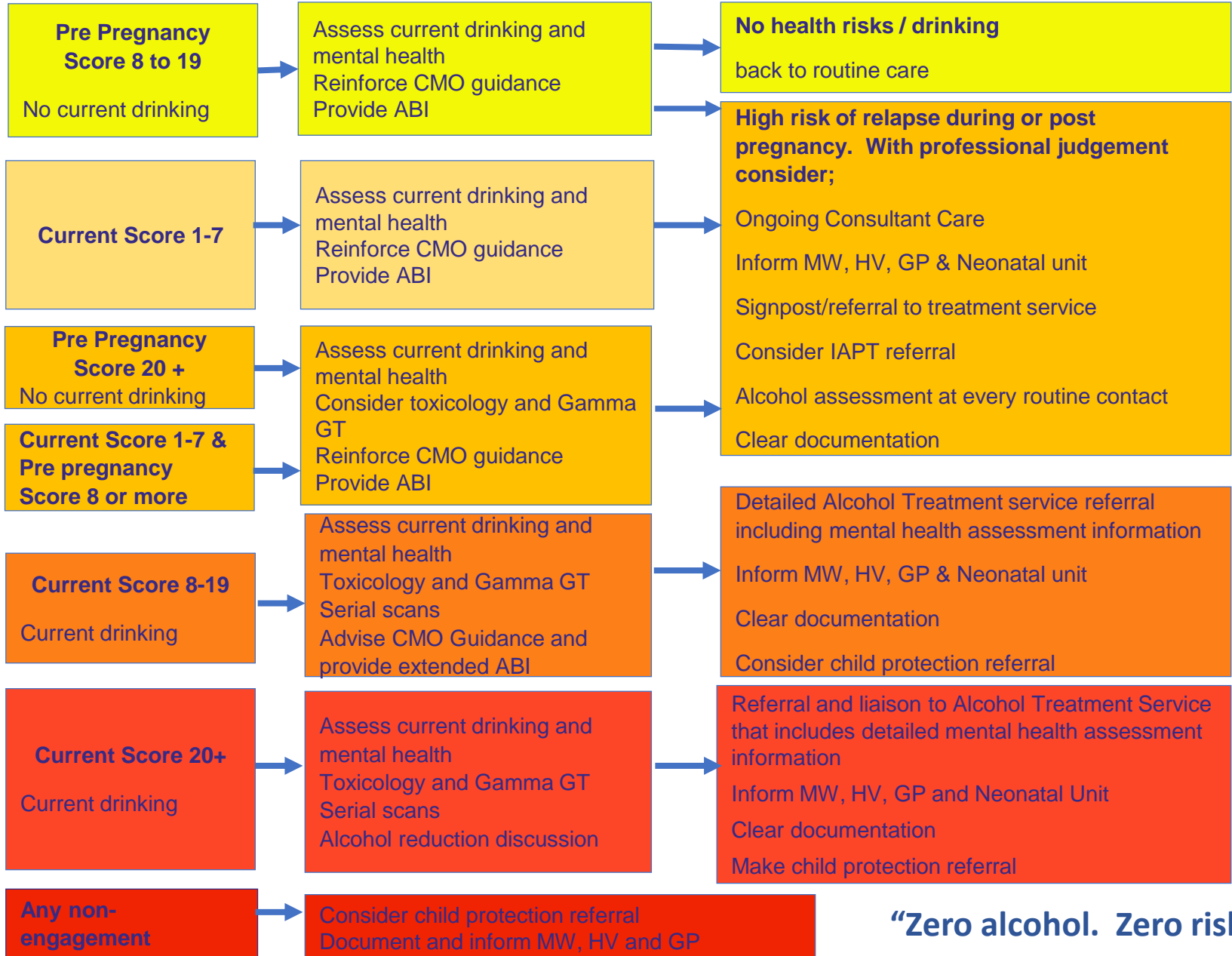
36 weeks

Signpost to local peer support/groups and resources where available

North East Alcohol in Pregnancy Pathway: 2 (FT specialist care)

Seen within 10 working days of referral

Signpost or peer support/groups where available



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