The Royal Australian and New Zealand College of Obstetricians and Gynaecologists
Excellence in Women's Health

Submission

Senate Standing Committees on Community Affairs: Inquiry into Effective approaches to prevention, diagnosis and support for Fetal Alcohol Spectrum Disorder

The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) welcomes the opportunity to provide this submission to the Senate Standing Committee on Community Affairs on the *Inquiry into Effective approaches to prevention, diagnosis and support for Fetal Alcohol Spectrum Disorder*.

RANZCOG is a not-for-profit organisation dedicated to the establishment of high standards of practice in obstetrics and gynaecology and women's health. The College trains and accredits doctors throughout Australia and New Zealand in the specialty as well as supporting research into women's health. RANZCOG also acts as an advocate for the advancement of the healthcare of women and their pregnancies by fostering relationships with individuals, the community and professional organisations, both locally and internationally. RANZCOG is responsible for the development and dissemination of guidelines for provision of safe, evidence-based and woman centred care.

Given this, RANZCOG holds a pivotal role in the prevention of Fetal Alcohol Spectrum Disorders (FASD). With regard to alcohol use for women who are pregnant or planning pregnancy, RANZCOG recommends that not drinking alcohol at all is the safest option[1]. This recommendation is in line with the 2009 NHMRC Alcohol Guidelines to Reduce Health Risks from Drinking Alcohol[2]. Alcohol use in pregnancy is associated with increased risks of miscarriage, premature birth and low birth weight as well as stillbirth and FASD. A quarter of Australian women still consume alcohol after becoming aware of their pregnancy[3] and 60% of women consume alcohol between conception and recognising they are pregnant[4]. Therefore, more strategies are needed to raise awareness of the risks associated with alcohol consumption in pregnancy, develop interventions to reduce alcohol consumption and improve and implement management of the associated health impacts on mothers and their offspring. RANZCOG's contribution and recommendations to the senate inquiry into FASD are in the context of prevention and can be understood via addressing terms of reference (a) through to (c) as well as (o) and (p) as outlined below.

[1] RANZCOG guideline: Substance use in pregnancy. November 2013. Available at: https://ranzcog.edu.au/RANZCOG_SITE/media/RANZCOG-MEDIA/Women%27s%20Health/Statement%20and%20guidelines/Clinical-Obstetrics/Substance-use-in-pregnancy-(C-Obs-55)-March-2018.pdf?ext=.pdf

[2] NHMRC 2009 Australian Guidelines to Reduce Health Risks from Drinking Alcohol. Commonwealth of Australia. Canberra

[3] AIHW 2017 National Drug Strategy Household Survey 2016. AIHW. Canberra

[4] McCormack C et al. Prenatal Alcohol Consumption between a conception and recognition of pregnancy. Alcohol Clin Exp Res. 2017;41(2):369-378

Terms of Reference
Inquiry into Effective Approaches to Prevention and Diagnosis of Fetal Alcohol Spectrum Disorder (FASD)

Effective approaches to prevention and diagnosis of FASD, strategies for optimising life outcomes for people with FASD and supporting carers, and the prevalence and management of FASD, including in vulnerable populations, in the education system, and in the criminal justice system – with particular reference to:

(a) the level of community awareness of risks of alcohol consumption during pregnancy;

When pregnant, or thinking about conceiving, women need to be informed of the risks of consuming alcohol. Despite the recommendation that no amount of alcohol in pregnancy has been proven as safe, data from the National alcohol poll shows that only one in three women say they are informed of the risks and supported by their health professionals and almost all women say they want health professionals to talk to them about alcohol consumption during pregnancy[5]. RANZCOG would support a public education campaign regarding risks of alcohol consumption during pregnancy and highlighting the current National Guidelines.

(b) the adequacy of the health advice provided to women planning a pregnancy, pregnant women and women who are breastfeeding, about the risks of alcohol consumption;

To ensure that the message about alcohol consumption during preconception, pregnancy and breastfeeding remains uniform among all clinicians, the Foundation for Alcohol Research (FARE) developed the "Women Want to Know" public health initiative. This online learning course is freely accessible to all members of RANZCOG, Royal Australian College of General Practitioners (RACGP) and the Australian College of Midwives (ACM). In addition, all health professionals can access the ACM Women Want to Know course. The course provides standardised information for clinicians on the effects of alcohol consumption during pregnancy, how to facilitate discussions about alcohol consumption with women and strategies for identifying and referring those women who find it difficult to stop or reduce their alcohol consumption or who may not be willing to do so. It also addresses some common contributing factors to alcohol use in pregnancy and in addition the last section looks at advice for breastfeeding women regarding alcohol use.

Unfortunately, many women are not being asked about their alcohol intake until they are already pregnant and rates of unintended pregnancies in Australia are high. This emphasises the importance of education programs to all women of childbearing age and particularly those attempting to conceive or those not using adequate contraception. Furthermore, it should be noted that contraception is an alternative means to abstinence from alcohol in the prevention of alcohol-exposed pregnancies and offering birth control must be part of the primary care of a woman of child-bearing age. Ensuring clinicians are educated in interviewing and intervention regarding alcohol use in childbearing-aged women will aim to both reduce alcohol use and increase effective contraception.

[5] The Foundation for Alcohol Research and Education (FARE) Australia. Women & Alcohol pamphlet. Available at: https://ranzcog.edu.au/RANZCOG_SITE/media/RANZCOG-MEDIA/About/NWHS/Resources/NWHS-Women-and-Alcohol.pdf

(c) barriers that may prevent women receiving accurate, timely and culturally/ethnically appropriate information and advice on alcohol and pregnancy;

There are numerous barriers to women receiving appropriate care with regard to alcohol use in pregnancy. Some of these can be considered systems barriers such as the issue of screening clinicians not appropriately skilled or lacking in knowledge as well as screening clinicians not being aware of appropriate addiction referral services or services being resource-limited/full.

Women who suffer from alcohol use disorder often have other complex problems that are prioritised over their alcohol use or that prevent them seeking preconception or early pregnancy care. These include psychosocial adversity/poverty, homelessness, family violence, other children to care for, poly-substance use or significant mental or co-morbid illness. Women from remote Aboriginal communities with high rates of alcoholism and binge drinking are another high-risk group. These women often carry the added burden of historical trauma and loss of culture in addition to the aforementioned associations of disadvantage. Many women from varying backgrounds also feel shame and for this reason do not disclose their alcohol use. This can be addressed by providing clinicians with skills in non-judgmental motivational interviewing and brief intervention and addressing the issue of non-therapeutic attitudes among clinicians. Some women fearful of punitive action-especially if they have had prior interaction with child welfare agency resulting in relinquishment of other children.

Any prevention strategies must be culturally safe, appropriate and available to the setting.

(o) the need for improved perinatal data collection and statistical reporting on FASD and maternal drinking;

The current prevalence of FASD is Australia is unknown. Comprehensive and accurate data collection is important to understand the scale of the problem and to allow design of appropriate services and interventions. In addition, it is required for monitoring and evaluation of any interventions. Active case ascertainment allows improved rates of reporting but has rarely been performed[6]. When these techniques were used in studies of Fetal Alcohol Syndrome and FASD amongst Aboriginal children in remote Western Australia, the studies reported some of the highest rates in the world[7][8]. Considering the burden and possible magnitude of the problem, accurate data collection on both maternal alcohol consumption and FASD rates is paramount.

(p) any other related matters.

FASD encompasses multiple disorders resulting from alcohol exposure in utero. While alcohol readily crosses the placenta and we have shown there is no safe amount during pregnancy, we also know that any damage is dose dependent and that low alcohol consumption is less likely to effect longer-term

[6] Reid, N. Fetal alcohol spectrum disorder in Australia: What is the current state of affairs? Drug and Alcohol Review 2018;37:827-30
[7] Fitzpatrick JP et al. Prevalence and profile of neurodevelopment and fetal alcohol spectrum disorder (FASD) amongst Australian Aboriginal children living in remove communities. Res Dev Disabil 2017;65:114-26
[8] Fitzpatrick JP et al. Prevalence of fetal alcohol syndrome in a population-based sample of children living in remote Australia: TH Liliwan Project. J Pediatr Child Health 2015;51:450-7

offspring outcomes[9]. The burden of FASD is arising in situations where pregnant women are drinking alcohol in concerning amounts during pregnancy and likely many of these women fit the criteria for alcohol use disorder or alcohol dependence disorder. Therefore, efforts to prevent FASD must be concentrated around women of child-bearing age with these problematic drinking habits. These efforts should include ease of access in referring and entry into treatment and the multi-disciplinary collaboration between evidence-based alcohol treatment services and maternity care services.

Pregnancy has been described as a window of opportunity regarding motivation to seek health care services and treatment for substance use disorders. However, data shows that threats and punitive measures instil distrust in women and diminish therapeutic outcomes. We need to advocate to ensure that these women are cared for by clinicians with adequate training, knowledge and open communication skills that will maximise treatment goals.

Recommended articles that summarise current best evidence for prevention of FASD in Australia:

1. Elliot, E. Fetal alcohol spectrum disorders in Australia- the future is prevention. Public Health Research and Practice March 2015. Available at: http://www.phrp.com.au/wp-content/uploads/2015/03/PHRP-25-02-FASD-06-FINAL-25Mar15.pdf

2. Reid, N. Fetal alcohol spectrum disorder in Australia: What is the current state of affairs? Drug and Alcohol Review Nov 2018.; 37: 827-30

Yours sincerely,

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President

[9] Mamluk L et al. Low alcohol consumption and pregnancy childhood outcomes: time to change guidelines indicating apparently 'safe' levels of alcohol during pregnancy? A systematic review and meta-analyses. BMJ Open 2017;7(7):e015410