

From:
To: [Community Affairs, Committee \(SEN\)](#)
Cc:
Subject: Re: FASD Inquiry - Written Questions on Notice - Australian College of Midwives
Date: Friday, 16 October 2020 11:53:13 AM
Attachments:

Please accept my responses to the questions on notice for the FASD inquiry from Senator Griff in my role as representative for the Australian College of Midwives. I have taken the pragmatic route of listing the questions and responses in the text of the email below. If you require some other format or ACM letterhead please let me know.

Senator Griff's questions and ACM responses.

Question 1

Does the College provide or facilitate any ongoing professional development or educational material that covers the risks of drinking in pregnancy, and specifically the risks of FASD? If not, why not, and will the College consider offering this in future?

Yes.

ACM offers a comprehensive professional development and educational catalogue using face-to-face, conference and online learning channels. Our catalogue includes contemporary midwifery and maternity science and research, training in selected clinical topics, and a wide range of professional practice topics.

In respect to FASD, ACM has in the past provided webinar-based content available to our members and for the broader midwifery profession, we have similar provided FASD related content in our publications. ACM submissions to Food Standards Australia New Zealand (FSANZ) and Government are also shared with our members and advertised through our channels to the wide audience.

ACM also works with The Foundation for Alcohol Research and Education (FARE) to educate midwives and other maternity staff. Through this relationship we have made available an e-Learning course, Women Want to Know: Pregnancy and Alcohol, available to provide knowledge and understanding of this topic, and in turn enhance clinician's ability to support and inform women within your practice. This course was made available free of charge.

We would note that ACM receives no governmental funding for these services, meaning that they are provided thanks to the fees paid by our members. We would ask that the inquiry consider why Government is not investing in ACM to do more on this important topic. We have the market presence, content, skills and the experience to do more if appropriately funded.

Question 2

The National Drug Research Institute's submission notes that anxiety is a risk factor for risky drinking in pregnancy. Is this something midwives are aware of and address in practice?

Yes.

Midwives are aware that anxiety is a risk factor in pregnancy with it manifesting in multiple ways; not just an increase in drinking. Please note it is ACM's position that all consumption of alcohol while pregnant is risky, hence there is no level of consumption that is without risk.

In general, Australian midwives are aware of these risks due to their undergraduate training and through further professional development provided by ACM (see our answer to question 1) and many midwifery employers.

Question 3

In his evidence, Prof Shelton made the point that health practitioner education and early intervention on alcohol use is important, especially where the opportunity has been missed with a first pregnancy in order to

avoid a further alcohol exposed pregnancy. In his evidence he says there are three questions a health practitioner can ask to engage a woman on the topic of alcohol use in pregnancy (which are available on the FASD Hub site). The three questions are, 'Was the pregnancy planned or unplanned? How many weeks were you when you realised you were pregnant? What lifestyle changes did you make at that point?'. Do midwives routinely use these or similar questions to broach the issue of alcohol use? If not, will you consider these going forward?

A midwife works to develop a trusted relationship with pregnant women. This, in turn, leads to a rich dialogue that allows a midwife to identify and help the women self-manage many pregnancy issues and risks throughout a pregnancy. The best results are achieved when a woman is supported by the same midwife throughout her pregnancy (continuity of midwifery care). Despite the evidence supporting the improved outcome for women and babies from using this model or care, it is not universally accessible to women.

While Professor Shelton's specific questions are not necessarily used in the same formulaic form suggested, midwives would indeed seek to gather the data which these questions seek to discover when interacting with their clients.

Alcohol consumption is part of the mandatory data collection for birth notification forms, so all hospitals will have some process. Most women (99%) birth within the mainstream health systems and their data is captured in these routine information collection processes.

END

Please let me know if I can be of further assistance to the FASD Inquiry.

Regards Jenny

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School of Nursing and Midwifery ranked #1 in Australia and #2 in the world*
*2020 Shanghai World University rankings by subject

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I pay respect to the past, present and future First Australians on whose land we live and work. I acknowledge the loss of lands, cultures and treasures that have had immense consequences for people, communities and nations. I would like us to journey together toward a better future.
