



**SUBMISSION
TO
HOUSE OF REPRESENTATIVES STANDING COMMITTEE ON
SOCIAL POLICY AND LEGAL AFFAIRS**

**Inquiry into the prevention, intervention and management of
Foetal Alcohol Spectrum Disorders**

February 2012

Wuchopperen Health Service Limited is a community controlled organisation delivering holistic primary care for Aboriginal and Torres Strait Islander people in Cairns and surrounding districts.

Wuchopperen Health Service's vision is to provide an efficient and effective community based primary health care service that is delivered in a culturally sound manner to meet the needs of Aboriginal peoples and Torres Strait Islanders.

Aboriginal self-determination and the fundamental right of every man, woman and child to access and receive appropriate high quality evidence based health care, form the impetus of Wuchopperen's approach to improving health at the local community level.

Staff with the Child and Maternal Health Program at Wuchopperen Health Service see approximately 120 pregnant women per year. Through the program we provide a holistic service with a strong emphasis on antenatal education and prevention of complications and liaise closely with the antenatal clinic and staff at the Cairns Base Hospital through a shared care arrangement.

On the first presentation to the service by a pregnant woman a thorough history is taken, including alcohol consumption, and this is recorded in the client's file. Women are advised that it is not known if there is a safe level of alcohol consumption in pregnancy and therefore, abstinence is the safest option. In cases where it is thought that the woman may be at risk of future alcohol consumption during the pregnancy, more thorough counselling is provided at that appointment by the Aboriginal and/or Torres Strait Islander Health Worker, Midwife or General Practitioner. The counselling also includes discussion around Foetal Alcohol Spectrum Disorders. Depending on the individual's situation, an internal referral may be made to Wuchopperen's Substance Misuse Program, or to an external agency with experience in working with Aboriginal and Torres Strait Islander clients.

In our experience most women are aware that alcohol is harmful during pregnancy and tell us that they stopped drinking as soon as they realised they were pregnant. However this may have been as late as the second trimester in pregnancy and some women, particularly teenagers, admit to having had one or more episodes of binge drinking before realising that they were pregnant. Most of the alcohol consumption appears to be binge drinking at weekends, often whilst partying with others. We also suspect that there may be a large element of under-reporting of alcohol consumption on subsequent visits. That is the women tell us they no longer drink any alcohol but in fact continue to do so, often as a reaction to stress, boredom or the social environment. This under-reporting makes it more difficult to provide effective interventions.

Pregnant women who obviously have a serious alcohol problem are often the ones who are least likely to access our service or other antenatal services. On occasion we spend a large amount of time and resources on attempting to contact these women and provide them with some health care. Time can be spent making numerous phone calls to other organisations and relatives, and numerous home visits by Aboriginal and/or Torres Strait Islander Health Workers and Midwives to various addresses. There are no Medicare item numbers we can bill for the many hours that can be spent on attempting to provide health care to these women.

Recommendations

We would like to make the following recommendations:

- Alcohol consumption during pregnancy should be seen as a community issue rather than just an issue for individual pregnant women. The woman's social contacts should also be given responsibility to encourage her to abstain from alcohol in a supportive and non-judgemental way. This could be addressed in any education that is given about alcohol consumption, particularly to high school students.
- Education, promotion and prevention, particularly to Aboriginal and Torres Strait Islander high school students, to raise the awareness on such as safe sex, pregnancy, substance misuse and risky behaviours.
- Resources to enable health care providers to more explicitly and visually describe the impact of alcohol on the foetus may be of benefit. An example could be the FAS doll. Further research in this area may be beneficial. Health care providers should be encouraged to take a very detailed alcohol history of pregnant women and women who may become pregnant.
- More uniform diagnostic criteria for FASD and advice on when to apply them would be beneficial.
- Greater financial recognition needs to be given to Aboriginal and Torres Strait Islander community controlled organisations for the large amount of staff time and resources that can be spent in attempting to provide health care to the most 'at risk' patients.