# Alcohol dependent pregnant women going untreated

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Alcohol dependent pregnant women are poorly served by health services and too often do not receive help or treatment.

A new study released today ahead of the Australasian Fetal Alcohol Spectrum Disorders (FASD) Conference in Brisbane later this month, has shed new light on this hidden problem, and recommended improvements to existing screening and treatment services.

The study, It’s time to have the conversation: Understanding the treatment needs of women who are pregnant and alcohol dependent was commissioned by the Foundation for Alcohol Research and Education (FARE) and conducted by the National Drug and Alcohol Research Centre (NDARC) at the University of New South Wales (UNSW).

The research combined a review of existing literature examining alcohol consumption among pregnant women and the treatment services currently available, and interviews with clinicians who work in alcohol management or the treatment of alcohol dependent women, who were asked about the services they provide, the clients they treat, current practises and their suggestions for improvements.

Lead researcher, Dr Lucy Burns, says there is a great deal of stigma and guilt associated with alcohol use during pregnancy.

“Alcohol consumption is regarded with disapproval and shame during pregnancy. This stigma is largely responsible for a woman’s lack of disclosure of drinking during pregnancy. Pregnant women who are alcohol dependent aren’t talking about their experiences, and nor are they being directed towards suitable treatment services,” Dr Burns said.

This was borne out in both interviews with clinicians and in the evidence from the literature review which showed that while the prevalence of alcohol use disorders in the population is higher than disorders relating to illicit drugs, the reverse is true in specialist treatment services, with alcohol dependent pregnant women rarely seen.

Dr Burns says the study identified additional barriers to treatment that resulted in so few alcohol dependent pregnant women seeking suitable treatment.

“There are significant barriers beyond the guilt and the shame. The fear of losing custody of children, and practical barriers such as the availability of services access, transport and childcare. Our study identified that services for the treatment of substance abuse in pregnancy are sparse, and when available, are mainly located in metropolitan areas,” Dr Burns said.

The study found that there has been little progress in the treatment of alcohol dependent women in the last decade. It recommended the adoption of standardised screening on all pregnant women on their alcohol use, so that all pregnant women who identify that they are consuming alcohol are provided with access to suitable treatment. This should include extended hospitalisation postdelivery and continued follow-up, with treatment provided by a multidisciplinary team.

FARE Chief Executive Michael Thorn says the study contains valuable recommendations for the treatment of alcohol dependence in pregnancy.

“It is vital that we ensure that women are supported to avoid alcohol while pregnant, and it is also important that we ensure that women who are alcohol dependent are provided with access to specialist care. These efforts will do much to better support women and help reduce the prevalence of Fetal Alcohol Spectrum Disorders, a range of lifelong but preventable conditions that result from alcohol exposure in pregnancy,” Mr Thorn said.

In Brisbane on 19 and 20 of November, the nation will turn its attention to FASD. Presented by the Public Health Association of Australia (PHAA) and FARE, the conference will share knowledge about FASD and bring people together from around the region to exchange ideas, practice, research and policy discourse.

[view the report](https://www.fare.org.au/its-time-to-have-the-conversation-understanding-the-treatment-needs-of-women-who-are-pregnant-and-alcohol-dependent/)

### Metadata