# Inquiry into effective approaches to prevention, diagnosis and support for Fetal Alcohol Spectrum Disorder

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### People often underestimate the risk of harm from drinking alcohol during pregnancy, including miscarriage, stillbirth and Fetal Alcohol Spectrum Disorder (FASD). FARE’s submission provides a way forward in the prevention of harm caused by FASD.

People often underestimate the risks of drinking alcohol during pregnancy. Alcohol can cause a range of adverse effects, including miscarriage, stillbirth and life-long disabilities such as Fetal Alcohol Spectrum Disorder (FASD).  FASD is the leading cause of preventable developmental disability in Australia. Estimates show that FASD affects five per cent of the Australian population, with a potential range between two to nine per cent of babies born each year.

FARE makes the following recommendations to the Community Affairs Reference Committee as a way forward in the prevention of harm caused by FASD.

## Recommendations

1. Implement a national and comprehensive prevention program to reduce the overall level of alcohol consumption during pregnancy. This program should include interventions that target both pre-pregnancy contraception and alcohol consumption before and during pregnancy and incorporate best practice elements from international examples.
2. That a national awareness campaign focused on public education is implemented that:
	1. educates the general public, and women in particular, to improve societal-level awareness about the need for zero alcohol consumption during pregnancy and reduce pressure on women to drink in social settings
	2. educates the general public, and women in particular, on the range of adverse consequences that can occur if a woman consumes alcohol during pregnancy
	3. has co-designed resources for at risk Aboriginal and Torres Islander populations
	4. includes resources targeted to women prior to pregnancy, as well as during and in future pregnancies
	5. highlights what those around the woman can do to support her during pregnancy and beyond, particularly the pregnant woman’s partner if she has one.
3. That all health professionals are educated on alcohol harms during pregnancy and training is incorporated into all General Practitioner (GP), midwifery, obstetrics and Aboriginal health worker education.
4. All university medical education (such as midwifery and medical degrees) includes curriculum on FASD and alcohol consumption during pregnancy.
5. Support and training to health professionals is provided, to increase skills in asking women about alcohol consumption, providing advice that is consistent with the Alcohol Guidelines, and recognising and responding to women at risk.
6. Continued funding for the Women Want to Know project, to ensure continuity in promotion to train health professionals about the risks of alcohol consumption during pregnancy.
7. That approaches to prevention and care for pregnant women are trauma-informed and conducted in a way aimed at reducing stigma.
8. The Australian Government (the Government) cease involvement with any DrinkWise programs and materials.
9. The Government commit to not funding the alcohol industry, including DrinkWise, to produce health education materials.
10. That Government-funded materials provided in health care are evidence-based and developed by public health and/or medical bodies and are free from alcohol industry influence.
11. A guide is created for media on how to accurately report on alcohol use during pregnancy without the use of stigmatising language, so as to not blame women or victimise individuals with FASD.
12. That mandatory pregnancy warning labels on packaged alcohol products are introduced into Australia without delay. These labels should include both pictogram and warning text situated within a box with the words HEALTH WARNING in bold, the label should also appear in red and black on a white background.
13. That immediately prior to the mandatory application of the pregnancy warning label, a comprehensive public education campaign be undertaken to inform consumers about the changes. This should be funded and implemented by the Government.
14. That all pregnant women are asked about their alcohol consumption and pregnant women with alcohol use disorders are provided with specialist support services and have access to treatment services. This should be tied in with wider maternity care frameworks ensuring continuity of care.
15. That the Government support the Australian Institute of Health and Welfare (AIHW) in implementing mandatory recording of alcohol use during pregnancy and invest in research to assess the feasibility, appropriateness and response from women. Evaluating the use of AUDIT-C should be included, especially with the lens of that many women may under-report.
16. That mandatory recording is regularly monitored and reported on, along with research into the implications of implementation and potential unintended consequences.
17. That the Government makes further commitment to reduce harm by implementing effective alcohol policy measures in line with global frameworks.

[view the submission](https://fare.org.au/wp-content/uploads/FARE_FASD_Inquiry_Submission_Dec2019.pdf)

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