

Hall & Partners

O P E N M I N D

- Women Want to Know leaflet redevelopment

Research report

1 June, 2018

Prepared for the Foundation for Alcohol Research and Education

By Hall and Partners Open Mind

Hall & Partners | OPENMIND

CONTENTS

Executive Summary	4
1. Research context and design.....	7
1.1 Background to the research	7
1.2 The Women Want to Know project.....	7
1.3 Research objectives	8
1.4 Research design	8
2. Research findings	16
2.1 Phase 1 - Brief literature review and research scan	16
Phase 1 – Outcomes.....	40
2.2 Phase 2 – Existing resource testing	43
Phase 2 – Outcomes.....	55
2.3 Phase 3 - Revised resource testing.....	60
2.4 Phase 3 – Final recommendations	72
3. Production of revised leaflet.....	77
References	79
Appendix A: Phase 1 Published resources - alcohol in pregnancy (July 2017).....	82
Appendix B: Phase 2 Recruitment screener	92
Appendix C: Phase 2 Discussion guide	95
Appendix D: Phase 3 Recruitment screener	99
Appendix E: Phase 3 Discussion guide.....	102
Appendix F: Responses to Women Want to Know posters	108

Executive Summary

.....

In 2017, FARE commissioned research to test the leaflet '*Information for women about pregnancy & alcohol*' which is a resource available through the Women Want to Know project. Five focus groups were undertaken with women who were pregnant or planning pregnancy, along with a brief literature review, resource audit and observational scan, over a three stage iterative process. This research aimed to ensure that the leaflet, when used as a stand-alone document, was providing appropriate advice about alcohol consumption in pregnancy and that this advice was considered useful and interpreted as intended by women who were pregnant or planning pregnancy.

Overall, the research found that the tone of the leaflet (informative, objective, warm and comforting) was a key strength but significant problems were identified with some wording. In particular, women interpreted the summary of the National Health and Medical Research Council's Alcohol Guideline – "When you are pregnant or planning pregnancy, not drinking alcohol is the safest option" as "we don't really know, so it may be OK to drink a small amount". Women were likely to read the message more as friendly advice (based on potentially inconclusive research) rather than a firm recommendation. This was exacerbated by the perceived lack of consensus among, and inconsistent advice they had received from, health professionals. It appeared that a segment of the target audience was seeking justification to continue to drink in pregnancy and that they were able to find it in this phrase, especially when combined with the positive tone of the leaflet.

If these findings were to be replicated among a larger representative sample of women this could have potentially serious implications for the wording of the current Alcohol Guidelines and how these are promoted by health professionals. The research points to the need for stronger wording, which provides definitive advice about alcohol consumption during pregnancy.

This report outlines the research process and case for making changes to the Information for Women Leaflet.

Background

The FARE program, Women Want to Know, launched in 2014, encourages health professionals to routinely discuss alcohol and pregnancy with women in line with the National Health and Medical Research Council's (NHMRC) *Guidelines to reduce the health risks from drinking alcohol* (the 'Alcohol Guidelines').

Women Want to Know resources comprise accredited training and support tools, including an information leaflet '*Information for women about pregnancy & alcohol*', to be used by health professionals when discussing alcohol and pregnancy with women. The 'information for women' leaflet proved to be a popular component of Women Want to Know with large numbers of this resource ordered over the 2014-2016 life of the project.

The leaflet was intended to be used by health professionals to support them in discussing alcohol and pregnancy with women. However, the evaluation of Women Want to Know in 2016 found that this leaflet was often being used as a stand-alone resource (e.g. given to patients or being put in waiting room display racks), without the discussion component.

In 2017, FARE received funding from the Australian Government Department of Health, in part to re-develop the 'information for women' leaflet as a resource that can stand-alone. This report outlines this redevelopment process.

Research aim

The aim of this research was to test the 'information for women' leaflet with its intended target audience – women who are pregnant or planning pregnancy, and to provide recommendations on revisions to the leaflet to increase its effectiveness as a stand-alone resource.

Summary of findings

Key findings following the first two phases of research were that the original leaflet had a number of strengths, but that certain aspects could be improved. Findings include:

- Tone of the leaflet was considered appropriate and engaging.
- Inclusion of the Australian Government crest would increase its perceived credibility and importance.
- The wording of the National Health and Medical Research Council's Alcohol Guideline for pregnancy was problematic as it was viewed by some women as 'friendly advice' rather than a firm recommendation or course of action.
- The wording of the Guideline allowed some women who intended to drink small amounts of alcohol during pregnancy to self-exclude from the message.

There was found to be value in re-working the Information for Women leaflet because of its existing strengths and the apparent need for a definitive, authoritative resource of this type. None of the leaflets reviewed (including the Women Want to Know leaflet) perfectly fitted the bill.

The final round of research, to test three revised versions of the WWTk leaflet, found that combining the best components of each of the leaflet options and including some additional minor amendments would result in a leaflet that would be of use to, and likely well received by, members of the target audience.

Outcomes from each phase of the research are detailed in the relevant sections of this report.

1. Research context and design

1.1 Background to the research

The Foundation for Alcohol Research and Education (FARE) works with community, government, health professionals and police across Australia to stop alcohol harms by supporting research, raising awareness, and advocating for change in public policy.

A key area of focus for FARE is alcohol and pregnancy. Drinking alcohol during pregnancy can cause damage to the unborn child. Alcohol consumption during pregnancy is associated with an increased risk of miscarriage, lower birth weight, stillbirth and premature birth, and Fetal Alcohol Spectrum Disorders (FASD).

In 2009, the National Health and Medical Research Council (NHMRC) produced the Australian guidelines to reduce health risks from drinking alcohol (the 'Alcohol Guidelines').

Guideline 4 (NHMRC, 2009) relates to alcohol consumption during pregnancy and states:

Maternal alcohol consumption can harm the developing fetus or breastfeeding baby.

A. For women who are pregnant or planning a pregnancy, not drinking is the safest option.

B. For women who are breastfeeding, not drinking is the safest option.

1.2 The Women Want to Know project

The Women Want to Know campaign was launched by FARE in mid-2014. The campaign encourages health professionals to routinely discuss alcohol and pregnancy with women in line with the NHMRC Alcohol Guidelines. The project targets health professionals via accredited training and tools to support them in these discussions. These tools included an information leaflet for their patients on pregnancy and alcohol.

The 'information for women' leaflet has proven to be a popular component of Women Want to Know program, with large numbers of this resource ordered between 2014 and 2016. The leaflet was intended to be used by health professionals to support them in discussing alcohol and pregnancy with women. However, the evaluation of Women Want to Know conducted in 2016 found that this leaflet was often being used as a stand-alone resource (e.g. given to patients

or being put in waiting room display racks) without the discussion component. In addition, the effectiveness of the resource had not been evaluated, given the Women Want to Know evaluation focused on health professionals only.

Following the 2016 evaluation, FARE received further funding from the Department of Health to:

- encourage further enrolment and completion of the online training courses;
- promote the project and the online training; and
- re-develop the 'information for women' leaflet as a resource that can stand alone.

1.3 Research objectives

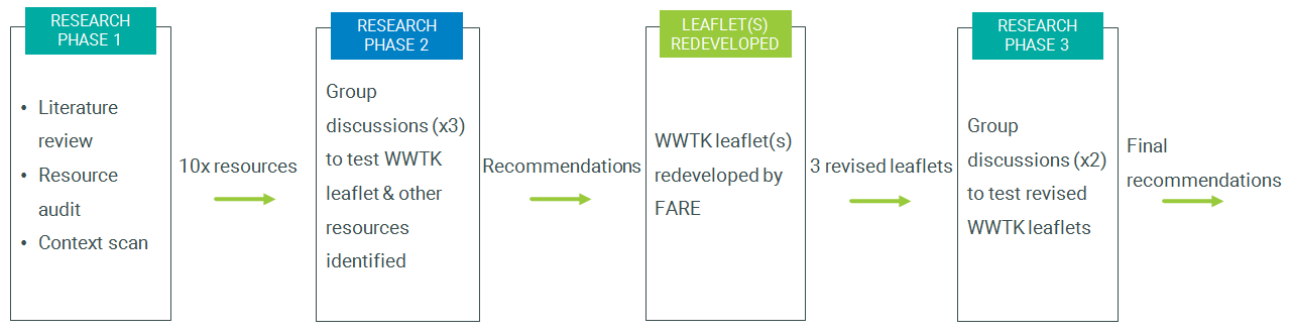
The aim of this research was to test the 'information for women' leaflet as a stand-alone document with its intended target audience - women who are pregnant or planning pregnancy; review the content, design and language, with a view to providing recommendations on ways in which the resource needs to be revised to enable it to work effectively on its own in promoting the alcohol guidelines for women who are pregnant or breastfeeding.

1.4 Research design

The research design included:

- Phase 1 - A brief literature review (of best practice regarding health promotion leaflets), a resource audit (to identify existing leaflets on the topic of alcohol and pregnancy and to assess how well these met best practice), and an observational scan conducted in 11 GP/hospital waiting rooms (to identify the context within which health promotion leaflets are presented).
- Phase 2 - Three (3) group discussions were conducted with women who were pregnant or planning pregnancy, to test the Women Want to Know leaflet alongside the 10 strongest resources identified in the resource scan and to provide recommendations for initial revision of the Women Want to Know leaflet.
- Phase 3 - Three redeveloped versions of the leaflet were retested with women who were pregnant or planning pregnancy, through a further two (2) focus groups.

Each of these phases is discussed in detail below.



FARE considered the recommendations from the research and produced a revised leaflet in early 2018. This process is outlined in Section 3.

Phase 1 - Brief literature review and research scan

The first phase was a brief literature review and resource scan, which aimed to support the revision of the 'information for women' leaflet. This element of the project utilised data from three streams of investigation:

- Literature scan and review** – The first activity undertaken was a brief literature review of best practice regarding health promotion leaflets. The aim of this phase was to identify evidence-based guiding principles for the redesign of the 'information for women' leaflet. This included a scan of academic databases for published literature, as well as an online search for grey literature, on the topic of best practice in designing leaflets for health promotion. Search terms used included: health promotion, leaflets, pamphlets, materials, resources, best practice, maternal health, pregnancy, fetal alcohol prevention, alcohol guidelines, health education, patient education, leaflet design, and combinations of these terms.

The literature review and research scan revealed that there are few published evaluations of health promotion leaflets in general or of leaflets relating to alcohol and pregnancy specifically. This lack of evidence has also been commented on in the literature, with Abraham et al, (2017) noting that there are few, if any, evaluations of the effectiveness of leaflets on alcohol consumption in terms of changing the antecedents of drinking (based on European data). However, there are some studies which aim to assess the readability of health promotion leaflets, as well as guidelines for developing easy to understand health promotion materials, which form the basis of this report.

- Resource audit** – An audit of available resources on the topic of alcohol and pregnancy was undertaken by FARE in order to determine the context within which the 'information for women' leaflet is situated and to identify how well the available similar resources meet best practice.

FARE conducted a search for health promotion resources published in Australia available to the public regarding alcohol and pregnancy. This search revealed 69 resources which were compiled in a database (included at Appendix A). These include Australian government resources, state and territory government resources, as well as resources released by federal and state-based non-government organisations. The database included leaflets, brochures, posters and websites.

This search indicated that there were many resources currently available on the topic of alcohol and pregnancy. But that there only 14 that were of a similar format to the 'information for women' leaflet (i.e. not posters, detailed brochures, fact sheets or websites) and that deal with similar information. These were evaluated against the criteria that emerged from the literature review to determine how well current resources are meeting best practice, as well as gaps and opportunities for the 'information for women' leaflet.

- **Context scan** – These activities were supplemented by visits to 11 GP surgeries, medical centres and waiting rooms, to identify the type of context within which health promotion leaflets are presented with a view to commenting on the 'marketplace' within which a revised resource would be competing for attention.

This review and resource scan identified ten leaflets (apart from the Women Want to Know leaflet) on the topic of alcohol and pregnancy as the strongest performers or as having effective elements. These were then tested alongside the Women Want to Know leaflet in the next phase of research.

Phase 2 – Group discussion testing of the existing resource

The second phase of this research involved group discussions to test the existing resource to provide guidance to FARE in revising/redeveloping the resource. A total of three (3) group discussions were conducted in this phase of the research. Two of these discussions were conducted with women who were currently pregnant, with a total of 14 women participating. The third discussion was conducted with 7 women who were actively planning a pregnancy/trying for a baby.

The discussions were held in Western Sydney and Newcastle, and recruitment quotas ensured that a broad – and roughly representative – mix of individuals were included in the research sample, including in terms of:

- **Stages of pregnancy.** The sample of pregnant women included roughly equal numbers in their first, second and third trimesters.
- **Mode of pregnancy care.** The sample of pregnant women included those in the care of private obstetrician, those in the care of a public hospital and a slightly smaller number of individuals using GP Shared Care.

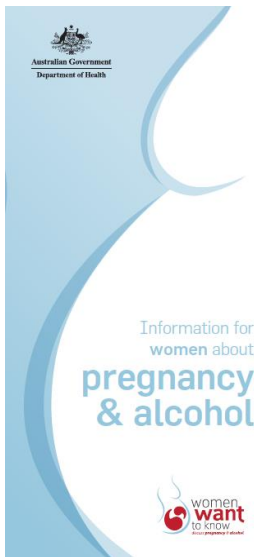
- **Existing children.** Each group included a small number who already had children and thus had already been through a pregnancy (and in some cases breastfeeding).
- **Socio-economic status (SES).** The sample included a mix of low, medium and high socio-economic status participants, identified during recruitment by their household income. At the lower end of the scale, three participants reported having a household annual income of less than \$60,000. At the other end of the scale, five reported having a household annual income of more than \$160,000. The Newcastle group in particular drew in a number of lower SES participants (by occupation and income).
- **Culturally and Linguistically Diverse and Aboriginal and Torres Strait Islander audiences.** The sample included four individuals who identified as Aboriginal or Torres Strait Islander (evenly split across Western Sydney and Newcastle). The Western Sydney groups included four who spoke a language other than English at home.
- **Age.** The sample included a mix of younger and older women, with the Newcastle group skewed slightly younger (two participants were under the age of 25 years, while all participants in Western Sydney were aged 25 years and over).

Each group discussion lasted for approximately 90 minutes. Participants received an incentive of \$80 in the form of an EFTPOS card to thank them for participating. The fieldwork dates were Thursday 24 August (Western Sydney) and Monday 28 August (Newcastle) 2017.

Materials tested

The Women Want to Know leaflet was tested alongside the 10 strongest resources identified in the brief literature review and scan in order to test the Women Want to Know 'Information for women' leaflet in its competitive context. The leaflets tested are shown below (see Appendix C: Discussion Guide for full details).

Women Want to Know – ‘information for women’ leaflet:



Competitive set:



(Resource numbers 1, 26, 34, 38, 41 from the literature review)



(Resource numbers 2, 22, 54, 21, 48 from the literature review)

Phase 3 – Group discussion retesting of the revised resource

This last phase comprised two face-to-face focus group discussions designed to test revised versions of the Women Want to Know leaflet, developed based on findings from the previous two phases of the research. One of the discussions was conducted with women who are currently pregnant, the other with women planning a pregnancy. A total of 11 women participated in the discussions which were held in South Sydney on Monday 6 November 2017.

Recruitment quotas ensured that a broad – and roughly representative – mix of individuals were included in the research sample, including in terms of:

- **Stages of pregnancy.** The sample of pregnant women included roughly equal numbers in their first, second and third trimesters.
- **Mode of pregnancy care.** The sample of pregnant women included those in the care of private obstetricians, those in the care of a public hospital and those using GP Shared Care.
- **Existing children.** Each group included one or two women who already had children and thus had already been through a pregnancy (and in some cases breastfeeding).
- **Socio-economic status (SES).** A lower SES skew was sought for this round of research. No research participants reported a higher household income than \$130,000.
- **Culturally and Linguistically Diverse and Aboriginal and Torres Strait Islander audiences.** The sample included five women reporting speaking a language other than English at home, with an additional three reporting having at least one parent born in a non-English speaking country. While two individuals identifying as Aboriginal or Torres Strait Islander were recruited to participate, these individuals did not attend on the day.
- **Age.** The sample included a mix of younger and older women, with both groups including participants in their 20s and 30s.

Each group discussion lasted for approximately 90 minutes. Participants received an incentive of \$80 in the form of an EFTPOS card to thank them for participating.

Materials tested

Three versions of the revised leaflet were tested, referred to here in this report as Option 1 (pale blue), Option 2 (dark blue) and Option 3 (yellow), and presented below. For each leaflet, an accompanying poster was also tested. In the case of Option 3, another alternative poster was also introduced into the mix which

included a photographic image of a pregnant woman, rather than the stylised outline used in the leaflets and on the other posters.

The three alternative versions of the leaflets differed in a number of ways, including:

- Colour scheme
- Images – number, selection and placement
- Formatting – headings, bolding of important information, use of bullet points, and methods of breaking up text (boxes, lines, shading)
- Leaflet heading on front page – Option 3 featured the title from the existing Women Want to Know leaflet, the other two options new variants
- Content
 - some specific lines only featured in some of the versions – e.g. some of the tips and some of the facts and alcohol and pregnancy; additional content under 'Talking about Alcohol'. The first two introductory paragraphs are shorter in Option 3 (yellow).
 - phrasing of key messages – e.g. summary of NHMRC recommendation, and statement of rationale behind NHMRC recommendation.

Option 1 (light blue)

This option was examined first in the focus group with pregnant women.



Option 2 (dark blue)

This option was examined first in the focus group with women planning a pregnancy.



Option 3 (yellow)



The next section details the findings of the three phases of research.

2. Research findings

2.1 Phase 1 - Brief literature review and research scan

The findings from all audit and review activities are reported below as a set of best practice guidelines for the development of an effective health promotion leaflet on the topic of alcohol and pregnancy, supported by evidence.

It is important to point out that the evidence on whether using best practice guidelines results in more effective health promotion leaflets is variable. Having said this, Paul, Redman and Sanson-Fisher, who have conducted studies on this topic for Cancer Council NSW, have noted that many of these evaluation studies may not generalise to real world situations and that the use of standard principles identified from the literature in designing and developing leaflets may provide a more objective way to develop and revise print materials (Paul, Redman & Sanson-Fisher, 1994).

Leaflet design

Front page must stand out and offer a compelling reason to keep reading

It has been observed that pregnant women tend to be handed information packs by health professionals containing a raft of written material relating to their pregnancy. They are also faced with sometimes vast racks of leaflets in the waiting rooms of various healthcare settings (see 'competitive context' section below). The Women Want to Know 'information for women' leaflet must therefore stand out and give its target audience a compelling reason to select it among all of the other competing resources.

The cover of any health promotion leaflet should therefore be visually appealing and attract attention (Hoffman & Worrall, 2004). It should also clearly communicate its purpose to the target audience. In particular, the overall heading and first paragraph should offer a benefit that is desirable to the target audience, to entice them to read further (Hoffman & Worrall, 2004). Put another way, it should be clear to readers what they will gain from reading the material (CDC, 2010).

As a general rule, the most important information should be presented first (CDC, 2010). Buxton (1999) notes that effort should be spent on creating engaging first paragraphs as these are the most often read parts of materials and must sell the reader on continuing to read.

Convey key messages via the headline, subheadings and highlighted information

Many readers will only read the headline, subheadings and highlighted information, so it should be possible to absorb the key points from reading only these elements. Paul, Redman & Sanson-Fisher (1994) suggest that consideration should be given to phrasing headings as questions in order to better engage readers.

Further, Buxton (1999) notes that more effective headlines tend to contain the following characteristics:

- Offer a benefit desired by readers or present benefits in novel ways
- Convey news
- Arouse curiosity
- Take a positive, upbeat approach
- Consider "how to" headings
- Preference longer titles over short headlines that say nothing appealing to the readers' self interest

Buxton (1999) also points out that subheadings work best when they give a message and that subheadings that are questions or labels of sections tell the reader nothing, further these subheadings put emphasis on the information being presented in the text rather than the action desired.

Paul, Redman & Sanson-Fisher (1994) include in their best practice checklist a number of strategies to assist with cueing, or highlighting important points. These include:

- Repeating important points
- Putting the most important point first
- Using pointer words ('the most important thing', 'in summary')
- Using number signalling (First, second...)
- Use underlining, bold or italic typeface (though they note elsewhere these should be used sparingly and only for single words)
- Use colour, though Buxton (1999) notes that unusual or light coloured print should not be used for highlighting because these can be distracting or difficult to read
- Do not use more than two types of cues in a document

It is worth noting that the efficacy of highlighting information by enclosing it in boxes has not been established – indeed, some studies have found this has the opposite effect, by causing information to be overlooked (Hoffman & Worrall, 2004), as such the use of boxes to highlight text should perhaps be avoided.

In terms of layout, Buxton (1999) warns not to require the reader to look in many directions on the page to read copy and find the message.

Use clear and simple typography

A number of sources note the importance of clear and simple typography in the production of print resources. Hoffman & Worrall (2004) summarise the key principles arising from the literature:

- Include an adequate amount, approximately 2.5 mm, of white space between lines of text
- Use only a simple, serif typeface
- Avoid use of all capital letters, which hampers reading
- Capital letters should only be used at the start of each sentence and for proper nouns, as the unnecessary use of capital letters can slow the reader and give the words needless prominence
- Avoid italics
- Write numbers as numerals rather than spelt out
- Use a minimum 12 point font size
- Keep the number of font sizes and types small (less than three)
- Use of bold type is generally recommended, although it should only be used sparingly, for example in headings, as it can interfere with reading
- Left justify, rather than fully justify text
- Keep moderate line length

Maintain sufficient contrast in choice of colours

It is well established that judicious use of colour will help leaflets stand out, but it is important to make sure contrast is good and that there are not too many colours, which can be distracting. Many sources note the importance of using dark print on

light background to maximise contrast (Hoffman & Worrall, 2004) and Buxton (1999) adds the following: use the same dark colour for headings and body copy or colours with similar intensity to create easy to follow copy.

Hall and Partners has also noted a tendency of GPs to provide patients with information photocopied from brochures and leaflets, often in black and white (presumably to save costs). This reinforces the need to maintain effective colour contrast between the different elements on the page in order for photocopies to still convey the original intent.

Ensure imagery has a clear reason for being there and is easily identifiable, relatable

Imagery should only be used if it improves the understanding of essential information, they do not always assist in message comprehension and can distract attention from the text if not selected and placed appropriately (Hoffman & Worrall, 2017). However, they are advisable to use if used well as they do make resources more attractive to audiences and therefore may be more likely to be read, particularly if set in the competitive context of a leaflet rack.

From Hoffman & Worrall (2004), Buxton (1999) and Paul, Redman & Sanson-Fisher (1994) arise the following principles relating to imagery:

- must be recognizable to the audience and each image should communicate a single idea that supports the key messages of the resource
- Use realistic drawings, photos, or human-like figures
- only the 'desired' way to act should be shown in visuals
- abstract graphics should be avoided, as should symbols, as they are often misunderstood
- imagery needs to be culturally sensitive and appropriate
- authors of material need to evaluate whether readers correctly understand any imagery or illustrations
- don't add any visuals simply to decorate the material
- don't include any details or background in the visual that are not required to communicate the message
- don't anthropomorphise or make light of medical issues or body parts (e.g. representing them as cartoons)

- place imagery near relevant text

Tone

Use the active voice and a conversational style

The active voice and a positive, conversational style should be used throughout leaflets to help engage the reader, along with writing in the second person, through the use of terms such as 'you', to help maintain reader interest (Hoffman & Worrall, 2004; Paul, Redman & Sanson-Fisher, 1994).

Avoid judgemental language

Language that seems patronising, blaming or judgemental should be avoided. This means avoiding commands such as 'will', 'should', or 'must' (Hoffman & Worrall, 2004). People are less likely to act on information if it makes them feel guilty about their current behaviour (CDC, 2010). At the same time it is important to clearly state the desired actions for the intended audience to take and this should be posed positively, in terms of what they should do, rather than what they should not do (CDC, 2010).

Readability

Content should have a readability score which matches average adult reading ability

Research has shown that resources with better readability are more likely to be read and more likely to result in readers being able to answer questions about the content. However, written materials targeted at patients often have a readability level that is too high for the intended audience (Hoffman & Worrall, 2004). A resource aimed at a general lay-audience, such as the 'information for women' leaflets, should have a readability score which matches the average reading ability of adults. It is recommended that this should be at or below the sixth grade level (i.e. the level of an 11- to 12-year-old child with six years of formal education) (Cheng & Dunn, 2015).

The readability of written materials can be improved by adopting the following principles, summarised from a range of literature sources in Hoffman & Worrall (2004), CDC (2010) and Paul, Redman & Sanson-Fisher (1994):

- using shorter sentences (no more than 10-15 words)
- using shorter words (one or two syllables where possible)
- expressing only one idea per sentence

- avoiding jargon or words audiences may not be familiar with in a print format, such as slang
- using familiar words
- explaining medical terminology/technical terms
- avoiding abbreviations where possible
- limiting the use of statistics and use general descriptions instead, such as 'most' or 'half'
- limit the use of mathematical concepts such as risk – if possible use terms such as chance or possibility instead.

It has also been argued that comprehension can be improved by structuring sentences so that new information is presented after contextual information (Hoffman & Worrall, 2004). For example, this could be applied to the information in the Women Want to Know project as follows: 'To keep your baby healthy during pregnancy (context), not drinking alcohol is the safest option (new information)'.

Minimise the volume of information

Leaflets must be perceived as quick and easy to read or they may not be read at all (Toyoma and Sudo, 2014). The 2016 evaluation found that the Women Want to Know leaflets were generally perceived as too dense which was off-putting, even among the target audience of highly educated health professionals used to absorbing large quantities of information. It has been noted that the way in which patient information leaflets are typically developed can result in additional/complex text being added by multiple or expert stakeholders, for example to improve medical accuracy, but this can result in overly long or complex documents with lower readability (Gal & Prigat, 2005).

Leaflets should focus on what the intended audience needs to know and do – any details that are only 'nice to know' should be removed (CDC, 2010).

Bullet points can help to reduce text density and are more successful than solid text in gaining reader's attention (Hoffman and Worrall, 2004).

Leaflets should include lots of white space - between 10 and 35 percent is recommended for print materials (CDC, 2010).

Abraham et al (2006) favour using systematic approaches to assist developers of health promotion leaflets to avoid generating overly long leaflets that are tightly constructed around a selection of key messages. As an example, they found that the average UK health promotion leaflet contained 1400 words, but if writers were constrained to devote just 30 words to each key message, including 30 separate

message types in a leaflet (specified in advance of writing and on the basis of evidence) would only require only 900 words.

Content

Present information in a way that allows the target audience to see its relevance to their situation

Health education materials are more effective when information is presented in a way that allows readers to relate the information to their own circumstances, such as through the use of relevant examples (Hoffman & Worrall, 2004). In the context of Women Want to Know it might, for instance, be useful to use drinking the occasional glass of wine during pregnancy as an example, as research has shown that this may be deemed acceptable by some pregnant women even if they express negative perceptions of pregnant women who generally drink alcohol, because wine is seen as safer to drink (in moderation) than other types of alcohol (Elek et al, 2013).

Avoid language and content that may cause unnecessary stress and anxiety in low risk women

While it may appear to be self-explanatory that a stand-alone leaflet must not require further explanation by health professionals (Gal & Prigat, 2004), it is important that this guideline is considered beyond readability and comprehension. For the 'information for women' leaflet in particular it will be important to present information in a way that will not cause unnecessary alarm among the target audience, as a health professional may not be on hand to allay any concerns raised and this could have unintended negative consequences.

While the leaflet must accurately convey the negative outcomes of alcohol use during pregnancy (Elek et al, 2013), it must do so without causing unnecessary stress and anxiety to low risk women. Loney et al (1994) suggest that anxiety can be caused by overly simplistic campaigns that emphasise the harmful effects from *any* amount of alcohol. Further, they suggest that an inaccurate perception of the risk of damage to an embryo could potentially lead to women seeking abortion (Loney et al 1994).

In exploring the effectiveness of fear appeals in health promotion, Kok (2014) notes that a more effective approach is to focus on response efficacy (the belief that one's behaviour can prevent or mitigate against a undesirable outcome) and self-efficacy (the knowledge, ability of confidence to perform the requested behaviour) rather than the emotional presentation of the negative consequences of risky behaviour (which can lead to defensive and undesirable responses).

Consider directly dispelling common misconceptions about alcohol and pregnancy

The literature highlights a number of misconceptions about alcohol consumption that the 'information for women' leaflet could aim to directly address and dispel, including the notion that:

- certain types of drinks (particularly wine) are more acceptable/healthier (Meurk et al, 2014).
- one or two alcoholic drinks on special occasions is not harmful (Crawford-Williams et al, 2015)
- drinking alcohol at particular stages of pregnancy is safe, for example in the third trimester (Elek et al, 2013)

Use language that includes or does not specifically exclude fathers

There is some indication that decreased paternal alcohol consumption during the pregnancy assists maternal reduction. Interventions are therefore suggested to focus not only on women, but also on men (Loney et al, 1994).

Facilitating action

Ideally include features that encourage reader interaction

The inclusion of features which encourage reader interaction have been shown to increase interest in and recall of written health education materials. This could, for example, include:

- including reference charts or material
- including a short quiz or checklist (e.g. with a true/false or numerical score for responses)
- providing space to write down questions or points to remember (Hoffman & Worrall, 2004).

Provide practical strategies to help pregnant women confidently refuse alcohol in social situations

The significance of alcohol to women's identity appears to be an important reason for continued alcohol use during pregnancy. As such, while some women may benefit from simple advice about the risks of consuming alcohol, others may benefit from self-esteem building measures and strategies to help them confidently refuse alcohol in social situations (Meurk et al, 2014). Therefore, providing women with strategies to help them resist pressures or offers of alcohol may be beneficial (Elek et al, 2013).

It will be important to test suggested strategies among the target audience to ensure they are perceived as useful (especially as there were mixed reactions to the strategies in the 'information for women' leaflet among the health professionals who participated in the previous Women Want to Know evaluation).

Provide contact details for sources of support

It is well established that increasing awareness of risk does not necessarily lead to behaviour change and that education should be only one part of a multi-faceted approach to prevent FASD; skill development and supportive environments are needed as well (Loney et al, 1994). Given the leaflet will often be read by women away from their health practitioner, it is important that the 'information for women' leaflet directs readers to appropriate sources of practical support or additional information.

Competitive context analysis

Available resources

In July 2017, FARE, internally, conducted an audit of existing resources published in Australia and available to the public on the topic of alcohol during pregnancy¹. In addition to the National Health and Medical Research Council Guidelines (2009) themselves, a total of 68² resources were identified, and these appear in tabular form as Appendix A to this report. These included resources produced or funded by:

- The Australian Government (7 resources);
- all state/territory governments (32 resources);
- national non-government organisations (NGOs; 21 resources); and
- state-based (7 resources).

Resources included, in decreasing order of frequency:

- websites³ and webpage-based articles (31)
- brochures, pamphlets and leaflets (14⁴ excluding "Information for women about pregnancy and alcohol")
- posters (8)
- factsheets (single and 2-pages⁵; 7)
- booklets, books and e-resources (6)
- wallet/information cards (2)

In terms of content, the resources varied considerably in terms of specificity of information. Some resources (particularly websites, and longer-form books and booklets) were extremely broad, for example covering the entirety of the broader topics of alcohol or pregnancy. In these cases, just a small proportion of the entire

¹ Websites (for example, essentialbaby.com.au and Mamamia.com.au) that featured articles or posts reflecting the views of individuals rather than the established position of the website or organisation in question, were considered out of scope for the audit.

² 69 including WWTk.

³ Including one Facebook page.

⁴ Two of the resources flagged as "leaflets" in the original audit document – namely "Alcohol consumption in pregnancy" and "Fetal alcohol spectrum disorder" – were deemed closer to 2-page factsheet (and not sufficiently similar in format to WWTk to represent a fair or useful comparison) and have therefore been alternatively categorised as factsheets.

⁵ Including one letter.

content dedicated to alcohol in pregnancy (and/or during breastfeeding). On the other end of the spectrum, there were a small number of highly-specific resources that focused on just one aspect of alcohol during pregnancy, most notably Fetal Alcohol Spectrum Disorder. Roughly, three in five resources were as specific in focus as the Women Want to Know leaflet, providing general guidance about drinking alcohol during pregnancy.

There was also clear variation in targeting for the resources:

- A majority of the resources were targeted at pregnant women. The degree to which this was explicit varied.
- Three resources more broadly targeted parents (irrespective of gender), with two explicitly targeting partners of pregnant women.
- A number of resources had Aboriginal and Torres Strait Islanders as a specific target audience, and some of them targeted women (in relation to family, but not necessary pregnant women).
- A very small number of the broader resources (for example, www.alcohol.gov.au) targeted the general public, irrespective of gender or parental status.

Fourteen resources were identified that could loosely be considered comparable to Women Want to Know in terms of format (being a pamphlet/brochure/leaflet) and content (focusing on alcohol in pregnancy and/or during breastfeeding). Each of these were considered in relation to the criteria established through the literature review process.

These brochures differed in terms of whether their intended messages included:

- alcohol consumption in pregnancy only
- alcohol consumption while breastfeeding only
- alcohol consumption while both pregnancy and breastfeeding
- consumption of alcohol AND other drugs while pregnant or breastfeeding
- consumption of alcohol AND other drugs in general
- fathers/partners of pregnant and breastfeeding women
- culturally specific messages for aboriginal people

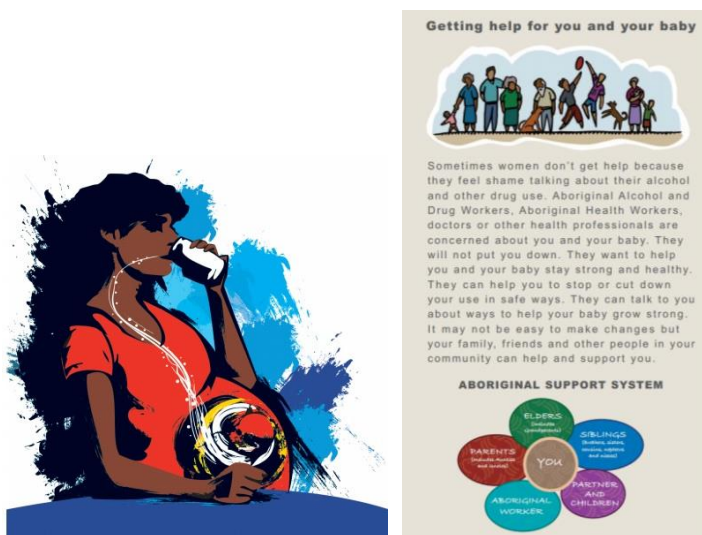
The following brochures/leaflets were the strongest performers against the criteria that emerged from the review process. Among their strengths are striking designs, relevant covers, clear messaging, minimal fear-inducing content, language that is

easy to understand and non-judgemental, exclusion of superfluous information and a supportive tone. Just two of these five are aimed at a non-Indigenous audience. The three aimed at Indigenous Australian women performed well, particularly because they are written concisely, in conversational plain English and contain an appropriate and compelling mix of colour, diagrams and imagery.



While these five resources (Appendix A - resource numbers 1, 26, 34, 38, 41) performed well overall, from among all fourteen brochures or leaflets examined in detail, a number of elements emerged as supporting effective communication in line with the criteria. Examples of these elements appear below.

Use of diagrams and illustrations to communicate key messages



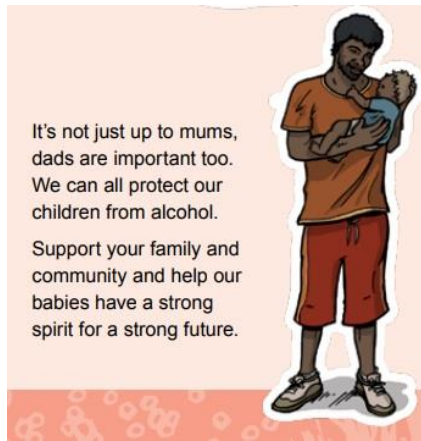
(Resources 41, 34)

Use of positive images and illustrations to affirm and reassure the target



(Resources 2, 22, 38, 41, 54)

Representation of partners to ensure women's support network is included



(Resources 22, 38)

Practical guidance and reference materials to help empower action

Tips for not drinking alcohol while you're pregnant

- Replace things that usually involve drinking alcohol. There are plenty of great places you can go or things to do that don't involve alcohol. Such as:
 - » spending time in nature (parks or the beach)
 - » going to markets
 - » going to the movies
 - » seeing an exhibition at a gallery/library/museum
 - » taking up a hobby
 - » pampering yourself
 - » doing exercise (yoga or swimming).
- Swap from alcoholic drinks to: water, soda water, and mocktails (non-alcoholic cocktails). When you know that you will be in a situation where alcohol will be present, be prepared by bringing your own non-alcoholic drinks.
- Counselling can help you make the transition from drinking by exploring personal issues and triggers for drinking, and managing stress.

Sometimes it can be difficult to know what to say when you are offered an alcoholic drink. Some quick comeback lines for saying "no thank you" to alcohol are:

- "No thank you, my baby is too young to drink alcohol"
- "No thank you, when I drink alcohol so does my baby"
- "No thank you, I am pregnant"
- "No thank you, I'll have a soda water please".

Quick comeback lines for saying "no thank you" to alcohol when you are not ready to tell people you are pregnant:

- "No thank you, I'm on a health kick"
- "No thank you, I'm the designated driver"
- "No thank you, I'm having a break from drinking this week".

How you can support your partner during her pregnancy

- Join her in not drinking while she is pregnant or cut down on the amount of alcohol you usually drink.
- Let her know how proud you are of her for making the decision not to drink while she is pregnant.
- Swap from doing things that usually involve drinking alcohol. Instead of going to the pub or a mate's place for drinks, go to the movies, for walks or to live performances.
- Let your family and friends know about you and your partner's decision not to drink and the reasons why. If they know you have decided to not drink alcohol during the pregnancy they will be more likely to support your decision.

Benefits of not drinking alcohol

- Supporting your partner – Being supportive of your partner makes it easier for her to say no to alcohol while she is pregnant.
- Money – The money you would usually spend on alcohol can be used for other things such as the car, going out to dinner or saving for a holiday.
- Feeling great – Having more energy to do things.
- Living a healthier lifestyle – Cutting back on the amount of alcohol you drink while your partner is pregnant gets you off to a great start to a healthier lifestyle.
- Becoming a good role model for your kids – Children learn by watching their parents.

How long does it take for all the alcohol to be out of my system?

As a general rule, it takes 2 hours for an average woman to get rid of the alcohol from 1 standard alcoholic drink and therefore 4 hours for 2 drinks, 6 hours for 3 drinks and so on.

The following table gives more accurate times for mothers, depending on their weight. To use this table follow these steps:

1. Find the body weight closest to your current body weight down the left hand column.
2. Decide how many drinks you might have or have had from the top row.
3. Read along the row where your weight appears and then down the column that equals the number of drinks.

Approximate time taken for alcohol to be cleared from breastmilk (hours:mins)

Mother's Weight (kg)	Number of standard drinks					
	1	2	3	4	5	6
55	1:55	3:51	5:46	7:42	9:38	11:33
57	1:53	3:46	5:40	7:33	9:26	11:20
59	1:51	3:42	5:33	7:25	9:16	11:07
61	1:48	3:38	5:27	7:16	9:05	10:55
64	1:47	3:34	5:22	7:08	8:56	10:43
66	1:45	3:30	5:15	7:01	8:46	10:32
68	1:43	3:27	5:10	6:54	8:37	10:21
70	1:42	3:23	5:05	6:46	8:28	10:10
73	1:40	3:20	5:00	6:40	8:20	10:00
75	1:38	3:16	4:55	6:33	8:12	9:50
77	1:36	3:13	4:50	6:27	8:03	9:40
79	1:35	3:10	4:45	6:20	7:55	9:31
82	1:33	3:07	4:41	6:15	7:48	9:22
84	1:32	3:04	4:36	6:08	7:41	9:13
86	1:31	3:02	4:32	6:03	7:34	9:05

Note: Time is taken from the start of drinking. It is assumed that alcohol is cleared at a constant rate of 15 mg/dL and the height of the women is 162.5 centimetres.

Example 1: For a 59 kg woman who has had 3 standard drinks, one after the other, it would take 5 hours and 33 minutes from when she started drinking for there to be no alcohol in her breastmilk. For a 70 kg woman drinking the same amount, it would take 5 hours 5 minutes.

Example 2: For an 84 kg woman drinking 2 standard drinks starting at 8:00 pm, there would be a zero level of alcohol in her breastmilk 3 hours and 4 minutes later (ie at 11:04 pm).

Source: Giglia & Binns 2006 (adapted from Ho, et al 2001).

Standard Drinks Guide

If you decide to cut down on your drinking, counting your 'standard drinks' is important. National alcohol guidelines recommend that daily alcohol intake for healthy adults should be no more than two standard drinks on any day.

Beer 1.3 Standard Drinks

Spirit 1.0 Standard Drink

Wine 0.3 Standard Drink

Use the following guide to find out how much is in a standard drink. The number of standard drinks is also labelled on drink containers.



SPARKLING WINE
100 mL
13% alc/vol



WINE
100 mL
13% alc/vol



LIGHT BEER
425 mL
2.7% alc/vol



REGULAR BEER
285 mL
4.9% alc/vol



FORTIFIED WINE
60 mL
20% alc/vol



SPIRITS
30 mL
40 % alc/vol

(Resources 21, 22, 48)

The following tables summarise these resources against the best practice principles identified in the brief literature review above.

Best practice criteria	1 If you are pregnant...the safest option is not to drink alcohol FEDERAL HEALTH DEPT	2 If you are breastfeeding, the safest option is not to drink alcohol FEDERAL HEALTH DEPT	21 Alcohol use during pregnancy and breastfeeding QLD HEALTH
DESIGN			
Front page compelling/stands outs	✓ ✓	✓	✓
Key messages highlighted	✓ ✓	✓ ✓	✗
Design enhances communication	✓ ✓	✓	✗
TONE			
Active voice/conversational style	✓ ✓	✓ ✓	✓
Avoids blaming/judging/patronising	✓ ✓	✓	✓
READABILITY			
Average adult readability	✓ ✓	✓ ✓	✓
Volume minimised	✓ ✓	✓ ✓	✗ ✗
CONTENT			
Relevant to target	✓ ✓	✓ ✓	✓
Avoids unnecessary stress	✓	✓	✗ ✗
Dispels myths	✗	✗	✓
FACILITATING ACTION			
Interactive	✗	✗	✗
Practical strategies	✓	✓	✓ ✓
Contact details	✗	✓	✓
COMMENTS	The cover of this brochure is striking and clearly relevant to its pregnant target. Language used is accessible, supportive and non-blaming. The message is clear, but it contains no detailed information. It lacks guidance in terms of follow up action - a few practical suggestions are made and the only contact details listed are for the alcohol guidelines.	Not as visually striking as its pregnancy twin, this brochure is still clearly relevant to its breastfeeding target. Messages are emphasised and in plain language, with 'new' guidelines highlighted. The brochure provides practical information and strategies, however use of 'should' may suggest blame or judgement. A follow up number is provided.	Cover catches attention and is clearly for pregnant women but image may be off-putting. Messages not highlighted and brochure very text heavy overall. Info about risks and consequences dominates which could overwhelm. Detailed list of practical tips is lost in this context. Numerous follow up avenues offered.

Best practice criteria	22 Important news for partners about alcohol use in pregnancy and breastfeeding QLD HEALTH	26 Pregnancy and alcohol don't mix SA HEALTH & CHILD YOUTH AND WOMEN SERVICE	48 Alcohol and breastfeeding – a guide for mothers AUSTRALIAN BREASTFEEDING ASSOCIATION
DESIGN			
Front page compelling/stands out	✓	✓ ✓	✓
Key messages highlighted	✗	✓ ✓	✗
Design enhances communication	✓	✓	✗
TONE			
Active voice/conversational style	✓ ✓	✓ ✓	✓ ✓
Avoids blaming/judging/patronising	✓	✗	✓
READABILITY			
Average adult readability	✓ ✓	✓ ✓	✓ ✓
Volume minimised	✓	✓ ✓	✗
CONTENT			
Relevant to target	✓ ✓	✓ ✓	✓ ✓
Avoids unnecessary stress	✗	✗ ✗	✓
Dispels myths	✗	✓	✗
FACILITATING ACTION			
Interactive	✓	✗	✓
Practical strategies	✓	✓	✓ ✓
Contact details	✓	✓	✓
COMMENTS	Brochure clearly aimed at dads though messages (not drinking during pregnancy and supporting role of dads) get lost in text-heavy style. Content highly relevant though puts even weight on risks of drinking and benefits of not drinking. Offers practical guidance about how to support pregnant partners and a standard drinks guide as a reference to return to.	The brochure is easy to understand, keeps content to a minimum and clearly highlights the main messages. However the tone is alarmist, as it repeatedly spells out the consequences of drinking while pregnant. This may cause the key message to be diluted. It provides clear next steps for pregnant women.	Messages about drinking and breastfeeding and benefits of breastfeeding are mixed, which may confuse. Overall brochure is content heavy with info presented in a Q and A format. Most content is practical information – avoid focusing on risks. Includes a calculator/ table to help determine when breastfeeding becomes safe.

Best practice criteria	54 Alcohol and pregnancy – Practical information for parents DRINKWISE	59 Fetal alcohol spectrum disorders (FASD) – The preventable disability NOFASD AUSTRALIA	25 Alcohol (Muthan) its effects on me and my family SA HEALTH & ABORIGINAL DRUG AND ALCOHOL COUNCIL
DESIGN			
Front page compelling/stands outs	✓	×	✓
Key messages highlighted	✓ ✓	×	×
Design enhances communication	✓	× ×	✓
STONE			
Active voice/conversational style	×	× ×	✓
Avoids blaming/judging/patronising	✓	✓	×
READABILITY			
Average adult readability	×	× ×	✓
Volume minimised	✓	× ×	✓
CONTENT			
Relevant to target	✓ ✓	✓	✓
Avoids unnecessary stress	×	× ×	×
Dispels myths	✓	×	×
FACILITATING ACTION			
Interactive	×	×	×
Practical strategies	✓	×	×
Contact details	✓	✓	✓
COMMENTS	This brochure initially provides a clear message about drinking during pregnancy and breastfeeding. The brochure contains minimal information and directs readers to further sources of information. Overall, however, the readability level is too high and may cause confusion or unnecessary stress.	The cover does not show or mention pregnancy. It appears aimed at providing information about FASD signs, symptoms, diagnosis, prognosis and management; rather than communicating messages and advice about prevention. It is not written in language that a lay audience could readily understand.	Brochure aimed at discouraging drinking among indigenous people overall. Striking colours but confronting images, and not clearly targeted at pregnant or breastfeeding women. Multiple messages about problems with drinking hide the pregnancy /breastfeeding messages. Includes practical strategies for drinking in general.

Best practice criteria	34 Strong spirit strong mind – Strong babies WA DRUG AND ALCOHOL OFFICE	35 Strong spirit strong mind – What our women need to know about alcohol WA DRUG AND ALCOHOL OFFICE	38 Strong spirit strong mind – Alcohol and your baby WA DRUG AND ALCOHOL OFFICE
DESIGN			
Front page compelling/stands outs	✓	✓	✓ ✓
Key messages highlighted	✓	✓	✓ ✓
Design enhances communication	✓ ✓	✓ ✓	✓
STONE			
Active voice/conversational style	✓ ✓	✓ ✓	✓ ✓
Avoids blaming/judging/patronising	✓ ✓	✓	✓
READABILITY			
Average adult readability	✓ ✓	✓	✓ ✓
Volume minimised	✓	✓	✓ ✓
CONTENT			
Relevant to target	✓ ✓	✓	✓ ✓
Avoids unnecessary stress	✓	✓	✓
Dispels myths	✗	✗	✓
FACILITATING ACTION			
Interactive	✗	✗	✗
Practical strategies	✓	✓	✓ ✓
Contact details	✓	✓	✓ ✓
COMMENTS	Brochure is aimed at minimising alcohol and drug use among pregnant indigenous women. Adopts a culturally specific approach by linking cultural priorities with motherhood priorities. Use of illustrations to communicate. Tone is supportive and encouraging. Space provided for local support to insert contact details.	Visually striking brochure for indigenous women in general. Strong use of illustrations and diagrams to communicate messages. Pregnancy and breastfeeding messages mixed with other messages about alcohol and other drugs. Tone is supportive and encouraging. Space provided to insert contact details.	Clearly aimed at pregnant mothers, this comprehensive brochure succinctly covers drinking in pregnancy, breastfeeding, self-care strategies and the role of fathers in prevention. Illustrations break up text and language is culturally sensitive. Key messages re 'safest not to drink' clearly highlighted. Tone is supportive and encouraging.

Best practice criteria	41 About foetal alcohol spectrum disorder (FASD) – Taking care of baby while it is growing in your tummy CATHOLIC CARE NT	42 No blame no shame RUSSELL FAMILY FETAL ALCOHOL DISORDERS ASSOCIATION INC
DESIGN		
Front page compelling/stands outs	✓ ✓	✓
Key messages highlighted	✗	✓
Design enhances communication	✓	✗ ✗
tone		
Active voice/conversational style	✓ ✓	✓ ✓
Avoids blaming/judging/patronising	✓	✓
READABILITY		
Average adult readability	✓ ✓	✓ ✓
Volume minimised	✓ ✓	✓
CONTENT		
Relevant to target	✓	✓
Avoids unnecessary stress	✓	✗
Dispels myths	✗	✗
FACILITATING ACTION		
Interactive	✗	✓
Practical strategies	✗	✓
Contact details	✓	✓
COMMENTS	This striking leaflet is clearly for pregnant indigenous mothers, though reference to FASD in title is perhaps unnecessary. Use of the word 'tummy' may patronise. Communicates process mostly using illustrations. Very little information is provided and practical guidance is lacking. Tone is supportive and contact details provided.	Relevance to pregnant women not immediately clear. Poor design means information is not clearly laid out and the 'no alcohol' message is somewhat lost. Photos and graphic images may offend. Little practical suggestions offered. Provides social media, email and phone links for follow up.

Waiting room context

It has been noted by the Royal Australian College of General Practitioners (RACGP) that health promotion leaflets 'vary considerably in quality and reliability' and, as such, it advises GPs to be selective about which resources they choose to make available to patients (RACGP, 2015). A total of 10 GP surgery waiting rooms and one public hospital maternity department waiting room were visited as part of the research in order to determine the volume and type of pamphlets GPs make available in their waiting rooms and how they are displayed. Observations were made about any information leaflets available to patients including: where the pamphlets were positioned; how they were displayed (e.g. on pamphlet racks, and characteristics of the racks); the number of pamphlets, including on the topic of pregnancy; and the presence, or not, of the current Women Want to Know leaflet.

For cost efficiency and expediency, convenience sampling was undertaken and eight Sydney suburbs visited, including five on the North Shore and three in the Inner West. For the GP surgeries, specific surgeries within the suburbs were chosen at random.

Types and range of information leaflets on display

Two types of information leaflets were evident in the waiting rooms. The first were leaflets about the medical practice itself, or related services. This information was often near the receptionist, often alongside practitioner business cards and Medicare forms.

The other type of information leaflet – more directly relevant to Women Want to Know - was the health information leaflets for patients. Generally, these were not positioned alongside the first type of leaflet, but in two waiting rooms the two types of leaflet were co-located in a very small pamphlet stand, with there being virtually no health information available (see Figure 1 below).

Figure 1.



The number and range of information pamphlets on display varied considerably across the sample. As mentioned above, two of the eleven waiting rooms had virtually no health information available to patients in the waiting room in leaflet form. At the other end of the spectrum, one of the locations visited had three walls covered with large Perspex pamphlet racks. The other waiting rooms were somewhere in between in terms of number of leaflets.

Some waiting rooms appeared to be “at capacity” in terms of leaflets with all “pockets” within the rack(s) full. More, however, appeared to have some capacity (empty “pockets”, multiple pockets filled with the same pamphlet, see Figure 2) or clearly additional space that could accommodate extra racks (including free-standing).

Figure 2.



Most but not all waiting rooms contained some leaflets relating to pregnancy. Most of these related to vaccinations e.g. “Important vaccines for pregnancy”, “Protection and vaccination from preconception to birth”, and “Influenza vaccination in pregnancy”.

Within this very modest sample of just 11 waiting rooms, the Women Want to Know ‘information for women’ leaflet was not observed.

Ordering of leaflets

A key observation was that there tended to be very little obvious ordering of leaflets by topic or target audience. Several waiting rooms had their health information pamphlets split across multiple locations, with no clear rationale for the grouping of the leaflets, and the decision principle for co-locating leaflets. Where there were multiple leaflets relating to pregnancy, they were not consistently placed adjacent to one another.

In some cases, particularly where there were a great many different leaflets on display, a lack of order greatly exacerbated a feeling of being overwhelmed, and unable to work out what information was on display.

Methods of displaying leaflets

Use of Perspex pamphlet racks were certainly the main observed method of displaying leaflets. Wall-mounted racks were generally favoured, but some surgeries did display racks – single or tiered – on receptionist’s counter (as previously described), coffee table (Figure 3), or ledge (Figure 4). Just one waiting room displayed pamphlets on a seemingly purpose-built shelving system (Figure 5) rather

than in Perspex racks and this did not appear to be optimal for displaying leaflets – the leaflets were quite messy and mixed together.

Figure 3.

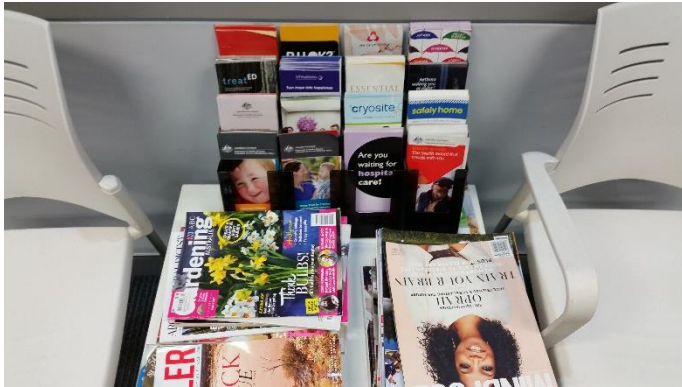


Figure 4.



Figure 5.



Positioning of display racks

In the vast majority of cases, it appeared that aesthetics was the key driver of positioning and volume of pamphlets, rather than any apparent strategy in terms of provision of information to patients. Two of the largest waiting rooms visited were particularly light on pamphlets, these appearing to be driven by a desire for a

particular look and feel which was noticeably uncluttered. Certainly, racks often appeared to have been specifically selected to fit neatly on a particular wall. Prominence and visibility of the pamphlet racks varied greatly across the sample. In perhaps three of the 11 waiting rooms the racks were very visible, positioned centrally and conspicuously in the waiting room, visible from the reception desk but also handy for access by patients while they are waiting.

In many other cases, however, racks were quite tucked out of the way, seemingly:

- positioned to use up a spare wall, for example, near a bathroom (see Figure 6);
- strategically positioned to keep them out of sight and reduce clutter; and/or
- positioned somewhat out of the way due to a lack of space in a more central position, e.g. because of other reading material being located there (e.g. magazines) or a children's activity area.

Figure 7 below exemplifies this. The stand is located to the left of the reception desk on the way to the consultation rooms. It would appear that patients waiting would be less likely to go over and look at the pamphlets once they had sat down, than if the rack was more centrally located in the waiting room.

Figure 6.



Figure 7.



Other information on display

A small proportion of waiting rooms also had posters on display, either near or in a different location to where leaflets were located. Two of the waiting rooms also had health information and health-related ads being played on TV.

Phase 1 – Outcomes

It is important to acknowledge that leaflets are most effective in promoting knowledge gain and attitude change – there is not a great deal of evidence that as stand-alone resources they have a strong impact on behaviour change (Harvey & Fleming, 2003). The other elements of the ongoing Women Want to Know project, which will continue to encourage health professionals to discuss alcohol and pregnancy with their patients, will remain key in encouraging pregnant women and women planning a pregnancy to abstain from drinking alcohol. The goal in redesigning the 'information for women' leaflet is to ensure it is as effective as it can be in supporting this aim, knowing that it will often be accessed on its own, without the health professional present.

In light of this objective, this brief literature review and context scan identified a number of considerations to be borne in mind when reviewing the leaflet with its intended audience. These included the following design and content principles and suggestions:

- Front page must stand out and offer a compelling reason to keep reading
- Convey key messages via the headline, subheadings and highlighted information
- Use clear and simple typography
- Maintain sufficient contrast in choice of colours
- Ensure imagery has a clear reason for being there and is easily identifiable, relatable
- Use the active voice and a conversational style
- Avoid judgemental language
- Content should have a readability score which matches average adult reading ability
- Minimise the volume of information
- Present information in a way that allows the target audience to see its relevance to their situation

- Avoid language and content that may cause unnecessary stress and anxiety in low risk women
- Consider directly dispelling common misconceptions about alcohol and pregnancy
- Use language that includes or does not specifically exclude fathers
- Ideally include features that encourage reader interaction
- Provide practical strategies to help pregnant women confidently refuse alcohol in social situations
- Provide contact details for sources of support

A scan of available similar resources in this space revealed 14 leaflets available in Australia, though assessing them against the criteria listed above revealed five leaflets that appear to do the job quite well - three of them being aimed at Indigenous Australian women. Strongest candidates had striking and relevant covers, clear messaging without superfluous information, language that is easy to understand and non-judgemental, minimal fear-inducing content and a supportive tone. Other success factors include; diagrams and illustrations to communicate key messages, positive images and illustrations to affirm and reassure women, the inclusion of partners and practical guidance and reference materials to help empower action.

No one single brochure examined met all the criteria emerging from the literature scan, so this analysis indicated that there was room for a revised 'information for women' leaflet aimed at a broad audience and distributed nationally.

Observing how leaflets were displayed in GP and hospital waiting rooms revealed a number of insights for consideration in the redevelopment of the 'information for women' leaflet:

- Most GPs and hospitals appeared to have a willingness to display health-related information in their waiting rooms, including leaflets that patients can pick up.
- However, this was clearly not a high priority for all surgeries. In some waiting rooms, any revised leaflet would have minimal visibility and is unlikely to be seen.
- Some GPs and hospitals were near capacity when it comes to the amount of leaflets they had on display. It was unclear how up-to-date leaflets were, how long they had been in display racks, or how frequently they were reviewed, as evidenced by poorly ordered and grouped materials, and one

leaflet occupying multiple parts of the rack. There would be clear benefit in encouraging receptionists to prioritise the Women Want to know leaflet (including over any more out of date materials) and co-locate it with other pregnancy-specific materials.

- Anything that makes the Women Want to know leaflet stand out where there are a great many leaflets available to patients would be highly worthwhile – what can be seen when patients glance at the front of the leaflet is crucial.
- Consideration could be given – cost permitting – to producing an option for delivering the Women Want to Know leaflets in a display box that could be used in waiting rooms that do not have a large pamphlet display rack. There were certainly waiting rooms with ledges or counters where a display box could easily be positioned and this might be well received where leaflet buy-in is achieved and the display box considered aesthetically suitable.

2.2 Phase 2 – Existing resource testing

This section summarises findings from the second phase of this research: three focus group discussions with women who are pregnant or planning a pregnancy.

Attitudes towards alcohol consumption during pregnancy and breastfeeding

Research participants were not directly asked about their views on alcohol consumption during pregnancy and when breastfeeding. They were similarly not directly asked about their own actual or intended levels of alcohol consumption, before, during or after pregnancy. However, during the course of the discussions, participants' views and experiences regarding these questions naturally came out.

Attitudes towards alcohol consumption while planning a pregnancy

Women planning a pregnancy held mixed views about the importance of abstaining from drinking alcohol while trying to fall pregnant. Most were of the view that staying as healthy as possible during this period was probably optimal, and that not drinking alcohol would be beneficial to one's overall health. Few mentioned any specific reasons why this might be specifically important when trying to fall pregnant. One who was trying to fall pregnant after having had two children half-jokingly suggested that a few drinks is actually necessary in order to fall pregnant at this stage of life.

Attitudes towards alcohol consumption during pregnancy

There was a clear difference between participants in discussion in Western Sydney and Newcastle, with those in Newcastle much more strongly of the view that "an occasional glass of wine" during pregnancy is completely fine and acceptable. Some of those planning a pregnancy were also of this view, or at least a little conflicted about what is safe. Pregnant women in the group discussion in Western Sydney were all opposed to drinking alcohol in pregnancy and of the view that it is not worth the risk. Interestingly, many of these women noted they were not heavy drinkers prior to falling pregnant anyway.

Apparently influencing views that drinking alcohol in pregnancy is at least somewhat acceptable was:

- the fact that such behaviour is perceived to be common practice (what others around them are doing);
- medical advice (some noted that a single drink here or there was condoned by their obstetricians);
- perception that there are no clear guidelines for pregnant women on this topic, or that the evidence is conflicting;

- older female family members and friends, who were of the view that drinking in small amounts during pregnancy is fine because they did it themselves with no apparent consequences;
- that they had consumed alcohol during a previous pregnancy (or they had observed other pregnant women doing so) – either a small amount occasionally, or even quite a large amount prior to realising they were pregnant – with no apparent consequences.

Attitudes towards alcohol consumption during breastfeeding

While not extensively discussed, there was a sense that most see pregnancy as the period in which the greatest danger for alcohol-induced harm lies and few who are planning a pregnancy or pregnant for the first time have thought about the period beyond this. Both these women and even those who have had a child before were a little confused about the potential dangers of drinking while breastfeeding and about potential harm-reduction strategies.

Actual alcohol consumption among those who are planning a pregnancy

None of the women we spoke to who were planning a pregnancy were deliberately abstaining from drinking alcohol, though some of them indicated they were not “big drinkers” anyway. Only one who had been trying to fall pregnant for a number of years indicated having gone through periods where both she and her husband had stopped drinking alcohol and tried to be as healthy as possible, on the advice of health professionals. After a time of trying to fall pregnant unsuccessfully, they had given up on these lifestyle changes.

Actual alcohol consumption during pregnancy

There was a clear difference between women in Western Sydney and those in Newcastle in terms of their actual alcohol consumption during pregnancy, with those in Newcastle more likely to indicate that they’d had the “occasional glass of wine” or “one or two here and there” during pregnancy. This was perceived to be socially acceptable although some said they were less likely to do this around certain people (for example, their partner, or their in-laws) compared to others (for example, their friends), suggesting they perceive this to be not completely socially acceptable. Some of these women obviously felt a degree of guilt or uncertainty about their behaviour (e.g. “I *hope* its fine [to do this]!”). Others clearly did not feel this way, believing that there was nothing at all wrong with their behaviour. One very young participant (teens) reported having only discovered her unplanned pregnancy at 16 weeks and had been drinking “every weekend” up to that point. Another reported having a problem with alcohol (used to help her cope) and had been undergoing counselling in relation to her drinking during pregnancy.

In contrast, all of the pregnant women in the group in Western Sydney said that they were abstaining from alcohol completely during pregnancy, having ensured they stopped drinking alcohol as soon as they discovered they were pregnant and those who had been pregnant before said they had also not consumed alcohol during previous pregnancies. Only one who was currently planning a pregnancy indicated that during a first pregnancy, when much younger, she had continued to drink well into her pregnancy and had felt guilty about this.

The differences between the two locations appeared a factor of both age and socioeconomic status. Those in Western Sydney were also more likely to say that all of their friends hold the same view that it is not advisable to drink alcohol during pregnancy.

A small number of participants in Newcastle said they were not consuming (or had not consumed) any alcohol at all during pregnancy. Along with most of the pregnant women in the discussion in Western Sydney, most if not all of these women mentioned drinking very infrequently and at low levels pre-pregnancy ("I don't drink much anyway"), meaning that abstaining was not very difficult for them. Some felt that this was due to their age, having reached a stage in their lives when they had cut back on socialising and risk taking.

Information about alcohol and pregnancy

Of the 21 women participating in the focus group discussions, none recalled previously having seen the Women Want to Know leaflet. There was also very low awareness of any of the competitive set tested within the groups. Just a small number felt they may have come across:

- "Alcohol and Pregnancy: Practical Information for Parents";
- "Alcohol and Breastfeeding: A Guide for Mothers"; and
- "If you are pregnant... the safest option is not to drink alcohol".

However, a small number felt that "the safest option is not to drink alcohol" was a somewhat familiar phrase or idea, that is, something that they had heard before somewhere.

Feedback on previous exposure to printed information materials on any pregnancy-related topics, as well as interest in receiving such materials, was mixed. Participants spoke of having come across some printed material on a range of pregnancy-related topics, but could not recall much, if anything, specifically focusing on alcohol consumption. One or two mentioned the larger NSW Health book given out to pregnant women which does contain a short section on alcohol. Few could recall having been given materials by any health professionals (e.g. in a

pack from a midwife). More had seen printed materials in waiting rooms (e.g. at the hospital). There were some comments around not having been particularly motivated to pick these materials up, or else feeling uncomfortable picking them up (e.g. "I don't like to be seen as a rookie").

Many of the women spoke of there being an abundance of information "out there" on all pregnancy-related topics, mainly accessible via Google, pregnancy apps and online forums. However, they also spoke of there being few *definitive* (precise, non-conflicting information from reliable sources) and *specific* (covering one topic in depth rather than all pregnancy topics briefly) sources of information.

Regarding the topic of alcohol in pregnancy (and to a lesser extent alcohol consumption during breastfeeding), there was a tendency towards scepticism, manifesting as a desire to interpret the evidence about alcohol as inconclusive or vague. This remained strong in some cases even after review of the Women Want to Know leaflet, particularly among participants in Newcastle.

Many could not say how they know what they know about alcohol and pregnancy. Some felt it was just common knowledge that it is unwise to drink alcohol during pregnancy, others mentioned hearing about it from health professionals and to a lesser extent friends and family, particularly those who had previously been through a pregnancy. Some recounted examples of where advice about alcohol differed between healthcare professions (GPs vs obstetricians vs midwives). Some in Newcastle also spoke of how the advice they had received had differed between individuals within the same profession (e.g. two midwives in the same hospital seen on different days).

Overall, most, if not all, research participants appeared to see value in a dedicated leaflet dealing with alcohol in pregnancy. Alcohol and pregnancy was seen by some as a potentially tricky or sensitive topic and one that might be hard for either a doctor or a patient to bring up. There was also a clear desire for standard, reliable information in written form, in part to get around perceived differing medical viewpoints (i.e. conflicting advice from different health professionals). This said, it should be noted here that not all women will be motivated to seek out or pick up such material, in particular those who perceive low level alcohol consumption during pregnancy to be acceptable and, of course, those who have already made a decision not to drink alcohol in pregnancy. Both of these groups of women tended to feel that information on alcohol and pregnancy is aimed at someone else (problem drinkers, those that had been drinking before realising they were pregnant etc.) and not them, and that they don't require any further information or advice on the topic.

Design – front cover

Based on the front covers, many participants said they would be **unlikely to pick up any of the leaflets presented in the research**, including the Women Want to Know leaflet, mainly due to the perception that they do not feel they require any further information on this topic, or need to change their drinking behaviour in any way (they don't drink much anyway, their current level of drinking is acceptable, these resources are aimed at women with a problem with drinking, etc.).

Some expressed the view that they would be more inclined to pick up information about alcohol consumption and breastfeeding rather than alcohol consumption during pregnancy. This might be in part because breastfeeding was the next step for the majority of our research participants (who were already pregnant). However, there was also a view that the picture is more complicated for breastfeeding, or that they needed more detailed and practical advice in relation to breastfeeding than regarding drinking alcohol in pregnancy.

Despite this, there was a **relatively good initial response to the Women Want to Know leaflet**, compared to the other materials examined, **based on the front cover alone**.

Particularly, the Women Want to Know leaflet:

- was perceived from the cover to be **neutral, inoffensive, and non-judgemental**. Participants noted that the leaflet is simply promising to provide “information”. This was in stark contrast to the leaflets that were perceived to be too confronting (e.g. foetus in wine glass image) or argumentative/alarmist/extreme (e.g. “Alcohol can harm your baby for life” featuring prominently on the cover of the “Pregnancy and alcohol don't mix” leaflet). Some said they would feel comfortable picking up the Women Want to Know leaflet, but would not be comfortable picking up some of the others for fear of being judged (notably “Alcohol use during pregnancy and breastfeeding” – because of the image, and the text which implies one may already be drinking in pregnancy; also the ABA leaflet with an image of wine glasses which would be “embarrassing”). The Women Want to Know title helps in this respect, as it, unlike many of the others, mentions pregnancy before alcohol. The general feeling was that this ordering of words makes the leaflet more inviting and also more relevant (less like it is intended for people with an alcohol problem).
- benefited from a clear **Australian Government logo**. The government crest (as much as mention of Department of Health) suggested the information was “legitimate” and “to be trusted”.
- was seen as **“fresh” and “modern” in its design**, and “not as dated” as some of the other leaflets examined (although “If you are pregnant... the safest option is not to drink alcohol” was perceived as similar to, and often equally liked, in this respect). Participants liked the comparatively small fonts used and minimal emphases (notably no underlining, heading not entirely in

capitals etc.). Some participants also liked the “subtle”, “light” colours used (although others felt the blue too washed out, and as also offering insufficient contrast to the white text inhibiting readability), and limited colour palette.

- was viewed as **clearly and unambiguously for pregnant women**, unlike the two leaflets that mentioned “parents” in their titles and visually depicted a father, and the leaflets on the topic of alcohol and pregnancy that failed to feature the image of a pregnant woman which they felt would have more clearly flagged the target audience. The extent to which both parents should be targeted and involved in this topic was discussed at some length in the groups, and views on this were mixed. Many felt their own partner would not read such information and they preferred to be targeted themselves. That said, quite a few others could see the value in trying to encourage partner buy-in so that they might better support women in not drinking (see further discussion below). Some questioned whether “for women” was required in the title (rather than the title simply being “Information about pregnancy & alcohol”).

Some, in Western Sydney in particular, did not respond as positively to the Women Want to Know cover when compared with the competitive set. Mainly, this group felt the colour of the leaflet was too “washed out” to stand out from surrounding leaflets and engage. It was suggested that a darker shade of blue would be preferable, to stand out more and achieve a greater contrast with the white text. A handful also did not immediately notice the white outline was a pregnant belly.

Design – full leaflet

Looking beyond the front cover, the initial reaction by many to opening up the leaflet was that there was **too much text that was not sufficiently broken up by headings**. Some expressly stated that they would not want to read the information contained in the leaflet for this reason; there was nothing anchoring them immediately to any part of the information. It also became apparent during the course of the discussions that many of the women had “missed” important points noticed by others in the text, suggesting that they had not in fact read the leaflet in its entirety, or else had not digested some of the information, even when given the time and specifically requested to do so. This reflects the findings from the literature review – i.e. that key messages should be conveyed via headings, subheadings and highlighted information as many readers will only read these.

While some liked the use of red to help key points stand out, red was considered “too serious” a colour and as negatively affecting the tone of the leaflet; some suggested dark blue as a substitute. In addition, as noted above, others felt the use of red text did not sufficiently break up the text or anchor their attention.

While no one disputed the value of visuals being included in Women Want to Know, the choice of images was questioned. Generally, it was felt that **the images should work harder to communicate the message of the surrounding text**, or be replaced by some other visual entirely (diagram, table etc.). Particularly:

- The first image inside the leaflet was considered odd (far left image below). Much of the photo is taken up by the back of someone's head, and it is the very first element in the top left of the leaflet. That said, some liked the idea of the leaflet featuring an image of a woman discussing the topic with a health care professional, as it was seen to reinforce the importance of such a dialogue.
- The second photo in the leaflet was perhaps most problematic (middle image below). It was seen as having no reason at all for being there (a smiling woman, not even obviously pregnant or breastfeeding) and as contributing nothing to their understanding of the nearby text. Some considered it conspicuously too large (it is certainly the largest image, albeit by a relatively modest margin).
- The image co-located with the "hints and tips when you with friends" was seen not to fit with the content around it (far right image below). Some also failed to notice the blood pressure cuff and therefore failed to grasp what the image depicted.



- A small number of participants also commented on a perceived **lack of diversity** depicted in the photos:
 - Some felt the leaflet should show at least one younger mother, for example, a mother in her late teens or early 20s for the unplanned pregnancy section (the current women were felt to all be in their 30s).
 - A lack of obvious cultural diversity among the mothers was noticed by some.
 - Some noted also the lack of partners in photos – some also positively noted the photos in the 'partners' brochure (Queensland Government) even featured a same sex couple.

Tone

Overall, its tone was revealed as a key strength of the Women Want to Know leaflet. Many participants felt the tone was perfectly pitched in conveying a sense of the importance/seriousness of the information, while remaining warm and

comforting. This was much preferred to the more authoritative and judgemental tones picked up from some of the other leaflets reviewed in the groups.

The very first sentence/paragraph “pregnancy is an exciting time...” was liked, and described as starting the leaflet on a positive note. Clearly, this sentence helps with creating an appropriate tone. Some felt this sentence could be further highlighted or elevated (for example, be superimposed over a relevant image).

A note of caution, however. Some pregnant women, and those in the Newcastle group in particular, saw the messages included in the leaflet as equivocal and the leaflet overall as not expressing a strong opinion on whether or not they should drink. This is partially the effect of the warm, friendly tone, but also due to the desire of many to self-exclude themselves from the message, as discussed in the following section.

Perceived personal relevance

A reasonable number of women felt that the leaflet did not reflect their situation (i.e. consuming a glass or two of alcohol on occasion or having chosen not to drink at all during pregnancy) and did not clearly state that one shouldn't drink at all during pregnancy.

Alongside the overall tone, the key problem here is the actual phrase used to summarise the guidelines – “not drinking is the safest option” – which for some is not interpreted to mean “do not drink while pregnant” but rather as “we don't really know, so it may be OK to drink a small amount”. These women, who are strongly inclined to question the evidence (and who point out the phrase “no studies have found a safe limit”, tended to read the message more as friendly advice (based on potentially inconclusive research) rather than a firm recommendation. This is exacerbated by, as previously described, the perceived lack of consensus among, and inconsistent advice they have received from, health professionals. It appears that this segment of the audience is looking for a justification to continue to drink in pregnancy and finds it in this phrase and the tone of the leaflet, which lets them off the hook somewhat.

Some perceive, by the first paragraph on page 3 (“drinking alcohol during pregnancy can affect the unborn baby and increase the risk of...”), a strong focus on FASD in the leaflet, which indicates to them that it is intended for a heavy drinking audience. In their view, a very large quantity of alcohol would need to be consumed for FASD to be a likely consequence of alcohol consumption during pregnancy, and this is not relevant to their own circumstances. This allows them to self-exclude from the overall messages being communicated in the leaflet.

Interestingly, some who are opposed to drinking in pregnancy also perceive the leaflet does not go hard enough in clearly stating the risk posed by drinking alcohol in pregnancy. It seems some in this group are looking for back-up regarding their decision and fail to find it outright in the main message. Having said this, this group did find plenty of information in the leaflet of which they weren't previously aware, such as the lower level impacts of alcohol consumption such as memory problems, the effect of alcohol consumption on male sperm quality and the suggestion that drinking alcohol can be managed while breastfeeding.

Readability

Participants felt the text in the Women Want to Know leaflet was pitched at about the right level – **not too complicated, with no confusing terms, but also not patronising or overly simplistic**. It was commonly described as “straight forward”.

A readability check on the document indicates it is written at about a Grade 9 to 10 level of complexity, owing mainly to the length of the sentences in the document, which contain an average of 17.5 words per sentence. Some in the groups did comment on the length of the sentences which they felt affected their desire to read the information closely. We also noticed, as mentioned above, that some people missed or did not recall reading some of the information in the brochure that others were commenting on, which suggests that the readability of the text could be improved to assist people in retaining what they have read.

The Women Want to Know leaflet was generally considered to contain about the right amount of information in terms of the ideas and topics covered, though it is seen to be expressed in too many words and could be presented in a more digestible format. There was a call for more headings to break up the text and so that information can be more easily located at a glance. Some also suggested the use of bullet points, tables and/or diagrams as per the other leaflets (e.g. some of the other leaflets use a person with call outs to indicate areas affected by alcohol). Some pointed to examples of what they considered to be duplication of content, or the same idea needlessly being repeated, often with examples drawing in the highlighted key points.

A common piece of feedback from participants was that it was hard at first glance to locate information relevant to them personally. Some suggested clearly flagging information relevant for those planning a pregnancy, those who are already pregnant, and those who are breastfeeding, with the benefit of this enabling them to pinpoint immediately relevant information more quickly, and perhaps retain and refer to other sections at a more relevant time in the future. There was a desire to

be able to use the leaflet as more of a reference tool rather than as something to read once and forget about.

Content

The women who participated in the groups generally felt that the content of the Women Want to Know leaflet was interesting (even if not directly relevant to them if they only drank occasionally and in small quantities, or not at all, as noted above) and told them more than they had expected to see in such a leaflet. **The leaflet was seen as thoroughly dealing with the issue, addressing it from multiple angles** (from how to say no when offered a drink, to the effects if you do drink while pregnant).

The section falling under the highlighted text “if you have consumed alcohol while pregnant and are concerned, or are having trouble stopping drinking, you should talk to your doctor, midwife or obstetrician” was seen as particularly useful. The first section of **information about drinking prior to being aware you are pregnant was seen as valuable information that is refreshingly honest and realistic**. The research included one participant who had recently been in this situation and had felt very unsure about what she should do – how bad her situation was, who she should talk to, and whether she should raise the issue with a health professional at all. She felt this information would have been very useful for her at that time and that it struck the right tone: comforting but also offering practical advice.

The section about “speaking to a health professional about your drinking may seem daunting” was also perceived as useful, comforting advice. The “Strong Babies” leaflet also contained a section that was liked for similar reasons by some (including an ATSI participant who was having trouble reducing alcohol consumption during her pregnancy). She called out a paragraph that particularly resonated with her from *that* leaflet i.e.

“Sometimes women don’t get help because they feel shame talking about their alcohol and other drug use... health professionals are concerned about you and your baby. They will not put you down...they can help you to stop or cut down your use in safe ways...”

Positively, **the content of the leaflet did not appear to cause unnecessary stress and anxiety in low risk women** (identified as important in the Literature Review), and was seen to be comforting and helpful for those at higher risk. **However, of concern, it did not appear to be effective in dispelling some common misconceptions** held by research participants particularly:

- drinking wine is safer than other forms of alcohol (though one participant was of the opposite view); and
- more importantly, having a few drinks while pregnant is safe

A key problem here was with a perceived **lack of explanation around why there is no safe level of alcohol consumption**. The explanation provided in the leaflet was “this is because no studies have found a safe level of alcohol consumption during pregnancy where damage may not occur”. This explanation was not well understood – participants raised a number of questions - have any studies been conducted? How many? By whom? What is this actually saying? Some participants said that the “Important News for Partners” leaflet has more useful supporting information – page 4 explains how the level of risk depends on many things and lists four of them. “Alcohol and Pregnancy: Practical Information for Parents” also explains the confusion around how much one can safely drink during pregnancy up front in bold – “we know very clearly that excessive amounts either in isolated binge drink or in prolonged drinking is very harmful. What we don’t know for sure is the lowest possible level you can drink safely. We therefore say for that reason...”

While quite possibly not available or helpful, people very much want “statistics” (e.g. how many still births are linked to alcohol consumption?) and also firmer / less vague information and guidance, more akin to the advice provided in the ABA leaflet in particular (which describes the time taken for alcohol to be cleared from breastmilk given number of standard drinks consumed and weight of mother). **The Women Want to Know leaflet was perceived to be somewhat vague** – is it different if we are talking about wine versus vodka, or one sip versus a full glass?

Some participants noticed and appreciated the reference to two independent bodies verifying the advice – National Health and Medical Research Council plus the Australian Breastfeeding Association (plus contacts on the back) and this could perhaps be further highlighted, but this still does not go far enough in providing a strong reason for following the advice.

“It gives you facts but does not back them up.”

Another concern regarding content, is that, fundamentally, as already alluded to, **some of the women failed to see the relevance to their own situation**. In terms of design and structure, the leaflet does not currently clearly differentiate between pre-conception, pregnancy and breastfeeding. As previously noted, a common suggestion from participants was to have headings (or use some other technique) to clearly flag these three stages so relevant information can be easily found.

Others self-excluded from the messages of the leaflet because they perceived the leaflet not to be about low-level drinking. Some felt it would be of more relevance to the average person if it contained less information about FASD and more about

“1 or 2 glasses of wine”. Several read the leaflet, particularly the information about FASD and what you should do if you find it difficult to stop drinking, and felt “that is not me”. Similarly, some felt the leaflet lumps all drinking behaviour together without acknowledging differing levels of risk.

The “Hints and tips when out with friends” section was variably received. It was selected by some (particularly pregnant women in Newcastle) as a section that could be removed from the leaflet altogether, and better replaced with FAQs or dispelling common myths. Some saw the tips as silly – things you could think of yourself and wouldn’t need to refer to a leaflet for. However, this was a viewpoint typically expressed by those already pregnant and for whom this is of little personal relevance (as they were past the early stages of pregnancy where they may have preferred not to reveal their pregnancy). Those planning a pregnancy were more interested in these tips as they were more likely to be wanting to hide the fact that they are not drinking because they are trying for a baby and may be in the early stages of pregnancy. These and pregnant women in the very early stages felt the tips to be surprising, refreshing, new information, akin to something you might see on an online forum, and approximating the helpful/useful advice they get from friends/family about how to cope with pregnancy.

Facilitating action

The research revealed a number of features of the Women Want to Know leaflet that would facilitate action:

- The **“hints and tips when out with friends”** certainly provide practical strategies to help pregnant women (at early stages of pregnancy) confidently refuse alcohol in social situations, something the literature review flagged as important. The utility of these tips might be increased should the leaflet be reformatted to have different sections relevant to each of the three stages of preconception, pregnancy and breastfeeding. This section could perhaps also be truncated as it may not warrant an entire page given only some of the women, even those for whom this is currently directly relevant, considered them highly useful. Reducing length would also free up space for other items that may encourage reader interaction.
- Participants noted that the leaflet mentions alternatives to **speaking to your doctor** in the section on advice if you’ve been drinking prior to being aware of your pregnancy, and they felt that this was thought provoking and useful.
- Participants **valued the resources on the back page** although they felt that the list could be further expanded. Some noted that there is mention of anxiety and depression on page 4 – this is liked and considered useful – but no reference to help available on the back page (e.g. website for beyondblue and/or Life Line). Also worth noting, www.alcohol.gov.au is not

favoured as a main website. Some said they would be embarrassed to access this for example at work. A desire was expressed for a more specific and subtle website possibly linked to FARE (why no FARE website)? Some also felt the second – Australian Breastfeeding Association – URL was far too long, and not something someone would ever type.

Phase 2 – Outcomes

The results of this research phase suggested that there would be clear value in FARE proceeding to re-work the Women Want to Know leaflet to make it suitable as a stand-alone resource for pregnant women. There appeared to be a latent need for a definitive, authoritative source of printed information specific to this topic, and none of the existing leaflets reviewed as part of this research perfectly fitted the bill. The results of this phase of research suggested that there was much that was already working well in the Women Want to Know leaflet and that no radical overhaul of the leaflet was required or would indeed be advantageous, but there were certainly aspects of the leaflet that could be improved.

The key strengths of Women Want to Know, recommended for retention in future iterations are outlined below, followed by recommendations for further enhancing the resource and making it more suitable as a stand-alone resource.

Key Women Want to Know strengths – aspects that should be retained

1. An **overall tone** that is: informative and objective rather than judgemental; and practical and realistic rather than too extreme or alarmist.
2. **Fresh, modern look** particularly of front cover.
3. Clear **relevance for pregnant women** as flagged through title and cover image.
4. **Information** pitched at an appropriate level – easy to understand, plain English, with no difficult phrases or concepts.
5. Prominent featuring of the **Australian Government crest and referencing** of multiple sources of information (within body of text and under “Further information”) which strongly contributes to perceived authoritativeness and reliability of information.
6. **Overall content** – the breadth and diversity of content, including:
 - o Content relevant for pre-conception (new, unexpected information for some), pregnancy and breastfeeding

- Advice (realistic, practical, reassuring) for those who have consumed alcohol during pregnancy or are having trouble stopping
- Reference to depression, stress and anxiety (acknowledging complexity of women's individual circumstances), and support available
- Hints and tips
- Further information

Recommended changes to Women Want to Know

A note on the target audience

The target audience for Women Want to Know is obviously not homogenous. In the research three types of women were encountered, each with a different information requirement.

Of lowest priority for targeting are women who already won't drink during pre-conception / pregnancy. Rather than needing to be persuaded not to drink, these women would benefit from being provided with further support for their decision. They will of course also benefit from information relevant to breastfeeding once they are pregnant (the information on this subject in the Women Want to Know leaflet was considered to be quite useful).

Of much higher priority, are those who, as things currently stand, will drink – at comparatively low levels – during pregnancy. We feel that the National Health and Medical Research Council recommendation, as stated and explained currently in the Women Want to Know leaflet, is not clear enough for this group and comes across as equivocal. There is a certain amount of self-exclusion from the message.

The highest priority for targeting is obviously at risk women. Although this group was not strongly represented in the research sample, it does appear that Women Want to Know is performing quite well among this group – obviously talking to them and providing practical, helpful advice and guidance. The tone of the leaflet is critical for this group who mustn't be put off seeking help by a judgemental tone.

All three groups were considered in formulating our recommendations below.

Preventing women from self-excluding from the leaflet's messages

The phase 1 literature review stressed that information should not cause undue concern among low risk women. Certainly, the Women Want to Know leaflet did not cause undue concern among low risk women, in fact, it made it too easy for

them to self-exclude from the messages entirely. Recommendations were that the leaflet:

1. **Make clearer the range of possible effects of alcohol consumption**, including symptoms of lower level FASD and de-emphasising more severe FASD. Research participants perceived there to be a lot of focus on severe symptoms of FASD and this contributed to some lower risk women thinking the leaflet was talking about high level drinking and thus to the perception that the advice contained within the leaflet was not relevant to them. The paragraph that deals with negative impacts of alcohol in pregnancy is 14 lines, and more than half talk about FASD. This paragraph should be reformatted (possibly in bullet format or in a diagram) to better highlight the range of possible consequences, thus de-emphasising the more severe symptoms of FASD so other possible (and more common consequences of alcohol consumption) are not overshadowed.
2. **Tackle head on the situation of women drinking comparatively small amounts of alcohol**, more directly challenging the common misconception that this is OK. We recommend that the leaflet expressly state something along the lines of "**you might think one or two drinks now and then is OK, but when you are pregnant or planning pregnancy, not drinking any alcohol is the safest option**". This issue could also potentially be dealt with in a new FAQ section, or a section dispelling common misconceptions (the other being wine is OK, hard liquor not).

Better explain the recommendation and reasoning behind it

Overall, the National Health and Medical Research Council recommendation needed to be better explained. For many, the recommendation appeared wishy-washy and as not directly advising women to abstain from any amount of drinking during, and prior to, pregnancy.

However, it was important that any change in approach did not affect the overall tone (a key strength) of the leaflet, so implementing this recommendation needed to be carefully handled.

It was suggested that including a phrase along the lines of "*you might think one or two drinks now and then is OK, but when you are pregnant or planning pregnancy, not drinking any alcohol is the safest option*", as suggested above, would help in this respect. However, the reasoning behind the recommendation also needed to be better explained. We specifically recommended:

3. **Replace the line "this is because no studies have found a safe level of alcohol consumption during pregnancy where damage may occur"** which is

variously interpreted and not universally understood. “No studies” tends to be misinterpreted entirely (as no studies have been conducted) and the statement overall has enough in it that those who want to exclude themselves can. Something more along the lines of “we know very clearly that excessive amounts either in isolated binges or in prolonged drinking is very harmful. What we don’t know for sure is the lowest possible level you can drink safely. We therefore say for that reason...” (used elsewhere) should be explored.

Further encourage women to pick up a leaflet and read it in the first place

It was suggested that any modifications that would further encourage women to pick up a leaflet, and also to thoroughly read it once they have, would certainly be advantageous, given the perception among many that the leaflet was not really that relevant or useful for them personally. Recommendations included:

4. **Flag**, preferably on the front cover, **that there is content within the leaflet that they may not have heard before**. The title could perhaps be amended or a sub-heading included along the lines of “things you might not know about pregnancy and alcohol...” While the title was liked, including for the tone it achieves (providing information rather than preaching or judging), it would be good if it drew the target audience in a little more. There is certainly some new or unexpected information in the leaflet (around drinking during pre-conception (e.g. affecting fertility), low level symptoms of FASD, and detail on drinking during pregnancy) but this is not particularly highlighted at all in the leaflet and was missed by many.
5. **Make the blue feature colour slightly bolder** so the title and leaflet overall stands out better (and also the white writing under hints and tips can be more easily seen). This will be particularly important if the leaflet is reproduced (e.g. photocopied by health professionals).

Other recommended changes to the leaflet included:

6. Improve **the structuring / lay-out of the content**. Readers must not be overwhelmed by big blocks of text. The literature review warned against use of lots of headings, suggesting that it is better for key points to be highlighted. The current Women Want to Know leaflet certainly takes the latter approach, however, fails to adequately break up the text. Currently, there is not much that anchors the reader immediately to any part of the information. We suggest retaining the highlighting of key points, but also including some headings.

7. Further to the above point, the leaflet could usefully be clearly structured around relevant stage: **1) pre-conception; 2) pregnancy; and 3) breastfeeding**, breaking up the text and allowing the reader to easily navigate to the information most relevant to them at any particular point.
8. **Re-think the photographs used** in the leaflet. Better images that are more obviously relevant to the text (and hence contribute to understanding) are required and should be placed alongside the associated information. Consideration should also be given to better reflecting the cultural diversity of the community, and including images of women of a range of ages (including at least one that is clearly much younger, i.e. a teenager).
9. The literature review suggested that it is important not to exclude fathers. This could be subtly addressed by **featuring a photograph of a partner**.
10. **Bulk up contact details under "Further information"** including referencing an organisation relevant for depression/anxiety.
11. Explore options for **further encouraging interaction with the leaflet, and providing readers with more of an obvious reason to retain the leaflet for future reference**. Expanding the references on the back cover, as recommended above, would help, as would having more sections such as the "hints and tips" which are only relevant for pre-conception or very early pregnancy. Slightly more detailed information relevant for breastfeeding, as is provided in the ABA leaflet (which is also interactive), would be valued by some.

A final note on the overall context in which the leaflet is likely to be received

It was suggested that implementation of these recommendations would maximise the chance of women noticing and feeling inclined to pick up and read the Women Want to Know Women's leaflet. However, the context in which women are likely to be exposed to the leaflets would remain crucial.

We noted that not all women received leaflets from a health professional as part of a pack when their pregnancy was confirmed (but ensuring that the Women Want to Know leaflet is included in such packs where they exist would obviously be an excellent strategy to ensure it is widely circulated). Not all women received any or many printed materials at all.

The phase 1 recommendations arising from the Context Scan also noted that not all GPs or hospital waiting rooms had conveniently located or well-ordered leaflet racks, if they had such racks at all. Any efforts to encourage GPs and hospitals to appropriately display the Women Want to Know leaflet would be beneficial.

2.3 Phase 3 - Revised resource testing

For phase 3 of the research, FARE produced three leaflet options each incorporating aspects of the recommendations made following phases 1 and 2. Options for an accompanying A3 poster were also briefly tested during this phase; as this was not the main focus of the research the results are reported in the Appendices but are not described further in the body of this report (except where viewing these directly impacted on participants responses to the leaflets).

Overall reaction to the leaflets

Overall reaction to the revised leaflets was largely consistent with reactions to the existing Women Want to Know leaflet when this was tested, and generally positive. Strengths continue to be leaflet tone, breadth of topic coverage, and useful/practical advice.

Leaflet title

Of the three titles tested, the title used for Option 1 (pale blue) was almost unanimously favoured, being "Information you might not know about pregnancy and alcohol". The key benefits of this title include:

- It invites curiosity, encouraging the target audience to pick up the leaflet and have a read to see whether it indeed contains information they did not know.
- It takes a courteous/respectful tone. The title suggests that the reader is being offered "extra suggestions" relating to pregnancy and alcohol, with no implied assumption that the reader knows little or nothing on the topic ("[its] not treating you like an idiot"). It thus creates a "softer" and more appropriate tone than Option 2 (dark blue) that states "you need to know" and was considered "challenging" and "aggressive" by some.
- Unlike the original Women Want to Know title (used in Option 3 yellow), it does not specify that the information is "for women" (only). Some questioned the wisdom of using a title that "excludes partners", when partners should be encouraged to be informed about pregnancy and alcohol (and arguably all topics relating to pregnancy) in order that they can support their partners. Others (who did not necessarily think partners would, or needed to, read the leaflet) felt stipulating that the information was "for women" was redundant/unnecessary.

Colour scheme

Different colour schemes were favoured by different women participating in the research, with the dark blue and yellow marginally favoured (perhaps to an equal extent) over the pale blue (which appears to be only marginally darker than the pale blue used for the original Women Want to Know leaflet). The relative pros and cons of the three colour scheme options are outlined in the table overleaf.

Table 1: Strengths and weaknesses of colour scheme options

Colour	Strengths	Weaknesses
Pale blue	<p>A minority of participants appeared to simply like the pale blue – as a colour – more than the dark blue or yellow.</p> <p>There is also good synergy between the pale blue colour and the “soft” overall tone of that brochure. Soft and gentle (in tone and colour) is preferred by some.</p>	<p>Some participants felt that the pale blue print on the white cover does not achieve adequate contrast. With this colour scheme, the leaflet cover fails to stand out and grab attention.</p> <p>We would also note that this colour is only marginally darker than that used for the current Women Want to Know leaflet and fails to photocopy well⁶.</p>
Dark blue	<p>This bold, strong colour stands out and grabs attention.</p> <p>The colour scheme works particularly well for the front cover as the dark blue print on light background maximises contrast (without relying on an additional colour, as with the black print used for yellow).</p> <p>Overall, this option was seen to be the most harmonious, colour wise (including taking into account the images). Almost exclusively white, blue and black⁷, the colour scheme is simple and elegant.</p>	<p>Darker outline on belly on front of leaflet fails to stand out.</p>
Yellow	<p>Similar to the dark blue, the bold, strong colour stands out and grabs attention.</p> <p>The black print on white background for the front cover title achieves good contrast.</p> <p>“Engaging”, “warm” and “inviting” colour.</p> <p>Benefits from being gender-neutral (unlike baby blue, although this was not a wide-spread concern).</p>	<p>Not being able to use yellow font for the title on the front (and rather needing to use black) is somewhat inelegant and makes for a less fresh and clean front cover.</p> <p>The yellow of the professionally printed leaflet was liked.</p>

⁶ We noted in the Literature Review and Context Scan Report that some medical practitioners provide patients with information photocopied from brochures and leaflets, often in black and white. This reinforces the need to maintain effective colour contrast between the different elements on the page in order for photocopies to still convey the original intent.

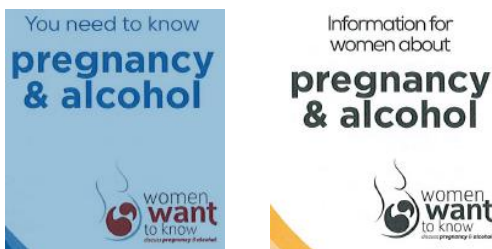
⁷ We noted in the Literature Review and Context Scan Report that judicious use of colour will help leaflets stand out, but it is important to make sure contrast is good and that there are not too many colours, which can be distracting.

Front cover design (other aspects)

The Australian Government crest was seen as an important inclusion on the front cover. It stressed that the leaflet contained “serious”, legitimate and trustworthy information. This crest, and indeed the Department of Health name, was found to stand out equally well on each of the three leaflets (that is, in each of the three colour schemes).



The Women Want to Know logo stood out to a much greater extent on the Option 2 (dark blue) leaflet where it appeared in red, although even in this version of the leaflet the logo was not consistently noticed, focused on, or commented upon – it was considered far less important / note-worthy information than the brochure title. Several research participants who had noticed the logo on the front cover had assumed it referenced a website which would be an excellent source of information on this topic. Once they realised that there is no such website – evidenced by no URL being provided under “Further Information & support” on the back page of the leaflet – they questioned the value of having the logo on the front cover at all (and certainly highlighted in red).



The stylised, female silhouette (pregnant belly) used on the cover of each of the leaflets tended not to be particularly commented upon by participants. Where it was commented upon, this tended to be in the context of an accompanying poster, a version of which was presented first in each group. The silhouette obviously helped to communicate (or at least reinforce) the general topic of the leaflet being pregnancy, however it was found to be not particularly attention grabbing or liked in and of itself. Some felt it was “clever”

but not particularly creative or different (one person described it as “standard”).

Later in each group participants were exposed to an alternative design option when showed the variation to the poster for Option 3 (yellow) which featured a photographic image of a pregnant women. It is really only at this stage that some participants began to criticise the stylised silhouette as failing to grab attention, when comparing it to the realism of a photograph. Certainly, many participants favoured the photographic image over the stylised image at least in the context of the poster. Some however thought the dress featured in the image looked odd, with one participant suggesting it looked like medical scrubs.

Design – full leaflet

Use of headings and bullet points to break up text

The introduction of headings to, and the increased use of bullet points in, the revised leaflet options tested in this phase of research very clearly helped to make the leaflet more easily digestible. Importantly, in this later round of research, there were far fewer cases of research participants “missing” important points in the text. Participants were also more easily able to refer back to information they had previously read, rather than struggling to remember where they had seen a particular sentence, due to the more logical order of information and clear sign-posting of topics. The criticism of “too much text” was far less common in this round of research. This was not surprising given there were fewer words in the revised leaflets (partly because of the increased use of bullet points, particularly for the content on risk from drinking alcohol during pregnancy, including information about FASD), but also because the text that is there is broken up to a much greater extent and is thus easier to take in.

In the Option 1 (pale blue) leaflet, headings⁸ were simply bolded and in the theme colour. In Option 2 (dark blue) and Option 3 (yellow), headings⁹ were in a contrasting colour (white or black) within a box of the theme colour. Reaction to the two different options, for formatting of headings, was mixed.

Talking about alcohol

Talking about alcohol

Talking about alcohol

⁸ Except for those used for the tips section, discussed below.

⁹ Again, except for those used for the tips section, discussed below.

Superficially, research participants generally appeared to favour the approach taken for Options 2 and 3, namely the use of coloured boxes. Many mentioned the boxes really stood out, and that the headings really helped to break up the information. However, it should be noted that:

- Option 1 did indeed include one fewer heading, with risks associated from drinking alcohol during pregnancy not differentiated from disabilities associated with FASD. Including two headings, rather than one, for this topic area may have improved reaction to Option 1 relative to Options 2 and 3 with regards headings (with this unrelated to use, or not, of coloured boxes).
- Option 1 suffered from its headings being in the least impactful colour of the colours tested, so negative reaction to the Option 1 headings may have been as much about the colour as about the lack of coloured boxes. The formatting option for the headings of simple bolded text in the theme colour may have worked well – and been well received – if used for the Option 2 leaflet, utilising the bold dark blue colour.

Certainly, some participants, notwithstanding the above points, preferred the headings used in the Option 1 (pale blue) leaflet, which were arguably simpler and cleaner. Some seemed to find the coloured boxes used for Options 2 and 3 a bit amateurish.

When planning a pregnancy

Alcohol can reduce fertility and greatly increase the time it takes to get pregnant.

If you are trying to get pregnant you should consider not drinking alcohol at all.

When pregnant

It is never too late to stop drinking alcohol during pregnancy.

People might ask why you are not drinking. If you're not ready to announce your pregnancy, try saying:

- I'm on a health kick and have given up alcohol
- No thanks, I'm not drinking tonight
- I have a big day tomorrow so no thanks

If you're happy to tell people, simply say: No thanks, not while I'm pregnant.

Take a 'pregnant pause' with your partner or close friends.

If it is difficult for you to stop drinking you should speak to your health professional for support.

When breastfeeding

Not drinking alcohol is the safest option. Alcohol enters the breast milk and may stay there for several hours.

Alcohol may affect milk production and this can cause babies to eat less and sleep less.

Alcohol in breastmilk can affect the baby's brain and spinal cord development.

Structuring the tips, listed on the far right inside page of the leaflet, according to stage – pre-pregnancy, pregnancy, and breastfeeding – also proved successful. This structure was clear and logical to readers who were able to easily identify the information most relevant to them immediately, as well as the information that would be relevant for them in subsequent stages (in the case of pregnant women, “When breastfeeding”).

The vast majority of research participants favoured the formatting used in the Option 1 (pale blue) and Option 2 (dark blue) leaflets – solid and dotted lines – over the single box (border) used for Option 3 (yellow). As well as being aesthetically pleasing, the lines helped to differentiate between, and highlight, the different ideas.

Use of images

Six different images were tested across the three leaflet variants presented to research participants in this phase of research. Each brochure contained either two

(Options 2 and 3) or three (Option 1) images. For all options, participants tended to feel that the number of images (of this sort – certainly there was some call for “infographics”) being used was appropriate. Reaction to the images – and their placement – is summarised in table 2.

Table 2: Strengths and weaknesses of image selection and placement

Image & its use	Strengths	Weaknesses
 <p>First image used (top of first inside page) in Option 1 (pale blue) and Option 3 (yellow).</p>	<p>Fitted well with text immediately following it (pregnancy is an exciting time...).</p> <p>Conveyed excitement and happiness. Starts leaflet off on a positive note.</p>	<p>Some could not relate to the depicted women/scenario. Image certainly did not suggest gay parent, single parent, or low SES.</p> <p>To some, the image was too “stock image” and too “cheesy”.</p>
 <p>Appears only in Option 1 (pale blue) midway down inside middle page.</p>	<p>Closest to the image of a baby that some were expecting.</p> <p>A positive image – assumed to show a healthy baby, and a “relaxed” woman.</p> <p>A very relatable image. Most could picture themselves as that person, particularly because she could be anyone (face, and hence age, heritage etc. concealed).</p>	<p>For some, this image acted as a section break more than anything else – did not directly relate to text before or after it.</p>
 <p>Used on bottom of second last page in Option 1.</p>	<p>Partner support was an appreciated message/theme for some.</p>	<p>Not a relatable image for some. A partner accompanying a pregnant woman to a doctor’s appointment (rather than cuddling her on a couch) would be more relatable and relevant.</p> <p>Again, image did not clearly link with text before it. Appeared a bit of an afterthought at bottom of page.</p>

	<p>Considered a highly (and obviously) relevant image. Reinforced the importance of having a dialogue with your health care professional.</p>	<p>Some felt this image does not look "Australian".</p> <p>The placement – same as current Women Want to Know leaflet – remains problematic. The image did not obviously relate to the text following it.</p>
<p>First image used (top of first inside page) in Option 2. Only appears in this option.</p>	<p>This image largely "flew under the radar," being situated in the low prominence position of bottom of second last page. It was not overtly problematic like the other images occupying this position, namely "couple on a couch" (above) and "pumpkin" (below).</p>	<p>The placement – same as current Women Want to Know leaflet – remained somewhat problematic. The image did not obviously relate to the text preceding it. That said, a lack of clear linkage between text and image was considered less important on the second last page, than earlier in the leaflet (first image most important), both because of relative position in leaflet, and the fact that the "facts" section covers a range of sub-topics.</p>
	<p>We would argue that this image has a key strength of reflecting cultural diversity.</p>	<p>A distracting image – far too "American" (pumpkins, "fall") and relevance of pumpkins unclear.</p> <p>Generally, the least relevant photo of the six tested – conveyed nothing in particular (not excitement, nor partner support, nor dialogue with medical practitioner, nor healthy baby).</p>
<p>Used on bottom of second last page in Option 3.</p>		

Tone

In the previous phase of research, it was established that its tone was a key strength of the existing Women Want to Know leaflet. Many participants felt the tone was perfectly pitched in conveying a sense of the importance/seriousness of the information, while remaining warm and comforting. This was much preferred to the more authoritative and judgemental tones picked up from some of the other leaflets tested at that time.

It appeared that the overall tone of the leaflet remained largely unchanged from the original Women Want to Know leaflet, and this held true for all three leaflet options tested. The revised leaflets tested in this phase of research took a slightly – rather than dramatically – more “hard line” approach to communicating the NHMRC recommendations. When comparing the three leaflet options, some participants could identify that Option 1 (pale blue) adopted the softest communication approach, and Option 2 (dark blue) the most “hard line” communication approach. That is, Option 2 communicated less ambiguously than Option 1 that women should not drink any alcohol at any stage of preconception, pregnancy or breastfeeding. Option 3 (yellow) was sometimes described as a compromise leaflet, sitting half way between the other two options.

The leaflets appeared – to varying degrees – to strike an appropriate balance between being warm and comforting – importantly not alienating the reader or making them “switch off” – and being forceful enough to challenge misconceptions about alcohol and pregnancy. While a minority of participants did not appreciate certain aspects of the leaflets which they felt were too “strong” and too “negative”, most of these participants had to admit that such aspects had “impact” and they would be more likely to take note of certain aspects of the stronger formulations.

The specific elements particularly contributing to variations in tone between the individual leaflet options included:

- **Title.** See discussion above. The title used for Option 2 (dark blue) did not strike the right tone, being too “challenging” and “aggressive”. Options 1 and 3 achieved a softer, more appropriate tone (Option 1 title favoured for the reasons noted earlier).
- **Headline articulation of the NHMRC recommendation.** Option 2 (dark blue) had the “strongest”, clearest articulation of the recommendation – “if you are a woman who is pregnant or planning pregnancy, experts advise no amount of alcohol is safe”. The crucial aspects of this sentence were “no amount is safe” and, to a lesser extent, “experts advise” (some participants but not all felt this provided added credibility/authoritativeness. Others felt it

just begged the question of who these experts are). Many women – even those who initially expressed the view that Option 2 was a bit “negative” – said the phraseology used in Option 2 had the most impact on them and would be the most likely phraseology – of the options tested – to make them stop and think if not actually change their behaviour. The phraseology used in Option 3 (yellow) was also strong in the sense that it mentions “avoid all alcohol”. It was, however, made more equivocal by the sentence starting with “it is safest”. Some participants favoured mentioning the word “safest” – this word implies the provision of information to allow women to make “an informed choice”, rather than a clear directive – but as noted above, most of these women admitted this phraseology has less impact. It was certainly the case that many of the women favouring a “softer” approach being taken in the leaflets were women who wished to drink pre-conception, during pregnancy and/or while breastfeeding, and undoubtedly did not want to feel bad for doing so. We therefore could not recommend the phraseology used in Option 1 (pale blue) which featured in the original Women Want to Know leaflet and was thus tested in the previous phase of research, unless modified (such as changing “not drinking alcohol” to “avoiding all alcohol”). The original phraseology was clearly too soft, equivocal and open to interpretation.

- **Statement explaining the reason for the NHMRC recommendation.** All three statements were found to be a clear improvement over the statement included in the current Women Want to Know leaflet. Avoiding mention of “no studies” has cleared up much confusion, and avoided the target audience disregarding the messages based on a belief that there is no research behind the recommendation. The term “the evidence is clear: alcohol causes birth defects” was particularly liked, and instrumental in stopping the recommendation from appearing “wishy washy” and not based on evidence (as it certainly does based on the wording used in the original Women Want to Know leaflet). Feedback on the first sentence within the relevant paragraph was less consistent. There was some preference for “this is because no safe lower limit of alcohol consumption is known” (as per Option 3 – yellow) over “this is because no amount of alcohol has been found to be safe” (used in the other two options). For some, the former sentence more clearly articulated the idea that one should err on the side of caution; it also head on addresses this idea that there is a safe lower limit, for example a glass of wine now and then (which some health professionals appear to condone). “The risk of harm increasing the more a woman drinks” makes intuitive sense, although so does “all alcohol crosses the placenta harming the baby” – neither of these sentences worked harder than the other in helping explain the recommendation.

- **The first paragraph under “talking about alcohol”**. Option 1 (pale blue) only included an additional line taken from the original Women Want to Know leaflet which tested well in the previous round of research. This sentence (“many women don’t know exactly when they become pregnant and many pregnancies are not planned...” was noticed and praised by some in relation to Option 1.
- **Bolding (or not) of “the effects of FASD are lifelong and cannot be reversed”**. Participants noticed and generally quite liked the bolding used in Options 2 and 3. Our feeling is that the bolding used in Option 3 is more appropriate as the formatting in Option 2 is the same as for a heading.

Other elements – consistent across leaflets – that appeared to be important in achieving the tone that is such a strength for the leaflet, included:

- The very first sentence/paragraph “pregnancy is an exciting time...” Consistent with the findings from the last phase of research (this sentence also appears, in the same position, in the existing Women Want to Know leaflet), this sentence was liked, starting the leaflet on a positive note, and helping establish an appropriate tone. Participants did not particularly notice that this sentence was truncated in Option 3 (yellow), but did seem to like the sentence in its entirety (as tested in the other options and in the previous round of research).
- The tips laid out on the far right inside page. These tips were considered useful, realistic, and practical.

Perceived personal relevance

The revised leaflets, compared to the original Women Want to Know leaflet, had a stronger and clearer message – don’t drink at all during pregnancy. So logically there should be fewer women self-excluding from this formulation of the message by claiming they aren’t, or weren’t intending drinking at “harmful levels”. The research – which it should be noted was based on a very small sample size – provided some evidence to support this.

Revisions to the leaflets were successful in de-emphasising FASD and suggesting that there are a broad range of negative consequences associated with different levels of alcohol consumption during pregnancy, increasing the leaflet’s relevance for more women.

It should be noted that a small number of women still felt this leaflet was targeting women who, unlike themselves, were serious drinkers, approaching “alcoholic”, for whom these risks are more real. The bolding and hence particular focus on “if you have consumed alcohol while pregnant and are concerned, or are having trouble

stopping drinking, you should talk to your doctor, midwife or obstetrician” may have contributed to the perception among some that the leaflet was aimed at problem drinkers. Of course, higher risk women are a particular target audience for the leaflet so this is probably not a particular concern, and this sentence certainly continued to be seen as valuable and refreshingly honest and realistic advice.

Readability

As with the original Women Want to Know leaflet, participants felt the text in the revised leaflets was pitched at about the right level – **not too complicated, with no confusing terms** (with the exception of “alcohol is a teratogen”), **but also not patronising or overly simplistic**. It was again described as “straight forward”.

As noted above under leaflet design, the criticism of “too much text” was far less common in this round of research, with content easier to navigate and fewer solid blocks of text.

Content

A number of additional comments regarding content, over and above those noted above, were made in the course of the groups. These included:

- For the headline articulation of the NHMRC recommendation in Option 2 (dark blue), “if you are a woman” was considered redundant – no male would be pregnant.
- As with the existing Women Want to Know leaflet, mention of NHMRC was valued and added authority and credibility. The new clarification of who they are, included in the revisions, appeared to be helpful. However, some felt that this important name failed to stand out. One suggestion was to include the NHMRC’s logo (which would have the additional benefit of further breaking up the blocks of text).
- Mention of “disabilities” was questioned in Option 3 (yellow). This option generally had too many words in the heading dealing with FASD symptoms. The heading used in Option 2 (dark blue) was favoured although it was felt this should somehow be condensed to fit on a single line, or else the line break be such that “Fetal Alcohol Spectrum Disorder” appears in its entirety on one line. That heading was favoured both for its brevity (with further information outside of the heading), lack of use of the term “disability” and also for inclusion of the word “facts” which was seen as “cut and dry” and authoritative.
- Some did not like the wording “most children with FASD *look normal*” which makes a value judgement about normality.

- “Take a ‘Pregnant Pause’ with your partner or close friends” was not understood and needs further clarification – only some had heard this term before, and not all realised it was about those close to you stopping drinking while you need to. It was only partly explained on the back page where the URL is listed.
- The introductory blurb to the tips on the second last page was considered wordy and slightly confusing. The crucial point from here – which could be drawn out and used in isolation – is “the latest evidence tells us:” The only problem with this is that it “dates” the leaflet. Certainly several woman wanted to see a publication date on the leaflet and to see the leaflet being updated regularly, to ensure they indeed were getting the latest advice. Advice was thought to change regularly in various areas relating to health and pregnancy.
- The first bullet point under tips was sometimes read in the opposite way to its intended meaning. NOT was missed and should perhaps, therefore, be bolded, or else the sentence rephrased (e.g. if possible, to “is not safe for developing babies”, or the sentence commencing with “it is not the case that low level drinking...”).
- The “Everything in moderation” does not apply to alcohol in pregnancy line, included in Options 2 and 3, was particularly noticed and appreciated. It was seen as new information that challenged existing assumptions. One participant suggested this bullet point could be strengthened by the addition of “would you give alcohol to your baby?” at the end.
- We note that there is strange capitalisation in the heading on the back page of the leaflet – there is no reason for “Information” to be capitalised.

2.4 Phase 3 – Final recommendations

The results of phase 3 of the research suggested that all three revised leaflets were working quite well and that taking the best components of each leaflet, with some minor further tweaking, would provide FARE with a leaflet that would be of use to, and likely well received by, members of the target audience.

As noted, the context in which women are likely to be exposed to the Women Want to Know leaflet will remain crucial. Firstly, ensuring the leaflet is widely circulated will obviously be key. This should include encouraging health professionals to provide it in the packs sometimes given to women when a pregnancy is confirmed, as well as displaying it appropriately in waiting rooms. Secondly, FARE’s ongoing work to encourage and support health professionals to give advice that directly aligns with the NHMRC guidelines (i.e. for women who are

pregnant or planning a pregnancy, not drinking is the safest option) will remain crucial.

Recommendations for the final Women Want to Know leaflet included:

Title

1. Adopt the title from Option 1 (pale blue) - "information you might not know about pregnancy and alcohol" as it invites curiosity, sets a courteous/respectful tone and removes the suggestion that the information is only relevant to women, therefore opening it up to male partners.

Tone and content

2. Proceed with the relatively stronger communication approach tested this round. This can be achieved by combining the most effective elements from all three leaflets, but especially Option 2 (dark blue – considered the most 'hard-line'). The aim is to minimise ambiguity, challenge misconceptions about alcohol and pregnancy with sufficient force, and to reduce the potential for self-exclusion (by those who do not intend to drink at "harmful levels). In particular, in relation to the NHMRC recommendation, combine:
 - o the headline articulation from Option 2 "if you are a woman who is pregnant or planning pregnancy, experts advise no amount of alcohol is safe", with the sentences:
 - o "this is because no safe lower limit of alcohol consumption is known" (Option 3), and "the evidence is clear: alcohol causes birth defects" (Option 2), and either
 - o "...the risk of harm increasing the more a woman drinks" (Options 1 and 3) or "all alcohol crosses the placenta harming the baby" (Option 2) which are both thought to make intuitive sense.
3. At the same time, maintain the warm and comforting tone perceived across all three leaflets, albeit to varying degrees, by retaining the very first sentence/paragraph in full "pregnancy is an exciting time..." (Options 1 and 2) and the sentence in Option 1 which states "many women don't know exactly when they become pregnant and many pregnancies are not planned..."

Additional minor changes to text / content

4. Remove "if you are a woman" from the headline articulation of the NHMRC recommendation in Option 2 (dark blue) as this part of the sentence is redundant.

5. Consider including the NHMRC's logo with the NHMRC recommendation to help draw attention to the role of this authoritative and credible organisation, and to further break up the blocks of text.
6. In the FASD section, either rework or remove the sentence "most children with FASD look normal" – the idea might be useful, but the precise phraseology makes a value judgement about normality. Also use a re-worked version of the more concise heading featured in Option 2 (which does not mention disability), with "Fetal Alcohol Spectrum Disorder" appearing in its entirety on one line, for example: "Fetal Alcohol Spectrum Disorder [line break] "Facts."
7. Revise the tip "take a 'Pregnant Pause' with your partner or close friends" as the Pregnant Pause concept is not understood and needs further clarification.
8. Rework the introductory blurb to the tips on the second last page to make it less wordy and confusing, perhaps simply by using "the latest evidence tells us:" in isolation.
9. Rework the first bullet point under the facts section to avoid the possibility for misinterpretation, as the word "not" is sometimes missed in its current location (e.g. if possible, amend to "is not safe for developing babies").
10. The addition of a publication date may be beneficial to demonstrate that the leaflet contains the latest advice, but only if the leaflet will be updated and redistributed regularly and only if it is reasonably likely that health professionals will discard unused copies of older leaflets as and when they are replaced (which may not be the case).

Colour scheme

11. Adopt either the dark blue or the yellow colour scheme, as both colours are attention grabbing and provide good levels of contrast. The dark blue was seen to be the most harmonious and elegant, colour wise, while the yellow was considered to be engaging and warm, as well as gender neutral.
12. Retain the Australian Government crest and de-emphasise the Women Want to Know project logo by moving the latter to the back of the leaflet (as per Option 1), as opposed to on the front cover.

Design and formatting

13. The silhouette form is working, but should there be scope to move to using a photographic image in the future, this could be considered as it seems to have the potential to be more attention grabbing. However, the photograph must be carefully selected to ensure that it resonates with and is relatable to most pregnant women. The silhouette form is safer in this respect.

14. The headings within the leaflet need to stand out. The coloured boxes (in Options 2 and 3) are working reasonably well, but we suggest reviewing how well the Option 1 formatting (bold headings in theme colour) works in the darker/bolder colour palettes recommended (dark blue and yellow), as this approach is arguably simpler and cleaner. We suggest this might work particularly well in dark blue.
15. We recommend bolding the sentence “the effects of FASD are lifelong and cannot be reversed”, while ensuring that it cannot be confused with the colour/format used for headings.
16. For the risks from drinking alcohol section, ensure two separate headings (“Risks from drinking alcohol during pregnancy” and “Facts about Fetal Alcohol Spectrum Disorder”) as per Options 2 and 3.
17. Tips should be formatted as per Options 1 and 2, utilising solid and dotted lines, rather than the single box/border used in Option 3.

Images

18. Images are important for breaking up the text and helping to make the leaflet feel warm and inviting, but they should work harder to relay meaning. The image appearing on the first inside page in Option 2 (featuring pregnant woman in stripped top) is considered highly relevant and reinforces the importance of having a dialogue with your health care professional, but it would work better with the text on inside page two (“Talking about alcohol”).
19. The first image tested in Options 1 and 3 (women at baby shower) is a positive and scene setting image, which ties in with the opening sentence that “Pregnancy is an exciting time...”, but some women did not relate to the image portrayed, so alternatives should be investigated. Another option may be to move the ultrasound image from Option 1 to this location as it is an image of a “relaxed” woman that most women can relate to and it is also assumed to show a healthy baby.
20. Remove the image of a pregnant woman with a pumpkin (in Option 3 - as it was considered irrelevant and too “American”) and the image of a couple on a couch (in Option 1 - as it is not relatable for some). Consider replacing with a more realistic/relatable image featuring a partner – such as accompanying a pregnant woman to a doctor’s appointment. Alternatively the image occupying this location (bottom of second last page) in Option 2 (woman having blood pressure taken by health professional) could potentially be retained, as it was not considered problematic and reflects cultural diversity.

21. The final images selected should present a range of people that most women can identify with, including in terms of SES background and cultural diversity and avoid images that look too “cheesy” or too much like “stock images”. It is also worth bearing in mind how the colours in the images will fit with the leaflet colour scheme – for example the pregnant woman’s striped top works well with the dark blue colour scheme in Option 2.

3. Production of revised leaflet

FARE considered the research recommendations outlined in this report and developed a new Women Want to Know leaflet for women that was published in early 2018. The new leaflet is shown below.

Revised leaflet outer:

Dispelling myths about pregnancy and alcohol

- There is no safe amount to drink during pregnancy. Having one or two drinks on a special occasion has **not** been found to be safe for developing babies.
- There is no safe time to drink during pregnancy. The baby's brain continues to develop throughout pregnancy. Drinking alcohol at any time will affect the developing brain.
- There is no safe type of alcohol to drink. Wine, beer and spirits all pass through the placenta to your baby.
- The concentration of alcohol in your blood is the same as the concentration in your breastmilk.
- Alcohol is not a healthy way to relieve stress.
- "Everything in moderation" does not apply to alcohol in pregnancy. Any alcohol you drink will pass through the placenta to your baby.

**No safe amount.
No safe time.
No safe type.**

If you are concerned about any of the issues raised in this leaflet you should consult a health professional.

Further information and support

Pregnancy, Birth and Baby Helpline
1800 822 438
www.pregnancybirthbaby.org.au

National FASD Hub
www.fasdhub.org.au

NOFASD Australia
www.nofasd.org.au

National Alcohol and Other Drug Hotline
1800 250 015
www.drughelp.gov.au

National Health and Medical Research Council
Australian guidelines to reduce health risks from drinking alcohol
www.nhmrc.gov.au/health-topics/alcohol-guidelines

Australian Breastfeeding Association
1800 686 268
www.breastfeeding.asn.au

Feedsafe: App to assist breastfeeding mothers
www.feedsafe.net

Lifeline
13 11 14
www.lifeline.org.au

This leaflet has been developed as part of the Women Want to Know project by the Foundation for Alcohol Research and Education (FARE), in collaboration with leading health professional bodies across Australia. The Women Want to Know project is funded by the Australian Government Department of Health.
Published 2018

Information you might not know about

pregnancy & alcohol

fare
Foundation for Alcohol Research & Education

women want to know
www.womenwanttoknow.org.au

Australian Government
Department of Health

Revised leaflet inner:



Pregnancy is an exciting time, a time when many women want to know what they can do to ensure that they stay healthy and give their baby the best start in life.

One thing that is important in keeping you and your baby healthy is to avoid drinking alcohol while pregnant, planning pregnancy or breastfeeding. This leaflet will help you make an informed choice and give you the best advice for you and your baby.

If you are pregnant or planning pregnancy, experts advise no amount of alcohol is safe.

The National Health and Medical Research Council, Australia's peak body on developing national health advice, recommends that for women who are pregnant, planning pregnancy or breastfeeding, not drinking alcohol is the safest option.

This is because no amount of alcohol has been proven as safe. The evidence is clear: alcohol causes birth defects. All alcohol crosses the placenta harming the baby.

If you have consumed alcohol while pregnant and are concerned, or are having trouble stopping drinking, you should talk to your doctor, midwife or obstetrician.

Talking about alcohol

Many women don't know exactly when they become pregnant and many pregnancies are not planned – so it is possible that you might have been drinking alcohol before you were aware of your pregnancy.

Talking about your drinking may seem daunting, but health professionals speak to lots of people about these issues and they want the best for you and your baby.

It is also important to talk to someone if you think you might be struggling with depression, stress or anxiety. Your health professional can refer you to services in your area to support you and your baby to be healthy. Some support services are listed on the back page.

Risks from drinking alcohol during pregnancy

- Increased risk of stillbirth, premature birth and low birth weight
- Increased risk of miscarriage
- Increased risk of birth defects
- Damage to the baby's brain causing conditions known as Fetal Alcohol Spectrum Disorder, or FASD

Fetal Alcohol Spectrum Disorder - Facts

For most children with FASD there are no visible signs but they can have brain damage causing:

- Physical and emotional developmental delay
- Impaired speech and language development
- Learning problems, e.g. poor memory
- Difficulty controlling behaviour

The effects of FASD are lifelong.

When planning a pregnancy

Alcohol can reduce fertility and greatly increase the time it takes to get pregnant.

If you have stopped using contraception and are trying to get pregnant, you should consider not drinking alcohol at all.

When pregnant

It is never too late to stop drinking alcohol during pregnancy.

People might ask why you are not drinking. If you're not ready to announce your pregnancy, try saying:

- I'm on a health kick and have given up alcohol.
- No thanks, I'm not drinking tonight.
- I have a big day tomorrow so no thanks.

If you're happy to tell people, simply say: No thanks, not while I'm pregnant.

Make the pledge to go alcohol free during your pregnancy or the pregnancy of a loved one, www.pregnantpause.com.au

If it is difficult for you to stop drinking you should speak to your health professional for support.

When breastfeeding

Not drinking alcohol is the safest option. Alcohol enters the breast milk and may stay there for several hours.

Alcohol can decrease the flow of milk and cause your baby to be unsettled.

Alcohol in breastmilk can affect the baby's brain and spinal cord development.

The majority of recommendations were included in the revised leaflet. In particular, the wording of key messages was strengthened and made less ambiguous in order to reduce the likelihood of women self-excluding from the advice provided.

The recommendations not incorporated into the new resource were:

- Use of the NHMRC logo. This was not included because of space limitations and the logo repeating the Australian Government crest, already used on the leaflet.
- Use of images depicting diversity in age, culture and socio-economic background. Space limitations restricted the number of images for inclusion; the images used satisfy other considerations, including relevance to the accompanying text and involvement of the pregnant woman's partner.

The new leaflet was distributed to over 3,500 general practices (nearly 15,000 full-time general practitioners) during February 2018. Supply of the leaflets and display in perspex stands in these practices will be maintained throughout 2018.

The leaflet is stocked by National Mail and Marketing and is available to order from the Women Want to Know page of the Australian Government website www.alcohol.gov.au.

References

Abraham C, Southby L, Quandt S, Krahe B, Vane Der Sluijs W. (2007) What's in a leaflet? Identifying research-based persuasive messages in European alcohol-education leaflets *Psychology and Health*

Buxton T. (1999) Effective ways to improve health education materials. *Journal of Health Education* 1999; 30: 47 – 50.

Centers for Disease Control and Prevention (2009) *Simply Put A guide for creating easy-to-understand materials, Third Edition.* CDC. Retrieved from: https://www.cdc.gov/healthliteracy/pdf/simply_put.pdf

Cheng, C. and Dunn, M. (2015), Health literacy and the Internet: a study on the readability of Australian online health information. *Australian and New Zealand Journal of Public Health*, 39: 309–314.

Corcoran, & Ahmad. (2016). The readability and suitability of sexual health promotion leaflets. *Patient Education and Counseling*, 99(2), 284-286.

Crawford-Williams F, Steen M, Esterman A, Fielder A, & Mikocka-Walus A. (2015). If you can have one glass of wine now and then, why are you denying that to a woman with no evidence? Knowledge and practices of health professionals concerning alcohol consumption during pregnancy. *Women and Birth*, 28(4), 329-335.

Elek, E., Harris, S., Squire, C., Margolis, M., Weber, M., Dang, E., & Mitchell, B. (2013). Women's Knowledge, Views, and Experiences Regarding Alcohol Use and Pregnancy: Opportunities to Improve Health Messages. *American Journal of Health Education*, 44(4), 177-190.

Gal I & Prigat A (2005) Why organizations continue to create patient information leaflets with readability and usability problems: an exploratory study, *Health Education Research* Vol.20 no.4, 485–493.

Gao, C., Ogeil, R.P., & Lloyd, B. (2014). Alcohol's burden of disease in Australia. Canberra: FARE and VicHealth in collaboration with Turning Point.

Harvey, Harold D., & Fleming, Paul. (2003). The readability and audience acceptance of printed health promotion materials used by environmental health departments. (International Perspectives). *Journal of Environmental Health*, 65(6), 22-8.

Hoffman T & Worrall F (2004) Designing effective written health education materials: Considerations for health professionals. *Disability and Rehabilitation*, Vol. 26, No. 19, 1166–1173.

Kok, G. (2014). Introduction to the Special Section: The effectiveness of fear appeals in health promotion. *International Journal of Psychology*, 49(2), 61-62.

Leppo, A., Hecksher, D., & Tryggvesson, K. (2014). 'Why take chances?' Advice on alcohol intake to pregnant and non-pregnant women in four Nordic countries. *Health, Risk and Society*, 16(6), 512-529.

Loney, E., Green, K., & Nanson, J. (1994). A health promotion perspective on the House of Commons' report "Foetal Alcohol Syndrome: A Preventable Tragedy". *Canadian Journal of Public Health = Revue Canadienne De Santé Publique*, 85(4), 248-51.

Meurk, C., Broom, A., Adams, J., Hall, W., & Lucke, J. (2014). Factors influencing women's decisions to drink alcohol during pregnancy: Findings of a qualitative study with implications for health communication. *BMC Pregnancy and Childbirth*, 14(1)

National Health and Medical Research Council (NHMRC). (2009). Australian guidelines to reduce health risks from drinking alcohol. Retrieved from: https://www.nhmrc.gov.au/_files_nhmrc/publications/attachments/ds10-alcohol.pdf

Paul CL, Redman S, Sanson-Fisher R. (1997) The development of a checklist of content and design characteristics in printed health education materials. *Health Promotion Journal of Australia* 1997; 7: 153 – 159.

RACGP (2015) Standards for General Practices 4th Edition. RACGP. Retrieved from: <http://www.racgp.org.au/download/documents/Standards/standards4thedition.pdf>

Stapleton H, Kirkham M, Thomas G. (2002) Qualitative study of evidence based leaflets in maternity care, *BMJ* 324:639.

Sudo N (2011) Characteristics of Educational Leaflets that Attract Pregnant Women, *Health Services Insights*, Vol 4, 1–10.

Toyama, N., & Sudo, N. (2014). Educational Effects of a Tailored Leaflet Addressing Drinking During Pregnancy. *Clinical Medicine Insights. Reproductive Health*, 8, 5-14.

Vahabi M, Ferris L. (1995) Improving written patient education materials: A review of the evidence. *Health Education Journal*; 54: 99 – 106.

Yu, N., Ahern, L., Connolly-Ahern, C., & Shen, F. (2010). Communicating the Risks of Fetal Alcohol Spectrum Disorder: Effects of Message Framing and Exemplification. *Health Communication*, 25(8), 692-699.

Appendix A: Phase 1 Published resources - alcohol in pregnancy (July 2017)

Table 2: Federal government resources

FEDERAL GOVERNMENT RESOURCES				
FEDERAL HEALTH DEPARTMENT				
	Title	Format	Content	Link
1	'If you are pregnant...the safest option is not to drink alcohol'	Brochure	Highlights national guidelines and advice to pregnant women.	http://www.alcohol.gov.au/internet/alcohol/publishing.nsf/Content/83B8C7EC9E890F23CA25767300752E39/\$File/pregnant.pdf
2	'If you are breastfeeding, safest option is not to drink alcohol'	Brochure	Highlights national guidelines with advice to breastfeeding mothers	http://www.alcohol.gov.au/internet/alcohol/publishing.nsf/Content/D068D37123F7837BCA2576730076F850/\$File/breastbr.pdf
3	As above	Poster	Key message – safest option not to drink when breastfeeding	http://www.alcohol.gov.au/internet/alcohol/publishing.nsf/Content/AF880353B6746D83CA25767400040367/\$File/breastpo.pdf
DEPT HEALTH x WOMEN WANT TO KNOW (FARE)				
4	'Information for women about pregnancy & alcohol'	Brochure	Hints + tips, about the project, not drinking alcohol, talking to medical professionals,	http://www.alcohol.gov.au/internet/alcohol/publishing.nsf/Content/F6EF2D90BABB98E2CA257CD700296BD4/\$File/FARE%20WWTK%20Consumer%20DL_v14.pdf
5	'Alcohol'	Website	All information and guidance on alcohol by the federal government	www.alcohol.gov.au
Pregnancybirthbaby.org.au New website with wide range of information				
6	'Alcohol drugs and medicine during pregnancy'	Website	Risks of alcohol consumption on the fetus	http://www.pregnancybirthbaby.org.au/alcohol-drugs-and-medicine-during-pregnancy

7	'Alcohol and pregnancy'	Website	Effects on unborn baby, tips for avoiding during pregnancy	http://www.pregnancybirthbaby.org.au/alcohol-and-pregnancy
8	'Fetal alcohol spectrum disorders' (website)	Website	Effects of alcohol on unborn baby, tips for avoiding during pregnancy	http://www.pregnancybirthbaby.org.au/fetal-alcohol-spectrum-disorders

Table 3. State and territory government resources

STATE GOVERNMENT RESOURCES				
	Title	Resource type	Content	Link
AUSTRALIAN CAPITAL TERRITORY				
ACT HEALTH				
9	'Essential information'	Website	List of resources for information for pregnant / to be pregnant / post pregnant women in the ACT	http://www.health.act.gov.au/our-services/women-youth-and-children/maternity-services/essential-information
10	'Breastfeeding in the ACT INFORMATION TO SUPPORT YOU AT EVERY STAGE'	E-resource (38 page)	Reference NHMRC guidelines and recommends no alcohol in pregnancy and in breastfeeding (pgs 9 and 25)	http://www.health.act.gov.au/sites/default/files//Breastfeeding_in_the_ACT_eresource.pdf
11	'Health in pregnancy – our mob cares' <i>Aimed towards Indigenous Australians</i>	Booklet	Section on alcohol key message "the safest option is to avoid drinking alcohol while breastfeeding"	https://www.health.act.gov.au/sites/default/files/Health%20in%20Pregnancy%20Booklet.pdf
12	'Good nutrition in pregnancy'	Booklet (16 page)	Mentions not drinking alcohol is safest option	http://www.health.act.gov.au/sites/default/files/Good%20nutrition%20in%20Pregnancy_2016%20Final.pdf
NEW SOUTH WALES				
NSW HEALTH				
13	'Having a baby'	Book (172 pages)	Lengthy sections on dangers of alcohol use in pregnancy and breastfeeding	http://www.health.nsw.gov.au/kidsfamilies/MCFhealth/Publications/having-a-baby.pdf
NSW HEALTH X KIDS & FAMILIES				

14	'Alcohol in pregnancy'	Factsheet	No safe level of consumption during pregnancy	http://www.health.nsw.gov.au/kidsfamilies/MCFhealth/Factsheets/alcohol-in-pregnancy.pdf
'YOUR ROOM' – NSW GOVERNMENT ALCOHOL AND DRUGS CAMPAIGN				
15	'Pregnancy and breastfeeding' <i>Aimed towards Indigenous Australians</i>	Website	General info on alcohol harm	https://yourroom.health.nsw.gov.au/for-aboriginals/Pages/pregnancy-and-breastfeeding.aspx
16	Alcohol (with pregnancy and breastfeeding section)	Website	Small paragraph on dangers of drinking and pregnancy.	https://yourroom.health.nsw.gov.au/a-z-of-drugs/Pages/alcohol.aspx
17	Stay strong and healthy	Website (Facebook page)	NSW social media campaign Supporting not drinking during pregnancy	https://www.facebook.com/StayStrongAndHealthy
NSW HEALTH X MOTHERSAFE (NSW MEDICATIONS IN PREGNANCY AND BREASTFEEDING SERVICE)				
18	'Alcohol consumption in pregnancy'	Leaflet	Covers general alcohol harm during pregnancy and also FASD	https://www.seslhd.health.nsw.gov.au/Mothersafe/documents/AlcoholPregnancyFactsheet2014dk.pdf
NORTHERN TERRITORY				
NT HEALTH				
19	'Fetal alcohol spectrum disorder'	Leaflet	FASD and risks of drinking in pregnancy	http://digitallibrary.health.nt.gov.au/prodjspu/bitstream/10137/1213/1/FASD%20April%202014.pdf
NT HEALTH x PHN NT				
20	'PHN Pregnancy Information Kit'	Booklet (13 page)	Mentions alcohol in pregnancy – safest not to consume any	https://www.ntphn.org.au/web_images/docs/Community-Resources/BJ673%20NT%20PHN%20Pregnancy%20Kit_2016_web.pdf
QUEENSLAND				
QLD HEALTH				
21	'Alcohol use during pregnancy and breastfeeding'	Brochure	'Mum if you drink alcohol so do I' - good overview on alcohol x pregnancy	https://www.health.qld.gov.au/__data/assets/pdf_file/0022/463720/alcohol-use.pdf
22	'Important news for partners about alcohol use in pregnancy and breastfeeding'	Brochure	Alcohol and health, supporting your partner, alcohol and your baby	https://www.health.qld.gov.au/__data/assets/pdf_file/0029/464654/forpartners-alcohol-use.pdf
23	'Alcohol, tobacco and other drugs during pregnancy and breastfeeding'	Booklet	Baby can be born a 'grog baby'. No safe level of alcohol when pregnant.	http://www.healthinonet.ecu.edu.au/uploads/resources/17641_17641_2012.pdf

	Aimed towards Indigenous Australians			
SOUTH AUSTRALIA				
SA HEALTH x ABORIGINAL DRUG AND ALCOHOL COUNCIL				
24	'Alcohol (Muthan) its effects on me and my family' Aimed towards Indigenous Australians	Poster	Alcohol general problems, including if you're pregnant	http://www.sahealth.sa.gov.au/wps/wcm/connect/ff62a400495ff15c8836ba63e3a03091/DAS978+Alcohol+%28Muthan%29+Poster_WEB.pdf?MOD=AJPERES&CACHEID=ff62a400495ff15c8836ba63e3a03091
25	Alcohol (Muthan) its effects on me and my family Aimed towards Indigenous Australians	Brochure	As above	http://www.sahealth.sa.gov.au/wps/wcm/connect/ff62a400495ff15c8836ba63e3a03091/DAS978+Alcohol+%28Muthan%29+Poster_WEB.pdf?MOD=AJPERES&CACHEID=ff62a400495ff15c8836ba63e3a03091
SA HEALTH X CHILD YOUTH AND WOMEN SERVICE				
26	'Pregnancy and alcohol don't mix'	Brochure	No safe time to drink during pregnancy	http://www.healthinonet.ecu.edu.au/uploads/resources/19111_19111.pdf
SA GOVERNMENT WOMEN AND CHILDRENS HEALTH NETWORK				
27	'Pregnancy and alcohol – risks and effects on the developing baby'	Website	'If you are pregnant or planning to get pregnant, no alcohol is the safest choice' plus some information	http://www.cyh.com/HealthTopics/HealthTopicDetails.aspx?p=114&np=122&id=1950
28	'Alcohol while planning a pregnancy'	Website	Effect of alcohol on your pregnancy	http://www.cyh.com/HealthTopics/HealthTopicDetails.aspx?p=438&np=455&id=2736
29	'Alcohol during pregnancy'	Website	Similar to above	http://www.cyh.com/HealthTopics/HealthTopicDetails.aspx?p=438&np=460&id=2771
TASMANIA				
30	'Pregnancy and early childhood'	Website	Covers Australian dietary guidelines for pregnancy (including not drinking alcohol)	http://www.dhhs.tas.gov.au/publichealth/community_nutrition/public/fact_sheets/pregnancy_and_early_childhood
VICTORIA				
BETTER HEALTH CHANNEL				
31	'Alcohol and	Website	Detailed information about	https://www.betterhealth.vic.gov.au

	pregnancy'		risks of alcohol and pregnancy including FASD	/health/healthyliving/Alcohol-and-pregnancy
WESTERN AUSTRALIA				
WA DRUG AND ALCOHOL OFFICE				
32	'No alcohol in pregnancy is the safest choice'	Wallet card for women	Damaging effects of alcohol in pregnancy	http://www.dao.health.wa.gov.au/DesktopModules/Bring2mind/DMX/Download.aspx?Command=Core_Download&EntryId=549&PortalId=0&TabId=211
33	'Alcohol and pregnancy and FASD'	Factsheet (2 page)	Risks and how to help prevent	http://www.dao.health.wa.gov.au/DesktopModules/Bring2mind/DMX/Download.aspx?Command=Core_Download&EntryId=551&PortalId=0&TabId=211
WA DRUG AND ALCOHOL OFFICE – STRONG SPIRIT STRONG MIND CAMPAIGN				
34	'Strong babies' (Strong spirit strong mind campaign) <i>Aimed towards Indigenous Australians</i>	Pamphlet	'Alcohol and other drugs can tangle/weaken your spirit/connections with family and country' etc. -You want a strong healthy baby.	http://www.dao.health.wa.gov.au/Others/DocumentManager.aspx?Command=Core_Download&EntryId=396
35	'What our women need to know about alcohol' (Strong spirit strong mind campaign) <i>Aimed towards Indigenous Australians</i>	Brochure	Small paragraph on alcohol and pregnancy (do not drink if you are pregnant/planning).	http://www.dao.health.wa.gov.au/DesktopModules/Bring2mind/DMX/Download.aspx?Command=Core_Download&EntryId=398&PortalId=0&TabId=211
THINK AGAIN CAMPAIGN				
36	'Think again'	Poster	"If you're pregnant, no alcohol is the safest choice"	http://www.dao.health.wa.gov.au/DesktopModules/Bring2mind/DMX/Download.aspx?Command=Core_Download&EntryId=771&PortalId=0&TabId=211
37	'Alcohol during pregnancy'	Website	No alcohol is the safest choice for pregnant and breast feeding women. This is because it can affect the development of the baby.	http://alcoholthinkagain.com.au/Alcohol-Your-Health/Alcohol-During-Pregnancy
THINK AGAIN – INDIGENOUS COMMUNITIES (STRONG SPIRIT STRONG FUTURE CAMPAIGN)				
38	'Alcohol and your baby' <i>Aimed towards Indigenous Australians</i>	Brochure	'Did you know', illustrations, culturally sensitive language regarding dangers of drinking	http://alcoholthinkagain.com.au/Portals/0/documents/Strong%20Spirit%20Strong%20Future%20-%20Alcohol%20and%20Your%20Baby

				%20pamphlet.pdf
39	'Strong spirit strong future' (women's poster) <i>Aimed towards Indigenous Australians</i>	Poster	Our children are our future – need strong spirit/strong mind	http://alcoholthinkagain.com.au/Portals/0/documents/Strong%20Spirit%20Strong%20Future%20-%20No%20grog%20in%20pregnancy%20-%20Womens%20Poster.pdf
40	'Strong spirit strong future' (community poster) <i>Aimed towards Indigenous Australians</i>	Poster	Our children are our future – support your family and community for no grog in pregnancy	http://alcoholthinkagain.com.au/Portals/0/documents/Strong%20Spirit%20Strong%20Future%20-%20No%20grog%20in%20pregnancy%20-%20community%20Poster.pdf

Table 4: Resources from State based NGO's

STATE BASED NGOs				
	Title	Resource	Content	Link
NORTHERN TERRITORY				
CATHOLIC CARE NT				
41	'About Foetal Alcohol Spectrum Disorder (FASD) – Taking care of baby while it is growing in your tummy. ' <i>Aimed towards Indigenous Australians</i>	Leaflet	Drinking alcohol harms the baby during pregnancy and can cause FASD	http://www.catholiccarent.org.au/sites/default/files/publication-files/fasddlleafletprint_4_0.pdf
QUEENSLAND				
RUSSEL FAMILY FETAL ALCOHOL DISORDERS ASSOCIATION (RFFADA)				
42	'No blame no shame' <i>Aimed towards Indigenous Australians</i>	Leaflet	Alcohol can harm an unborn baby, no alcohol is the safest choice What type of alcohol causes problems?	http://www.rffada.org/images/stories/documents/rffada_fasd_brochure_Indigenous1.pdf
43	'No blame no shame'	Poster	'Alcohol can harm your unborn baby'	http://www.rffada.org/images/stories/documents/Alcohol_can_harm_your_unborn_child_poster_A3.pdf
44	'Letter to a pregnant woman'	Letter	Personal experience recounting telling an unaware pregnant woman of the dangers of alcohol in pregnancy	http://www.rffada.org/images/stories/documents/Letter_to_an_Pregnant_Woman.pdf
VICTORIA				
ROYAL WOMENS HOSPITAL OF VICTORIA				
45	'Alcohol and pregnancy'	Factsheet	Advice regarding alcohol in pregnancy, breastfeeding and after the baby is born	https://thewomens.r.worldssl.net/images/uploads/factsheets/Alcohol-and-pregnancy.pdf
46	'Alcohol '	Website	No amount of alcohol is safe during pregnancy – what to do about it, and alcohol consumption	https://www.thewomens.org.au/health-information/pregnancy-and-birth/pregnancy-drugs-alcohol/alcohol/

			when breastfeeding	
WESTERN AUSTRALIA				
WOMEN AND NEWBORN HEALTH SERVICE (KING EDWARD MEMORIAL HOSPITAL)				
47	'Alcohol'	Factsheet	Alcohol effects on pregnancy (no known safe level) and pregnancy care if a drinking problem is present	http://www.kemh.health.wa.gov.au/services/WANDAS/documents/01%20WADS%20RWH%20Alcohol%20Information.pdf

Table 5: Resources from national NGOs

NATIONAL NGOS				
	Title	Resource	Content	Link
AUSTRALIAN BREASTFEEDING ASSOCIATION				
48	'Alcohol and breastfeeding – a guide for mothers'	Brochure	About standard drinks, best ways to consume alcohol if breastfeeding	https://www.breastfeeding.asn.au/sites/default/files/imce/ABA_Alcohol_BF%20for%20website.pdf
49	'Alcohol and breastfeeding'	Website	'Can I drink alcohol if I am breastfeeding?' – Yes, gives advice how to do without affecting your baby	https://www.breastfeeding.asn.au/system/files/ABA_Alcohol_BF%2520for%2520website.pdf
AUSTRALIAN DRUG FOUNDATION				
50	'Drinking while pregnant'	Factsheet	Not drinking is the safest choice – FASD information and breastfeeding	http://adf.org.au/wp-content/uploads/2017/06/Drinking-while-pregnant-latest.docx
51	'Alcohol and pregnancy'	Website	Risks of drinking during pregnancy and hints on avoiding drinking	http://adf.org.au/insights/alcohol-and-pregnancy/
BABYCENTER				
52	'Alcohol during pregnancy'	Website	Evidence of risks to baby from alcohol consumption	https://www.babycenter.com.au/a3542/alcohol-during-pregnancy
CENTRE OF PERINATAL EXCELLENCE (COPE)				
53	'Alcohol and drugs in pregnancy'	Website	Risks and impacts of alcohol on pregnancy	http://cope.org.au/alcohol-and-drugs-in-pregnancy-2/
DRINKWISE				

54	'Alcohol and pregnancy (Practical information for parents)'	Brochure	The safest thing to do while pregnant or breastfeeding is not drink.	http://drinkwisewebsite.s3-ap-southeast-1.amazonaws.com/2012/08/Drinkwise-Pregnancy-Brochure.pdf
55	'It is safest not to drink while pregnant'	Poster	It is safest not to drink while pregnant (Quote from Medical Professor)	http://drinkwisewebsite.s3-ap-southeast-1.amazonaws.com/2012/08/Drinkwise-Pregnancy-A3-Poster-for-public-waiting-rooms.pdf
56	'Should I drink when I'm pregnant or breastfeeding?'	Website	Safest option is not to drink, risks of alcohol on pregnancy.	https://drinkwise.org.au/parents/how-alcohol-consumption-can-affect-your-baby/#
JUST ASK US				
57	'Alcohol and pregnancy'	Website	Alcohol effect on women, and in pregnancy/breastfeeding.	https://www.justaskus.org.au/alcohol/alcohol-and-pregnancy/
KIDSPOT (Alex Brooks)				
58	'3 risks of drinking alcohol while pregnant'	Article (Webpage)	Risks: Baby has high blood alcohol level; research shows range of problems; fetal alcohol syndrome	http://www.kidspot.com.au/birth/pregnancy/pregnancy-health/3-risks-of-drinking-alcohol-while-pregnant
NATIONAL ORGANISATION FOR FETAL ALCOHOL SPECTRUM DISORDERS (NOFASD)				
59	'Fetal Alcohol Spectrum Disorders (FASD) – the preventable disability'	Brochure	Effects of alcohol on the fetus and general FASD information – no alcohol at all during pregnancy is the best and safest choice	http://www.nofasd.org.au/LiteratureRetrieve.aspx?ID=138227
60	'An alcohol-free pregnancy is the best choice for your baby'	Information Card	Risks of alcohol causing FASD	http://www.nofasd.org.au/LiteratureRetrieve.aspx?ID=174047
61	'An alcohol-free pregnancy is the best choice for your baby '	Poster	An alcohol-free pregnancy is the best choice for your baby	http://www.nofasd.org.au/LiteratureRetrieve.aspx?ID=181483
PARTNERS TO PARENTS				
62	'Alcohol and drugs'	Website	Consuming alcohol during pregnancy can be dangerous to the	http://www.partnerstoparents.org/health/alcohol-and-drugs/

			developing baby.	
PREGNANT PAUSE (FOUNDATION FOR ALCOHOL RESEARCH AND EDUCATION)				
63	'Alcohol and pregnancy'	Website	No safe time or amount for alcohol consumption in pregnancy	http://pregnantpause.org.au/learn-more/alcohol-and-pregnancy/
64	'For mums-to-be: Why no alcohol is the best option'	Website	Risks of alcohol during pregnancy, expert advice	http://pregnantpause.org.au/information/for-mums-to-be/
RAISING CHILDREN NETWORK				
65	'Smoking, alcohol and other drugs: Advice for prospective fathers'	Website	Serious harm can be caused to unborn babies from alcohol – no alcohol is the safest choice for your partner (how to support)	http://raisingchildren.net.au/articles/pregnancy_and_drugs_dads.html
66	'Alcohol and pregnancy: in pictures'	Website	Safest not to consume any alcohol in pregnancy – how to avoid drinking	http://raisingchildren.net.au/articles/alcohol_and_pregnancy_pip.html
RED NOSE				
67	'Planning a pregnancy? Is it safe to consume alcohol?'	Website	It is safest not to drink alcohol if planning a pregnancy.	https://rednose.com.au/article/planning-a-pregnancy-is-it-safe-to-consume-alcohol
TELETHON KIDS INSTITUTE				
68	'Alcohol, pregnancy and breastfeeding'	Website	Mechanism of risks of alcohol on fetus – there is no safe amount or safe time to drink alcohol when planning/pregnant/breastfeeding	https://alcoholpregnancy.telethonkids.org.au/alcohol-pregnancy-and-breastfeeding/
YOUR FERTILITY				
69	'Alcohol and fertility'	Website	Heavy drinking reduces the chances of having a healthy baby – not drinking is the safest option	http://yourfertility.org.au/for-women/alcohol-and-fertility/

Appendix B: Phase 2 Recruitment screener

- 3 x 90 minute face to face group discussions with **women** who are pregnant or planning pregnancy
- Recruit 8 for 6-8 participants per group
- Incentive \$80 (EFTPOS gift card)

Group	Audience	Specifications	Location	Date / time
1	Women who are currently pregnant	Aim for: Mix of stages of pregnancy Mix of public and private patients Max 3 who already have children	City Group Rooms West Level 4 Perth House 85 George Street, Parramatta	Thurs 24 August, 6pm
2	Women who are trying to get pregnant	Max 3 who already have children	As above	Thurs 24 August, 7:45pm
3	Women who are currently pregnant	Aim for: Mix of stages of pregnancy Mix of public and private patients Max 3 who already have children	Travelodge Newcastle 12 Steel Street Newcastle West	Mon 28 August, 5:30pm

Hello – my name is _____ and I am calling on behalf of Hall and Partners | Open Mind about some research we are conducting. This is not a sales call and we are not going to ask you to buy anything.

The research we are conducting is going to help us to design information for women who are pregnant or planning a pregnancy.

GROUPS: As part of the research, we will be running 90 minute small group discussions on <DATE> at <LOCATION>. Everything you say would be anonymous and confidential. Participation is voluntary and we will provide reimbursement of \$80 for your time.

SQ1. Does this sound like something you would be interested in taking part in?

Yes

CONTINUE

No

THANK AND CLOSE

IF YES... Great! First we need to ask you a few questions to make sure you are eligible to take part in the discussion group...

Q1. Have you ever attended a group discussion or taken part in an interview for market or social research?

- Yes CONTINUE
- No Go to Q3

Q2. When did you last attend a group or take part in an interview? [DO NOT READ OUT]

- If longer than 6 months ago CONTINUE
- If less than 6 months ago TERMINATE UNLESS DIFFICULTY RECRUITING – CHECK WITH US

Q3. Do you or any of your close family members/friends/housemates work in the following industries, or have done so in the past?

- 1. Market or social research TERMINATE
- 2. Media - TV, radio, print or online media TERMINATE
- 3. An ad agency, PR firm or marketing company TERMINATE
- 4. Health and medical care ASK Q3B
- 5. Education CONTINUE
- 6. None of these CONTINUE
- 7. Refused TERMINATE

Q3B. ONLY ASK IF YES FOR Q3 – 4 (WORK IN HEALTH & MEDICAL CARE): And do you/they work in a clinical role? TERMINATE IF YES, OTHERWISE CONTINUE

NOTE TO RECRUITER: *We only need to exclude those in health/medical care industry who would have particular knowledge of medicine, and what one should and shouldn't be doing in pregnancy. Anyone e.g. in admin, maintenance, kitchen & domestic services, are fine to include.*

Q4. And which of the following age categories do you fall into?

- 1. Under 18 TERMINATE
- 2. 18-24 NOTE AND CONTINUE
- 3. 25-39 NOTE AND CONTINUE
- 4. 40+ NOTE AND CONTINUE
- 5. Refuse TERMINATE

Q5. Are you currently pregnant or actively trying to fall pregnant?

- 1. Yes, Currently pregnant CANDIDATE
- 2. Yes, Currently trying to fall pregnant CANDIDATE
- 3. No TERMINATE

Q6. How many children do you currently have?

- 1. None RECORD
- 2. More than 1 RECORD NUMBER AND ENSURE NO MORE THAN 3 IN GROUP HAVE CHILDREN ALREADY

Q7. [ASK IF CURRENTLY PREGNANT] How many weeks pregnant are you?
RECORD AIM FOR MIX, AT LEAST 3 FIRST TRIMESTER

Q8. [ASK IF CURRENTLY PREGNANT] And which mode of pregnancy care are you using / likely to be using?

- | | |
|---------------------------------|--------------------------|
| 1. Care of private obstetrician | AIM FOR MIX |
| 2. Care of public hospital | AIM FOR MIX |
| 3. GP Shared Care | AIM FOR MIX |
| 4. Other (RECORD) | RECORD AND CHECK WITH US |

Q9. And just finally to ensure we get a good cross-section of people in our research, can you please tell me which, if any, of the following apply to you...?

(AIM FOR A MIX)

1. You speak a language other than English at home
2. One or both of your parents was born in a non-English speaking country
3. You identify as Aboriginal or Torres Islander (TRY FOR TWO PER GROUP)

Q10. And what is the approximate total annual income in your household before tax?

(AIM FOR A MIX OF LOWER, MIDDLE AND HIGHER)

1. Less than \$30,000
2. \$30,000 - \$44,999
3. \$45,000 - \$59,999
4. \$60,000 - \$99,999
5. \$100,000-\$129,999
6. \$130,000-\$159,999
7. \$160,000-\$199,999
8. \$200,000 or more

RECORD THE ABOVE FOR EACH GROUP

THANK AND RECRUIT TO RELEVANT GROUPS

Appendix C: Phase 2 Discussion guide

Overall Objectives: test the ‘information for women’ leaflet with its intended target audience, women who are pregnant or planning pregnancy; review the content, design and language, with a view to providing recommendations on ways in which the resource needs to be revised to enable it to work effectively on its own in promoting the alcohol guidelines for women who are pregnant or breastfeeding.

Introduction (10 mins)

*Thank participants for their time and contribution. Confirm incentive (\$80). 1.5 hour groups
Toilets/exits etc.*

Explain purpose – to discuss some materials about alcohol and pregnancy that are part of a project developed by our client – the Foundation for Alcohol Research and Education (FARE)

We are looking for your honest feedback to help inform and improve future projects – won’t necessarily be a consensus – it’s absolutely fine to disagree, we would like to hear everyone’s opinion.

Explain recording and confidentiality of participant information - With your permission we would like to record the group. This recording will only be used to help us with analysing the results – it will not be passed on to any third parties, including FARE. In the evaluation report we will not attribute any specific comments to any individual.

Participant introductions – Please tell us a bit about yourself – stage of pregnancy / planning a pregnancy and anything else you would like to share – maybe experience of being pregnant so far, whether you have children...

Unprompted recall of, and response to, materials about alcohol consumption during pregnancy (5 mins)

Have you come across any materials about alcohol consumption during pregnancy or breastfeeding in the past year or so?

KEEP OPEN-ENDED (INCLUDING EXPLORING MATERIALS ENCOUNTERED ONLINE), BUT IF MUCH MATERIAL RECALLED, DRILL DOWN AND FOCUS ON HARD-COPY LEAFLETS

- Can you describe the materials you saw?
- Where did you see them?
- What information or advice was being conveyed?
- How useful were they? When/how did you use them?
- If Women Want to Know described (name or leaflet description):
 - Repeat prompts above.

Reactions to cover and prompted awareness (10 mins)

Initial reactions to cover in competitive context

PIN UP EXAMPLES OF FRONT COVERS OF OTHER LEAFLETS ON BOARD, ALONG WITH THE Women Want to Know LEAFLET - ALLOW 2 MINS FOR GROUP TO BRIEFLY SCAN THEM

LEAFLETS TO FEATURE ON BOARD: RESOURCES IDENTIFIED IN THE CONTEXT REVIEW AS THE STRONGEST PERFORMERS (1,26,34,38,41), PLUS THE WEAKER PERFORMERS THAT WERE NEVERTHELESS HIGHLIGHTED AS HAVING EFFECTIVE ELEMENTS (2, 22, 54, 21, 48).

- Which would you personally be more likely to pick up and read? Why?
 - PROBE – title, images, colour, design

Awareness, recall and usage

- Have you seen any of these before?
 - IF SEEN Women Want to Know EXPLORE IN DEPTH – Where did you see it? Did you use it? How? What did you do with the leaflet?
 - ALSO ASK FOR ANY OTHER LEAFLETS SEEN (MORE BRIEFLY AS TIME PERMITS)

Detailed reaction to cover

HOLD UP THE Women Want to Know LEAFLET – SHOW FRONT COVER ONLY

- How likely are you to pick up and read this specific leaflet? Why?
- How interested are you in the topic? Why?
- Does the name of the leaflet make you want to pick it up and read or not? Why?
 - What do you like/dislike?
- Does the design of the front cover make you want to pick it up and read or not? Why?
 - What do you like/dislike?
- Who do you think it is aimed at? Why do you get that impression?
 - Do you think it's aimed at you personally? Why/why not?
 - Do you think the content is likely to be relevant to you personally? Why/why not?

Initial reactions following read through (5 mins)

HAND OUT THE Women Want to Know LEAFLET – ALLOW TIME TO READ THROUGH

- What are your initial reactions to the leaflet?
- Having had a look through, what jumps out at you? Why?
- Anything new, unexpected, particularly useful?
- Anything off-putting?

Salience, personal relevance and perceived uniqueness (10 mins)

- What is this leaflet trying to achieve?
 - What does it want recipients to do/think? Is it likely to succeed? Why?
- How likely would you be to read it? Why?
 - How engaging is the topic?
 - How engaging is the design?
- How useful would you personally find it? Why?
 - Which elements would you personally find most useful? Under what circumstances?
 - Which elements would you personally find least useful?
- Who do you think would find it most useful? Why?
- Have you seen this type of information elsewhere? What/where?
 - What makes this different?
 - What do you prefer about it? What do you like less about it?
- Is there a need for this specific leaflet? Why?
- Anything you are unsure about, don't fully believe or disagree with?
- Who is the information in this leaflet from?
 - How does this effect how you feel about the information in it?

- PROBE – impact on perceived reliability of information.

Clarity and ease of understanding (10 mins)

- How easy is it to understand the information?
 - Any words, phrases or ideas that you didn't quite understand?
 - Anything that could be misunderstood?
- What about the language used – is it too basic, too complex or about right for you personally? Why?
- Do you have any outstanding questions on this topic now that you've read the leaflet?
- What else would you like to know?

Tone / language (10 mins)

- Do you find *the way* it is written engaging / does it encourage you to keep reading?
- How does reading the leaflet make you feel?
- Overall, how would you describe the tone being taken in the leaflet? Do you think it's appropriate? IF RELEVANT: What tone do you think would be more appropriate?
- IF REQUIRED: Imagine you were personally having an issue with alcohol use, or you were unsure about the alcohol you'd been consuming... do you think this leaflet would give you direction on where to seek help? Would it encourage you to seek help? Why/why not?

Design (5 mins)

- What do you think of the design of the leaflet?
PROMPT:
 - the images?
 - What are they trying to convey to the reader?
 - How relevant do they feel to you personally?
 - the format / size of the leaflet?
 - the amount of written information - too much, not enough, about right? Why?

Likely action (5-10 mins)

- Does reading this change what you think about drinking alcohol during pregnancy or breastfeeding?
- How easy or difficult would it be to follow the advice in the leaflet?
- Ultimately, would you personally do anything differently as a result of reading this? What?
 - *Note – moderator to also note usual (pre-pregnancy) behaviour and attitudes towards alcohol consumption if this comes up during the discussion – prompt towards the end of the discussion if not already raised by participants.*

Review in competitive context (10-15 mins)

LEAFLETS TO DISCUSS: RESOURCES IDENTIFIED IN THE CONTEXT REVIEW AS THE STRONGEST PERFORMERS (1,26,34,38,41), PLUS THE WEAKER PERFORMERS THAT WERE NEVERTHELESS HIGHLIGHTED AS HAVING EFFECTIVE ELEMENTS (2, 22, 54, 21, 48).

Looking again at the Women Want to Know leaflet alongside other leaflets on the same topic: please take one leaflet each, have a quick scan then after a minute I will ask you to pass on so you can all have a look at each of the leaflets. Don't worry if you can't read every word.

PASS ROUND UNTIL EVERYONE HAS LOOKED BRIEFLY AT ALL 10 THEN SPREAD THEM OUT IN THE MIDDLE OF TABLE

- Having looked at all of these leaflets, is there any element of any of them which really stands out, in terms of...?
 - Useful content/information
 - Design
 - Imagery
- If you were going to take one of these leaflets home to refer to again, which would it be and why?
- Would you be worried about reading any of these leaflets in front of other people, or being seen picking up any of these leaflets?
 - (AS REQUIRED: Do you think anyone might judge you, or assume that you were drinking during pregnancy?)
 - For which of these leaflets would this be more of a concern?
- Would any of these change how you feel about alcohol and pregnancy? Why?

Wrap up (5 mins)

Having looked at all of the other leaflets now...

- What does the Women Want to Know leaflet do really well?
- What does it do badly?
- What would you change, remove or add to the Women Want to Know leaflet to improve it?

Any other comments or feedback?

If anyone would like further information about the topics we have discussed today or has any concerns, your GP or OB would be a good first point of contact.

Thank and close, hand out incentives

Appendix D: Phase 3 Recruitment screener

- 2 x 90 minute face to face group discussions with women who are pregnant or planning pregnancy
- Recruit 8 for 6-8 participants per group
- Incentive \$80 (EFTPOS gift card)

Group	Audience	Specifications	Location	Date / time
1	Women who are currently pregnant	Aim for: Mix of stages of pregnancy Mix of public and private patients Max 3 who already have children	Hurstville (Bexley)	Mon 6 November, 5:30pm
2	Women who are trying to get pregnant	Max 3 who already have children	As above	Mon 6 November, 7:15pm

Hello – my name is _____ and I am calling on behalf of Hall and Partners | Open Mind about some research we are conducting. This is not a sales call and we are not going to ask you to buy anything.

The research we are conducting is going to help us to design information for women who are pregnant or planning a pregnancy.

GROUPS: As part of the research, we will be running 90 minute small group discussions on Monday 6th November in Hurstville. Everything you say would be anonymous and confidential. Participation is voluntary and we will provide reimbursement of \$80 for your time.

SQ1. Does this sound like something you would be interested in taking part in?

Yes

CONTINUE

No

THANK AND CLOSE

IF YES... Great! First we need to ask you a few questions to make sure you are eligible to take part in the discussion group...

Q1. Have you ever attended a group discussion or taken part in an interview for market or social research?

- Yes CONTINUE
- No Go to Q3

Q2. When did you last attend a group or take part in an interview? [DO NOT READ OUT]

- If longer than 6 months ago CONTINUE
- If less than 6 months ago TERMINATE UNLESS DIFFICULTY RECRUITING – CHECK WITH US

Q3. Do you or any of your close family members/friends/housemates work in the following industries, or have done so in the past?

- 8. Market or social research TERMINATE
- 9. Media - TV, radio, print or online media TERMINATE
- 10. An ad agency, PR firm or marketing company TERMINATE
- 11. Health and medical care ASK Q3B
- 12. Education CONTINUE
- 13. None of these CONTINUE
- 14. Refused TERMINATE

Q3B. ONLY ASK IF YES FOR Q3 – 4 (WORK IN HEALTH & MEDICAL CARE): And do you/they work in a clinical role? TERMINATE IF YES, OTHERWISE CONTINUE

NOTE TO RECRUITER: *We only need to exclude those in health/medical care industry who would have particular knowledge of medicine, and what one should and shouldn't be doing in pregnancy. Anyone e.g. in admin, maintenance, kitchen & domestic services, are fine to include.*

Q4. And which of the following age categories do you fall into?

- 6. Under 18 TERMINATE
- 7. 18-24 NOTE AND CONTINUE
- 8. 25-39 NOTE AND CONTINUE
- 9. 40+ NOTE AND CONTINUE
- 10. Refuse TERMINATE

Q5. Are you currently pregnant or actively trying to fall pregnant?

- 4. Yes, Currently pregnant CANDIDATE
- 5. Yes, Currently trying to fall pregnant CANDIDATE
- 6. No TERMINATE

Q6. How many children do you currently have?

- 3. None RECORD

- 4. At least 1 RECORD NUMBER AND ENSURE NO MORE THAN 3 IN GROUP 2 (TRYING TO GET PREGNANT)

Q7. [ASK IF CURRENTLY PREGNANT] How many weeks pregnant are you?
 RECORD AIM FOR MIX, AT LEAST 3 FIRST TRIMESTER

Q8. [ASK IF CURRENTLY PREGNANT] And which mode of pregnancy care are you using / likely to be using?

- 5. Care of private obstetrician AIM FOR MIX
- 6. Care of public hospital AIM FOR MIX
- 7. GP Shared Care AIM FOR MIX
- 8. Other (RECORD) RECORD AND CHECK WITH US

Q9. And just finally to ensure we get a good cross-section of people in our research, can you please tell me which, if any, of the following apply to you...?

(AIM FOR A MIX)

- 4. You speak a language other than English at home
- 5. One or both of your parents was born in a non-English speaking country
- 6. You identify as Aboriginal or Torres Islander (TRY FOR TWO PER GROUP)

Q10. And what is the approximate total annual income in your household before tax?

(LOW INCOME SKEW REQUIRED)

- . Less than \$30,000
- . \$30,000 - \$44,999 Minimum 6 within each group to be 1-4 (<\$100,000)
- . \$45,000 - \$59,999
- . \$60,000 - \$99,999
- . \$100,000-\$129,999 Maximum 2 within each group to be 5 or 6 (\$100,000-\$159,999)
- . \$130,000-\$159,999
- . \$160,000-\$199,999 TERMINATE
- . \$200,000 or more TERMINATE

RECORD THE ABOVE FOR EACH GROUP

THANK AND RECRUIT TO RELEVANT GROUPS

Appendix E: Phase 3 Discussion guide

Overall Objectives: Test the revised 'information for women' leaflet (three possible options) with its intended target audience, women who are pregnant or planning pregnancy. Specifically, we will review the content, design and language, with a view to providing a recommendation on which of the three options is likely to perform best (or which combination of features from the three options should be put together), plus what further revisions, if any, are required to enable the pamphlet to work effectively on its own in promoting the alcohol guidelines for women who are pregnant or breastfeeding. In addition, three options for a supporting poster (each matching a leaflet) will also be tested.

Introduction (10 mins)

Thank participants for their time and contribution. Confirm incentive (\$80). 1.5 hour groups

Toilets/exits etc.

Explain purpose – to discuss some materials about alcohol and pregnancy that are part of a project developed by our client – the Foundation for Alcohol Research and Education (FARE)

We are looking for your honest feedback to help inform and improve future projects – won't necessarily be a consensus – it's absolutely fine to disagree, we would like to hear everyone's opinion.

Explain recording and confidentiality of participant information - With your permission we would like to record the group. This recording will only be used to help us with analysing the results – it will not be passed on to any third parties, including FARE. In the evaluation report we will not attribute any specific comments to any individual. Mention representative of client viewing through two-way mirror as she's interested in hearing your thoughts first hand.

Participant introductions – Please tell us a bit about yourself – stage of pregnancy / planning a pregnancy and anything else you would like to share – maybe experience of being pregnant so far, whether you have children...

STIMULUS ROTATIONS:

*Group 1 (pregnant women): **Option 1**, Option 3, Option 2*

*Group 2 (trying): **Option 2**, Option 1, Option 3*

FIRST OPTION – Reaction to campaign based on poster only (5 mins)

Despite being a secondary material, we propose examining the poster first in the group as the poster is something that needs to work as a stand-alone element – understandable and motivating even when it is encountered before / in the absence of the leaflet. Only one poster will be considered here – other variants to be considered later in the group.

PIN UP POSTER CORRESPONDING TO THE FIRST LEAFLET TO BE DISCUSSED IN THE GROUP (AND LEAVE UP WHILE LEAFLET EXAMINED), AND DISCUSS:

- What's this poster all about – what are your thoughts?
- How likely would you be to notice it? Why?
 - Who do you think it's targeting? Do you feel like it's relevant to you personally? Why / why not?
- What is it trying to get you to do?
- Anything you like or dislike – about the message or look and feel?
- Anything unclear or confusing?
- Anything you would add/remove/change?

FIRST LEAFLET – Initial reactions following read through (20 mins)

I'm going to give each of you a leaflet and give you a few minutes to read through it. I'm then going to ask you about your reactions to the leaflet. As you're reading through the leaflet, please mark it up with the pens provided – highlight anything you think works particularly well, anything that doesn't make sense to you, anything you think needs to be changed.

HAND OUT THE WOMEN WANT TO KNOW LEAFLET – ALLOW PLENTY OF TIME TO READ THROUGH

- What are your initial reactions to this leaflet?
- How would you *describe* this leaflet – what adjective comes to mind for you?
- Does any aspect of the leaflet jump out at you? What? Why?
- Overall, what do you like about the leaflet? What don't you like?

FIRST LEAFLET – Salience, personal relevance & perceived uniqueness (10 mins)

- If you weren't sitting in a focus group and asked to read this leaflet, and if you came across it somewhere else, how likely do you think you'd be to read it? Why?
 - How engaging is the topic?
 - How engaging is the design?
- What is this leaflet trying to achieve?
 - What does it want recipients to do/think? Is it likely to succeed? Why?
- How useful would you personally find it? Why?
 - Which elements would you personally find most useful? Under what circumstances?
 - Which elements would you personally find least useful?
- Who do you think would find it most useful? Why?
- Does this leaflet contain any new information, anything you didn't know, or anything expressed in a particularly thought provoking way? What?
- Anything you are unsure about, don't fully believe or disagree with?

FIRST LEAFLET – Clarity and ease of understanding (5 mins)

- How easy is it to understand the information?
 - Any words, phrases or ideas that you didn't quite understand?
 - Anything that could be misunderstood?
- What about the language used – is it too basic, too complex or about right for you personally? Why?
- Do you have any outstanding questions on this topic now that you've read the leaflet?
- What else would you like to know?
- [AS REQUIRED:] What is this leaflet actually saying about alcohol consumption when planning a pregnancy, during pregnancy, and when breastfeeding?
 - Can someone tell me in their own words what the advice from the National Health and Medical Research Council is?
 - Do you think this advice is clear? Would you feel inclined to follow this advice – why / why not?

FIRST LEAFLET – Tone / language (2 mins)

- Do you find *the way* this leaflet is written engaging? Does it encourage you to keep reading?
- How does reading the leaflet make you feel?
- Overall, how would you describe the tone being taken in the leaflet? Do you think it's appropriate? IF RELEVANT: What tone do you think would be more appropriate?
- IF REQUIRED: Imagine you were personally having an issue with alcohol use, or you were unsure about the alcohol you'd been consuming... do you think this leaflet would give you direction on where to seek help? Would it encourage you to seek help? Why/why not?

FIRST LEAFLET – Design (2 mins)

- If you encountered this leaflet in a pamphlet stand in a waiting room, do you think you'd pick it up based on the front cover alone? Why? Why not? What would you change?
 - *PROBE ON: title, design, perception of who it's aimed at, any concern over others seeing them pick it up*
- What do you think of the design of the leaflet overall? PROMPT:
 - The images?
 - What are they trying to convey to the reader?
 - How relevant do they feel to you personally?
 - The format / size of the leaflet?
 - The amount of written information – too much, not enough, about right? Why?
 - The way the written information is laid out / structured.

FIRST LEAFLET – Likely action (5 mins)

- Does reading this change what you think about drinking alcohol when planning pregnancy, during pregnancy or breastfeeding?
- How easy or difficult would it be to follow the advice in the leaflet?
- Ultimately, would you personally do anything differently as a result of reading this? What?
- Is anything missing from the list at the back for further information and support? Are you surprised by any of these resources being listed there? Do you have any concerns about any of these?

FIRST LEAFLET – Linkage with poster (2 mins)

- Looking back at the poster, do you think the poster and leaflet link up well?
- Did the leaflet contain more information or different information to that you thought it might based on the poster alone?
- Having read the leaflet, do you think the right information from the leaflet has made it onto the poster? The most compelling information? The most important information?

SECOND OPTION – Detailed reaction (15 mins)

Participants will automatically jump to comparing this leaflet with the first one they saw, and given the similarities between the options this is fine. Ask them to put the first leaflet aside, but let them compare between the two should they wish to.

I'm going to give each of you another leaflet and give you a few minutes to read through this one. There are quite a few differences so please read it reasonably carefully. Again, please mark it up with the pens provided. FOR OPTION 3: And for this leaflet, we've got two possible options for the poster which I'll also put up. FOR OPTION 1: I'm also going to put up the poster that accompanies this leaflet.

Initial reactions

- What are your initial reactions to *this* leaflet?
- How would you describe this leaflet – what adjective comes to mind for you?
- Does any aspect of the leaflet jump out at you? What? Why?
- Overall, what do you like about the leaflet? What don't you like?
- Comparing leaflet with the first one we looked at, what do you think this leaflet does better? What does it do less well?

USE ALL REMAINING PROMPTS IN THIS SECTION ONLY IF REQUIRED (MUST COVER POSTER):

Salience and personal relevance

- Would you be more or less likely to read this leaflet, compared to the first one we looked at, if you came across it in a waiting room, or somewhere like that? Why?
- Is this leaflet trying to achieve the same thing as the first leaflet, or is there a subtly different focus?
- Do you find this version more or less personally relevant compared to the first version we looked at?

Clarity and ease of understanding

- Is this leaflet easier or harder to understand compared to the first one we looked at? Was there anything you didn't quite understand?
- What do you think about the language used – is it too basic, too complex, or about right for you personally?

Tone / language

- Was this leaflet written in a more or less engaging way compared to the first one we looked at? How would you describe the difference in tone between the two leaflets?

Design

- What do you think of the look and feel of this leaflet, the colours, the photos, and the way it's set out ... what aspects do you like? Not like so much?

Poster

- And what are your thoughts on the poster(s) that go(es) with this leaflet?

THIRD OPTION – Reaction (10 mins)

Ok so we have one final leaflet to look at. Again, there are a few differences so please it reasonably carefully. Again, please mark it up with the pens provided. FOR OPTION 2: I'm also going to put up the poster that accompanies this leaflet. FOR OPTION 3: And for this leaflet, we've got two possible options for the poster which I'll also put up.

- What are your reactions to *this* leaflet?
- Does any aspect of the leaflet jump out at you? What? Why?
- Overall, what do you like about the leaflet? What don't you like?
- Is there anything you think this leaflet does better than the other two we looked at – and that definitely should be used in any final version of the leaflet?
- And what are your thoughts on the poster(s) that go(es) with this leaflet?

Final cross-comparisons and wrap up (5 mins)

So if we wanted to design the perfect leaflet on this topic:

- Which of the three leaflets do you think is closest to the mark and should be the version that we focused on working on further?
- So in summary (*HOLD UP EACH LEAFLET IN TURN – WORK OUT SENSIBLE ORDER*):
 - What did we like about **this** leaflet – what are the features most worth retaining from this leaflet?
 - And this leaflet?
 - And this leaflet?
- Is there anything still not quite right in any of the versions.... that should be changed / added / or taken away?

ENSURE WE'VE WELL COVERED OFF:

- Overall colour scheme
- Front cover – title plus presence of Women Want to Know logo
- Headings, highlighting, formatting
- Photos – number, selection, placement
- NHMRC recommendation – wording and explanation of
- FASD – relative focus on / highlighting of
- Any particular content existing in only some versions of the leaflet

Any other final comments or feedback?

If anyone would like further information about the topics we have discussed today or has any concerns, your GP or OB would be a good first point of contact.

Thank and close, hand out incentives

Appendix F: Responses to Women Want to Know posters

For each of the three revised Women Want to Know leaflets tested (in Phase 3) an accompanying poster was also briefly tested. In the case of Option 3, another alternative poster was also introduced into the mix which included a photographic image of a pregnant woman, rather than the stylised outline used in the leaflets and on the other posters.

In each focus group, a poster was the campaign material tested first. This ordering was deliberate to help us establish the extent to which the posters worked as a stand-alone material and were effective in encouraging members of the target audience to seek out further information (including to pick up a copy of the leaflet).

Generally, reaction to the posters was reasonably muted. As discussed below, the posters, positively, had a clear message take out. However, they were not particularly attention grabbing. Participants did not have a strong reaction to the design – they were not considered particularly interesting, but they were not terrible either.

The lines of text that particularly stood out in the posters, and which appeared on all four posters tested, were:

**No safe amount.
No safe time.
No safe type.**

These lines stood out to a far greater extent on the posters than in the leaflets. In the leaflets, they were more “hidden” at the bottom of the second last page, appeared in the context of a far larger amount of text, and also stood out less due to the different formatting (condensed onto two lines):

**No safe amount. No safe time.
No safe type.**

Some women participating in the research responded poorly to the perceived “negativity” of the posters, epitomised, in their view, by the “no, no, no” in these most prominent lines. The Option 2 (dark blue) poster, seen first in the second focus group discussion (women planning a pregnancy), was seen as particularly “negative”. Certainly, the Option 2 (dark blue) poster took a harder line approach than the other options in terms of the headline text (If you are pregnant or planning a pregnancy, experts advise that no amount of alcohol is safe), which mirrored

leaflet Option 2. Option 1 (pale blue) took the *least* hard line approach, with the softest main message (when you are pregnant or planning pregnancy, not drinking alcohol is the safest option – see discussion of leaflet content as the posters mirrored the main message from the leaflet to which it related). In addition to the relative prominence on the “no, no, no” message, the posters (necessarily) did not contain all of the contextual elements that add warmth to the overall tone of the leaflets.

On the positive side – and very importantly – the posters had a very clear and unambiguous message, comprehension of which was greatly facilitated by these three bolded lines, which further clarified, and reinforced, the meaning of the top headline sentences. The message was interpreted as there is no safe level of alcohol consumption in pregnancy or when planning a pregnancy so do not drink any alcohol at these times. Preferences regarding the top headline sentence varied between individual participants, in line with preferences for articulation of the NHMRC recommendation in the corresponding leaflets.

Importantly, for some women the information conveyed by the three bolded lines was “surprising” information, particularly as it contradicted the advice some had reportedly received from their healthcare professional (particularly obstetricians). These lines very much challenged the perception held by some women that there are no risks associated with consuming a small amount of alcohol during pregnancy.

The four posters tested were not considered particularly attention grabbing in terms of design, but they were inoffensive and each clearly conveyed the key message(s). As such, and with the recommendations provided below, we suggest that a revised (combined) version would be fit for purpose. That said, given the relatively muted response to the posters, that the four designs tested were very similar, and that this was the first time that the posters had been formally tested, it could be beneficial to revise and retest the posters among a small sample of the target audience before finalising, to maximise their likely impact.

Putting aside reaction to, and preferences with regard to, the main message headline, overall colour scheme, and styled silhouette versus photographic image (all discussed with respect the leaflets), the Option 1 poster was preferred over the other poster options in a number of respects including:



- It was the least text heavy, so preferred as quicker and hence easier to read and digest.
- Related to the above point, with fewer paragraphs and no sub-heading (and hence smaller font size introduced), was preferred as simpler and “cleaner”.
- It featured a more prominent Government crest / Department of Health caption – positioned at the top of the poster, rather than alongside what were perceived to be of lesser importance Fare and WWWTk logos. As with the leaflet, the Government crest flags a legitimate, authoritative source of information.

In regards the Women Want to Know logo, it should be noted that most participants did not favour this being either in red (introducing another colour) or being located inside of the belly silhouette (as in one of the Option 3 posters, considered to look a bit silly / out of place). Certainly, as noted earlier in this report, the relevance/utility of mentioning Women Want to Know was questioned if this is not directing the audience to a specific website.

The key issue with the sub-headings (or secondary messages) was that they were not perceived to contain the most critical information from the leaflets.

If it is difficult for you to stop drinking you should speak to your health professional for support.

The message that women who are having difficulty stopping drinking should approach their health professional (appearing on the Option 2 – dark blue – poster) was felt to apply to only a minority of women, and reduced the perceived personal relevance of the poster/leaflet for some women who did not consider themselves to be in this position. That is, it exacerbated the view that the poster/leaflet was aimed at high risk “alcoholic” women, and not women like themselves (whether or not they were considering having any amount of alcohol while planning a pregnancy, pregnant or breastfeeding).

You may find it easier to avoid alcohol if you have support. Take a Pregnant Pause with your partner or close friends.

It seemed that some participants were surprised by the alternative line on the Option 3 (yellow) poster. Reference to a Pregnant Pause was only

very minor in the leaflets, appearing as the second last bullet under tips for “when pregnant”. As discussed with respect to the leaflet, above, what having a Pregnant Pause might mean was not clear to all members of the target audience.

Pregnancy and alcohol: The Option 1 (pale blue) and Option 2 (dark blue) posters had an additional line prior to the four bolded statements. The presence (or absence) of this line was not generally commented upon by research participants. One participant, however, did highlight a potential problem with the line. In her view, the statement in its entirety is grammatically/factually incorrect. Although one could say there is no safe amount of alcohol *in or during* pregnancy, one cannot say there is no safe amount of pregnancy and alcohol.

Hall & Partners


O P E N M I N D


Melbourne

650 Chapel Street
South Yarra VIC 3141
+61 3 9662 9200

Sydney

118-120 Pacific Highway
St Leonards NSW 2065
+61 2 9925 7450

 /hall-&-partners-open-mind

 /hall-partners-open-mind

 /hpopenmind.com.au

 /hallandpartners

 /hallandpartners

 /hallandpartners