

Health professionals' use of Australian Alcohol Guidelines

Baseline survey

Report of findings
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Executive Summary

Background and objectives

This objective of this research is to establish awareness levels and the current practice of health professionals in relation to the National Health and Medical Research Council (NHMRC) *Australian Guidelines to Reduce Health Risks from Drinking Alcohol* (Alcohol Guidelines). The Alcohol Guidelines were revised significantly in 2009, with one of the revisions being the removal of a recommended level of alcohol consumption for pregnant or breastfeeding women. The awareness and use of the guidelines for pregnant and breastfeeding women (Guidelines 4a and 4b) are the focus of this research.

Research design

An online survey was conducted in August 2013 with 301 health professionals. Quotas were set to ensure adequate representation from each profession of interest. The survey was administered over the telephone with Aboriginal health workers. The questionnaire took approximately ten minutes to complete, and participants received a cash incentive payment for their participation in the research. The survey period was the 19-30 August 2013.

Research findings

Views on the risks of alcohol and pregnancy/breastfeeding

When asked about the risks of alcohol consumption in pregnancy most of the health professionals (70%) identified Fetal Alcohol Spectrum Disorders (FASD) as one of the main risks. When asked about the risks of alcohol consumption while breastfeeding, the answers provided by health professionals were less specific and often related to the baby consuming alcohol indirectly (44%) as well as the impact of alcohol on the mother's parenting (24%), such as neglect, putting the baby at risk of harm and not being able to properly care for the baby if intoxicated.

Views about the amount of alcohol that can be consumed during pregnancy were generally consistent with the Alcohol Guidelines with 86% of health professionals indicating that for no risk to the fetus, no amount of alcohol could be consumed during pregnancy. This was consistent across all of the professions included.

Discussion of alcohol with patients

The majority of health professionals indicated that they do discuss alcohol consumption with patients/clients who are pregnant for the first time (83%) and those who are pregnant for the second or subsequent time (75%). This proportion dropped for patients who are planning pregnancy (68%) and breastfeeding patients/clients (64%), particularly among General Practitioners (GP) and obstetricians/gynaecologists.

Seven out of ten health professionals said that their usual practice is to assess how much alcohol their pregnant patients/clients consume (70% do so with every patient). Over half (54%) said that they do not use any tools or

questionnaires to assess levels of alcohol consumption (use of assessment tools was lowest among midwives and obstetricians/gynaecologists), and 14% used CAGE (the 'Cut-Annoyed-Guilty-Eye-opener' four question screening test for alcohol dependence; use of CAGE was higher among GPs).

Seven out of ten health professionals also said that they discuss whether alcohol is safe to drink when pregnant, with every patient (70%). Fewer health professionals discuss the quantity of alcohol that is safe to drink when pregnant, or the risks to the fetus of alcohol when planning a pregnancy, with every patient (64% and 57%, respectively).

Forty four percent (44%) of health professionals did not identify any difficulties discussing pregnancy and alcohol with patients/clients, but over half (56%) did identify difficulties. A significant proportion (28%) said that concern about the patient/client's discomfort made it difficult to have these conversations. This was higher among Aboriginal health workers (50%) Most health professionals, indicated that they felt comfortable initiating conversations with patients/clients about alcohol and pregnancy, with mean comfort scores of over 8.5 out of 10 (with 10 being the most comfortable) for each patient type (mean scores were lower among Aboriginal health workers).

A lack of referral options was identified as a difficulty by a quarter of health professionals (25%). Further to this, over two fifths said that they were unfamiliar with referral pathways available to them to assist pregnant patients/clients modify their alcohol consumption (42%).

The vast majority of health professionals viewed brief intervention as effective in assisting pregnant and breastfeeding patients/clients in modifying their alcohol consumption (93% for each).

Advice given about alcohol and pregnancy/breastfeeding

The advice that most health professionals said they were giving patients/clients about alcohol and pregnancy aligns with the Alcohol Guidelines. Over three quarters (76%) of health professionals said they advise abstinence from alcohol during pregnancy. This was higher among GPs (87%) and lower among Aboriginal health workers (54%). More than one in ten advised that there is no safe level of alcohol during pregnancy (14%). This was higher among midwives (27%).

The proportion of health professionals advising abstinence from alcohol while breastfeeding was lower than the proportion advising it during pregnancy (59%). This was highest among GPs (70%) and lower among Aboriginal health workers (44%).

Awareness of Alcohol Guidelines

While over three quarters of health professionals were aware of the Alcohol Guidelines (78%), only a third indicated that they were familiar with the content (33%). Over two fifths said that they used the Alcohol Guidelines for information about alcohol consumption during pregnancy and breastfeeding (44%). Aboriginal health workers were more likely to use the guidelines for information, and obstetricians/gynaecologists less likely to.

Nearly two thirds of health professionals thought that evidence strongly supports guideline 4a (relating to alcohol and pregnancy) for all levels of consumption (64%), however opinion was more divided about the strength of the evidence for guideline 4b (relating to alcohol and breastfeeding) with under half believing that evidence strongly supports the guideline for all levels of consumption (45%) (i.e. not just higher levels of consumption).

1. Research Context

1.1 Background

The National Health and Medical Research Council's (NHMRC) *Australian Guidelines to Reduce Health Risks from Drinking Alcohol* (Alcohol Guidelines) were a significant revision from the previous guidelines released in 2001. Among the revisions was the removal of a recommended amount of consumption for pregnant or breastfeeding women.

The 2009 Alcohol Guidelines are:

Guideline 1: Reducing the risk of alcohol-related harm over a lifetime

The lifetime risk of harm from drinking alcohol increases with the amount consumed.

For healthy men and women, drinking no more than two standard drinks on any day reduces the lifetime risk of harm from alcohol-related disease or injury.

Guideline 2: Reducing the risk of injury on a single occasion of drinking

On a single occasion of drinking, the risk of alcohol-related injury increases with the amount consumed.

For healthy men and women, drinking no more than four standard drinks on a single occasion reduces the risk of alcohol-related injury arising from that occasion.

Guideline 3: Children and young people under 18 years of age

For children and young people under 18 years of age, not drinking alcohol is the safest option.

- a. Parents and carers should be advised that children under 15 years of age are at the greatest risk of harm from drinking and that for this age group, not drinking alcohol is especially important.
- b. For young people aged 15–17 years, the safest option is to delay the initiation of drinking for as long as possible.

Guideline 4: Pregnancy and breastfeeding

Maternal alcohol consumption can harm the developing foetus 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.

There has been no comprehensive promotional campaign among health professionals or the general public since the release of the updated Alcohol Guidelines, although some materials have been prepared by various jurisdictional health departments and health professional bodies.

1.2 Research objectives

This research has been conducted to establish the current practice of health professionals in relation to the Alcohol Guidelines, and to understand their current awareness of the guidelines. The research focuses on Guideline 4 (alcohol consumption during pregnancy and breastfeeding). The findings of this research provide a baseline against which the impact of future intervention(s) among health professionals can be evaluated.

The overriding objectives of this research are to provide a baseline measurement of:

- Levels of awareness among health professionals of the Alcohol Guidelines;
- Whether health professionals routinely initiate discussions with pregnant women; and
- Advice provided by health professionals, and whether it is consistent with the Alcohol Guidelines.

The target audience of the research was health professionals who are most likely to see and interact with women who are pregnant, planning pregnancy or breastfeeding. This included General Practitioners (GPs), midwives, obstetricians and gynaecologists, and Aboriginal health workers.

2. Research design

2.1 Methodology

Survey design

In August 2013 an online survey was conducted with n=301 health professionals, with quotas set to ensure adequate representation from each profession of interest. The survey was administered over the telephone with Aboriginal health workers. The questionnaire took approximately ten minutes to complete, and participants received a cash incentive payment for their participation in the research. The survey period was the 19-30 August 2013.

In order to provide an adequately representative and robust baseline survey it was important that a sufficient number of health professionals working in relevant fields, and representing a good mix within each of these fields, were surveyed. A target sample of n=300 allowed for the inclusion of a range of health professionals and for quotas to be set to also ensure a reasonable sample size for each group for analysis purposes.

In terms of how robust the sample size is, a sample size of n=301 provides a confidence interval of $\pm 5.65\%$, at the 95% confidence level. The confidence interval, or margin of error, increases as the sample size decreases; therefore the margin of error for findings relating to subgroups within the sample is larger than that for the whole sample. For example, for the subsample of n=100 midwives, the confidence interval is $\pm 9.8\%$, and this increases to $\pm 13.86\%$ for findings relating to the subsample of n=50 Aboriginal health workers.



Analysis

In addition to analysis of the findings for the total sample, subgroup analysis has been conducted to identify differences between different types of health professionals. The findings were broken down by the following subgroups in the analysis:

- Role
- Frequency pregnant patients/clients are seen
- Familiarity with Alcohol Guidelines
- Gender, age group and location (state and urban/rural)
- Employment (full/part time), place of practice
- Income of patients/clients assessed by health professionals as being low, middle or high income , and proportion of patients/clients from Aboriginal or Torres Strait Islander / Culturally and Linguistically Diverse (CALD) backgrounds

Differences in responses between the various health professionals included in the research have been tested for statistical significance at the 95% confidence level¹. **Only statistically significant differences are included in this document.**

Statistically significant differences between respondent groups are shown on the charts throughout this document in the following ways:

- In charts, arrows ( ) show where a proportion is significantly higher or lower for this subgroup than for the overall sample.
- In charts, labels show which subgroups have a proportion which is significantly different from the overall sample.
- In tables, an asterisk indicates where a proportion is significantly different to the overall sample.

2.2 Final sample characteristics

The final sample reflects the quotas set in terms of role, as shown in Table 1. The quotas for the numbers of each type of health professional to be included very broadly reflect the proportion of each in the wider population in the interests of being representative, while also ensuring a reasonably robust sample size for each profession for analysis purposes.

Table 1 Role of health professionals surveyed

	Frequency (n)	Percent
GP	101	34%
Midwife	100	33%
Obstetrician/Gynaecologist	50	17%
Aboriginal health worker	50	17%
Total	301	100%

Most of the health professionals surveyed performed their roles on a full time basis (70%). Less than 1% were locums.

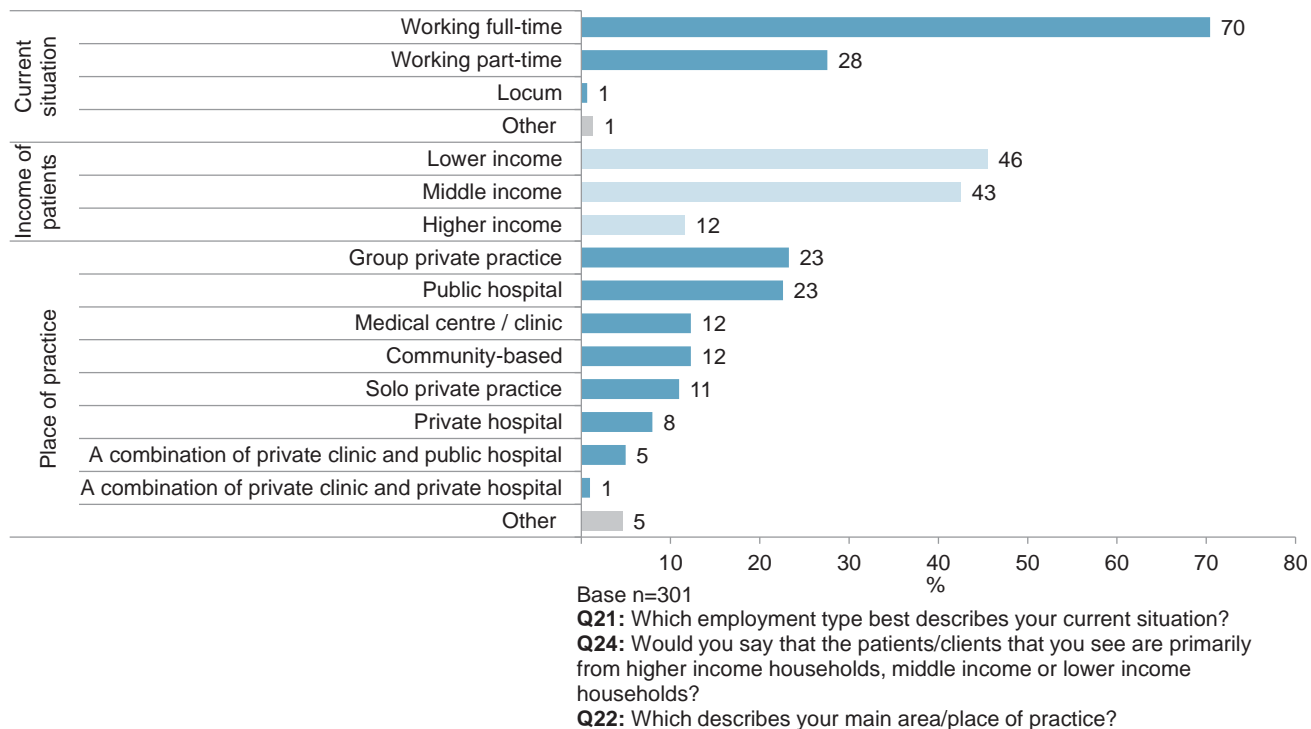
Forty six percent (46%) said that most of their patients/clients were from lower income households, 43% said most were from middle income households, and 12% said most were from higher income households.

¹ In most cases, this involved using chi square tests with adjusted standardised residuals. For comparing means (e.g. mean comfort ratings when discussing alcohol consumption with patients/clients), ANOVA tests were used, followed by Bonferroni post-hoc comparisons.

Over two fifths were in private practice (23% group practice, 11% solo private practice, and 8% in private hospital). Over one in ten (12%) were community based. Other places of practice (comprising 5% of responses) included Aboriginal health services (n=6), tertiary education (n=2), and local government (n=2).

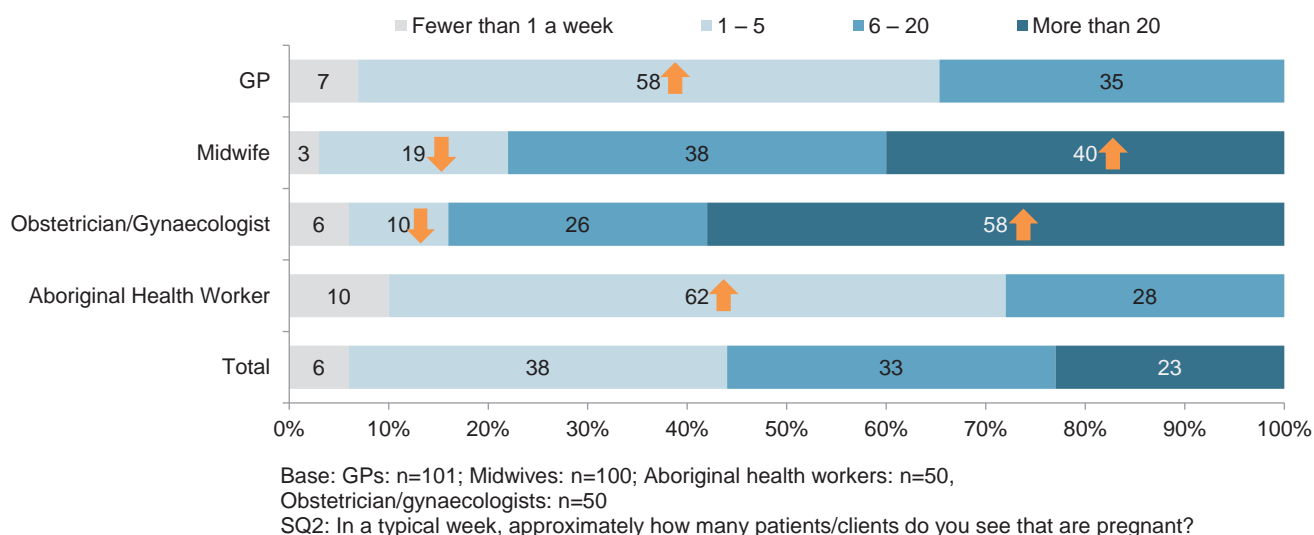
Most performed their role on a full-time basis (70%), and 28% did so part-time. Other working situations included casual employment (n=1) and maternity leave (n=1).

Figure 1 Sample profile



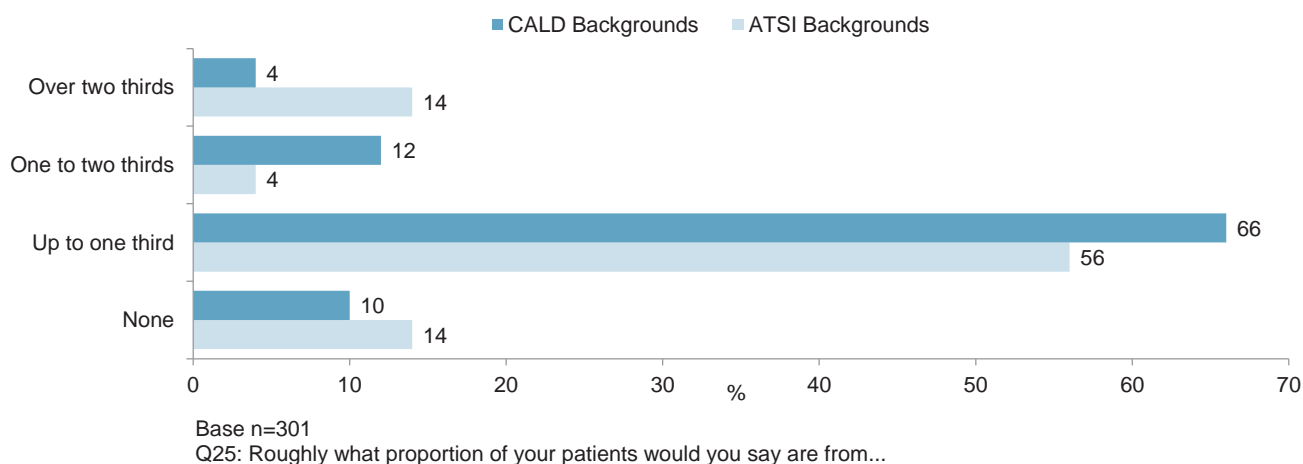
Overall, over two fifths (44%) of the health professionals surveyed said they see up to five pregnant patients/clients each week. As would be expected, midwives and obstetricians/gynaecologists saw the highest number of pregnant patients/clients each week.

Figure 2 Frequency pregnant patients/clients are seen



Health professionals were asked to estimate the proportion of their patients/clients from Aboriginal and Torres Strait Islander background and from culturally and linguistically diverse communities (CALD). Fourteen percent (14%) said that more than two thirds of their patients/clients were from Aboriginal and Torres Strait Islander backgrounds, and 4% said that more than two thirds of their patients/clients were from CALD backgrounds.

Figure 3 Proportion of patients/clients from Aboriginal and Torres Strait Islander or CALD backgrounds



The age, gender and location of the sample is shown in Appendix A.

3. Research Findings

3.1 Views on the risks of alcohol and pregnancy/breastfeeding

The most common risk associated with consuming alcohol while pregnant identified by health professionals was Fetal Alcohol Syndrome (FAS). Sixty-four percent (64%) of respondents identified FAS as a risk; with a further 6% identifying Fetal Alcohol Spectrum Disorders (FASD; which includes FAS) as a risk. Intrauterine growth restriction (18%), damage to the baby (18%) and developmental delays (16%) were also identified as main risks of consuming alcohol while pregnant. The responses provided are shown in the chart and table below.

Figure 4 Main risks of consuming alcohol while pregnant

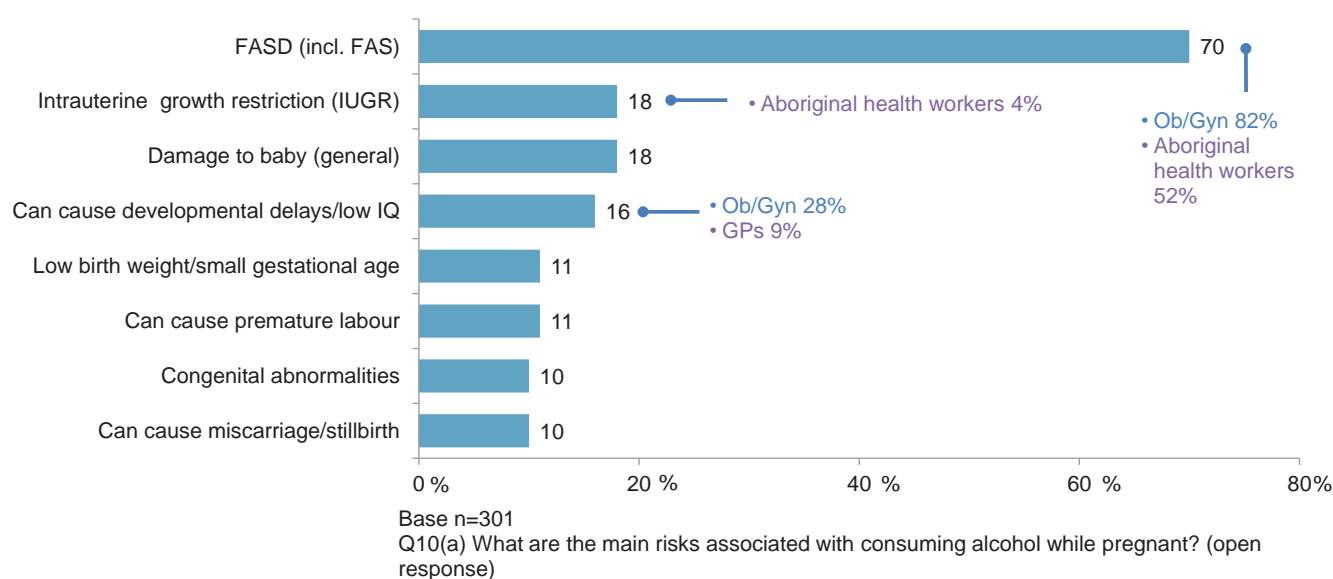
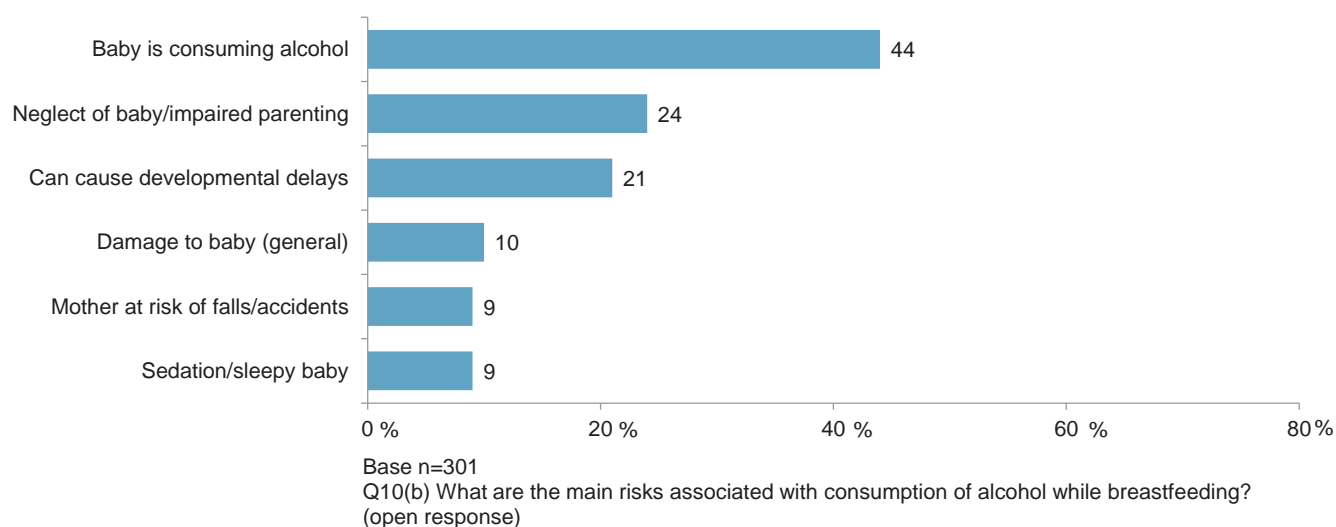


Table 2 Main risks of consuming alcohol while pregnant, by role

	GP	Midwife	Obstetrician/ Gynaecologist	Aboriginal Health Worker	Total
FASD (incl. FAS)	67%	72%*	82%*	52%*	70%
Intrauterine growth restriction (IUGR)	20%	20%	26%*	4%*	18%
Damage to baby (general)	13%*	24%*	10%*	26%*	18%
Can cause developmental delays/low IQ	9%*	16%	12%	28%*	16%
Low birth weight/small gestational age (SGA)	11%	11%	8%	16%	11%
Can cause premature labour	8%	14%	14%	6%	11%
Congenital abnormalities	10%	11%	6%	14%	10%
Can cause miscarriage/still birth	10%	16%	8%	8%	10%
Base	101	100	50	50	301
Q10a What are the main risks associated with consuming alcohol while pregnant? (coded open response, multiple response) Base: all respondents, n=301					

The risks identified by health professionals of consuming alcohol while breastfeeding were less specific. Over two-fifths (44%) of health professionals identified the baby consuming alcohol as a main risk. Other risks identified were neglect of baby/impaired parenting (24%), developmental delays (21%) and damage to baby (10%).

Figure 5 Main risks of consuming alcohol while breastfeeding



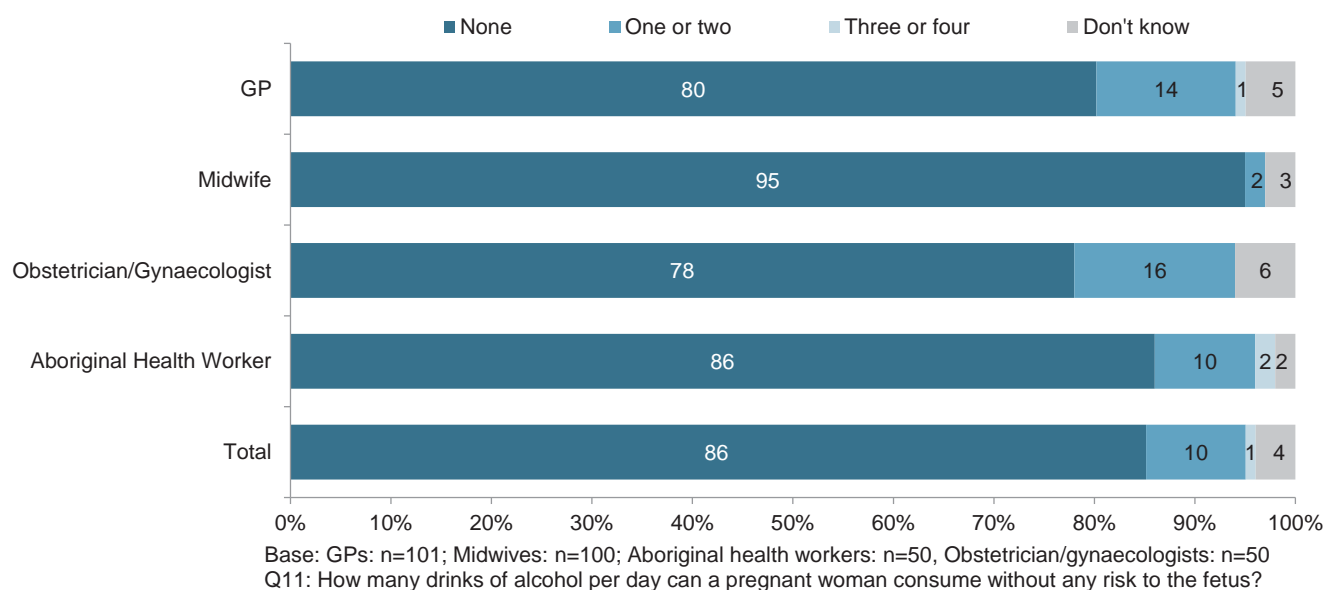
The full list of risks identified relating to alcohol consumption during pregnancy and breastfeeding can be found in Appendix B.

Table 3 Main risks of consuming alcohol while breastfeeding, by role

	GP	Midwife	Obstetrician/ Gynaecologist	Aboriginal Health Worker	Total
Baby is consuming alcohol	33%*	65%*	26%*	42%	44%
Neglect of baby/impaired parenting	20%	26%	22%	28%	24%
Damage to baby (general)	21%	21%	20%	29%	21%
Can cause developmental delays	13%	14%	4%	8%	10%
Mother at risk of falls/accidents	10%	9%	6%	8%	9%
Sedation/sleepy baby	11%	9%	12%	-	9%
Base	101	100	50	50	301
Q10b What are the main risks associated with consuming alcohol while breastfeeding? (coded open response) Base: all respondents, n=301					

The majority of respondents (86%) believed that a pregnant woman cannot drink any alcohol without risk to the fetus. One in ten (10%) thought that a pregnant woman can consume one or two alcoholic drinks per day without risk to the fetus. Less than 1% indicated that this number was 3-4 alcoholic drinks while 4% were unsure. This did not differ significantly according to role or situation.

Figure 6 Number of alcoholic drinks a pregnant woman can consume per day without risk to the fetus



3.2 Discussion of alcohol with patients

Circumstances in which alcohol consumption is discussed

The likelihood of health professionals talking to female patients/clients about their alcohol consumption varied depending on the situation. Health professionals were most likely to discuss alcohol consumption with patients/clients with conditions related to alcohol use and those who are pregnant for the first time. In addition some health professionals, such as midwives and obstetricians are less likely to see women who are planning pregnancy or prescribing medication. This may account for some differences.

Table 4 Circumstances in which health professionals would discuss alcohol consumption

	GP	Midwife	Obstetrician/ Gynaecologist	Aboriginal Health Worker	Total
Seeing or diagnosing someone with a condition that may be caused by alcohol use*	86%	n/a	n/a	84%	85%
Seeing or diagnosing someone with a condition that may be exacerbated by alcohol use*	86%	n/a	n/a	84%	85%
Seeing any patient/client who is pregnant for the first time	89%*	74%*	80%	94%*	83%
Seeing any patient/client who is actively planning a pregnancy	79%*	46%*	76%*	82%*	68%
Seeing any patient/client who is pregnant for the second or subsequent time	75%	74%	60%*	92%*	75%
Seeing a asymptomatic adult patient/client at risk of chronic disease*	55%*	n/a	n/a	90%*	67%
Prescribing or administering antibiotics or medication that may interact with alcohol	80%*	23%*	48%*	64%*	53%
Seeing any patient/client who is breastfeeding	56%*	75%*	34%*	90%*	65%
Seeing any patient/client who is a woman of childbearing age	43%*	31%*	46%	90%*	47%
Seeing any patient/client who is a teenager/young adult	46%*	39%*	40%*	92%*	50%
None of these	-	4%	4%	-	2%
Base	101	100	50	50	301
Q1. Under which of the following circumstances would you talk to women about their alcohol consumption? (multiple response) Base: all respondents, n=301					
*Only asked of GPs and Aboriginal Health Workers					

Most GPs and Aboriginal health workers indicated that they talk to women about their alcohol consumption when seeing or diagnosing someone with a condition that may be caused by alcohol use (85%) or exacerbated by alcohol use (85%).

Overall, 83% of health professionals indicated that they talk about alcohol consumption with patients/clients who are pregnant for the first time.

- Aboriginal health workers were significantly **more** likely to do this (94%).
- Health professionals who were somewhat familiar with the content of the Alcohol Guidelines were significantly **more** likely to do this (94%).

Three quarters (75%) of health professionals indicated that they talk about alcohol consumption with patients/clients who are pregnant for the second or subsequent time.

- Aboriginal health workers were **more** likely to indicate that they do this (92%) and obstetrician/gynaecologists were **less** likely to do so (60%).
- Those working in a solo private practice were **less** likely to do this (54%), as were those working in a private hospital (50%).
- Those whose patients/clients were primarily from lower income households were **more** likely to do this (81%), and those whose patients/clients were from primarily higher income households were **less** likely to do this (57%).
- Health professionals who were somewhat familiar with the content of the Alcohol Guidelines were **more** likely to do this (87%).

More than two thirds (68%) of health professionals indicated that they talk about alcohol consumption with patients/clients who are actively planning a pregnancy.

- GPs were **more** likely to do this (80%), as were Aboriginal health workers (82%).
- Full time workers were **more** likely to do this (74%), and those working part time were **less** likely indicate that they do this (55%).
- Those working in a group private practice were **more** likely to do this (82%), and those working in a public or private hospital were **less** likely to (52% and 42% respectively).

Almost two thirds (64%) of health professionals indicated that they talk about alcohol consumption with patients/clients who are breastfeeding.

- Midwives and Aboriginal health workers were **more** likely to do this (75% and 90% respectively).

- GPs and obstetrician/gynaecologists were **less** likely to indicate that they do this (56% and 34% respectively).
- Those working in private practice were also **less** likely to do this (solo practice 46%; group practice 53%), whereas community based workers were **more** likely to indicate that they do this (89%).
- Female health professionals were **more** likely to do this (72%).
- Health professionals who were somewhat familiar with the content of the Alcohol Guidelines were **more** likely to do this (72%).

Over half (53%) of health professionals indicated that they talk about alcohol consumption when prescribing or administering antibiotics or medication that may interact with alcohol.

- Those working full time were **more** likely to do this (60%)
- Those working in group private practice or medical centre were **more** likely to do this (74% and 73% respectively), whereas those working in hospitals were **less** likely to do this (private 17%; public 29%).
- Health professionals aged 18-34 were **less** likely to do this (24%).

Half (50%) of health professionals indicated that they talk about alcohol consumption when seeing patients/clients who are teenagers or young adults.

- Aboriginal health workers were **more** likely to do this (92%), and midwives **less** likely to (39%).
- Those working in a public or private hospital were **less** likely to do this (40% and 25% respectively) and community based health professionals were **more** likely to do this (76%).
- Health professionals with at least 70% of patients/clients from Aboriginal and Torres Strait Islander backgrounds were **more** likely to do this (88%).
- Those who were somewhat familiar with the Alcohol Guidelines were **more** likely to indicate that they do this (60%).

Less than half (47%) of health professionals indicated that they talk about alcohol consumption with patients/clients who are of childbearing age.

- Aboriginal health workers were **more** likely to do this (90%).
- Full time workers were **more** likely to indicate they do this (52%).
- Community based health professionals were **more** likely to do this (78%), whereas those working in public hospitals were **less** likely to do this (31%).

- Health professionals living in Victoria were **less** likely to do this (36%).

A third (34%) of health professionals indicated that they talk about alcohol consumption with asymptomatic patients/clients at risk of chronic disease.

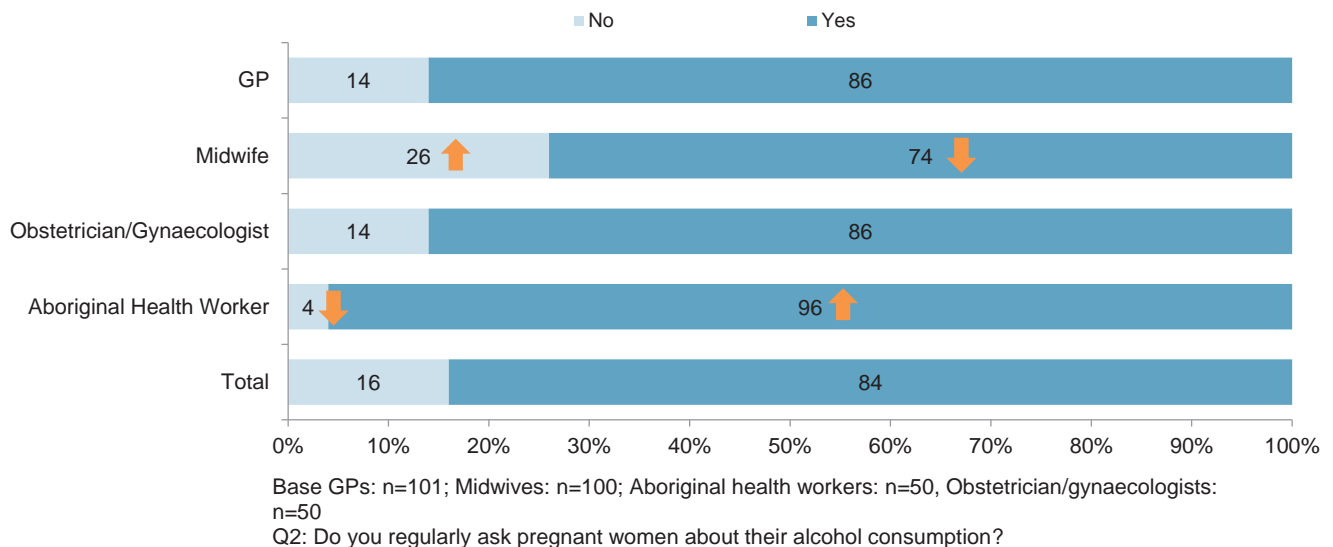
- Aboriginal health workers were **more** likely to do this (90%).
- Female health professionals were **more** likely to do this (74%) as were those based in regional areas (80%).

Asking pregnant women about their alcohol consumption

Overall, more than five out of six (84%) of the health professionals surveyed said that they routinely ask pregnant women about their alcohol consumption.

- Aboriginal health workers were **more** likely to routinely ask pregnant women about their alcohol consumption (96%), and midwives were significantly **less** likely to do so (74%).
- Those who worked in private hospitals were also significantly **less** likely to do so (42%).
- Health professionals who were somewhat familiar with the content of the Alcohol Guidelines were significantly **more** likely to do this (95%) and those who are not familiar with the content of the guidelines were **less** likely to regularly ask patients/clients about alcohol consumption (78%).

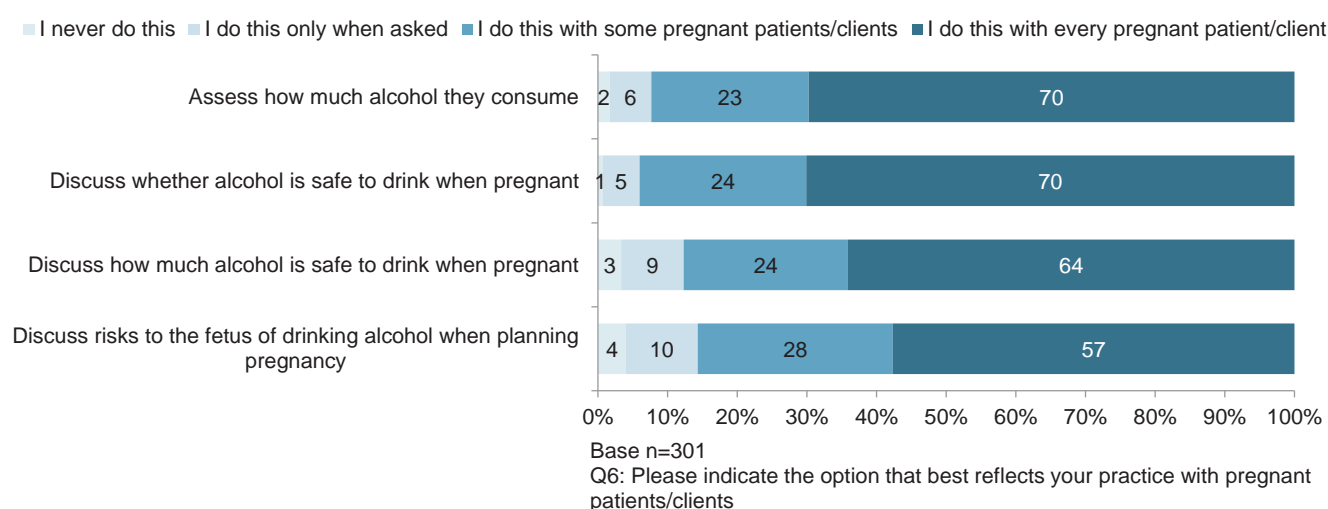
Figure 7 Routinely ask pregnant women about their alcohol consumption



Usual practice with pregnant patients/clients in discussing alcohol consumption

The majority of health professionals surveyed indicated that they are assessing the level of alcohol consumption of pregnant patients/clients (70%), and are discussing whether alcohol is safe to drink when pregnant (70%), with every patient/client. This proportion dropped when asked whether they were discussing how much alcohol is safe to drink during pregnancy (64% do so with every patient/client) and whether they were discussing the risks to the fetus of alcohol consumption during pregnancy (57% do so with every patient/client).

Figure 8 Usual practice with pregnant patients/clients



Assessing how much alcohol pregnant patients/clients consume

Seven in ten (70%) respondents indicated that they assess every pregnant patient/client's alcohol consumption, and 23% said they do this with some pregnant patients/clients. A minority (2%) said they never do this.

- Health professionals who are familiar with Alcohol Guidelines were **more** likely to do this with every pregnant patient/client (81%).
- Health professionals who work full-time were **more** likely to say they do this with every pregnant patient/client (74%).
- Community based health professionals were **more** likely to say they do this with every pregnant patient/client (87%) whereas those based in private hospitals were **less** likely to do this (8% said they never did).

Discussing whether alcohol is safe to drink when pregnant

Seven in ten (70%) respondents indicated that they discuss with every pregnant patient/client whether alcohol is safe to drink, with a further quarter (24%) doing this with some pregnant patients/clients. Only 1% said they never do this.

- Health professionals who are familiar with the Alcohol Guidelines were **more** likely to do this with every pregnant patient/client (83%).
- Health professionals who work full-time were **more** likely to say they do this with every pregnant patient/client (75%).
- Community based health professionals were **more** likely to say they do this with every pregnant patient/client (87%).

Discussing how much alcohol is safe to drink when pregnant

Almost two thirds (64%) of respondents indicated they discuss with every pregnant patient/client how much alcohol it is safe to drink, with a further 24% doing this with some patients. Three percent (3%) said they never do this.

- Aboriginal health workers were **more** likely to do this with every pregnant patient/client (84%), and midwives were **less** likely to (7% said they never do).
- Health professionals who are familiar with the Alcohol Guidelines were **more** likely to do this with every pregnant patient/client (74%).
- Community based health professionals were **more** likely to say they do this with every pregnant patient/client (92%).
- Health professionals who work full time were **more** likely to do this with every pregnant patient/client (70%) and those who work part-time were **less** likely to (7% said they never do this).

Discussing the risks to the fetus of drinking alcohol when planning pregnancy

Over half of respondents (57%) indicated that they discuss with every pregnant patient/client the risks to the fetus of drinking alcohol when planning pregnancy, with a further 28% doing this with some patients/clients. Four percent (4%) said they never do this.

- Aboriginal health workers were **more** likely to do this with every patient/client (84%), whereas midwives were **less** likely to do this with every patient/client (47%).
- Health professionals who are familiar with the Alcohol Guidelines were **more** likely to do this with every pregnant patient/client (73%).

- Health professionals who work full-time were **more** likely to say they do this with every pregnant patient/client (63%).

Initiating discussions about pregnancy and alcohol

Table 5 Who initiates discussions about pregnancy and alcohol

	GP	Midwife	Obstetrician/ Gynaecologist	Aboriginal Health Worker	Total
I do	76%*	53%*	70%*	58%*	65%
The patient/client does	3%	5%	6%	-	4%
Neither – it doesn't usually get discussed	1%	1%	2%	-	1%
It depends on the circumstances	20%*	33%*	16%*	38%*	27%
Other	0%*	8%*	6%	4%	4%
Base	101	100	50	50	301
Q4. Who usually initiates discussions about alcohol in relation to pregnancy?					
Base: all respondents, n=301					

Almost two-thirds (64%) of health professionals indicated that they are usually the one to initiate discussions about pregnancy and alcohol consumption.

- GP's were **more** likely to initiate discussions themselves (76%), and midwives were **less** likely to do so (53%).
- Respondents working in private practice were **more** likely to initiate discussions themselves (solo private practice 85%; group private practice 74%), whereas those working in private hospitals were **less** likely to do this (17%).
- Those who were familiar with the Alcohol Guidelines were **more** likely to say that they initiated discussions themselves (79%) and those who were not familiar with the content of the guidelines were **less** likely to do this (52%).

More than a quarter (27%) indicated that initiation of discussion about alcohol consumption in relation to pregnancy depends on the circumstances.

- Aboriginal health workers were **more** likely to say this (38%).
- Health professionals in private hospitals were **more** likely to say this (63%).

A minority of health professionals (4%) said that the patient/client initiates discussion about alcohol consumption in relation to pregnancy.

- Those who had not heard of the Alcohol Guidelines were **more** likely to indicate that the patient/client initiates these discussions (9%).

Among the 4% who gave other responses, some indicated that discussion about alcohol in pregnancy usually happens at admission or booking in (n=5).

Assessment tools used

Health professionals were asked about which tools they used to assess patients alcohol consumption. Of those who used an assessment tool/questionnaire, most used either the CAGE, AUDIT, AUDIT-C, or TWEAK questionnaires.

CAGE (or Cut down, Annoyed, Guilty, Eye-opener) is a four item questionnaire to determine alcohol-related issues. Two or more positive responses suggest that the client may have an alcohol dependency problem².

The Alcohol Use Disorders Identification Test (AUDIT) is a ten question tool used to assess alcohol consumption, developed by the World Health Organisation. The AUDIT-C is a shorter, three question version of this test, which focuses on alcohol consumption measures only.³

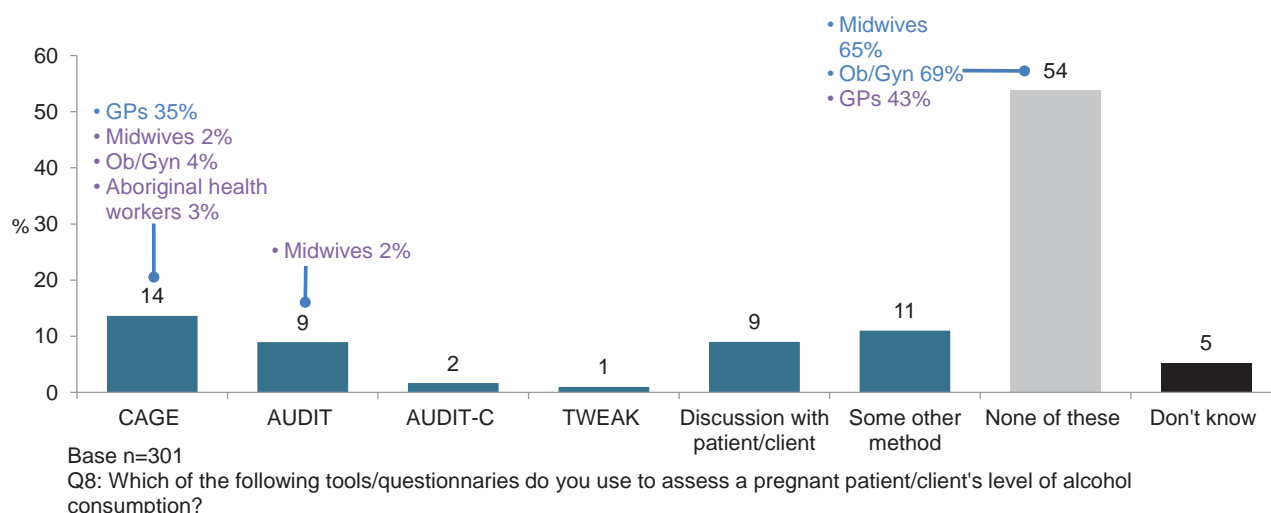
The TWEAK (Tolerance, Worried, Eye-opener, Amnesia, K/Cut down) is a five question test specifically designed to screen pregnant women for alcohol consumption problems.⁴

² Ewing JA. Detecting alcoholism: The CAGE questionnaire. JAMA Journal of the American Medical Association 1984; 252: 1905-1907

³ Dawson, D. Grant, B., Stinson, F. and Zhou, Y. (2005). Effectiveness of the derived Alcohol Use Disorders Identification Test (AUDIT-C) in screening for alcohol use disorders and risky drinking in the US general population. Alcohol Clinical and Experimental Research Vol 29, No 5. Pp 844-854.

⁴ Chan, A. K. Pristach, E. A. Welte, J. W. and Russell, M. (1993). The TWEAK test in screening for alcoholism/ heavy drinking in three populations. Alcoholism: Clinical and Experimental Research 6: 1188 1192.

Figure 9 Assessment tools used to assess levels of alcohol consumption



Over half of respondents (54%) said that they do not use any tools or questionnaires to assess their pregnant patients'/clients' level of alcohol consumption. Midwives and obstetricians/gynaecologists were less likely to use assessment tools or questionnaires (65% and 69%, respectively, did not use any).

The most used measure was CAGE, which was used by 14% of respondents to assess pregnant patients'/clients' alcohol consumption level.

- GPs were **more** likely to use CAGE (35%), and midwives, obstetricians/gynaecologists, and Aboriginal health workers were **less** likely to use this method (2%, 4% and 3% respectively).
- Use of CAGE also differed by place of practice with those working in public hospitals significantly **less** likely to use it (2%).

Almost one in ten used AUDIT (9%) and a further 2% used AUDIT-C.

- Midwives were **less** likely to use AUDIT (2%).
- Health professionals working full-time were more likely to use AUDIT (12%), and those working part-time were **less** likely to use it (1%).

Eleven percent (11%) used another method, including the Victorian Maternity Record (VMR), TACE (similar to the CAGE, also asks four questions; Take, Annoyed, Cut down, Eye opener), SNAPE (overall health questionnaire, specific to Aboriginal health; Smoking, Nutrition, Alcohol, Physical activity and Emotional health), Queensland Health Guide, Obstetrics, questions on the admission form or their own questionnaire/guide.

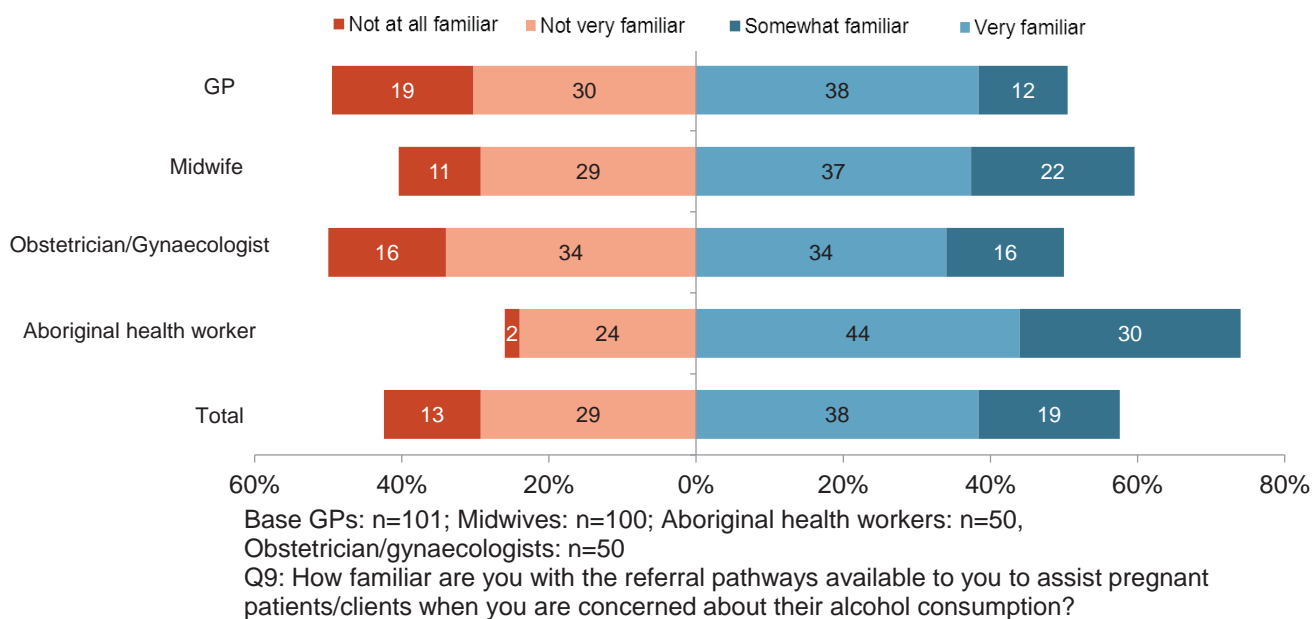
Familiarity with referral pathways

Almost one in five (19%) respondents indicated that they were very familiar with the referral pathways available to them, a further 38% were somewhat familiar. However, over four in ten of the health professionals surveyed

(42%) were not very/not at all familiar with referral pathways available to assist pregnant patients/clients with their alcohol consumption. This did not differ significantly by role, but there were some differences by respondent type:

- Those who are very familiar with the Alcohol Guidelines were **more** likely to also be very familiar with referral pathways (57%).
- Community based health professionals were **more** likely to be very familiar with referral pathways (43%). Those in a solo private practice were **less** likely to be familiar with referral pathways (46% not very familiar).
- Those whose patients/clients are primarily from lower income households were **more** likely to be very familiar with referral pathways (31%). Those whose patients/clients are primarily from higher and middle income households were **less** likely to be very familiar with referral pathways (6% and 9% respectively).
- Health professionals in urban areas were **less** likely to be familiar with the referral pathways available (19% not at all familiar).

Figure 10 Familiarity with referral pathways



3.3 Advice given about alcohol and pregnancy/breastfeeding

Most health professionals said that they advised pregnant patients/clients to abstain from drinking alcohol (76%). GPs were most likely to give this advice (87%). More than one in ten (14%) advised that there is no safe level of alcohol consumption during pregnancy, and midwives were most likely to give this advice (27%). A minority of health professionals indicated that there was a lack of evidence on the effects of alcohol on pregnancy (5%), including 10% of midwives.

Table 6 Advice given about alcohol consumption and pregnancy

	GP	Midwife	Obstetrician/ Gynaecologist	Aboriginal Health Worker	Total
Abstain	87%*	76%	74%	54%*	76%
Explain risk to baby	8%*	19%	6%*	56%*	20%
No safe level of alcohol	6%*	27%*	18%	2%*	14%
Occasional small amount is reasonable	2%*	8%	18%*	0%*	6%
Explain FASD	4%	6%	4%	14%	6%
Lack of evidence on the effects of alcohol	3%*	10%*	6%	-*	5%
Base	101	100	50	50	301

Q3a. What advice do you generally give to women about alcohol consumption during pregnancy? (open response)

Base: all respondents, n=301

Most health professionals advised abstaining from alcohol while breastfeeding (59%) (albeit a smaller proportion than advised abstinence during pregnancy). As with advice to abstain during pregnancy, GPs were more likely to give this advice to breastfeeding women (70%), and Aboriginal health workers were less likely (44%).

Table 7 Advice given about alcohol consumption and breastfeeding

	GP	Midwife	Obstetrician/ Gynaecologist	Aboriginal Health Worker	Total
Abstain	70%*	56%*	54%*	44%*	59%
Alcohol passes through milk	11%*	26%*	12%*	32%*	20%
Plan feeds around alcohol consumption	3%*	35%*	10%*	2%*	15%
Cut down/minimise amount of alcohol	22%*	6%*	18%	12%	14%
Pump milk before drinking alcohol	2%*	24%*	4%*	4%*	9%
Base	101	100	50	50	301

Q3b. What advice do you generally give to women about alcohol consumption and breastfeeding? (open response)

Base: all respondents, n=301

3.4 Barriers and facilitators of discussions about alcohol

Difficulties discussing pregnancy and alcohol

The main difficulties identified by health professionals, in discussing pregnancy and alcohol, were concern about the patients'/clients' discomfort (28%) and the lack of referral options (25%). A significant proportion, however, did not identify any difficulties in having these discussions (44%).

Nine percent (9%) of respondents said there were barriers that were not listed, and these included a lack of time (2%, n=5), language barriers (1%, n=4) or the presence of other people (including the patient's/client's partner, friend or family member 1%, n=2)

Table 8 Difficulties discussing pregnancy and alcohol

	GP	Midwife	Obstetrician/ Gynaecologist	Aboriginal Health Worker	Total
Concern about the patients discomfort when discussing their alcohol intake	23%	27%	18%	50%*	28%
Lack of referral options for adequately dealing with alcohol use problems once identified	22%	22%	18%	46%*	25%
Lack of knowledge about the amount of alcohol that is harmful in pregnancy	14%	12%	10%	28%*	15%
Lack of training in how to initiate the conversation	6%*	11%	-*	36%*	12%
Other (specify)	6%	14%	8%	4%	9%
None of these	52%	41%	56%	22%	44%
Base	101	100	50	50	369
Q7. What, if anything, can make it difficult for you to discuss alcohol consumption in pregnancy with your patients/clients? (multiple response)					
Base: all respondents, n=301					

Over a quarter (28%) of health professionals indicated that concern about the patient's/client's discomfort when discussing alcohol intake makes it difficult to discuss alcohol consumption in pregnancy.

- Aboriginal health workers were **more** likely to indicate this (50%).
- Health professionals aged 18-34 were **more** likely to say this (45%) and those aged over 55 years were **less** likely to indicate this (15%).

Lack of referral options for dealing with alcohol use problems was seen as a barrier to discussing alcohol consumption in pregnancy by 25% of health professionals.

- Aboriginal health workers were more likely to indicate this (46%).
- Health professionals aged 18-34 were more likely to indicate this (42%).

Overall, 15% of health professionals said that a lack of knowledge about the amount of alcohol that is harmful in pregnancy made it difficult for them to discuss alcohol consumption in pregnancy.

- Aboriginal health workers were **more** likely to indicate this (28%).

More than one in ten (12%) health professionals felt that lack of training in how to initiate the conversation made it difficult for them to discuss alcohol consumption in pregnancy.

- Aboriginal health workers were **more** likely to indicate this (36%), whereas GPs and obstetricians/gynaecologists were **less** likely see this as a barrier (6% and 0% respectively).
- Those who worked in a medical centre were **more** likely to see this as a barrier (24%).
- Those who had more contact with Aboriginal and Torres Strait Islander patients (more than 20% of patients being from Aboriginal and Torres Strait Islander backgrounds) were significantly **more** likely to see lack of training as a barrier (31%).
- Health professionals who lived in Western Australia were **more** likely to see this as a barrier (35%).
- Respondents living in cities were **less** likely to see lack of training as a barrier (6%), and health professionals aged 18-34 were **more** likely to say this (29%) and those aged over 55 years were **less** likely to see lack of training as a barrier (5%).

Comfort initiating discussions about alcohol consumption

Respondents were asked to rate how comfortable they felt initiating conversations with patients/clients about alcohol consumption. Comfort was rated on a scale of zero to ten, with zero being not at all comfortable, and ten being extremely comfortable.

Overall, health professionals reported high levels of comfort in initiating discussions about alcohol consumption with the various types of patients/clients asked about. The average comfort level was highest when initiating these conversations with women who are pregnant for the first time (mean comfort rating of 9.28 out of ten), and was similar for women who are breastfeeding, actively planning a pregnancy, or are pregnant for a second or subsequent time. Comfort was lower when initiating conversations about alcohol consumption with women of childbearing age (who are not pregnant or breastfeeding or actively planning pregnancy) (mean comfort rating of 8.57 out of ten).

Aboriginal health workers had, on average, significantly **lower** comfort ratings for each of the patient/client groups compared to the average:

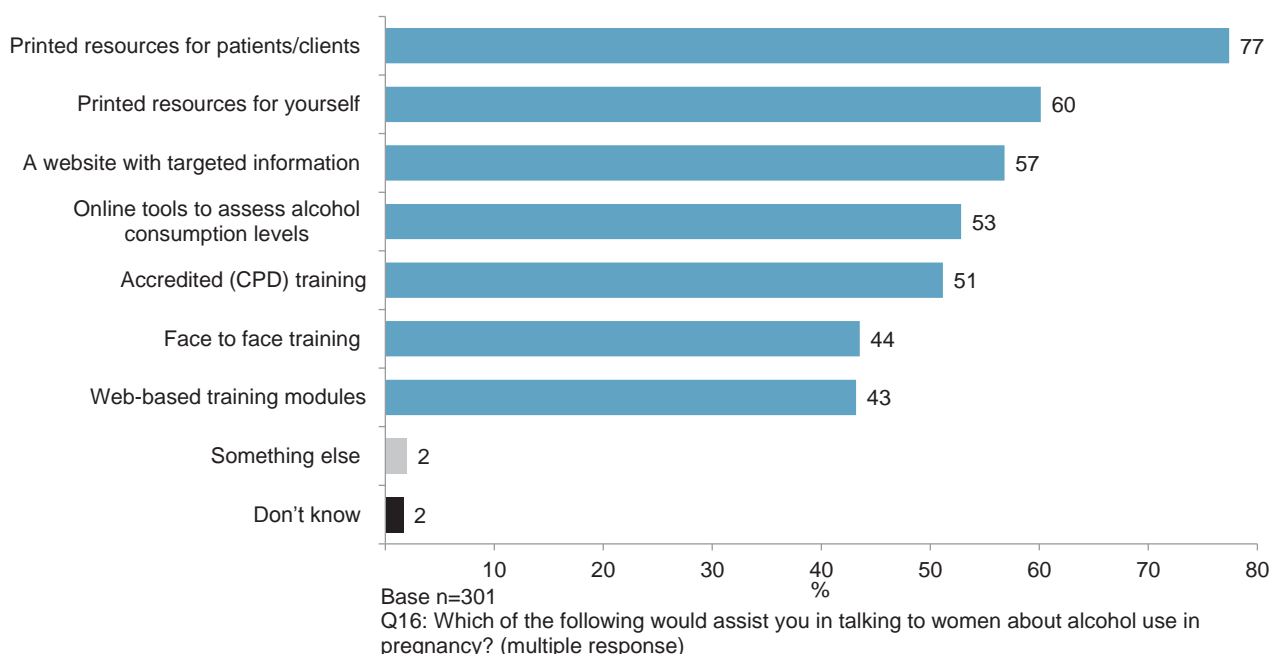
- Women who are pregnant for the first time: 8.78 out of ten (compared to 9.28 overall).
- Women who are actively planning a pregnancy: 8.44 out of ten (compared to 9.11 overall).
- Women who are pregnant for the second or subsequent time: 8.58 out of ten (compared to 9.08 overall).
- Women who are breastfeeding: 8.50 out of ten (compared to 9.14 overall).

Obstetricians/gynaecologists had significantly higher average comfort levels when initiating conversations about alcohol consumption with women who are actively planning a pregnancy (9.63), compared to the overall average (9.11).

Facilitators of discussions

Health professionals were asked what would assist them in talking to women about pregnancy and alcohol. Most health professionals thought that printed resources would help (printed resources for patients/clients 77%; printed resources for themselves 60%).

Figure 11 What would assist you in initiating discussions about alcohol consumption during pregnancy



Over three quarters (77%) of health professionals said that printed resources for patients/clients would assist them in talking to women about alcohol use in pregnancy.

- Aboriginal health workers were **more** likely to say this (92%), and GPs were **less** likely to (66%).

- Those who saw 6-20 pregnant women per week were **more** likely to say this (85%).

Six in ten (60%) health professionals said that printed resources for themselves would assist them in talking to women about alcohol use in pregnancy.

- Aboriginal health workers were **more** likely to say this (90%) and GPs were **less** likely to (47%).
- Community based workers were **more** likely to say this (76%) and those in group practices were **less** likely to say this (49%).

Over half (57%) of health professionals said that a website with targeted information would assist them in talking to women about alcohol use in pregnancy.

- Aboriginal health workers were **more** likely to say this (90%) and GPs were **less** likely to (33%).
- Community based workers were **more** likely to say this (81%) while those working in solo or group practices were **less** likely to (33% and 36% respectively).
- Health professionals based in NSW were also **less** likely to say this (44%)
- Health professionals aged 18-34 were **more** likely to say this (74%)

Over half (53%) of health professionals said that online tools to assess alcohol consumption levels would assist them in talking to women about alcohol use in pregnancy.

- Aboriginal health workers were **more** likely to say this (82%) and GPs were **less** likely to (44%).
- Community based workers were **more** likely to say this (73%) and those working in a group private practice were **less** likely to say this (40%).

Half (51%) of health professionals said that accredited (CPD) training would assist them in talking to women about alcohol use in pregnancy.

- Aboriginal health workers were **more** likely to say this (90%) and obstetricians/gynaecologists were less likely to (20%).
- Community based workers were **more** likely to say this (70%) as were those working in medical centres (76%) while those working in solo practices were **less** likely to (27%).
- Health professionals aged 35-54 were **more** likely to say this (56%) and those aged over 55 years were **less** likely to say this (39%).

More than four in ten (44%) health professionals indicated that face to face training would assist them in talking to women about alcohol use in pregnancy.

- Aboriginal health workers were **more** likely to say this (96%) and GPs and obstetricians/gynaecologists were **less** likely to (31% and 14% respectively).
- Those working in solo or group private practices were **less** likely to say this (21% and 31% respectively) whereas community based workers were **more** likely to say this (71%).
- Female health professionals were **more** likely to say this (52%).

Over four in ten (43%) health professionals said that web-based training modules would assist them in talking to women about alcohol use in pregnancy.

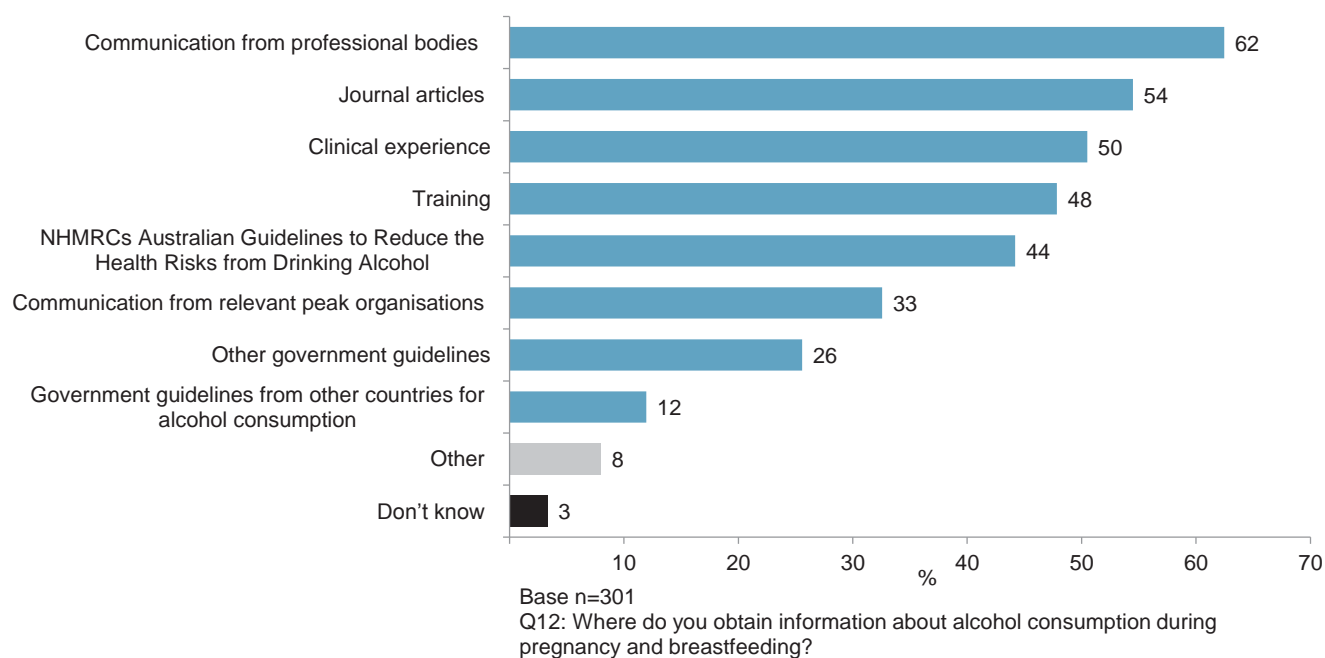
- Aboriginal health workers were **more** likely to say this (82%) and GPs were **less** likely to (23%).
- Community based workers were **more** likely to say this (65%) whereas those working in a group or solo private practice were **less** likely to (33% and 15% respectively).
- Health professionals in the Northern Territory and in South Australia were **more** likely to say this (82% and 63% respectively).

3.5 Information sources about alcohol consumption used by health professionals

Information sources used

Most health professionals said that they source information about alcohol consumption during pregnancy and breastfeeding from professional bodies (62%). Over half (54%) consulted journal articles, and half (50%) obtained information through their clinical experience. Over two fifths (44%) said they used the Alcohol Guidelines for information about pregnancy/breastfeeding and alcohol. This varied by role and situation, as described below.

Figure 12 Sources used for information about alcohol consumption during pregnancy and breastfeeding



Overall, 62% of health professionals said that they obtain information about alcohol consumption during pregnancy and breastfeeding via communication from professional bodies.

- GPs were **less** likely to say this (47%) whereas Aboriginal health workers and obstetricians/gynaecologists were **more** likely to say this (88% and 80% respectively).
- Health professionals who see more than 20 pregnant patients/clients per week were **more** likely to say this (77%).
- Those who were somewhat familiar with the Alcohol Guidelines were **more** likely to obtain information about alcohol consumption from professional bodies (72%) and those who had not heard of the guidelines were **less** likely to (40%).

Over half (54%) of health professionals obtained information about alcohol consumption during pregnancy and breastfeeding from journal articles.

- GPs were **less** likely to say this (47%) and obstetrician/gynaecologist were significantly **more** likely (70%).

Half (50%) of health professionals indicated that they obtain information about alcohol consumption during pregnancy and breastfeeding from clinical experience.

- Aboriginal health workers **more** likely to say this (86%) and GPs were **less** likely to (37%).
- Community based health professionals were **more** likely to say this (78%).
- City dwellers were **less** likely to say this (42%).

Nearly half (48%) of health professionals said that they obtain information about alcohol consumption during pregnancy and breastfeeding through training.

- Aboriginal health workers were **more** likely to say this (76%) and GPs were **less** likely to (28%).
- Those who saw over 20 pregnant patients/clients per week were **more** likely to say this (61%).
- Community based workers were **more** likely to say this (84%).
- Health professionals who worked in a group private practice were **less** likely to say this (36%), as were those based in medical centres (32%).
- Those who were somewhat familiar with the Alcohol Guidelines were **more** likely to obtain information about alcohol consumption through training (60%).

Over two fifths (44%) of health professionals obtained information about alcohol consumption during pregnancy and breastfeeding from the Alcohol Guidelines.

- Obstetrician/gynaecologists were **less** likely to say this (30%) and Aboriginal health workers were **more** likely to (72%).
- Health professionals working in public hospitals were **less** likely to say this (34%) whereas community based workers were **more** likely to (84%).

A third (33%) of health professionals obtain information about alcohol consumption during pregnancy and breastfeeding from communications from relevant peak organisations.

- Aboriginal health workers were **more** likely to indicate this (84%) and GPs were **less** likely to (17%).
- Those who were community based were **more** likely to say this (78%) whereas those in group private practice were **less** likely to say this (21%).

Over a quarter (26%) obtained information about alcohol consumption during pregnancy and breastfeeding from government guidelines (other than the NHMRC Alcohol Guidelines).

- GPs were **less** likely to say this (9%) and Aboriginal health workers **more** likely to (72%).
- Health professionals working in solo private practice **less** likely to say this (9%) as were those working in a group private practice (10%) whereas community based health professionals were **more** likely to say this (6%).
- Those who were somewhat familiar with the NHMRC Alcohol Guidelines were **more** likely to use other government guidelines (38%), and those who had not heard of the NHMRC guidelines were **less** likely to (15%).

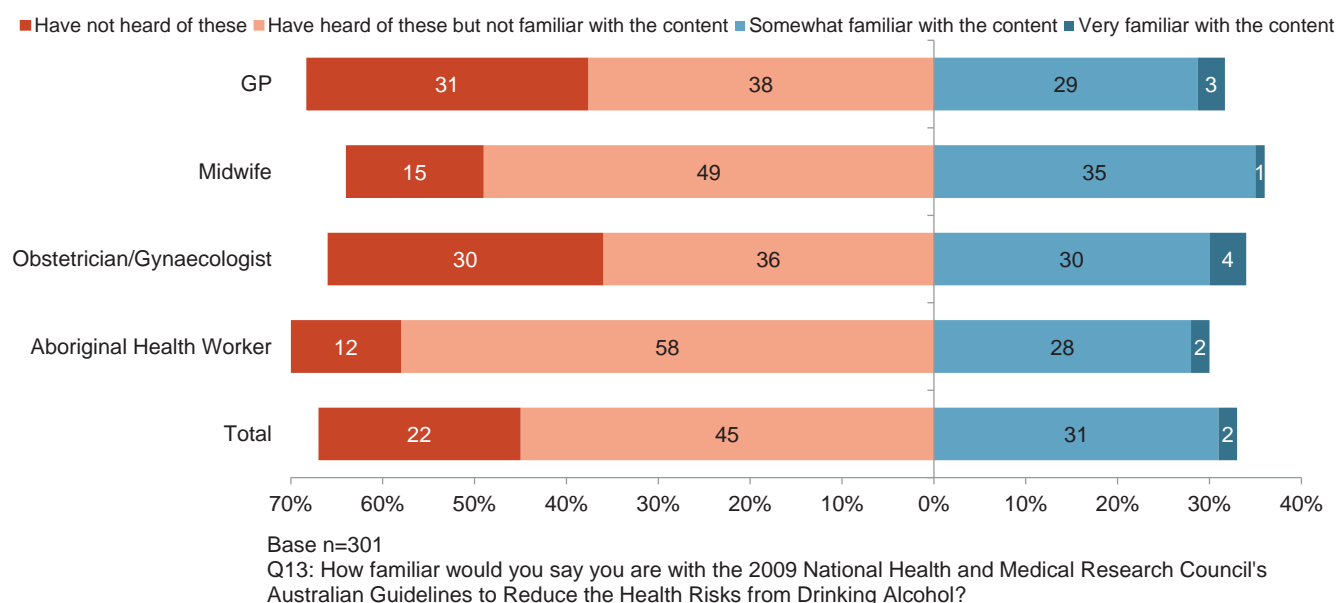
Over one in ten (12%) of health professionals said that they obtain information about alcohol consumption during pregnancy and breastfeeding from government guidelines from other countries.

- GPs were **less** likely to say this (6%) whereas Aboriginal health workers were **more** likely to (24%).
- Health professionals working in a group private practice were **less** likely to say this (3%) whereas those working in private hospitals and community based health professionals were **more** likely to say this (25% and 24% respectively).

Familiarity with the Alcohol Guidelines

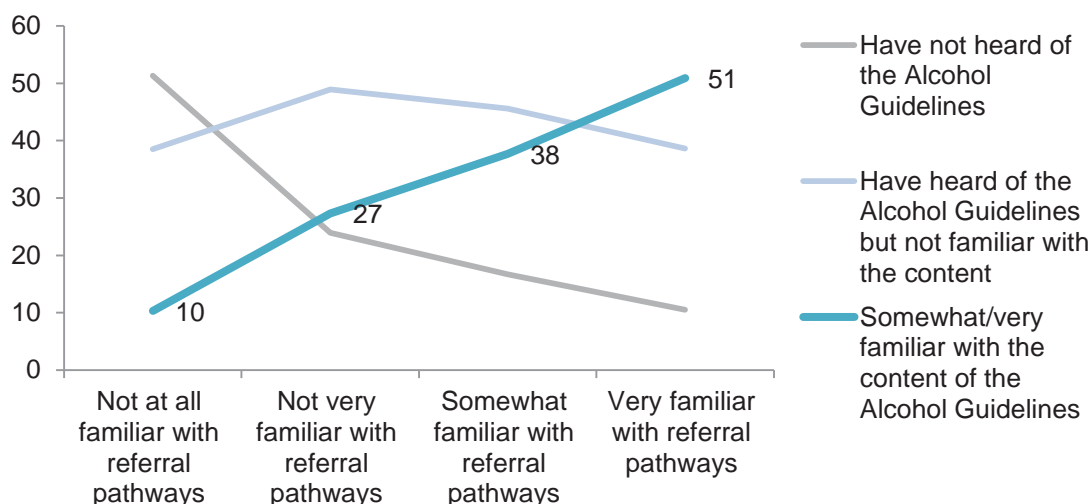
A third (33%) of respondents said they were somewhat or very familiar with the Alcohol Guidelines. Almost half (45%) had heard of the guidelines but were not familiar with the content. Over one in five (22%) had not heard of the guidelines. This did not vary by role or situation of the health professional.

Figure 13 Familiarity with the Alcohol Guidelines about reducing health risks from drinking alcohol



The health professionals who were more familiar with the Alcohol Guidelines were also more familiar with referral pathways available to them to assist patients/clients with alcohol consumption problems. Those who had not heard of the Alcohol Guidelines were less likely to be familiar with referral pathways.

Figure 14 Familiarity with the Alcohol Guidelines and referral pathways

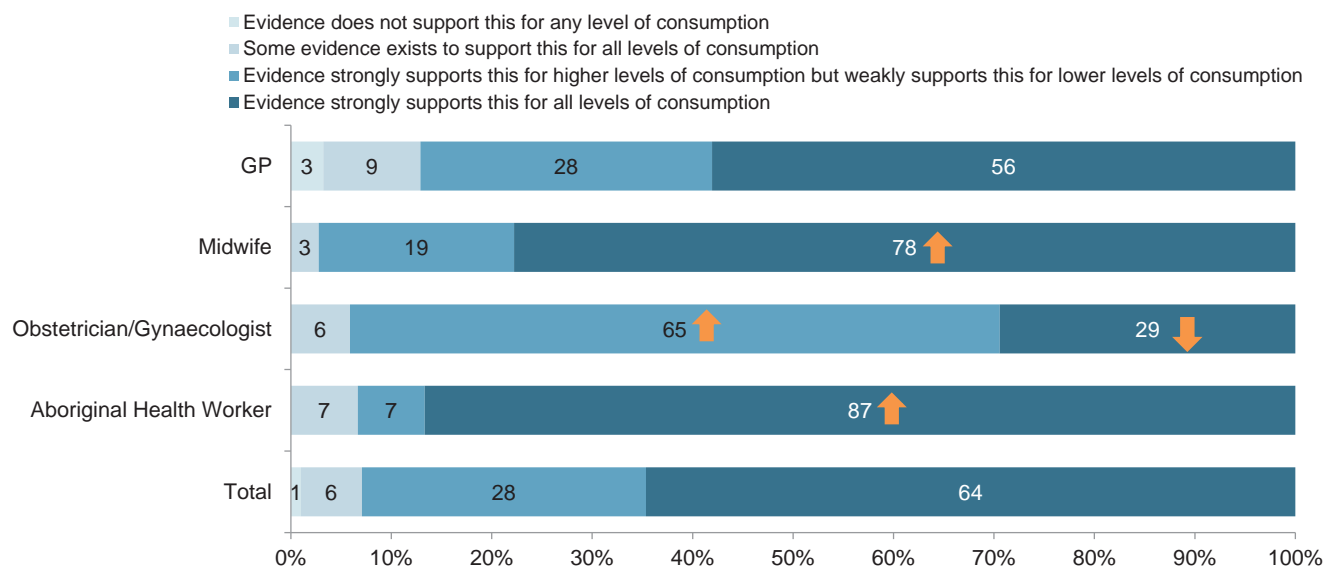


Q9. How familiar are you with the referral pathways available to you to assist pregnant patients/clients when you are concerned about their alcohol consumption? Base: n=301
 Q13. How familiar would you say you are with the 2009 National Health and Medical Research Council's Australian Guidelines to Reduce the Health Risks from Drinking Alcohol? Base: n=301

Views on strength of evidence supporting the Alcohol Guidelines

Evidence for Alcohol Guideline 4a: For women who are pregnant or planning a pregnancy, the safest option is to not drink alcohol

Figure 15 Views on strength of evidence for Alcohol Guideline 4a



Base: Those familiar with Guidelines (GPs: n=32; Midwives: n=36; Obstetrician/sgynaecologists: n=17, Aboriginal health workers: n=15)
 Q14 In your view how strong would you say the evidence is that supports the following guidelines? - NHMRC GUIDELINE 4a: For women who are pregnant or planning a pregnancy, the safest option is not to drink alcohol

Overall, 64% of health professionals thought that evidence strongly supports the Alcohol Guideline 4a (for women who are pregnant or planning a pregnancy, the safest option is not to drink alcohol) for all levels of consumption.

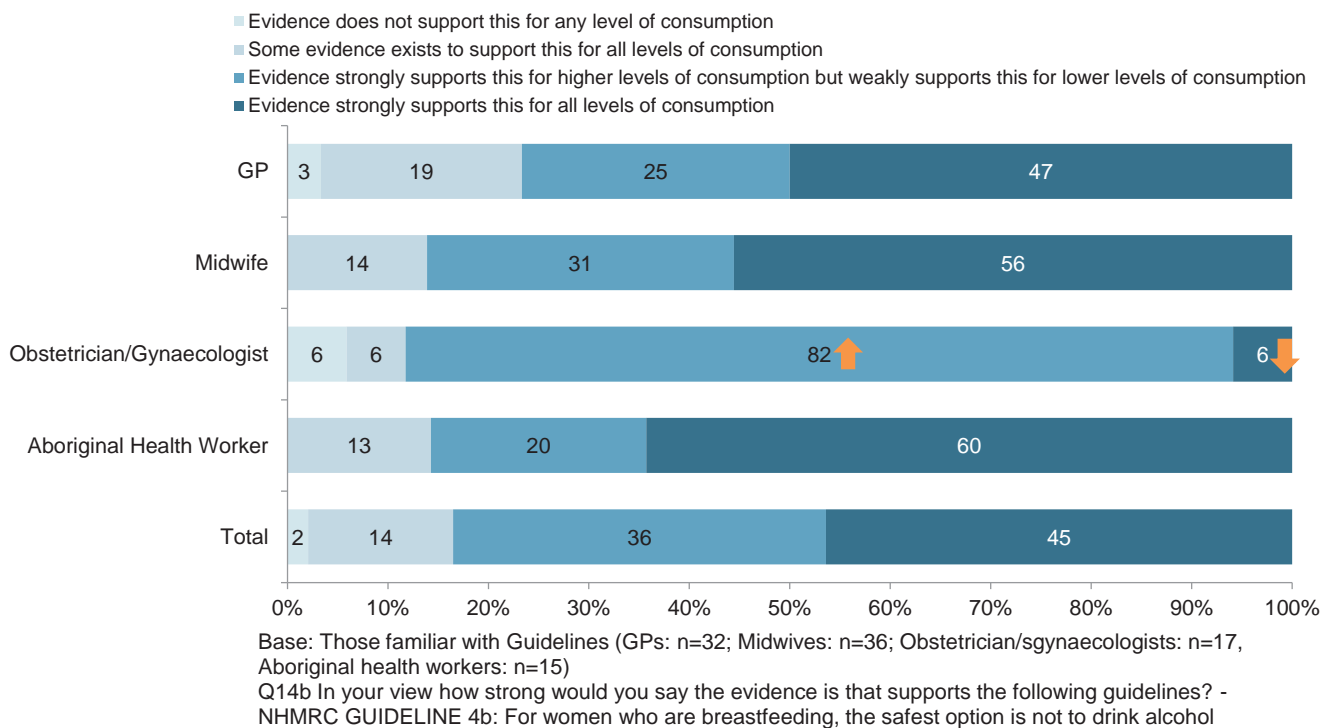
- Midwives were **more** likely to say this (78%) as were Aboriginal health workers (87%).
- Obstetricians/gynaecologists were **less** likely to say this (29%).

Overall, 28% said that evidence strongly supports this for higher levels of consumption but weakly supports it for lower levels. Only 1% thought that there was no supporting evidence.

- Obstetricians/gynaecologists were **more** likely to think that there is strong evidence for higher levels and weaker evidence for lower levels of consumption.

Evidence for Alcohol Guideline 4b: For women who are breastfeeding, the safest option is to not drink alcohol

Figure 16 Views on strength on evidence for Alcohol Guideline 4b



Overall, more than four in ten (45%) thought that evidence strongly supports guideline 4b for all levels of alcohol consumption, with a further 36% agreeing that there was strong evidence for higher levels of consumption and weaker evidence for lower levels.

- Obstetricians/gynaecologists were **less** likely to say that evidence strongly supports this guideline for all levels of consumption (6%), and were **more** likely to think that there is strong evidence for high levels of consumption but that the evidence weakly supports lower levels of consumption (82%).

Views of effectiveness of brief intervention in modifying alcohol consumption

Three quarters of health professionals (75%) thought that brief intervention can be somewhat or very effective in assisting patients/clients to modify their alcohol consumption, including almost one in five (19%) who said it can be very effective.

- Obstetrician/gynaecologists were **less** likely to say that brief interventions can be very effective (6%), and Aboriginal health workers were **more** likely to view brief interventions as very effective (36%).

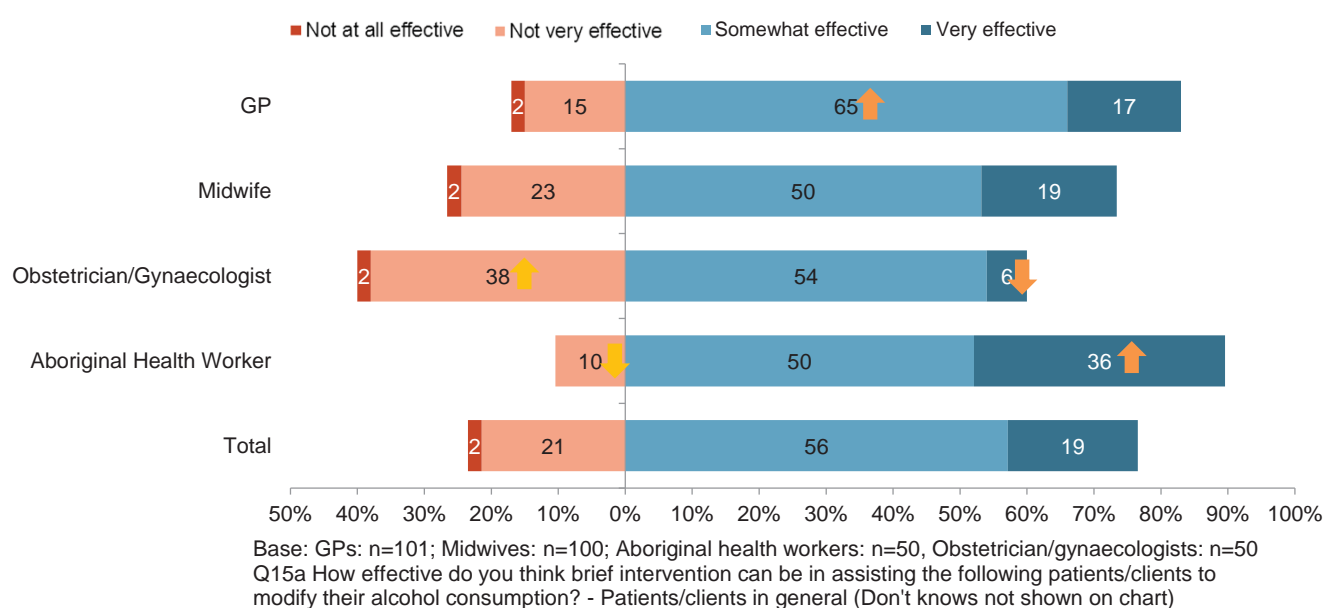
Over half (56%) of health professionals said that brief intervention to modify patients'/clients' alcohol consumption can be somewhat effective.

- GPs were **more** likely to say that brief interventions can be somewhat effective (65%).
- Health professionals working in public hospitals were **less** likely to say this (41%).

Just over one in five (21%) of health professionals said that brief intervention to modify patients'/clients' alcohol consumption is not very effective.

- Obstetrician/gynaecologists were **more** likely to say this (38%), whereas Aboriginal health workers were **less** likely to (10%).
- Health professionals working in public hospitals were **more** likely to say this (32%).

Figure 17 Effectiveness of brief intervention on patients/clients in general



Almost all respondents (93%) thought that brief intervention can be somewhat or very effective in assisting pregnant patients/clients to modify their alcohol consumption. This did not vary significantly by profession or situation.

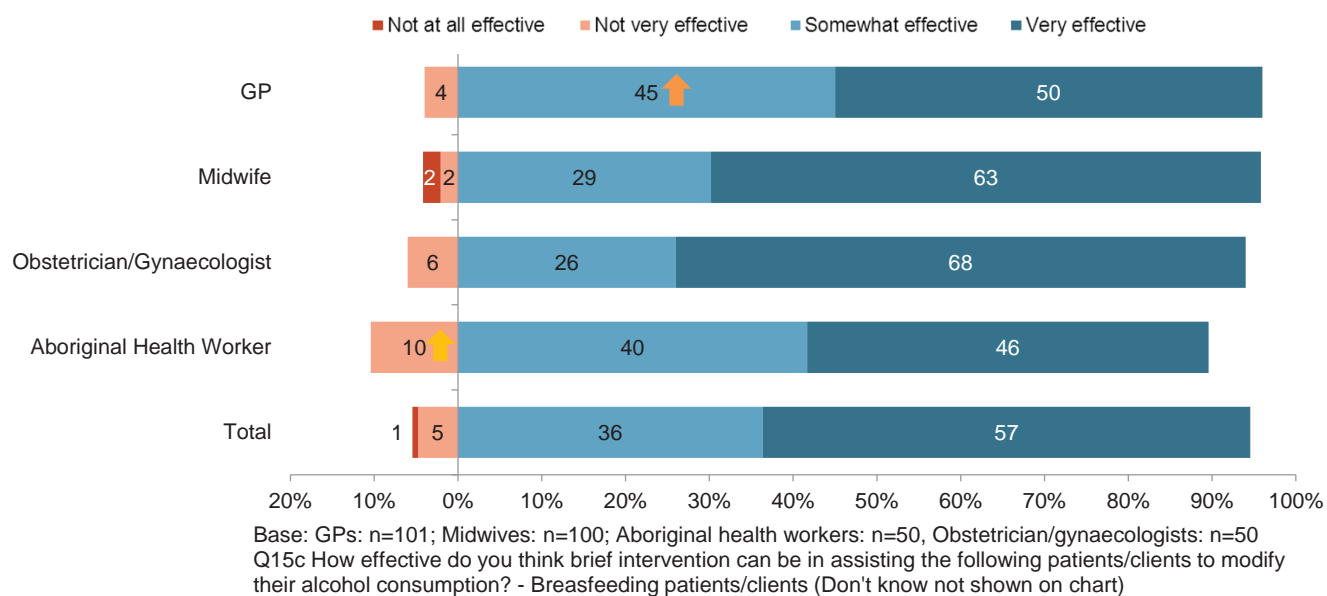
Figure 18 Effectiveness of brief intervention with pregnant patients/clients



Again, almost all respondents (93%) thought that brief intervention can be somewhat or very effective in assisting breastfeeding patients/clients to modify their alcohol consumption.

- GPs were significantly **more** likely to say that brief intervention is somewhat effective for breastfeeding women (45%).
- Aboriginal health workers **more** likely to say that brief intervention is **not** very effective for breastfeeding women (10%).

Figure 19 Effectiveness of brief intervention with breastfeeding patients/clients



4. Conclusions

Awareness of the Alcohol Guidelines

A key objective of this research was to provide a baseline measurement of awareness among health professionals of the Alcohol Guidelines. Nearly four out of five (78%) health professionals surveyed indicated that they have heard of the Alcohol Guidelines; however this dropped to one third (33%) when it came to being somewhat or very familiar with the content of the guidelines. This did not vary significantly by role or situation. Whilst this shows there is a high level of basic awareness of the existence of the guidelines, there remain over one in five (22%) health professionals who have not heard of the guidelines before and more two in five (45%) who are aware of the existence of the guidelines but are not familiar with the content.

Fewer than half (44%) of health professionals said that they obtain information about alcohol consumption during pregnancy and breastfeeding from the Alcohol Guidelines, with the main source being communication from professional bodies (62%).

Discussions about alcohol consumption during pregnancy and breastfeeding

Another key objective of the research was to measure the extent to which health professionals routinely initiate discussions with their pregnant patients/clients about alcohol consumption. The research found that most health professionals are discussing alcohol consumption with pregnant patients/clients; but that discussions about alcohol consumption are less common with breastfeeding patients/clients (83% discuss alcohol consumption with patients/clients who are pregnant for the first time, 75% with those pregnant for a second/subsequent time, and 64% with those who are breastfeeding).

Over two-fifths (44%) of health professionals did not identify any difficulties in discussing alcohol consumption with pregnant patients/clients, and only 15% said that lack of knowledge about the amount of alcohol that is harmful in pregnancy makes it difficult to discuss alcohol and pregnancy with patients/clients. Concern about the patient's discomfort was the main difficulty identified (28%). However, most health professionals indicated that they are very comfortable in initiating conversations about alcohol consumption (83% gave a comfort score of 9 or ten out of ten in initiating conversations about alcohol with women who are pregnant for the first time, and 77% did so in relation to women who are breastfeeding).

A quarter of health professionals identified a lack of referral options as making it difficult to discuss alcohol and pregnancy with patients/clients (25%). Relating to this, over two fifths (42%) of health professionals surveyed are not familiar with the referral pathways available to them to assist pregnant patients/clients whose alcohol consumption they are concerned about. This was highest among those who had not heard about the Alcohol Guidelines.

In terms of the content of discussions around pregnancy and alcohol, seven out of ten health professionals indicated that they assess the amount of alcohol being consumed by every pregnant patient/client they see, and discuss whether alcohol is safe to drink when pregnant (70% each). A smaller proportion, however, said that they discuss the risk to the fetus with every patient/client (57%).

Advice given by health professionals

The research also sought to establish what advice health professionals are providing to their pregnant and breastfeeding patients/clients, and how closely this advice aligns with the Alcohol Guidelines. Most health professionals said that the advice they generally gave to pregnant women about alcohol consumption was to abstain (76%), and/or there was no safe level of alcohol during pregnancy (14%). Further to this, the research indicated that it is a widely held view among health professionals that pregnant women cannot consume any alcohol without risk to the fetus (86% overall, with no significant differences by role or situation).

However the proportion of health professionals advising abstinence dropped in relation to breastfeeding patients/clients: with 59% of health professionals advising drinking no alcohol at all during breastfeeding. More than one in ten said that they advise a reduction in alcohol consumption during breastfeeding (14%).

The higher proportion of health professionals advising abstinence from alcohol during pregnancy than during breastfeeding reflects views about the evidence supporting the guidelines for pregnancy and breastfeeding women. Most health professionals view the evidence as strongly supporting Guideline 4a (for pregnant women) (64%), but opinion is more divided over the strength of evidence for Guideline 4b (for breastfeeding women). Less than half (46%) of health professionals believe the evidence strongly supports this for all levels of consumption, and over a third (36%) are of the view that this evidence is weak, but is strong for higher levels of consumption.

Relationship between the advice given by health professionals and familiarity with the Alcohol Guidelines

The research indicates that the more familiar health professionals were with the Alcohol Guidelines, the greater the likelihood of them discussing alcohol consumption with patients/clients.

Health professionals who were familiar with the Alcohol Guidelines were more likely to talk about alcohol consumption with pregnant women, including 94% with patients who are pregnant for the first time and 87% with patients who are pregnant for the second or subsequent time. Those familiar with the Alcohol Guidelines were also more likely to talk about alcohol consumption with breastfeeding patients (72%) and teenage/young adult patients (60%).

Health professionals who were familiar with the Alcohol Guidelines were also more likely to discuss the risks to the fetus of drinking alcohol when planning pregnancy (73%) and were more likely to initiate conversations about alcohol and pregnancy themselves (79%).

The health professionals who were more familiar with the Alcohol Guidelines were also more familiar with referral pathways available to them to assist patients/clients with alcohol consumption problems.

Differences between professions

Although the levels of awareness and familiarity with the Alcohol Guidelines indicated by the survey did not vary between different types of health professional, the research has shown there are some marked differences in the practices of the various target audiences of the research, in relation to alcohol and pregnancy. This section summarises the key ways in which the findings for each of the four professions included in the research differ from the overall findings.

General Practitioners

The research indicates that, whilst equally likely to talk about alcohol consumption with pregnant patients/clients, General Practitioners (GPs) are more likely to initiate conversations with patients/clients about alcohol consumption themselves (as opposed to waiting for the patient/clients to initiate the discussion) (77%) and are more likely to talk about alcohol consumption with women who are actively planning a pregnancy (80%).

Despite being more likely to have the view that brief interventions are very effective in modifying alcohol consumption for breastfeeding patients/clients (45%), GPs indicated that they are less likely to talk about alcohol consumption with patients/clients who are breastfeeding (56%) when compared to the total sample of health professionals.

As well as being more likely to initiate conversations about alcohol consumption, GPs were more likely to advise abstinence during pregnancy (87%) and breastfeeding (70%).

GPs were less likely than others to seek information about alcohol and pregnancy, and showed less desire for information (both printed and online) and training to assist in conversations about alcohol and pregnancy.

Midwives

The midwives surveyed indicated that they are more likely (than the overall sample) to believe the evidence strongly supports Guideline 4a (about alcohol consumption and pregnancy) for all levels of consumption (78%). However, despite this, the findings also show that midwives are less likely to routinely ask pregnant women about their alcohol consumption (74%) and less likely to initiate this conversation themselves (53%). In addition, the research shows midwives are less likely to discuss the risks to the fetus of drinking alcohol with clients who are planning pregnancy (47%).

However, the survey indicated that midwives are more likely to talk about alcohol consumption with patients/clients who are breastfeeding (75%).

Obstetricians/Gynaecologists

Obstetricians/gynaecologists indicated that they are less likely to hold the view that the evidence strongly supports Guideline 4a (about alcohol consumption and pregnancy) and Guideline 4b (about alcohol consumption and breastfeeding) for all levels of consumption (29% and 6%, respectively).

Reflecting their views about the evidence supporting abstinence from alcohol during pregnancy and breastfeeding, obstetricians/gynaecologists are more likely than others to advise that an occasional small amount of alcohol during pregnancy is reasonable (18%).

In addition, obstetricians/gynaecologists are less likely to discuss alcohol consumption with patients/clients who are pregnant for the second or subsequent time (60%), and less likely to discuss it with women who are breastfeeding (34%).

There is less unmet demand for training in this area among obstetricians/gynaecologists. Fewer members of this profession identify a lack of training in how to initiate the conversation as a difficulty in discussing alcohol and pregnancy, and they have less desire for training to assist them in discussing alcohol and pregnancy (accredited CPD training, 20%; face to face training, 14%).

The obstetricians/gynaecologists indicated that they are less likely to seek information about alcohol and pregnancy from the NHMRC Alcohol Guidelines (30%), and are more likely to seek information from professional bodies (80%) and journal articles (70%).

Aboriginal Health Workers

The research indicates that Aboriginal health workers are more likely to hold the view that the evidence strongly supports guideline 4a (about alcohol consumption and pregnancy) for all levels of consumption (87%), and are generally more likely to discuss alcohol consumption with their patients/clients. This includes patients/clients who are pregnant for the first time (94%), pregnant for the second or subsequent time (92%), actively planning a pregnancy (82%), breastfeeding (90%), are of childbearing age (92%), and teenage/young adult patients (92%). In addition, the research shows that Aboriginal health workers are more likely to assess how much alcohol pregnant patients/clients consume (84%) and more likely to discuss the risks to the fetus of drinking alcohol when planning pregnancy (84%) with every patient/client.

Although Aboriginal health workers appear to be more likely to discuss alcohol consumption with their pregnant and breastfeeding patients/clients, the survey indicates that they are less likely to advise abstinence during pregnancy (54%) and breastfeeding (44%). Instead, they are more likely to explain the risks of alcohol to the baby during pregnancy (56%) and that alcohol passes through milk during breastfeeding (32%).

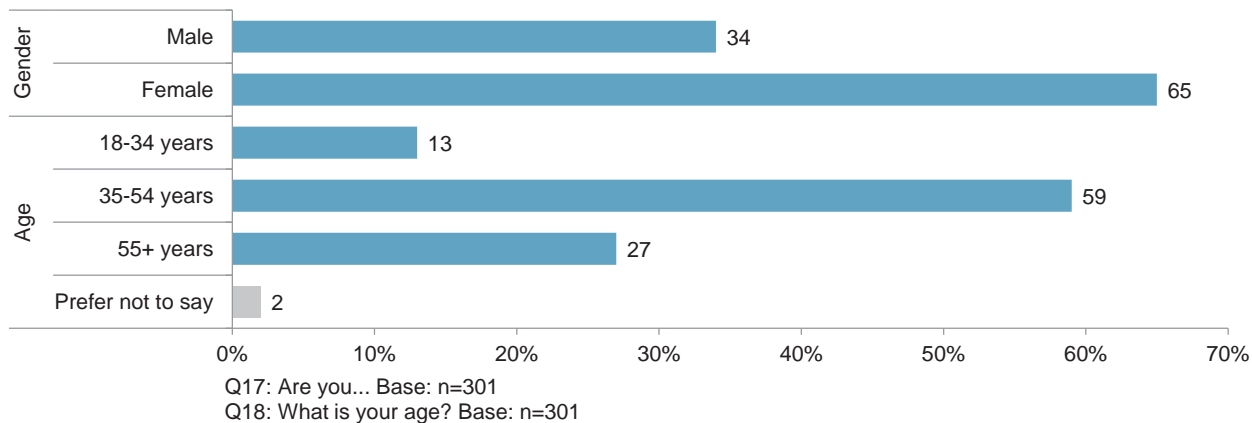
In addition, despite routinely having conversations with their patients/clients about alcohol consumption, Aboriginal health workers indicated that they are less comfortable than other healthcare professionals in initiating these discussions. Aboriginal health workers are also more likely to identify patient discomfort as a difficulty in discussing alcohol consumption in pregnancy (50%).

In addition to concerns around patient discomfort, the Aboriginal health workers surveyed were also more likely than others to identify a lack of referral options (46%), lack of training in how to initiate the conversation (36%), and lack of knowledge about the amount of alcohol that is harmful (28%) as difficulties when discussing alcohol consumption in pregnancy.

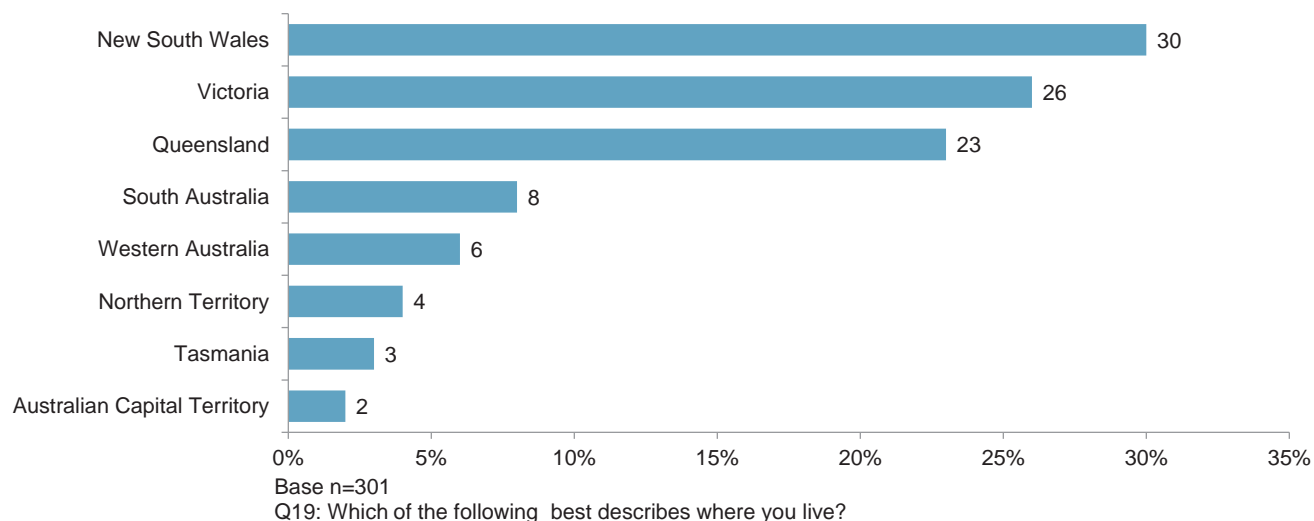
The research indicates that this profession are more likely to seek information about alcohol and pregnancy in general, and from various sources including the Alcohol Guidelines (72%). It also indicates that Aboriginal health workers have the most desire for information and training to assist them in conversations with patients/clients about alcohol and pregnancy. This included printed resources for patients/clients (92%) and themselves (90%), a website with targeted information (90%), online tools to assess alcohol consumption levels (82%), accredited CPD training (90%), face to face training (96%), and web-based training (82%).

Appendix A

Age and gender profile of health professionals surveyed



Location of health professionals surveyed



Appendix B

Table 1 The main risks of consuming alcohol while pregnant

	Percentage
Fetal Alcohol Syndrome (FAS)	64%
Fetal Alcohol Spectrum Disorders (FASD)	6%
Intrauterine growth restriction (IUGR)	18%
Damage to baby (general)	18%
Can cause developmental delays/low IQ	16%
Low birth weight/SGA	11%
Can cause premature labour	11%
Can cause miscarriage/still birth	10%
Congenital abnormalities	10%
Negative effects of mother's health	5%
Baby born with chemical dependency/withdrawal issues	4%
Mother at risk of falls/accidents	4%
Risk of liver damage	4%
Stated that there was a lack of data showing safe levels of alcohol consumption	3%
Dietary deficiencies/less optimal nutrition	3%
Behavioural problems	3%
Family/social impacts	3%
Long term problems for child	2%
Damage to facial features	2%
Risk of maternal depression/anxiety	2%
Fetal distress in labour	1%
Seizures/fits in new-borns	1%
Increased risks of SIDS	1%
Increased complications during pregnancy	1%
Poor breastfeeding outcomes after birth	1%
Other	2%
Base	301
Q10a. What are the main risks associated with consumption of alcohol while pregnant?	
Base: 301	

Table 2 The main risks of consuming alcohol while breastfeeding

	Percentage
Baby is consuming alcohol	44%
Neglect of baby/impaired parenting	24%
Can cause developmental delays/low IQ	21%
Damage to baby (general)	10%
Sedation/sleepy baby	9%
Mother at risk of falls/accidents	9%
Co-sleeping/mother smothering baby	8%
Poor milk supply/lactation issues	5%
Increased risks of SIDS	5%
Impaired growth of baby	4%
Feeding issues	3%
Baby born with chemical dependency/withdrawal issues	3%
Risk of liver damage	3%
Behavioural problems	3%
Risk of maternal depression/anxiety	3%
Physical health of mother	2%
Impaired motor skills	2%
No risk	2%
Fetal alcohol syndrome	2%
Dietary deficiencies/less optimal nutrition	2%
Family/social impacts	2%
Low birth weight/SGA	1%
Lack of data on safe levels	1%
Other	7%
Base	301
Q10b. What are the main risks associated with consumption of alcohol while breastfeeding?	
Base: 301	

Table 3 Advice given about alcohol consumption during pregnancy

	Percentage
Abstain	76%
Offer support program	19%
No safe level of alcohol	14%
Cut down/minimise amount of alcohol	6%
Occasional small amount is reasonable	6%
Explain risk to baby	6%
Stated there was a lack of evidence on the effects of alcohol on the fetus*	5%
Discuss long term/chronic health problems	4%
1 standard drink per day	4%
Advise not to binge drink	3%
No alcohol in first trimester	3%
Explain that alcohol passes to fetus	3%
Discussion of FASD	2%
Can cause small babies	2%
One standard drink on special occasions	2%
No alcohol prior to pregnancy/while trying to conceive	1%
Can cause learning/behavioural problems	1%
Can cause brain damage	1%
May impair mothers ability to care for baby	1%
Give out pamphlets/brochures	1%
Other	3%
Base	301
Q3a. What advice do you generally give to women about alcohol consumption during pregnancy?	
Base: 301	

*Lack of evidence: midwives were significantly more likely to say this (10%), GPs significantly less likely (3%)

Table 4 Advice given about alcohol consumption and breastfeeding

	Percentage
Abstain	59%
Alcohol passes through milk	20%
Plan feeds around alcohol consumption	15%
Cut down/minimise amount of alcohol	14%
Pump express milk before drinking	9%
Occasional small amount is reasonable	8%
Explain risk to baby	8%
One standard drink per day	7%
Wait until alcohol has been eliminated from body before breastfeeding	6%
Pump and dump/if drinking express and discard	6%
No safe level of alcohol	4%
Refer to Breastfeeding Association guidelines	3%
BAC is equal to the level in breast milk	2%
1 standard drink on special occasions	2%
May impair mothers ability to care for baby	2%
Can affect milk supply	1%
Stated there was a lack of evidence on the effects of alcohol on the fetus	1%
Give out pamphlets/brochures	1%
Other	3%
Base	301
Q3b. What advice do you generally give women about alcohol consumption and breastfeeding?	
Base: 301	