This publication was withdrawn on 5 November 2026

This publication has been superseded by the Clinical guidelines for alcohol treatment and NICE quality standard [QS204] on Fetal alcohol spectrum disorder.

Public Health England

Protecting and improving the nation's health

This guidance is being reviewed and will be updated in due course. In the meantime, the current guidance should be followed.

Maternity high impact area: Reducing the incidence of harms caused by alcohol in pregnancy



About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing and reduce health inequalities. We do this through world-leading science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. We are an executive agency of the Department of Health and Social Care, and a distinct delivery organisation with operational autonomy to advise and support government, local authorities and the NHS in a professionally independent manner.

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Foreword – Professor Viv Bennett

Giving every child the best start in life is a key strategic priority for Public Health England. If we want to achieve universal health improvement for babies and children and to narrow the health gap for those who are most vulnerable, we need to work together to embed care and support for healthy conception and pregnancy through care pathways for everyone of reproductive age.

Improving prevention through individualised care pathways, with groups of women at specific or increased risk of poor outcomes, and at a population level, is key to achieving the ambitions and recommendations of Better Births and reducing inequalities in outcomes for mothers and babies.

This resource supports the drive to increase action on prevention to improve wellbeing, reduce risk and tackle inequalities from preconception through to 6 to 8 weeks postpartum and ensure every woman is fit for and during pregnancy and supported to give children the best start in life. Every woman should have access to services and support to plan a healthy intended pregnancy and advice to adopt healthy behaviours and for reducing or managing risk factors. Reducing unplanned pregnancy rates and improving heath for and during pregnancy improves individual and population outcomes and represent a significant return on investment.

These resources set out the latest evidence, guidance, resources and local practice examples for 6 key topic areas known to affect maternal and child outcomes. They aim to promote prevention across the maternity pathway by providing clear calls to action for NHS and Local Authority Commissioners, and providers and professionals including midwives, health visitors and primary care to promote a life course approach to prevention.

My thanks to the author and the team, you should be rightfully proud of your work. On behalf of PHE I am pleased to present this work to support local areas to achieve best possible outcomes

Professor Viv Bennett CBE
Chief Nurse and Director Maternity and Early Years, Public Health England

Foreword – Professor Jacqui Dunkley Bent

As England's first Chief Midwifery Officer for the NHS, I want to make sure that all women are given the right information to make safe choices that are heard and respected during a woman's life course including the preconception, pregnancy, birth and as they transition into parenthood. Consistent advice and guidance from health care professionals across the maternity pathway can make a significant contribution to the health of future generations by reducing risk before and during pregnancy. Evidence has linked the environment in the womb to the health of the baby, child and adult.

If we are to make big, long-term improvements in maternity care we need to address the inequalities that we see in society. This is as true in England as it is in the rest of the world. I want to work with groups that we inconsistently engage with such as travellers, sex workers, asylum seekers, refugees and other groups, to make sure that they receive the best maternity care possible so that their human rights are respected.

Recommendations from the National Maternity Review: Better Births are being implemented through Local Maternity Systems (LMSs) to ensure that care is personalised and therefore safer. This means that more care is provided in the community so that it is available for women that will benefit most. LMSs bring together the NHS, commissioners, local authorities and other local partners with the aim of ensuring women and their families receive seamless care, including when moving between maternity or neonatal services or to other services such as primary care, health visiting, mental health or post-natal care.

Our NHS Long Term Plan aims to support people to live longer, healthier lives by helping them to make healthier lifestyle choices and treating avoidable illness early. Our new services will help more people to stop smoking, maintain a healthy weight and make sure their alcohol intake is within a healthy limit. These behaviours are all contributing factors that can be modified before, during and after pregnancy to improve outcomes. This means working with colleagues across the health sector to ensure a person-centred life course approach for women and their families.

These documents support a system wide approach to embedding prevention across the maternity pathway. They provide the latest evidence and guidance to NHS and Local Authority commissioners and providers with the aim of promoting a comprehensive view of maternity care in England. My thanks to the team developing these documents, you should be proud of your work.

Professor Jacqueline Dunkley-Bent
Chief Midwifery Officer for the NHS

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Maternity high impact areas: overview

Why the 6 maternity high impact area documents have been developed and how they contribute to public health priorities

The maternity high impact area (HIA) documents were developed to assist Local Maternity Systems (LMS) embed prevention approaches to better support women before, during and after pregnancy through a systems life course approach.

The documents provide LMS's with the latest evidence, guidance, resources and local practice examples for the high priority topic areas known to affect maternal and child outcomes in England. Implementation of the high impact areas will help support the delivery of initiatives outlined in Better Births, the Maternity Transformation Programme and the NHS Long Term Plan.

The maternity high impact areas addressed in this publication suite are:

- improving planning and preparation for pregnancy
- supporting parental mental health
- supporting healthy weight before and between pregnancy
- reducing the incidence of harms caused by alcohol in pregnancy
- supporting parents to have a smokefree pregnancy
- reducing the inequality of outcomes for women from Black, Asian and Minority Ethnic (BAME) communities and their babies

The documents were produced between 2019 and 2020 and updated prior to publication in light of the COVID-19 pandemic. Emerging evidence from the UKOSS COVID-19 study shows the disproportionate impact of COVID-19 on Black, Asian and ethnic minority pregnant women, and overweight and obese women, highlighting the importance of a continued focus in these areas. The results are also in line with earlier MBRRACE-UK findings relating to poorer outcomes for pregnant women in these groups outside of the pandemic. The HIA reports take account of new evidence and ways of working, particularly in relation to the most vulnerable mothers and babies as part of PHE's Best Start in Life strategic priority.

These resources contribute to the strategic ambitions of NHS Universal Personalised Care Model and the Modernisation of the Healthy Child Programme. Additionally, the high impact areas reflect the needed approaches to tackle health inequalities, as outlined in the Marmot Review 10 Years On.

The high impact areas are intended to be used alongside the Healthy Pregnancy Pathway and sits within the broader All Our Health framework that brings together resources and evidence that will help to support evidence based practice and service delivery, Making Every Contact Count, and building on the skills that healthcare professionals and others have to support women.

How these documents were developed

The development of this document was led by Monica Davison (Public Health England) and Professor Ros Bryar, with support from Dr Ellinor Olander (Centre for Maternal and Child Health Research, City University of London) from October 2019 to March 2020 and reviewed by Andrew Brown, Catherine Swann Tamara Bacchia (Public Health England). The document was systematically developed using 3 strands of evidence – academic research, current UK guidance and policy, and the experiences of those working in Local Maternity Systems. Firstly, a rapid review was conducted using Scopus and PubMed to identify international reviews and UK empirical studies published since 2014 on supporting pregnant women to not drink alcohol. Relevant journals not included in these databases (such as 'Journal of Health Visiting') were hand searched. Search terms included pregnancy and alcohol and variations of these. Good quality evidence was ensured by only including peer-reviewed research. To be included studies had to provide information on how to support women to not drink alcohol in pregnancy and could be randomised controlled trials, surveys, service evaluations and qualitative studies with either women or healthcare professionals. These inclusion criteria were used to ensure focus was on practical suggestions in line with current guidelines for those working within Local Maternity Systems.

Secondly, the websites of Institute of Health Visiting, NICE, NHS England, Royal College of Midwives, Royal College of Obstetricians and Gynaecologists and Public Health England were searched to identify relevant and current reports and guidelines as well as good practice examples. The database OpenGrey was also used to identify practice examples. Examples were deemed good practice if they were in line with current guidelines and provided information on positive outcomes for women. The most recent MBRRACE ('Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries') reports were also checked for relevant information.

Finally, the draft documents were reviewed by topic experts, public health experts and healthcare professionals. Twenty-four representatives from Local Maternity Systems, national bodies and Public Health England also attended a review workshop in January 2020. Based on this feedback the documents were revised and further information was added when it had been deemed missing from the first draft. The document was subsequently reviewed by a small number of topic experts within PHE before being finalised. As such, this document benefited from many people providing feedback, and we thank them for their time and input.

Who these documents are for and how they should be used

These resources are for Local Maternity Systems professionals who wish to acquaint themselves with the latest evidence and good practice guidance on maternity priority topics in England.

The documents should be used as a guide to support the early signposting of evidence-based actions that can be practically applied according to local population needs

Executive summary

The importance of reducing the harms caused by alcohol in pregnancy

Drinking any alcohol can cause difficulties in pregnancy and can result in Foetal Alcohol Spectrum Disorder (FASD), causing lifelong disabilities for children. There is no safe time or safe amount of alcohol to drink during pregnancy.

Reducing the incidences of harms caused by alcohol before, during and after pregnancy is a public health priority, and is vital to ensuring that all children are given the best possible start in life.

Approximately 41.3% of pregnant women are estimated to use alcohol in pregnancy(1), however, alcohol usage is only recorded for 60% of women at booking.(2). These knowledge gaps and underreporting may result in appropriate early support opportunities being missed.(3)

In approaching this challenge, Local Maternity Systems (LMS) can be guided by:

- the personalised care practice guidance from The Healthy Child Programme, which uses the principle of proportionate universalism, a mix of universal and targeted provision
- alcohol CLeaR to assess local service effectiveness
- a toolkit to support commissioners understand parental alcohol and drug use dependency and commission services in their local area

LMSs need to consider personalised care responses for women according to these 2 groups:

- women who are alcohol dependent and who have a long term, chronic condition that will extend beyond pregnancy and who will need to be offered specialist services
- women who drink alcohol, are non-alcohol dependent but may be unaware of the risks of drinking alcohol on their health and the health of their family, particularly during pregnancy. For these women, pregnancy provides a key opportunity to raise awareness and prevent harm

Effective outcomes in reducing the incidences of harms caused by alcohol across the maternity life course rely on strong multi-agency working between all partners in health (primary and secondary), local authority early years and voluntary services.

High impact area connections with other policy areas and interfaces

This document supports the delivery of the Maternity Transformation Programme and the NHS Long-Term Plan. The document also interfaces with relevant initiatives, such as the Troubled Families Programme, a targeted family intervention programme run by local authorities, and the Parental Conflict Programme.

Summary of key actions

This is a summary of key actions for LMSs to undertake in implementing prevention approaches in their work to address 'Maternity high impact area: Reducing the incidence of harms caused by alcohol in pregnancy'.

See the sections titled Evidence-based approaches to reduce the incidence of harms caused by alcohol in pregnancy and Associated tools and guidance for supporting good practice guidance.

Frontline healthcare professionals

All women

- undertake training in alcohol identification and FASD awareness
- be aware of Alcohol: applying All Our Health guidance
- advise women trying to become pregnant that the safest approach is not to drink alcohol at all
- record alcohol intake throughout pregnancy, not just at booking appointment
- make every contact count in terms of encouraging women to abstain from alcohol use during pregnancy and where necessary referring to further, specialist, support (including specialist clinical support to withdraw from alcohol)
- discuss alcohol and pregnancy with patient participation groups such as the Maternity Voices Partnership

Women who are alcohol dependent

- collaborate with other healthcare professionals to provide appropriate support
- provide brief advice prior to referral to specialist services
- identify and offer women referral to specialist alcohol services in your area
- use a variety of methods, for example text messages, to remind women of upcoming and missed appointments

Providers

- be aware of Alcohol: applying All Our Health guidance
- use alcohol CLeaR to assess how effective the local system and services are at preventing and reducing alcohol-related harm
- include alcohol identification, FASD awareness and brief advice in mandatory staff training
- collect views of pregnant women about helpful alcohol support

Commissioners

- commission services to deliver interventions to women who are not pregnant but at risk of an alcohol exposed pregnancy, i.e. using alcohol and not using effective contraception. This could be included in contacts for drug and alcohol, wellbeing, and sexual health services
- commission services for pregnant women and partners who are continuing to drink but are not alcohol dependent
- commission services supporting pregnant women who are alcohol dependent
- monitor the rate of alcohol exposed pregnancies
- monitor services for pregnant women through local key performance indicators
- work across the system to support integrated systems/ staff knowledge

Partnership approaches to improve outcomes

This is a summary of key actions to improve partnership approaches in collaborative commissioning, effective service delivery, and professional mobilisation.

Effective collaborative commissioning can lead to a reappraisal of the serious health, social and economic impacts of alcohol on the wellbeing of women, pregnant and pre-pregnant, on children, on families and on the long-term health of the population.

Service delivery can be made more effective through a review of service design, investment to enable the roll-out of continuity of carer and other specialist services which respond to the needs of women who are alcohol dependent and those drinking above the low risk guidance level of 14 units per week.

Professionals can be mobilised to reduce the incidence of harms caused by alcohol in pregnancy through improving access to training in alcohol brief intervention for all midwives, health visitors and other health professionals.

Collaborative commissioning

- use the Local alcohol services and systems improvement tool alcohol CLeaR to inform commissioning
- use the Public Health Outcomes Framework indicators collected via the Maternity Services dataset and the Children and Young People's Health Services dataset to inform commissioning
- develop collaborative initiatives such as the Better Start areas which aim to improve outcomes for people living in areas of deprivation
- ensure information-sharing agreements are in place across all agencies
- plan the design and delivery of services together through Local Maternity Systems, Transformation Partnerships, Integrated Care Systems and Primary Care Networks, focusing on:
    1. access to maternity care, including mental health and specialist services, for women who are alcohol dependent and for those drinking above the recommended weekly level
    2. quality of services provided to this community
- promote Public engagement through the Maternity Voices Partnerships and voluntary sector alcohol support groups to feed in the needs of the local community into design and delivery of services
- create Joint Strategic Needs Assessments, using Fingertips (Public Health Profiles) to identify and respond to agreed joint priorities
- design measurement systems to capture and support at risk parents/families who may face multiple vulnerabilities
- develop indicators for service user satisfaction
- demonstrate value for money and return on investment

Effective service delivery

- determine true prevalence rates through research into effective antenatal alcohol screening tools, blood biomarkers, meconium testing and so on
- improve accessibility to maternity care, including mental health services, for women who are alcohol dependent demonstrated by earlier booking and higher levels of attendance for antenatal care
- increase postnatal access to long acting reversible contraceptives (LARC)
- improve quality of care for women who are alcohol dependent, in particular, the provision of midwifery-led continuity of care
- provide specialist services to women who are alcohol dependent including support from Alcohol Care Teams and community alcohol treatment services
- increase the use of community-based multi-agency programmes tailored to vulnerable communities such as those developed by Better Start areas, including peer-support programmes
- provide consistent, culturally relevant information for parents and carers

- ensure midwives, health visitors, GPs and other healthcare professionals provide alcohol aware care
- collect data on attendance and outcomes analysed by alcohol use to inform areas where improvement is necessary
- identify risk/resilience factors at an individual level using validated screening and assessment tools, alongside professional judgement
- systematic collection of user experience to inform action (for example, NHS Friends and Family Test, engagement with Maternity Voices Partnership, outreach work)

Professional or partnership mobilisation

- provide training support for midwives providing continuity of care which involves new ways of working
- provide support for Trusts who will need to re-organise services to enable continuity of care models to be implemented
- improve understanding of need locally, evidenced within the Joint Strategic Needs Assessment to inform priority setting by the local Health and Wellbeing Board and its actions via the Joint Health and Wellbeing Strategy
- engage with local voluntary groups and charities working with people with alcohol dependency or concerns about their alcohol drinking and exploring opportunities to enhance this work
- identify skills and competencies to inform integrated working and skill mix, including engaging individuals/peers through experience who are now sober in paid and voluntary positions to feed into service design. Financial support of voluntary positions (covering travel and childcare for example) could be considered
- review provision of local public health services that can support the wider health and wellbeing of families, including those with child protection plans, including preconception and specialist services to address alcohol related issues

Measuring success

High quality data analysis tools and resources are available for all public health professionals to identify the health (and health needs) of the local population. These contribute to the decision-making process and plans to improve services and reduce inequalities. In the case of alcohol these tools enable local commissioners to understand and respond to the needs of both alcohol dependent and non-alcohol dependent women. Commissioners and local services need to demonstrate the impact of their services and this can be achieved by using local measures:

Access

- evidence of training in identification and brief advice undertaken by all midwives, health visitors and other professionals in contact with women and their families across the maternity care pathway(4)
- evidence of the number of women who attend for booking by 10, 12+6 and 20 weeks analysed in terms of deprivation and alcohol use(5,6)
- evidence of the number of alcohol dependent pregnant women referred to alcohol treatment

Effective delivery

- evidence of inclusion of screening for alcohol in the antenatal booking appointment, at the first postnatal contact and at the 6-week postnatal check(2)
- use of the single question: 'Are you drinking at the moment?'(7)
- provide women with complex social factors including drinking alcohol at harm levels with information and support following NICE guidance:
    - the first time a woman who misuses substances discloses that she is pregnant, offer her referral to an appropriate substance misuse programme
    - use a variety of methods, for example text messages, to remind women of upcoming and missed appointments
    - the named midwife or doctor needs to advise the woman about relevant additional services (such as drug and alcohol misuse support services) and encourage her to use them according to her individual needs
    - offer the woman information about the potential effects of substance misuse on her unborn baby (including potential lifelong disabilities), and what to expect when the baby is born, for example what medical care the baby may need, where he or she will be cared for and any potential involvement of social services
    - offer information about help with transportation to appointments if needed to support the woman's attendance
- evidence of referral pathways(5) for women who are alcohol dependent or struggling to reduce consumption during pregnancy.
- evidence of a clear pathway to support all women who are pregnant concerning use of alcohol(8).
- establishment of local key performance indicators to monitor impact of maternity interventions to reduce alcohol drinking

Outcomes

- local recording of rate of alcohol exposed pregnancies
- reduction in the number of women drinking at above low risk while breastfeeding
- reduction in the number of women drinking above 14 units of alcohol per week between pregnancies
- increase in the number of alcohol dependent women accessing alcohol treatment

- increase in the proportion of women who successfully complete alcohol treatment free of dependency
- reduction in the impact of alcohol on the health and wellbeing of children(9)

User experience

- inclusion of the issue of alcohol use on the agenda of all local Maternity Voices Partnership Groups
- inclusion of women with lived experience of alcohol dependency in Maternity Voices Partnership Groups
- analysis of the views of women who are alcohol dependent and non-dependent identified through use of the NHS Friends and Family Test
- evidence that this feedback is recorded and monitored and used to guide service development

Other measures can be developed locally and could include measures such as initiatives within the Healthy Child Programme building community capacity, exploring opportunities for peer support and multi-disciplinary working.

Supporting evidence and good practice guidance

Context

The current recommendation from the UK Chief Medical Officers' Low Risk Drinking Guidelines is that for women planning a pregnancy or who are pregnant it is safest to not drink any alcohol (see Figure 1).(10) This takes account of the harmful effect of alcohol on the foetus including increasing the risk of infertility, miscarriage, preterm birth, and stillbirth.

Alcohol is a teratogen and can cause birth defects or complications during pregnancy.(11) Foetal alcohol spectrum disorder (FASD) is an umbrella term for a group of conditions that can occur following an alcohol exposed pregnancy. Problems may include an abnormal appearance, short height, low body weight, small head size, poor co-ordination, low intelligence, behaviour problems and problems with hearing or seeing. Between 6% and 17% of children could have FASD(12) which is a preventable condition.

Figure 1: Current Chief Medical Officer's recommendation on pregnancy and alcohol

Low risk drinking guidelines

If you are pregnant or think you could become pregnant, the safest approach is not to drink alcohol at all, to keep risks to your baby to a minimum.

Drinking in pregnancy can lead to long-term harm to the baby, with the more you drink the greater the risk. The risk of harm to the baby is likely to be low if you have drunk only small amounts of alcohol before you knew you were pregnant or during pregnancy.

If you find out you are pregnant after you have drunk alcohol during early pregnancy, you should avoid further drinking. You should be aware that it is unlikely in most cases that your baby has been affected.

If you are worried about alcohol use during pregnancy do talk to your doctor or midwife.

Approximately 65% of men and 50% of non-pregnant women have drunk alcohol in the last week.(13) Approximately 40% of women have drunk alcohol in pregnancy. The weekly drinking guideline for women who are not pregnant and for men to keep health risks from alcohol to a minimum, is to drink no more than 14 units a week on a regular basis.

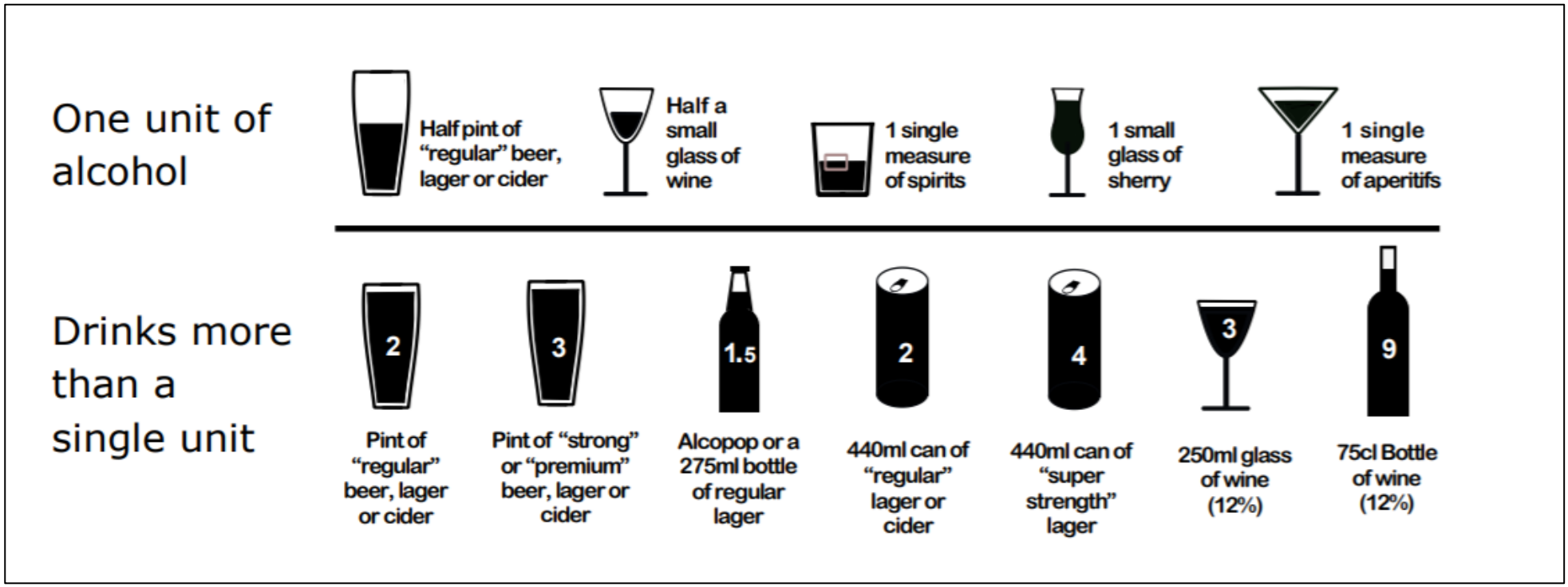
The health risks associated with excessive drinking include:

- increase in cancers
- cirrhosis of the liver
- hypertension
- depression
- accidents and violence(14,15,16)

Current data indicates that most women drink very little alcohol during pregnancy, and this use differs between population groups. The highest proportions of women who drink alcohol in pregnancy are women aged 35 to 39 and those aged 40 or over.

The amount of alcohol that people drink is calculated in units. A unit is 10ml or 8g of pure alcohol. Different drinks contain different concentrations of alcohol shown on containers as the percentage Alcohol by Volume (ABV) for example, a wine of 11 ABV contains 11% pure alcohol.(17) The amount drunk also depends on the size of the glass used (see Figure 2).

Figure 2: How to calculate alcohol units



The importance of Local Maternity Systems

Better Births, the Maternity Transformation Programme and NHS Long Term Plan set out a clear vision and principles for how maternity services can be brought together through Local Maternity Systems with strong links to services to provide personalised, kinder and safer care to women and their families.

The purpose of a Local Maternity System is to provide system leadership for transformation, putting in place the infrastructure that is needed to support services to work together effectively, including interfacing with other services that have a role to play in supporting women and families before, during and after birth.(18)

Local Maternity Systems' strategic role

Better Birth's recommends that on a local level, providers and commissioners should operate as Local Maternity Systems, with the aim of ensuring that women, babies and families are able to access the services they need and choose, in the community, as close to home as possible. The purpose of a Local Maternity System is to provide place-based planning and leadership for transformation through:

- developing and implementing local plans to transform services
- shared clinical and operational governance to enable cross-organisational working and ensure that women and their babies can access seamlessly the right care, in the right place at the right time

Local commissioners have an important role in exploring local needs and collaborate with local communities to design maternity systems which can provide flexible, personalised care, which is equitable, accessible and meaningful.

By using a multi-agency strength-based approach, LMSs can provide personalised care treatment interventions for women addressing alcohol issues alongside targeted community groups that provide important protective factors, such as building social support, resilience and self-esteem.(9,18)

Local Maternity System membership

Potential membership of a Local Maternity System is presented in Figure 3 and includes service users, commissioners, providers and community groups and organisations. By bringing these stakeholders together, the Local Maternity Systems can create shared protocols, information sharing and coherent plans to implement and apply the Better Births vision and principles to meet their population's needs.

Figure 3: Potential membership of a Local Maternity System

Potential membership of a Local Maternity System	
Service user voice	• Maternity Voices Partnerships, Healthwatch and representative parent groups where appropriate • local stakeholders and charities representing service users
Commissioners	• Clinical Commissioning Groups • NHS England • local authority directors of public health • other local authorities as appropriate • providers
Providers	• providers of NHS antenatal, intrapartum and postnatal care including independent midwifery practices and voluntary and community sector providers involved in providing the local NHS funded maternity offer • local Neonatal Operational Delivery Network • primary care • dietetics • mental health teams, including mother and baby units, IAPT, AMHS, CAMHS • community child health and tertiary centres • local authority providers of health visitor services, children and adult social care teams and public health programmes
Others	• representatives of other clinical networks, higher education establishments and teaching hospitals involved in workforce training and research • local workforce advisory boards • representatives of the staff voice, such as professional organisations and trade unions • community organisations

Using evidence to embed prevention through a community-centred approach

A place-based, or community-centred, approach aims to develop local solutions that draw on all the assets and resources of an area, integrating services and building resilience in communities so that people can take control of their health and wellbeing, and have more influence on the factors that underpin good health. An example of this is the Communities in Charge of Alcohol initiative. This approach aims to reduce alcohol harm through engaging local alcohol health champions who can provide information and signpost to local services.

The place-based approach offers new opportunities to help meet the challenges public health and the health and social care system face. This impacts on the community and aims to address issues that exist at the community level, such as poor housing, social isolation, poor or fragmented services, or duplication or gaps in service provision. Whilst alcohol use is quite uniform across the economic spectrum, disadvantaged areas also have higher number of alcohol, smoking, fast food and gambling outlets, making behaviours such as drinking alcohol, smoking, unhealthy eating and gambling likely to co-occur.(19)

Healthy Pregnancy Pathway

The maternity high impact area documents can be used alongside the Healthy Pregnancy Pathway.

The Healthy Pregnancy Pathway is an online interactive tool that provides Local Maternity easy access to the latest maternity life-course guidance using a stepped-up service level approach, from universal to targeted and specialist care systems grounded in the community setting.

The Healthy Pregnancy Pathway uses a place-based approach through the integration with the All Our Health Townscapes.

The Healthy Pregnancy Pathway uses the following service level descriptors across the maternity pathway (preconception, antenatal and birth 6 to 8 weeks):

Universal - Universal service is offered to all people, ensuring they receive immunisations, screenings, contraception, maternity advice, support and referral to specialist services according to need.

Targeted - Targeted service provides people with timely, personalised expert advice and support when they need it for specific issues, such perinatal mental health, diabetes management and breastfeeding.

Specialist - Specialist service provides people specialist practitioner treatment, where providers will often work with other agencies to coordinate holistic wrap around support for people with acute or ongoing needs, including complex needs management.

Evidence-based approaches to reduce the incidence of harms caused by alcohol in pregnancy

This section outlines the supporting guidance and good-practice case studies for ‘Maternity high impact area: Reducing the incidence of harms caused by alcohol in pregnancy’.

See above for a summary of this section under heading Summary of Key Actions.

Individual and familial

Person-centred care requires all health care professionals to have skills in establishing helpful relationships with individuals and families and Making Every Contact Count. Midwifery-led continuity of care across the antenatal, intrapartum and postnatal period(20) can enable a relationship to develop with a known midwife supporting the woman in reducing the potential of harm from drinking. Women who are alcohol dependent at the time of booking are recommended to have access to continuity of midwifery care through provision of a named midwife(21, 22), are assessed and offered appropriate care by the specialist midwife, hospital Alcohol Care Team or community alcohol treatment service, including clinical support to withdraw from alcohol (see case study below).

Midwives, health visitors and GPs can signpost and refer women to useful local support groups, peer support programmes and alcohol treatment services.(23) Many of these programmes offer counselling and talking therapies that have been found to be helpful in supporting behaviour change.(24) Healthcare professionals can also use and refer women to the NHS Alcohol Support webpage.

Case Study 1: Drymester – www.drymester.org.uk

"As a specialist midwife working as part of the wider team in the GM Alcohol Exposed Pregnancy project I have been really impressed with the creativity of the whole #DRYMESTER campaign. However, it's when working in my day-to-day role as a clinical midwife that I have really appreciated the benefit of the #DRYMESTER website.

"There have been several occasions when women have attended an appointment in early pregnancy and disclosed alcohol use and the #DRYMESTER website has been an invaluable tool to support discussions around risks and CMO advice. For most aspects of pregnancy lifestyle advice there are standard patient information leaflets which can be quite uninspiring for women to read and I feel the message therefore can be quite limited in impact.

"It is fantastic to be able to show women the website whilst having the discussions. It is user friendly and appealing and provides evidence-based information in a dynamic way. Other midwives have commented that they feel the website helps to reinforce the guidance without them needing to 'dictate to women'.

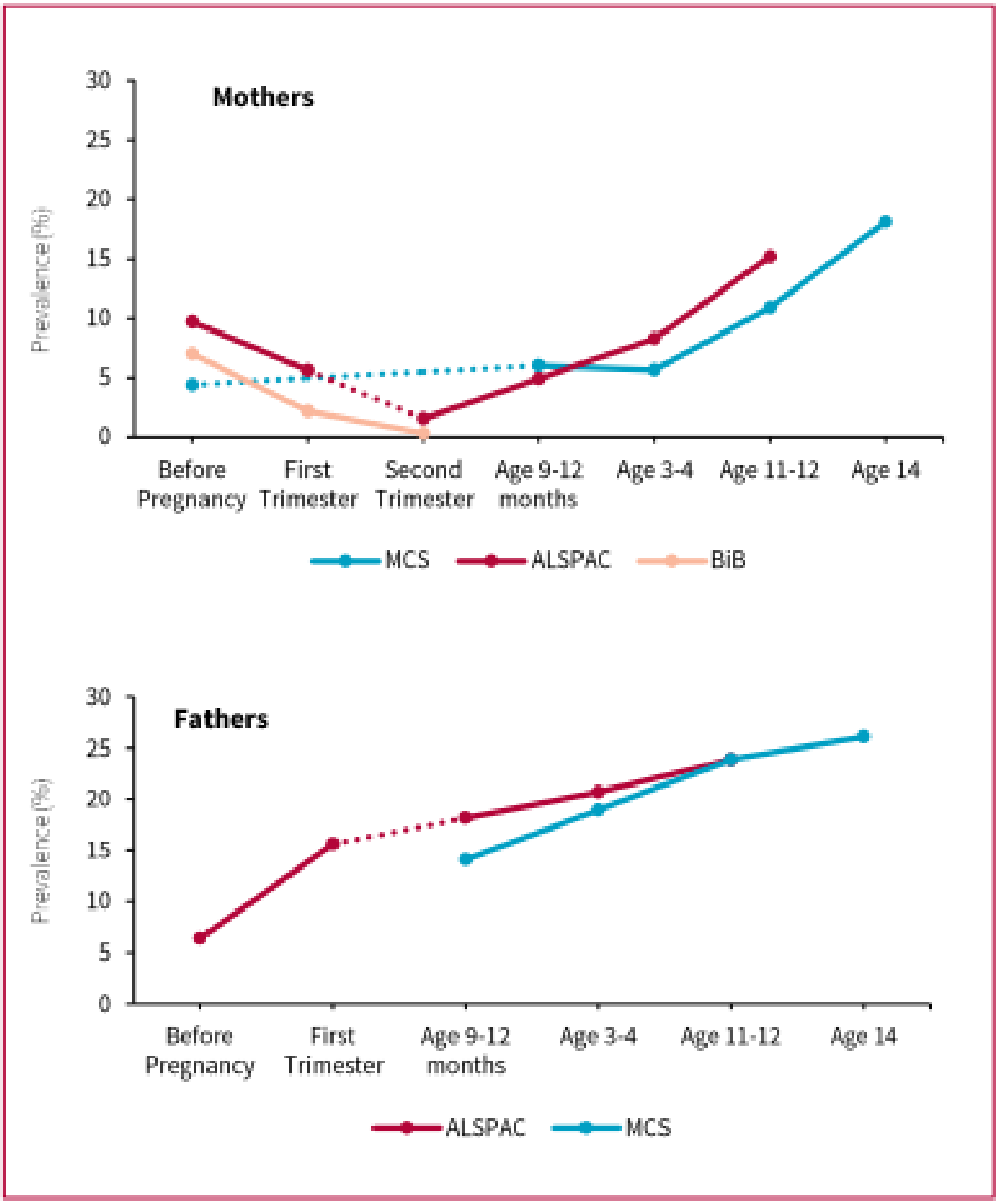
"I have recently had a woman who has returned for a later appointment and told me she shared the website with a newly pregnant friend before she even saw a healthcare professional and they both have made some of the mocktail recipes!"

Jen Michaels, Specialist Midwife, Royal Oldham Hospital

Appropriate transfer of care from maternity to health visiting services can ensure that a woman continues to be supported in the postnatal period which may present new challenges and questions around use of alcohol. For example, many women who drink alcohol have concerns around the impact on the baby when they are breast feeding. Expressing milk before drinking or delaying breast feeding for 2 to 3 hours after every drink consumed will help prevent the baby being exposed to alcohol.(25) The risk of Sudden Infant Death is increased with bed sharing and parents must be advised not to share a bed if they have drunk any alcohol.(26) Sleeping on the sofa with a baby is highly risky in any event.

Figure 4 shows how alcohol use may increase in both mothers and fathers after the birth of a baby.(27) This reinforces the need for awareness of the possibility of alcohol misuse by health and social care professionals who meet families with young children. Support from a partner may also be needed, and women supported by a partner have been more likely to continue with abstinence.(28)

Figure 4: Increased risk drinking among mothers and father during and after pregnancy



Each point above represents the point prevalence of Parental Alcohol Misuse (PAM) for each data set. Estimates are unweighted and restricted to singleton births only. Dashed lines represent the periods with no available data. No data was available for fathers during the second trimester.

(BiB=Born in Bradford Cohort Study, MCS= Millennium Cohort Study, ALSPAC= Avon Longitudinal Study of Parents and Children.)

Training of healthcare professionals

Health visitors(29) and midwives(30) have reported anxiety about discussing alcohol and a lack knowledge about alcohol screening and guidance. Up to one third of midwives report not receiving any training on supporting women reduce alcohol intake after qualifying(31).

Midwives, health visitors and other professionals can develop skills to support women to reduce their alcohol use by accessing the e-learning for health programme. There is also e-learning regarding Alcohol Identification and Brief Advice that builds on the concept of Making Every Contact Count refining it into Making Every relevant Contact Count. Emphasis is placed on finding and training the right person to intervene who:

- sees the relevance of raising alcohol as an issue
- is present (or can create) a 'teachable moment'
- has the time and confidential space to 'Have a Word'

To address these, all health visitors, midwives and other practitioners need to be able to identify women who are regularly drinking above the Low Risk Drinking Guidance (1) and to offer appropriate support. In addition, they need to be confident in identifying alcohol use within the family (see Case study: Healthcare professional training).

Case Study 2: Healthcare professional training

This 2-day training course focuses on reducing the impact of inter-parental conflict on children in families affected by alcohol dependence. This course includes:

- child's experience as a result of parental drinking (including Adverse Childhood Experiences)
- impact of parental relationships/conflict on children's development and mental health
- transition to parenthood
- importance of taking account of the co-parenting relationship
- top 5 areas of co-parental conflict and parenting
- mentalisation and alcohol misuse
- early interactions to attachment – trauma, neglect and engagement
- using the Blue Light toolkit with families of dependent drinkers

Community

Reduction in the level of alcohol harm remains a public health priority. There are numerous community organisations which support individuals with alcohol addiction such as SMART. The Local Alcohol Profiles for England (LAPE) provide data on the mortality and morbidity associated with alcohol in local authority areas, although currently not on women's use of alcohol in pregnancy. In addition, PHE has published resources(32,33) to support commissioning for women who are already pregnant or planning a pregnancy. These include analysis of reported alcohol consumption at booking, and a data tool for a variety of geographical footprints.

Data on the numbers of people accessing alcohol treatment, their characteristics (including parental and pregnancy status) is available to public health commissioners through the National Drug Treatment Monitoring System. In 2018 to 2019 one per cent of women who started alcohol treatment in England were recorded as pregnant.

Local alcohol partnerships – which include those commissioning and providing maternity services – are encouraged to consider completing PHE's system improvement tool for alcohol. The tool provides a structured approach to reviewing progress against locally agreed priorities. It encourages local partners to come together to discuss what they are doing to reduce alcohol-related harm and the effect this is having.

Population

There are population-wide health campaigns such as Go Sober for October, Dry January and specific to pregnancy – Drymester which raise awareness of the harms of alcohol.

There are several factors that can effectively reduce alcohol intake and can be implemented at population level. These include increasing the cost of alcohol, setting a minimum price per unit of alcohol, reduce alcohol marketing and the hours when alcohol can be sold. Related to pregnancy, Public Health England is supporting the reinstatement of the annual Infant Feeding Survey(34) which will provide current information on alcohol use by women in pregnancy and the postnatal period. Drinking in early pregnancy will also be included in the Maternity Services Data Set in 2020.

Associated tools and guidance

Information, resources and best practice to support frontline health professionals, providers and commissioners working in Local Maternity Systems

Resources for women

- Drymester
- Alcoholics Anonymous, alcohol support helpline and local meetings
- Alcohol Change UK
- Baby Buddy app
- Dry January, campaign to help people cut down their drinking
- Foetal Alcohol Spectrum Disorder Network UK
- National Organisation for Foetal Alcohol Syndrome-UK
- NHS Alcohol Support and helpline
- One Plus One, Support for parents who use alcohol
- OneYou, Know your alcohol units
- RCOG Patient Leaflet: Alcohol and Pregnancy, Royal College of Obstetricians and Gynaecologists, 2018

Resources for healthcare professionals

- Alcohol brief interventions, NHS Scotland
- Alcohol use screening tests, Public Health England
- Alcohol Identification and Brief Advice, e-learning for Health
- Alcohol: applying All Our Health, Public Health England
- Alcohol Brief Interventions and Motivational Interviewing. Institute of Health Visiting

Policy

- Better Births. Improving outcomes of maternity services in England. A Five Year Forward View for maternity care. National Maternity Review, 2016
- First 1000 days committee report and Government response, UK Parliament, 2019
- Healthy Child Programme: Pregnancy and the first five years of life. Department of Health and Social Care, 2009
- Healthy Lives, Healthy People: A call to action on obesity in England. Department of Health, 2011
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- National Maternity Transformation Programme, NHS England, 2016
- NHS Long Term Plan, NHS England, 2019

- The Prevention Green Paper 2019
- UK Government. 2016 UK Chief Medical Officers' Low Risk Drinking Guidelines

Guidance

- Alcohol-use disorders: diagnosis, assessment and management of harmful drinking (high-risk drinking) and alcohol dependence NICE clinical guideline [CG115], 2019
- Antenatal care for uncomplicated pregnancies NICE clinical guideline [CG62], 2019
- Antenatal and postnatal mental health: clinical management and service guidance NICE clinical guideline [CG 192], 2018
- Pregnancy and complex social factors: a model for service provision for pregnant women with complex social factors NICE clinical guideline [CG110], 2010
- Health matters: reproductive health and pregnancy planning. Public Health England, 2018
- Health visiting and midwifery partnership – pregnancy and early weeks, Department of Health and Social Care and Public Health England, 2015
- Healthy beginnings: applying All Our Health. Public Health England, 2019
- Preconception care: making the case. Public Health England, 2019

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