**Practice Tip – Parental Alcohol Use and the Impact on The Unborn baby**

This practice Tip has been compiled to assist you in the Pre-Birth assessment and intervention with mothers who drink alcohol whilst pregnant.

Foetal alcohol syndrome (FAS) is completely avoidable. The risk of FAS is higher the more you drink, there is no proven "safe" level of alcohol in pregnancy. Not drinking alcohol at all is the safest approach.

An early assessment and information provides the mother with time to reflect, seek support and hopefully make changes in her alcohol use and life choices. – Providing a safer start to baby’s life.

**IMPACT ON UNBORN**

Drinking in the first 3 months of pregnancy increases the risk of miscarriage, premature birth and having a small baby. The unborn baby ingests alcohol through the placenta. The liver is one of the last organs to develop in the baby, therefore there is no filter to help with the toxins in the alcohol and all of these are passed through to the unborn baby.

The Baby is not able to process the alcohol, which means it can damage cells in their brain, spinal cord and other parts of their body, whilst disrupting their development in the womb.

 The Pre- Birth assessment should highlight the risk to the unborn baby from alcohol use, as well as assess the parent’s insight and level of motivation to change.

Drinking at different stages of the pregnancy can cause various complications –

* Drinking at any time during the pregnancy can affect the brain and spinal cord as they continue to grow and develop throughout the pregnancy.
* Drinking between 0 and 12 weeks of the pregnancy is likely to affect the development of organs.
* Drinking between 6 and 9 weeks of the pregnancy can affect the facial features.

The impact of alcohol use can result in FAS or Foetal Alcohol Spectrum Disorder FASD. FASD can be identified when the baby is born due to visible physical changes. FAS is more difficult to diagnose as problems associated with development may not become apparent until later on in the child’s life.

Children born with FASD may present with specific physical features -

* Facial abnormalities – small eyes, thin upper lip, flat area between mouth and nose, broad forehead , often large ears and a small head
* Mouth and teeth development can be effected
* They may be born smaller than normal for their gestation period or born underweight.
* Central Nervous System may be damaged.

Other features may include -

Health and development Factors –

* Difficulties with coordination,
* The development of the liver, kidneys and heart can be affected
* Difficulties with hearing and vision
* Hormonal disorders
* Height and weight issues
* Weak immune system

Cognitive Development –

* Delays with speech,
* Thinking and problem solving
* Reasoning and memory recall,
* Ordering and processes information
* Attention and learning difficulties.

Behavioural Difficulties –

* Socialisation and interaction
* Communication difficulties
* Impulsivity and hyperactivity
* Aggression and attention seeking.

Early Diagnosis is important, in order that children can be supported to learn in a different way. FASD cannot be cured but with early intervention can be managed.

For children being placed for adoption, their early pre-birth history is vitally important to them not only as adoptive children but also for the adopters in terms of considering lifelong development and possible health implications as a result of the alcohol use.

**ADVICE FOR MUMS- TO- BE**

* The safest approach for your unborn baby is for you not to drink alcohol at all; however if you are a dependant drinker you may need help to stop.
* If you didn’t know you were pregnant talk to a DR or Health Visitor
* Seek advice from a GP or drug and alcohol services about how you can stop drinking alcohol, even if you only drink occasionally.
* Switch to alcohol free drinks
* Tell someone and Get support
* Babies do not have a choice, so look after them.

**PRE-BIRTH ASSESSMENTS**

Explore when alcohol use started, what type of alcohol is preferred and the frequency of consumption.

If possible, check information with other sources as very often alcohol use is under reported- i.e. partners (if appropriate), parents or other professionals.

Check family history for any root cause of alcohol use or family culture that normalises this.

Check the pregnant mum’s support network to identify where safety comes from.

Assess attitude to alcohol, insight of the impact that drinking alcohol may have on the unborn baby and motivation to stop drinking alcohol. Identify if there are any barriers to mum not being able to stop and signpost to alcohol services for advice; its often best to ask if the mum to be would like you to help with the initial contact to services as she may feel embarrassed or worried about calling first time.

The mum-to be may have adverse parental history and trauma which may be a factor that requires further evaluation of her current alcohol consumption.

Chronologies regarding frequency and intensity of drinking will assist in providing a picture around misuse of alcohol.

Check to see if mum- to- be has accessed alcohol service in the past or is currently working with them? Local South Gloucestershire services can be accessed via 08000733011 or 01454 868750

 **CONVERSATION STARTERS**

Talking about Alcohol use and the impact on unborn is a vital part of the Pre Birth assessment. Below are some ideas which can be used to help start those difficult conversations.

Have you drunk alcohol during the period since finding out you are pregnant? - If so do you know how much?

What do you know about the impact of alcohol on your baby?

How much did you drink before you became pregnant?

How do you fill your day at the moment?

What support, if any, have you accessed to help in stopping your alcohol use?

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