Identifying women at risk from alcohol, smoking or other drug use during pregnancy

Alcohol, tobacco and other drug use during pregnancy is risky and may cause harm to the fetus. Intervention is required for pregnant women at increased risk:

- drinking more than 1 – 2 drinks per week
- binge drinking
- dependent on alcohol
- smoking
- other drug use

Ask all pregnant women about alcohol, smoking and other drug use in a non-judgemental way as early as possible and at every visit.

Ask about alcohol using the AUDIT-C

1. How often do you have a drink containing alcohol?
2. How many standard drinks of alcohol do you drink on a typical day when you are drinking?
3. How often do you have 6 or more drinks on one occasion?

AUDIT-C Scoring Guide below:

Assess smoking and other drug use, including prescription medication. Ask about:

- Frequency
- Quantity
- Pattern of use

Also consider other health indicators of drug use, such as:

- mental health issues or
- blood borne viruses

For further information including Standard Drinks chart, see Supporting Pregnant Women who use Alcohol or Other Drugs: A Guide for Primary Health Care Professionals. Available at www.ndarc.med.unsw.edu.au

The Australian Guidelines to Reduce Health Risks from Drinking Alcohol advise that not drinking is the safest option for women who are planning a pregnancy, pregnant or breastfeeding. Consuming 1 to 2 standard drinks per week is likely to be low risk.
Supporting pregnant women at increased risk

More than 1 – 2 drinks per week, AUDIT-C score of 3 or greater, smoker or uses drugs

**Brief intervention**
- Provide feedback on assessment and discuss risks.
- Give non-judgemental advice.
- Assist to set goals to reduce alcohol or drug use and to develop personal strategies to achieve goals.
- Continue to discuss at each visit as rapport builds and to assess ongoing risks.

**Smoking cessation**
- Psychosocial intervention including relapse prevention
- Referral to Quitline
- Consider Nicotine Replacement Therapy if other intervention not successful
- Relapse prevention, including post-partum

**Treatment and Support**
- Refer to a specialist antenatal clinic as early as possible
- Refer to drug treatment services if no specialist antenatal clinic available
- Consult with specialists as needed (obstetrician, addiction medicine specialist)
- Follow up referrals to ensure care is in place
- Identify who is responsible for care coordination
- Plan for antenatal care and birth
- Address nutrition including thiamine and folic acid supplementation
- Consider psychosocial needs including mental health issues, domestic violence and child protection
- Assertively follow-up baby and mother post-partum
- Provide support for breastfeeding and safe sleeping
- Provide contraceptive advice as early as possible after birth

For further information including contact details for services see

*Supporting Pregnant Women who use Alcohol or Other Drugs: A Guide for Primary Health Care Professionals, available at* www.ndarc.med.unsw.edu.au

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