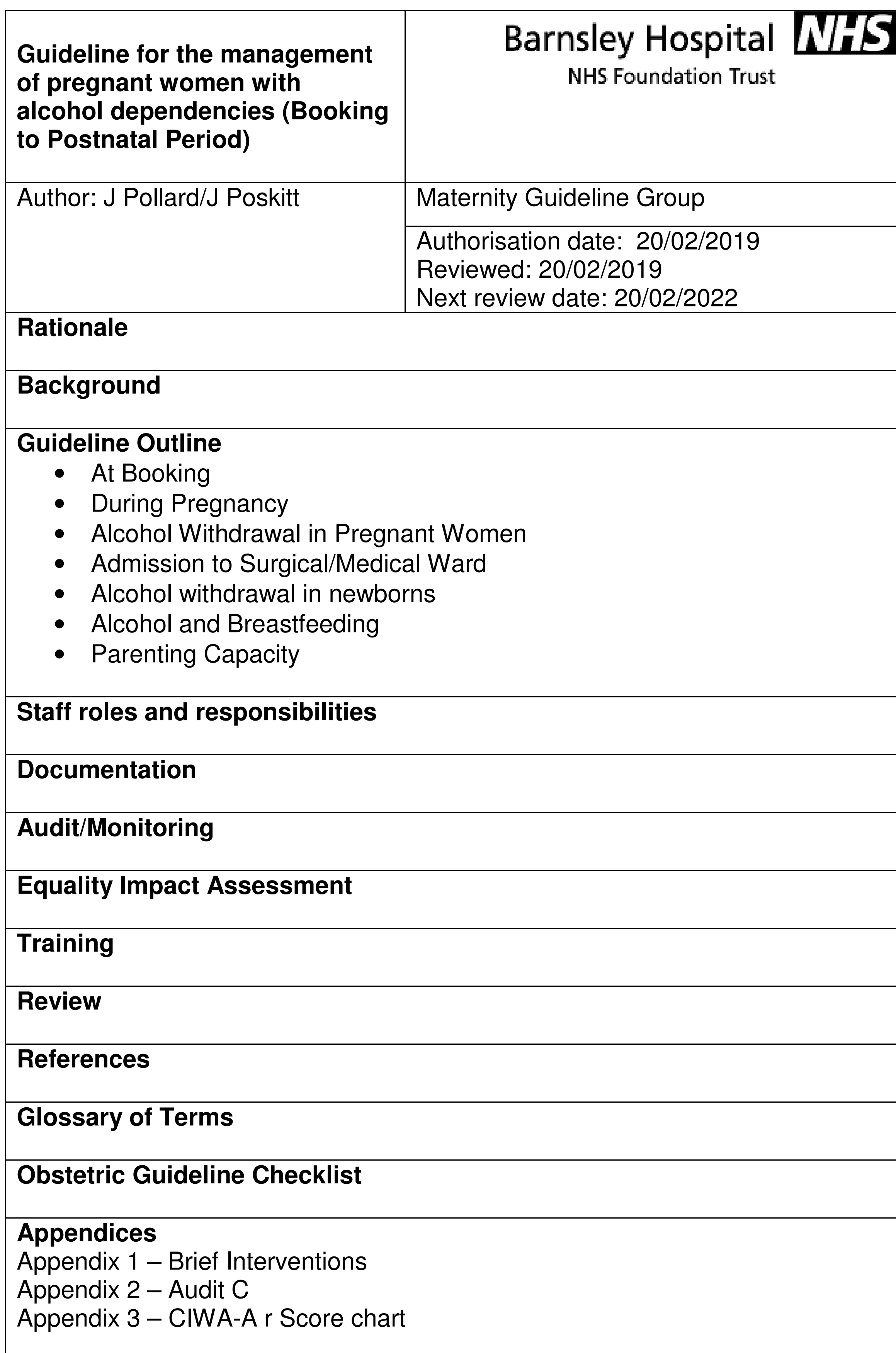

Guideline for the management of pregnant women with alcohol dependencies (Booking to Postnatal Period)	Barnsley Hospital NHS NHS Foundation Trust
Author: J Pollard/J Poskitt	Maternity Guideline Group
	Authorisation date: 20/02/2019 Reviewed: 20/02/2019 Next review date: 20/02/2022
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Rationale

To ensure that midwives and doctors provide women with evidence-based information about drinking alcohol in pregnancy.

To ensure that the woman is offered referral to a named midwife or doctor who has specialised knowledge of, and experience in the care of women who misuse substances.

To ensure that women who are experiencing alcohol withdrawal are clinically managed in a coordinated way.

To ensure that babies who are born to alcohol dependent mothers are identified in the antenatal period so they may be followed up by the pediatricians if clinically indicated.

Background Information

Alcohol consumption is associated with many chronic health problems, such as psychiatric, liver, neurological, gastrointestinal and cardiovascular conditions and several types of cancer. It is also linked to accidents, injuries and poisoning.

Drinking during pregnancy can cause lower birth weight, restricted growth, learning and behavioral difficulties and facial abnormalities.

Guideline Outline

At Booking

Women should be asked about alcohol consumption prior to pregnancy and in pregnancy. This should be documented in the Perinatal Institute pregnancy record.

An empathetic, non judgmental approach encourages a positive response. Women booking for maternity care will be given the Leaflet Pregnant and Using Drugs or Alcohol, Produced by BHNFT.

There is no proven safe level for alcohol consumption during pregnancy, therefore – **no alcohol equals no risk**

Women should be advised no alcohol if trying to conceive, no alcohol during pregnancy or if breastfeeding.

Women should be advised not to get drunk or binge drink (over 7.5 UK Units of alcohol on a single occasion while they are pregnant because this can harm their baby

Offer the woman further information on the effects of Fetal Alcohol Spectrum Disorder (FASD) by giving the NO Fas UK Leaflet 'Has anyone told you about Fetal Alcohol Spectrum Disorder (FASD).

When a woman discloses that she is pregnant and is drinking above 1-2 units once or twice a week or there is evidence of binge drinking (drinking more than 7.5 UK Units of alcohol on a single occasion) referral to the Named Midwife Drug & Alcohol Use should be made and the woman booked under the care of Mr. Sharma, Consultant Obstetrician.

A direct telephone number for the named midwife Drug & Alcohol use or doctor (substance misuse) will be provided.

If she is reluctant to accept a referral to the Named Midwife Drug & Alcohol Use the community Midwife should offer a brief intervention.
(See Appendix 1)

During Pregnancy

The Named Midwife Drug & Alcohol Use will inform the woman of additional services they can provide (such as drug & alcohol misuse support services) and encourage her to use them according to her individual needs.

Women who disclose more than the recommended weekly units pre pregnancy and who continue to consume alcohol regardless of units should be referred to Specialist Midwives for harm reduction advice and support.

At booking ask the woman "what does a unit of alcohol look like to her?" and clearly document within the notes.

Accurate recording of alcohol consumption and frequency in the mother's notes is helpful in the future diagnosis of FASD in the infant.

Biochemical measures should not be used as a matter of routine to screen someone to see if they are drinking hazardously or harmfully. (This includes measures of blood alcohol concentration (BAC). Biochemical measures may be used to assess the severity and progress of an established alcohol-related problem, or as par of a hospital assessment (including assessments carried out in emergency depts.)

Serial growth scans may be indicated for harmful and hazardous drinkers.

Thiamine medication may be prescribed by the Consultant Obstetrician in cases of harmful and hazardous drinking.

Audit C is a well validated tool developed by the WHO to assess patterns of alcohol use and can be completed at anytime during pregnancy**. (See Appendix 2)**

Prevention strategies should target all women and include health promotion and advice, screening of pregnant women for alcohol use and implementation of brief interventions as appropriate.

A Pediatric alert form for identification and advice on management of the newborn should be completed in the first trimester.

The Named Midwife Drug & Alcohol use will write to the referrer and detail their intended input/outcome of referral.

A Cause for Concern form for circulation to other health professionals should be considered in order to share information.

Aspects of Safeguarding/ability to parent will be monitored by all health professionals at every contact with the woman/family and adherence to Hospital/Local safeguarding children's board policies will apply.

Alcohol withdrawal in pregnant women

Alcohol withdrawal can be medically serious and life threatening for a pregnant woman and the unborn.

Care and management of women who are known to be dependent drinkers must be treated as high risk. Early intervention/referral to the obstetric/medical team and the on call psychiatrist for advice on treatment regimes must be initiated. (During working hours Dr F A Ashby, Consultant Psychiatrist Substance Misuse can be contacted on tel. 779066. Out of normal working hours contact the on call psychiatrist via switchboard)

The onset of alcohol withdrawal can occur 6-24 hours after the last drink where the woman has regularly consumed 6 or more standard drinks on average per day.

It would be useful to complete the Clinical Institute Withdrawal Assessment of Alcohol Scale, Revised (Sullivan et al 1989, adapted by Niaz, 2007) on the woman as an aid to discussion of severity of symptoms prior to discussion with the Psychiatrist. **See Appendix 3.**
It is important for all health professionals to assess for and accurately monitor and interpret the onset of alcohol withdrawal.

Appropriate treatment should commence as soon as other symptoms become evident. These may occur during labour or later in the post natal period. Symptoms can occur from as early as 12 hours after the last drink, up to 5 days after the last drink due to a reduction or abrupt cessation of alcohol.

Symptoms of mild withdrawal are:

- Nausea
- Anxiety
- Trembling
- Vomiting

Symptoms of severe withdrawal are:

- Seizures
- Hallucinations
- Confusion/Disorientation
- Fearfulness
- Agitation
- Tremors
- Tachycardia
- Fever
- Dehydration

Admission to Medical/Surgical Ward

If a pregnant woman is admitted to hospital for an alcohol detox and is cared for on a medical/surgical ward the process for identifying pregnant women admitted to wards other than maternity will be followed. The information is collected on Labour ward and relevant medical staff informed. The information will be relayed to the specialist Midwives Drug & Alcohol Use.

Once seen by the Specialist Midwives they should clearly document in the medical/midwifery notes who will continue to undertake the daily antenatal examination and any planned follow up. Inpatients must be reviewed by the Obstetric Doctors during admission as well as by the Medical/Midwifery team.

Alcohol withdrawal in newborns

If the mother has consumed alcohol (whether or not she was acutely intoxicated during delivery) a baby may be at risk of alcohol withdrawal up to 48 hours after delivery, depending on the time of the mother's last drink. Withdrawal in babies can be delayed as there is slower metabolization by the fetal liver.

Symptoms of alcohol withdrawal in babies:

- Hyper-excitability of the central nervous system(e.g. tremors, excessive muscle tension, irritability, increased respiratory rate, poor sleeping patterns and increased sense of hearing).
- Seizures may also occur accompanied by breathing cessation and arching of the back.
- Gastro-intestinal symptoms (e.g. abdominal distension and vomiting)
- Confirm and document within the neonatal records amount of alcohol consumed in pregnancy on the risk assessment form.

These babies require special care and nursing and may need medication to safely manage their symptoms through this period.

Any baby displaying any of the above symptoms must be referred for review by the Paediatrician as soon as possible

Alcohol and breastfeeding

Alcohol crosses into breast milk by osmosis. This means the level of alcohol to which the baby is exposed is approximately the same as the mother's.

Alcohol in very small amounts can have a serious effect on the developing brain. Milk intake has been demonstrated to be lower when alcohol is present in breast milk and disruptions in sleep/wake patterns may also be present.

Babies are at risk if the mother chooses to breastfeed and consume alcohol. If the woman continues to drink alcohol when breastfeeding the following harm minimization advice must be given:-

- Do not drink alcohol shortly before or when breastfeeding, particularly in the first 3 months.
- Consume as little alcohol as possible and no more than 1 standard drink.
- Consume alcohol when it will have the least effect on the breast milk (e.g. only after the baby has been fed and settled). This allows several hours for the level to decrease before the next feed is due.
- Try to avoid breastfeeding for at least 3 hours after consuming alcohol.
- Consume low-alcohol drinks.
- Eat before and during consumption.
- Express and store alcohol-free milk for use after moderate or heavy drinking
- Discuss sleep safe and risk of shaking babies

Parenting Capacity

In the postnatal period it is important that all staff support parents with the care of the newborn and document skills and advice given accordingly and record any management plan on discharge from hospital.

Staff roles and responsibilities

Midwives
Will provide evidence based information on alcohol consumption in pregnancy and in the immediate postnatal period, so that women can make decisions that are right for them and their baby

Obstetricians
Will provide evidence based information on alcohol consumption in pregnancy and will be responsible for liaising with the Consultant Substance Misuse or on call Psychiatrist out of hours for advice on management of alcohol dependent women/alcohol detoxification.

Paediatricians
Will ensure that babies born to alcohol dependent mothers are followed up in the outpatient setting if clinical symptoms are evident

Documentation

Documentation will be completed in accordance with Trust and Maternity Policies.

Storage of guidelines

The intranet version of this document is the only version that is maintained. Any printed copies must therefore be viewed as “uncontrolled” and as such, may not necessarily contain the latest updates and amendments

Audit/Monitoring

Any adverse incidents relating to the care of women with alcohol dependencies will be monitored via the incident reporting system. Any problems will be actioned via the case review and root cause analysis action plans. The action plans are monitored by the risk midwife to ensure that improvements in care are made. The trends and any root cause analysis are discussed at the monthly risk meetings to ensure that appropriate action has been taken to maintain safety.

The guideline for the management of pregnant women with alcohol dependencies (Booking to Postnatal Period) will be audited in line with the annual audit programme, as agreed by the CBU. The results will be reviewed and presented to the multidisciplinary audit meeting. The audit action plan will be reviewed at the monthly risk management meetings on a quarterly basis and monitored by the risk midwife to ensure that improvements in care are made.

Equality Impact Assessment

Women's and Children's Services are committed to ensure that both current and potential service users and their families will not be discriminated against on the grounds of religion, gender, race, sexuality, age, disability, ethnic origin, social circumstance or background. The principles of tolerance, understanding and respect for others are central to what we believe and central to all care provided.

Training

Training will be given as documented in the Maternity Training Needs Analysis. This is updated on an annual basis.

Review

This guideline will be reviewed in three years of authorisation. It may be reviewed within this period if there are any reports, new evidence, guidelines or external standards suggesting that a guideline review is required

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Pollard J. (2012). Pregnant and Using Drugs or alcohol. BHNFT leaflet.

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Glossary of terms

AUDIT C – Alcohol Use Disorders Intervention Tool
BHNFT – Barnsley Hospital NHS Foundation Trust
BAC – Blood Alcohol Concentration
CIWA-Ar – Clinical Institute Withdrawal of Alcohol Scale (revised)
FASD – Fetal Alcohol Spectrum Disorders
WHO – World Health Organisation

Obstetric Guideline Checklist

Guideline for the management of pregnant women with alcohol dependencies (Booking to Postnatal Period)	**Lead Professional** J Pollard/J Poskitt

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Headings included: Yes	Quality Impact Statement included: Yes	References included: Yes

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Appendix 1

Brief Interventions

If the Person is alcohol-dependent, a brief intervention can be of some assistance through education and support, and may facilitate their willingness to be referred to a specialist treatment programme. It is an opportunity for the midwife to support and help such women to become aware of the risks or problems associated with their drinking, and to contemplate lifestyle changes (cutting out or cutting down) to reduce social and health harms from alcohol use.

The purpose of a brief intervention is to:-

- Provide the woman with accurate information about the effects of alcohol on her and her unborn or newborn baby. **Give BHNFT leaflet and FAS Leaflet.**
- Reinforce the woman's understanding of key concepts covered in the alcohol education material provided.
- Enable her to talk about her alcohol use without being judged. **Use Audit C,**
- Support the woman in identifying issues that impact on her own health, wellbeing, lifestyle and relationships due to her drinking.
- Empower the woman to identify and set reasonable and achievable goals for change based on her informed choices relating to her alcohol use and situation. **Give drinks diary, Alcohol Wheel, Glass measure**
- Assist the woman to seek support and access to specialist treatment services, if appropriate. **Referral to Specialist Midwives Drug & Alcohol Use.**

Appendix 2

AUDIT – C

Questions	Scoring system					Your score
	0	**1**	**2**	**3**	**4**	
How often do you have a drink containing alcohol?	Never	Monthly or less	2 - 4 times per month	2 - 3 times per week	4+ times per week	
How many units of alcohol do you drink on a typical day when you are drinking?	1 -2	3 - 4	5 - 6	7 - 9	10+	
How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	

Scoring:
A total of 5+ indicates increasing or higher risk drinking.
An overall total score of 5 or above is AUDIT-C positive.

Please visit the website below to complete the extended version of the questionnaire

www.alcohollearningcentre.org.uk/_library/AUDITC.doc

Appendix 3

Score Sheet (CIWA-Ar)

Name.............................. U/N.......................... Ward ………

Date:																
Time:																
Nausea & vomiting																
Tremor																
Paroxysmal Sweats																
Anxiety																
Agitation																
Tactile Disturbances																
Auditory Disturbances																
Visual Disturbances																
Headache, Fullness in head																
Orientation and Clouding of Sensorium																
Total Score:																
Blood pressure:																
Pulse:																
Staff Initials:																

Maximum Score 67

0 – 9 Absent or mild withdrawal not needing treatment

10-19 Mild to moderate withdrawal Above 20 Severe withdrawal

CLINICAL INSTITUTE WITHDRAWAL ASSESSMENT OF ALCOHOL, SCALE, REVISED (CIWA-Ar)
(Sullivan et al 1989, adapted by Niaz 2007)

NAUSEA AND VOMITING - Ask "Do you feel sick to your stomach? Have you vomited?"
0 no nausea and no vomiting
1 mild nausea with no vomiting
2
3
4 intermittent nausea with dry heaves
5
6
7 constant nausea, frequent dry heaves and vomiting

TREMOR - Arms extended and fingers spread apart.
0 no tremor
1 not visible, but can be felt fingertip to fingertip
2
3
4 moderate, with patient's arms extended
5
6
7 severe, even with arms not extended

PAROXYSMAL SWEATS
0 no sweat visible
1 barely perceptible sweating, palms moist
2
3
4 beads of sweat obvious on forehead
5
6
7 drenching sweats

ANXIETY -- Ask "Do you feel nervous?"
0 no anxiety, at ease
1 mild anxious
2
3
4 moderately anxious, or guarded, so anxiety is inferred
5
6
7 equivalent to acute panic states as seen in severe delirium or acute schizophrenic reactions

AGITATION
0 normal activity
1 somewhat more than normal activity
2
3
4 moderately fidgety and restless
5

TACTILE DISTURBANCES -- Ask "Have you any itching, pins and needles sensations, any burning, any numbness, or do you feel bugs crawling on or under your skin?"
0 none
1 very mild itching, pins and needles, burning or numbness
2 mild itching, pins and needles, burning or numbness
3 moderate itching, pins and needles, burning or numbness
4 moderately severe hallucinations
5 severe hallucinations
6 extremely severe hallucinations
7 continuous hallucinations

AUDITORY DISTURBANCES -- Ask "Are you more aware of sounds around you? Are they harsh? Do they frighten you? Are you hearing anything that is disturbing to you? Are you hearing things you know are not there?"
0 not present
1 very mild harshness or ability to frighten
2 mild harshness or ability to frighten
3 moderate harshness or ability to frighten
4 moderately severe hallucinations
5 severe hallucinations
6 extremely severe hallucinations
7 continuous hallucinations

VISUAL DISTURBANCES -- Ask "Does the light appear to be too bright? Is its color different? Does it hurt your eyes? Are you seeing anything that is disturbing to you? Are you seeing things you know are not there?"
0 not present
1 very mild sensitivity
2 mild sensitivity
3 moderate sensitivity
4 moderately severe hallucinations
5 severe hallucinations
6 extremely severe hallucinations
7 continuous hallucinations

HEADACHE, FULLNESS IN HEAD -- Ask "Does your head feel different? Does it feel like there is a band around your head?" Do not rate for dizziness or lightheadedness. Otherwise, rate severity.
0 not present
1 very mild
2 mild
3 moderate
4 moderately severe
5 severe
6 very severe
7 extremely severe

ORIENTATION AND CLOUDING OF SENSORIUM – Ask "What day is this? Where are you? Who am I?"
0 oriented and can do serial 7s ("Subtract 7 from 100, subtract 7 again…)
1 cannot do serial 7s or is uncertain about date
2 disoriented for date by no more than 2 calendar days
3 disoriented for date by more than 2 calendar days
4 disoriented for place/or person