

## Is the occasional drink ok? Reflections of Indigenous and non-Indigenous pregnant women



# Not drinking alcohol when pregnant is the safest option.

NHMRC, 2009



1 in 2 women in Victoria, Australia drink some alcohol when pregnant

1 in 4 pregnancies are unplanned

1 in 5 women binge drink before they realise they are pregnant

Of 10 women who drink alcohol when pregnant, 6 have a university education



Muggli E, O'Leary C, Donath S, Orsini F, Forster D, Anderson P, Lewis S, Nagle C, Craig J, Elliott E, Halliday J. (2016) Did you ever drink more?" A detailed description of pregnant women's drinking patterns. BMC Public Health, 16:683.

Not drinking alcohol when pregnant is not as simple as it seems.



#### Influences on alcohol use in pregnant women: Objective

To explore the experiences and opinions of pregnant women around drinking alcohol to better understand why the "it's safest not to drink" message may not always work.



#### Influences on alcohol use in pregnant women: Methods

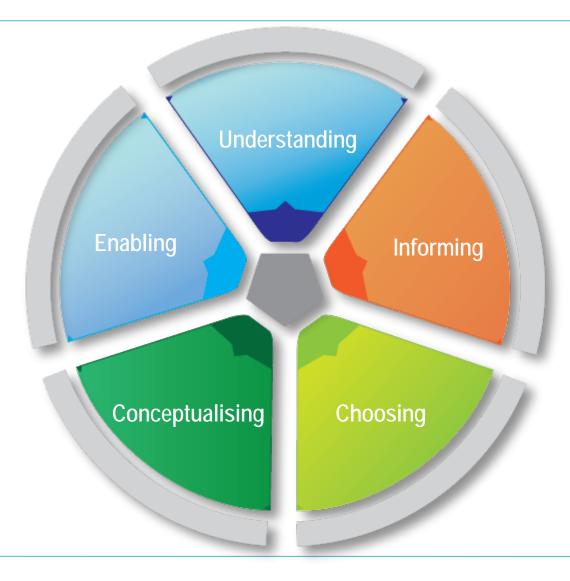
Site	Data collection method	Number of Participants	Gestation Week
Metropolitan public hospital 1	1x individual interview	1	29
Metropolitan public hospital 2: low SES	2x group interviews	5	34-39
Rural/regional hospital	2x group interviews	5	15-38
Metro private hospital	1x group interview	3	20-31
Rural/remote site in NT: Indigenous health service	3x individual interviews	3	8-20+
Rural site in VIC: Indigenous health service	8x individual interviews; 1x group interview	11 Total n= 28	8-35

#### Influences on alcohol use in pregnant women: Analysis

Transcripts were analysed by two researchers using Inductive Content Analysis.

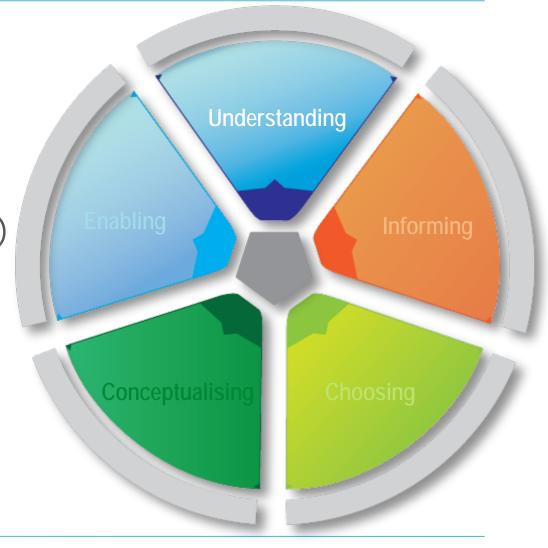
- Repeated listening to recordings and reading of transcripts.
- Coding and annotating text, using the data management software NVivo and on hard copies.
- Producing hierarchical flow charts and diagrams to visualise any possible connections between annotations.
- Further reviewing and refining headings with similar responses.
- Formulating categories for the final framework used to report results.
- Naming each category using a term that was 'content-characteristic'.

#### Influences on alcohol use in pregnant women: Results



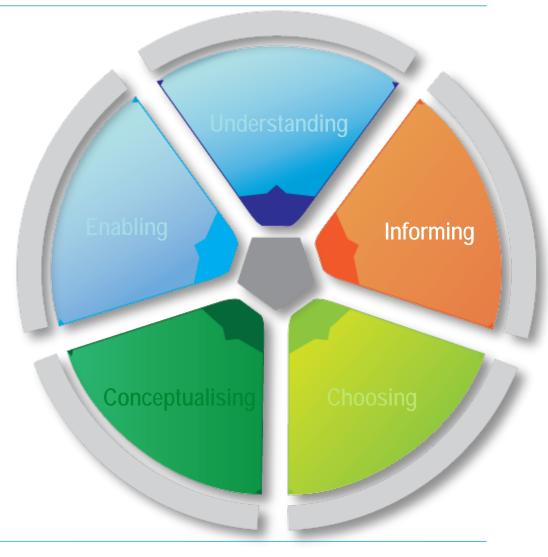
### Influences on alcohol use in pregnant women: Understanding

- Drinking alcohol when pregnant is "bad"
- Unsure about nature of harm (vague)
- Timing of drinking (dangerous vs safe period)
- Quantity of alcohol (occasionally is unlikely to cause harm)
- Type of alcohol (wine vs "hard stuff" vs standard drink)



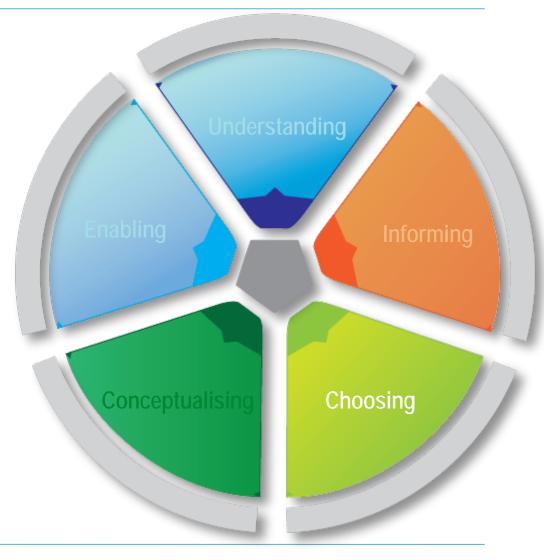
#### Influences on alcohol use in pregnant women: Informing

- Clinicians, TV, family & friends
- Non-Indigenous women spoke about children being usually healthy
- Indigenous women were more likely to see children affected by alcohol in their community



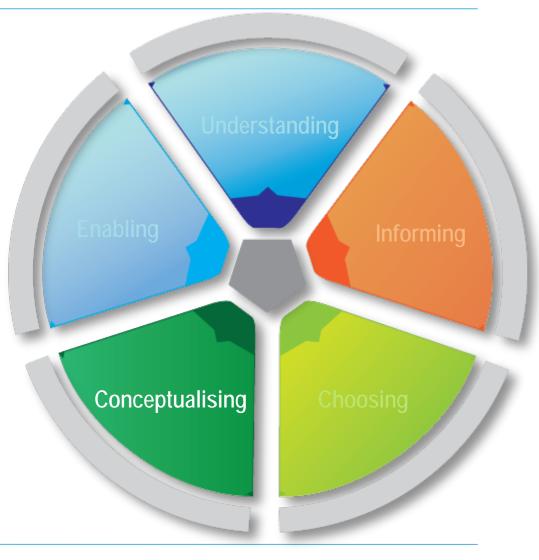
#### Influences on alcohol use in pregnant women: Choosing

- Informed choice, autonomous
- Follow clinician advice



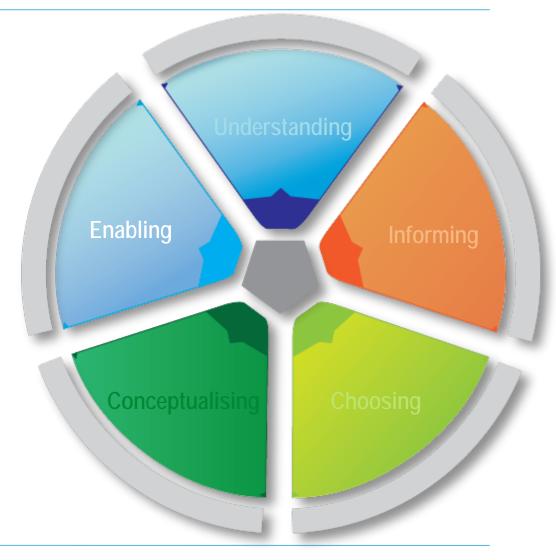
#### Influences on alcohol use in pregnant women: Conceptualising

- My health and the health of my pregnancy
- "A little baby inside"



### Influences on alcohol use in pregnant women: Enabling

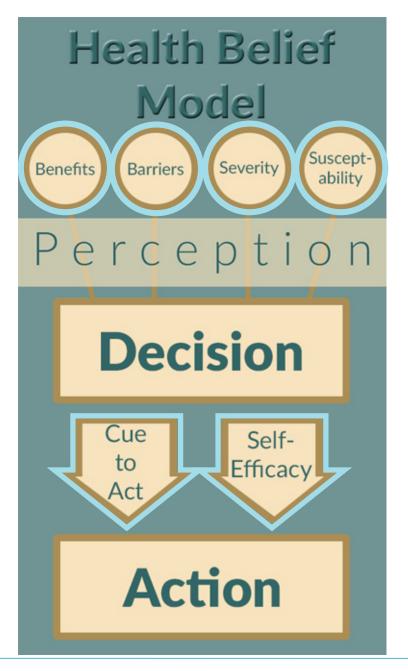
- Social environment
- Poor mental health, addiction
- No "safe place"
- Peer pressure
- Family support, "strong families"



#### Influences on alcohol use in pregnant women: Summary

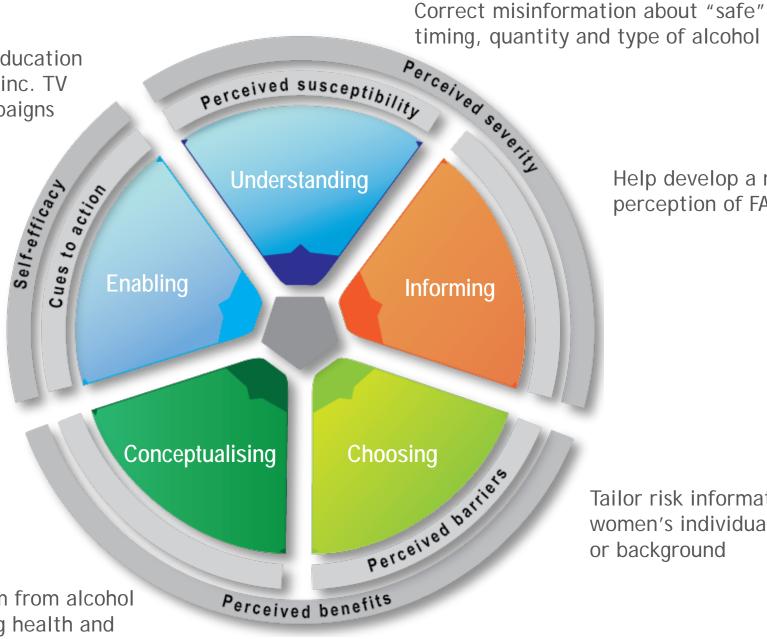
- Pregnant women understand and conceptualise harms from drinking alcohol differently depending on their social environment
- This impacts their ability to abstain

Strategies to reduce harm from alcohol in pregnancy would benefit from tailoring to social influences and women's personal experiences depending on the target population.



FASD-specific health education of general population inc. TV and social media campaigns

Clinicians give verbal reinforcement, use goal setting to build confidence, assess & assist with Personal circumstances



Help develop a more accurate perception of FASD

Tailor risk information based on women's individual characteristics or background

Reframe messages about harm from alcohol to messages about maximising health and cognitive outcomes for the baby

- I, Evi Muggli, acknowledge on behalf of all authors listed on this presentation, that there are:
  - no relationships to any commercial interests related to this study; and
  - no potential biases were identified.

#### Acknowledgements

**Project staff** Evi Muggli Jean Paul Leisa McCarthy Clare Morrison Jo Kennedy Taryn Charles Rigan Tytherleigh Rachael Gordon

#### Students Sophie Gibson

Advisory

Prof Jane Halliday Prof Cate Nagle

#### **Maternity Services**

Mercy Hospital for Women (VIC) Cabrini Private Hospital (VIC) Sunshine Hospital (VIC) Goulburn Valley Health (VIC) Alukura Women's Health Service (NT) Mallee District Aboriginal Service (VIC)

AIHW team

Fadwa Al-Yaman Conan Liu

Bernice Cropper

Special thanks to the women who participated in this study



Australian Government Australian Institute of Health and Welfare