



Submission on a National Maternity Strategy

July 2015

Alcohol Action Ireland

Alcohol Action Ireland is the national charity for alcohol related issues.

We are an independent voice for advocacy and policy change, working to reduce levels of alcohol-related harm in Ireland and improve health, safety and wellbeing for all.

We focus on evidence-based public health policies that will deliver the widest benefits to the greatest number of people within the population.

Alcohol Action Ireland adheres to the World Health Organisation (WHO) guidance that “the alcohol industry has no role in the formulation of alcohol policies, which must be protected from distortion by commercial or vested interests”, and HSE guidance that “there is an inherent conflict associated with the alcohol industry playing a role in providing public health advice”. We therefore do not work with the alcohol industry.

We act as secretariat to the Informal Oireachtas Cross Party Group on Alcohol Harm and are founding members of the Alcohol Health Alliance Ireland.

Our organisation is composed of two full-time and one part-time staff members and is run by a voluntary board. Our CEO is Suzanne Costello and the chairperson of our Board is Carol Fawsitt, Partner, Hayes Solicitors. Other board members include: Professor Joe Barry, specialist in public health medicine with the HSE and senior lecturer in public health at Trinity College Dublin; Dr Declan Bedford, public health specialist; Pdraig Brady, CEO Pioneer Total Abstinence Association; Catherine Brogan, Director, Samaritans Ireland; Pat Cahill, retired teacher; John McCormack, CEO, Irish Cancer Society; Dr Bobby Smyth, Consultant Child and Adolescent Psychiatrist with the HSE and Senior Clinical Lecturer with the Department of Public Health and Primary Care in Trinity College Dublin, and Tadhg Young, Director, State Street.

Alcohol Action Ireland is funded primarily by the HSE and also through individual public donations. Our governance code and annual accounts are available on our website www.alcoholireland.ie/about/funders

Alcohol and Pregnancy

It is in a child’s best interests for a prospective mother not to drink alcohol while pregnant due to the risk of damaging the physical and mental development of the unborn child – damage which can have serious, life-long consequences.

During pregnancy alcohol passes from the mother’s bloodstream through the placenta and into the baby’s bloodstream, where it can affect its development. The unborn child does not have a fully developed liver or the capacity to process alcohol like an adult and the placenta does not act as a barrier to protect it from the alcohol passing directly into its blood stream.

Although alcohol is heavily marketed through risk-free, positive messages and is sold in supermarkets, petrol stations and convenience stores as if it were just another grocery, it is important to remember that it is a toxic substance and a teratogen, which means it cause irreversible damage to the healthy development of the unborn child.

Alcohol consumption during pregnancy can lead to disorders in how the unborn child develops in the womb. Damage to the unborn child from alcohol takes a number of forms and can show up as behavioural, social, learning and attention difficulties in childhood, adolescence and throughout

adulthood. As such, there can be lifelong consequences for the physical and mental health of an unborn child exposed to alcohol in the womb.

Drinking during pregnancy carries a risk of Foetal Alcohol Syndrome (FAS) and Foetal Alcohol Spectrum Disorder (FASD).

Children born with FAS – the most rare, but most easily recognisable condition on the spectrum - have been exposed to high levels of alcohol throughout the pregnancy and can experience problems with their growth, facial defects, as well as life-long learning and behavioural problems.

Partial Foetal Alcohol Syndrome, (pFAS), Alcohol Related Neurodevelopmental Disorder (ARND), and Alcohol Related Birth Defects are far less easily diagnosed.

FASD refers to the wide range of less obvious – and much more common – effects of drinking alcohol during pregnancy. Although children with FASD can look healthy and normal, they can have issues such as sight and hearing difficulties; problems paying attention and following simple directions, as well as other learning difficulties.

Drinking heavily during pregnancy can also increase the chances of complications during pregnancy and childbirth, as well as increasing the risk of premature delivery, miscarriage and stillbirth.

The amount of alcohol required to impair the foetus is still subject to uncertainty, as is the timing of alcohol exposure. However, no quantity of alcohol has ever been proven to be safe to consume during pregnancy and no period of pregnancy has been shown to be immune to the effects of alcohol on the unborn child.

Pregnant women can often receive conflicting advice, from various sources, including healthcare providers, about drinking alcohol during pregnancy. This conflicting advice arises, in some part, due to the uncertainty regarding the amount of alcohol required to impair the foetus and the timing of alcohol exposure.

However, what is very clear is that there are no benefits for the unborn child from exposure to alcohol, just risks, and these risks increase in line with how much alcohol an expectant mother drinks. As there is no known safe level of alcohol during pregnancy, the precautionary principle applies and the safest thing to do is not drink at all, thus ensuring the unborn child is protected from alcohol-related harm.

However, as well as receiving conflicting advice from various sources on this important issue, Irish women also have to contend with a society in which binge drinking, which is particularly harmful to the unborn child, is highly prevalent.

A recent study by the Health Research Board (HRB) finding that 75% of alcohol consumed in Ireland is consumed as part of binge drinking session and that more than one fifth (23%) of women who consumed alcohol exceeded the HSE's low-risk drinking guidelines of 11 standard drinks per week.

We've seen a shift in the culture of women's drinking in Ireland in recent decades and there are a number of factors that have influenced this change in drinking patterns, but the main ones are the availability, pricing and marketing of alcohol.

Alcohol is now more widely available and cheaper than ever before in the off-trade, particularly supermarkets where it is frequently used as a 'loss leader' to entice customers. There has also been a proliferation of alcohol products designed to appeal specifically to women and this has contributed greatly to increased consumption levels. These products are often those high in alcohol content, such

as wine and spirits, which are advertised as low in calories. Wine consumption has increased six-fold in Ireland during the past 40 years.

Women are targeted by alcohol marketing in many ways, such as the sponsorship of TV programmes and fashion events aimed at women, while social and digital media platforms have also become an increasingly important way for alcohol companies to reach women, particularly younger age groups.

This all serves to normalise regular and heavy drinking, so it is seen as not just acceptable, but desirable and central to relaxing and having fun with your friends, and in this alcohol saturated environment it is understandable that women may be unaware of just how harmful alcohol consumption can be and reinforces the need for a very clear and consistent message from all healthcare providers in relation to alcohol consumption during pregnancy.

The provision, as part of the Public Health Alcohol Bill, for the introduction of labelling of alcohol products is a very welcome development and will include health warnings about the risks associated with alcohol consumption during pregnancy.

However, labelling alone will not be enough to balance out the barrage of positive, risk-free images of alcohol and its use portrayed in our constant exposure to alcohol marketing, with a recent study of alcohol consumption during pregnancy published recently by the BMJ finding that drinking during pregnancy is highly prevalent and socially pervasive in Ireland.

There is no national register of FASD, therefore the number of cases of FASD, FAS and ARND in Ireland are unknown, while FASD is also commonly misdiagnosed or unconfirmed. However, studies on alcohol consumption during pregnancy suggest the number of affected children in Ireland may be significant.

The largest Irish study of its kind, at the Coombe Women & Infants University Hospital, found that almost two-thirds (63%) of the more than 43,000 women surveyed at the hospital between 1999 and 2005 said they drank alcohol during their pregnancy.

The recently published BMJ study found that Ireland emerged as the country with the highest rates of drinking, both before (90%) and during (82%) pregnancy, and of binge drinking, before (59%) and during (45%) pregnancy, based on estimates from the Screening for Pregnancy Endpoints (SCOPE) study. Estimates of drinking during pregnancy from the Growing up in Ireland (GUI) and the Pregnancy Risk Assessment Monitoring System (PRAMS) studies were substantially lower (20-46%), but still at levels that warrant serious concern.

The researchers concluded that alcohol use during pregnancy is highly prevalent and evidence shows that gestational alcohol exposure may occur in over 75% of pregnancies in Ireland. The number of pregnant women who drank heavily in the three studies was small, but the researchers point out that “since most women who consume alcohol do so at lower levels where the offspring growth and development effects are less well understood (than at higher levels), the widespread consumption of even low levels of alcohol during pregnancy is a significant public health concern”.

Recommendations

- Implement policies and clinical protocols in all healthcare settings to prevent, assess and respond to issues arising in relation to pregnant women affected by alcohol use
- Ensure a clear and consistent message of ‘no alcohol, no harm’ is delivered across all healthcare providers

- Introduce a national FASD register and promote greater awareness among healthcare professionals of FASD so as to improve its diagnosis and management
- Provide support and services for families and children coping with Foetal Alcohol Spectrum Disorders