Equalities In Health

NHS Greater Glasgow and Clyde

INEQUALITIES SENSITIVE PRACTICE INITIATIVE MATERNITY PATHWAYS

Women with Problematic Alcohol Use

Standard of Care

Antenatal Care

1. Any health or social care professional who is already engaged in supporting a woman with problematic alcohol use should seek client consent to inform and work with maternity services throughout the maternity episode. Where consent is withheld, relevant information should be shared if there are concerns around child welfare.

2. Maternity staff should utilise inequalities sensitive approaches to reduce stigma, to support women to talk frankly about their alcohol use, to elicit concerns and identify any wider health and social care needs.

3. Maternity services should apply a standardised process to accurately assess levels of drinking, offer advice on drinking in pregnancy, undertake needs and risk assessment and negotiate a plan of care. (1)

4. Where there are concerns about ongoing recreational use of alcohol, midwives providing antenatal care should continue to monitor use, provide brief interventions and where appropriate refer to the Special Needs in Pregnancy Service (SNIPS), Alcohol Services or other support agencies for advice. (1)

5. Where there is current problematic alcohol use or use within the previous 12 months, the woman should be referred on to the Special Needs in Pregnancy Service (SNIPS).

6. During the first appointment with SNIPS, private time should be arranged and a comprehensive social history and substance use assessment undertaken. An individualised care plan should be developed based on the woman's needs and choices and risk assessment. Where possible, client's permission should be obtained for a social work referral. Where permission is withheld, the midwife should inform the woman of the statutory duty to refer to and involve social work services, discussing with her the reasons behind this and what this may mean for her. Emphasis should be placed on the support that social services can provide. (2)

7. Where the woman's partner has alcohol use problems the same child protection procedures i.e. referral to social work services, apply.

8. SNIPS should establish good working relationships with the woman, her partner and/or family as appropriate, and the multidisciplinary liaison team, to ensure that the woman's support needs and the requirements of the child protection protocol, are met. Referrals to alcohol / addiction services should be made by phone and followed up in writing.

9. At the earliest opportunity the health visitor should be contacted and informed of the woman's referral in to the SNIPS service.

10. Consideration should be given to the assignation of a support worker to help client with preparations for the baby and to attend to social care issues e.g. transport, finances, housing.

11. Where child protection concerns are identified, a robust multi-agency care plan should be developed in conjunction with the woman, her family and the agencies involved in her care. Midwives should participate in informal and formal assessment processes e.g. pre and post birth meetings. (3)

12. Where appropriate, labour ward and/or paediatric services should be informed of the pending delivery and associated issues.

13. Care throughout the pregnancy pathway should include:
    - Continuity of care.
    - Excellent communication with partner agencies.
    - Resilience building through inclusive and inequalities sensitive ways of working.
    - Behaviour change support.
    - The follow up of women who miss appointments (DNAs).
    - Tailored preparation for childbirth and parenting.
    - Accurate documentation of case records and the hand held record.

Hospital-Based Care

14. The SNIPS midwife should be informed of the delivery as soon as possible so that postnatal management can be instituted.

15. Mothers should stay longer in hospital to facilitate neonatal assessment and parenting support. Mother and baby should be cared for together where possible.

16. SNIPS midwives should provide liaison and support to the woman during her postnatal stay and inform and update partner agencies on the progress of care. Where appropriate, arrangements should be made for a post birth case conference.

Postnatal Care in the Community

17. Postnatal care in the community should be organised around the multi-agency care plan and the ongoing needs of the mother, the infant and the family and may include longer or more frequent visits, joint visits and liaison meetings.

System

18. Alcohol services should provide gender sensitive services, prioritise the needs of pregnant women and maintain good communication links with maternity services.

19. Systematic recording and coding of alcohol use through SMR02 should be undertaken to provide local and national data on alcohol use in pregnancy.

20. Maternity services should provide written information on alcohol use in pregnancy.

Staff Competencies

- All midwives should have basic alcohol awareness training including the effects of alcohol on foetal development and be competent to provide clear and consistent messages on alcohol use in pregnancy.
- Midwives should be competent to assess patterns and levels of consumption at maternal history taking and to undertake further screening where appropriate. Where there are concerns about the level or pattern of drinking staff should be competent to provide brief intervention counselling. Where dependent use is identified, staff should be aware of local protocols and pathways of care. (3)
- Midwives should be skilled in non judgemental, empathetic approaches and be confident to raise and discuss alcohol use in a sensitive manner. Staff should be competent to manage women and/or partners who attend hospital under the influence of alcohol.
- Postnatal ward staff should have knowledge of the effects of alcohol on the newborn, including the signs, symptoms and treatment of alcohol withdrawal and Foetal Alcohol Syndrome and be able to support parents to provide responsive infant care.
- Community midwives should be aware of the signs and symptoms of alcohol withdrawal and be trained in relapse prevention. Staff should have knowledge of alcohol support services and be able to facilitate referral.

References

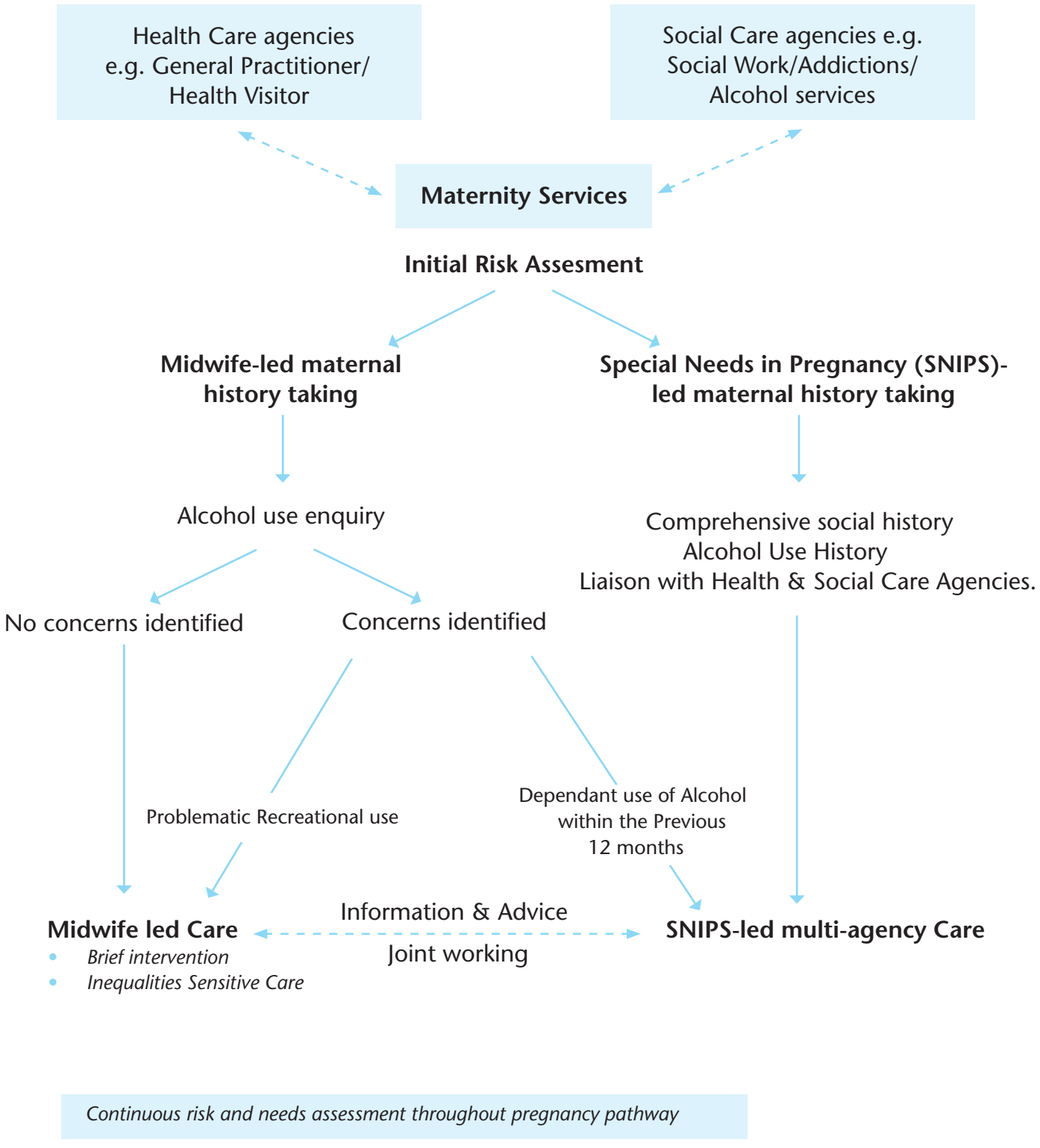
1. British Medical Association (2007), Fetal Alcohol Spectrum Disorders: A guide for healthcare professionals, BMA Science and Education Department.

2. Glasgow Child Protection Committee, (2008), Inter Agency Procedural Guidance for Vulnerable Women During Pregnancy.

3. Scottish Executive (2003), Getting Our Priorities Right: Good Practice Guidance for Working with Children and Families Affected by Substance Misuse.

Women with Problematic Alcohol Use

Pathway: Woman with Problematic Alcohol Use



Continuous risk and needs assessment throughout pregnancy pathway