

We do things differently here: The Greater Manchester approach to preventing alcohol exposed pregnancy

“Is it surprising that a pregnant woman chooses to drink alcohol when it is such an accepted and normal part of everyday life for the rest of us? Why is abstinence so often seen as an oddity that has to be excused? It is within this wider social context that we must view alcohol consumption during pregnancy”

Baroness Sheila Hollins (1)

The Chief Medical Officers advice is ‘If you are pregnant or planning a pregnancy, the safest approach is not to drink alcohol at all to keep risks to your baby a minimum’. Prenatal alcohol exposure can lead to the child having a Fetal Alcohol Spectrum Disorder (FASD)(2), which is associated with a wide range of permanent difficulties including cognitive deficits, behavioural problems, and an increased rate of comorbid mental and physical health issues (3). Individuals with FASD are also at increased risk of being arrested and charged with a crime (4). The exact prevalence of FASD in the UK is unknown but estimates are in the range of 3% (5).

The context: Greater Manchester

The combined authority of Greater Manchester (GM) was the first UK city region to be awarded devolved control of national public health and social care resources. In 2018, the Greater Manchester Health and Social Care Partnership committed £1.6m in ‘transformation’ funding towards an initial ‘proof of concept’ programme to reduce alcohol exposed pregnancies: the Alcohol Exposed Pregnancy (AEP) Programme.

The evidence base for preventing alcohol exposed pregnancy

A rapid appraisal of the evidence relating to preventing alcohol exposed pregnancy was conducted by academics at Salford University and the findings were then used to develop the GM AEP programme. Previous studies have shown success in reducing alcohol consumption in pregnant women and reducing unplanned (potentially alcohol exposed) pregnancies(7) . Concurrent public information campaigns can increase effectiveness of this type of intervention (8, 9).

Aims of the Alcohol Exposed Pregnancy Programme

The AEP programme focusses on prevention, early intervention and awareness raising. It was tested across two GM Foundation Trusts and four of the ten GM localities.

The objectives of the AEP programme were to:

- raise public and professionals’ awareness of FASD;
- intervene at pre-conception stage;
- screening, advice and guidance in maternity settings;
- develop specialist support and peer support for ‘increased risk’ groups;
- determine the prevalence of FASD in GM.

See figure (1) for the more detail of the programme components.

APPROACHES

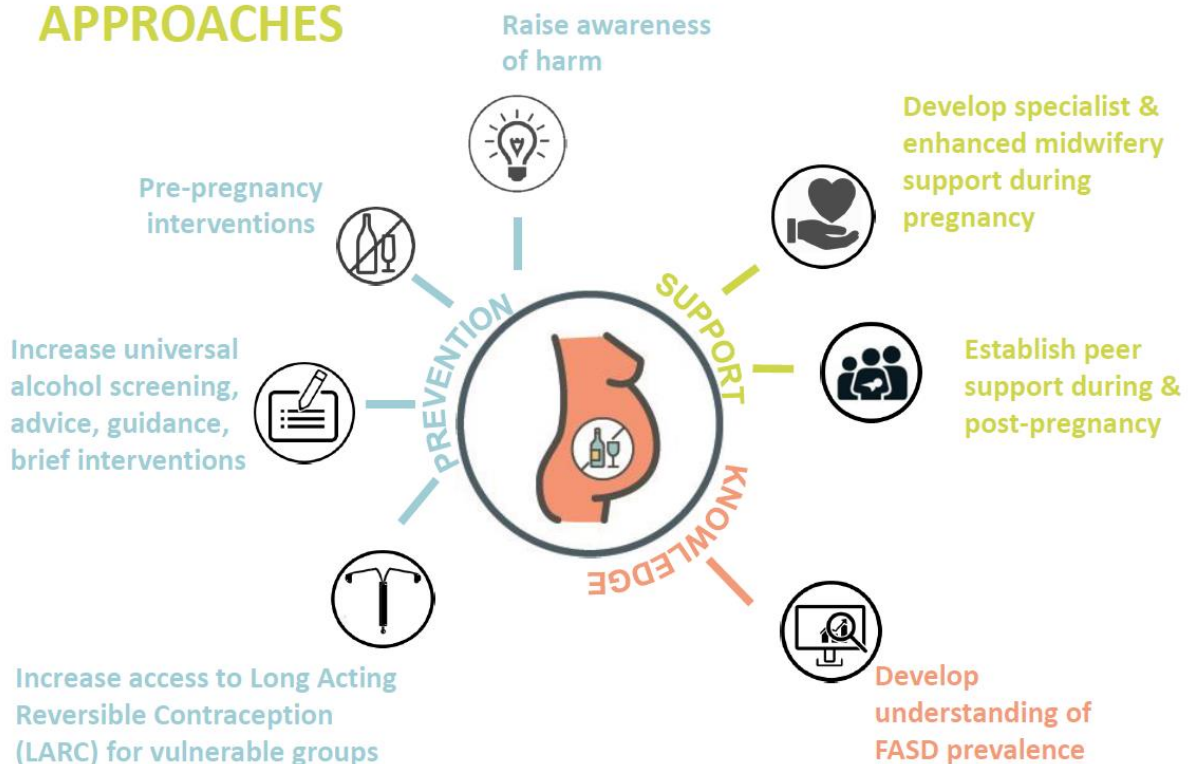


Figure 1 Multiple approaches to intervention by the Greater Manchester Alcohol Exposed Pregnancy programme

Components of the AEP programme

Training (with CPD) in AEP/FASD was provided, which included assessment and alcohol brief intervention, motivational interviewing interventions; alcohol in pregnancy and alcohol and contraception.

Based on CHOICES(7), individuals at risk of an alcohol exposed pregnancy (women who use alcohol between the ages of 16 and 44 years of age who are sexually active and not using effective contraception) were targeted with a range of services including substance misuse services (SMS), wellbeing services, early help/early years, sexual health and women's centres.

Pathways to sexual health services were put in place to increase the uptake of long acting reversible contraception (LARC) and an increase in support within maternity services with an ambition that all midwives would be aware of the Chief Medical Officer guidelines and that all women would be screened for alcohol use. Maternity pathways were adjusted to include increased alcohol screening and women identified as vulnerable received increased support. All community and ward-based midwives have been trained and the specialist midwifery team provide enhanced support and continuity of care to women with an alcohol exposed pregnancy.

An Independent organisation provide enhanced peer support to women and their partners who were either at risk of or were having an Alcohol Exposed Pregnancy.

To improve knowledge in relation to FASD, the first ever UK FASD prevalence study was commissioned. This study aims to identify children who are likely to have FASD and will create more accurate estimates for FASD prevalence in GM, with the final report expected in January 2021.

A digital behaviour change intervention ('#Drymester'), reported in an earlier volume of this journal (10), was a key component of the programme.

Co-design with families affected by FASD

The programme was co-designed with the involvement of a parents stakeholders, in procurement decisions, digital campaign design, reviewing materials, they are members of the steering and implementation groups and contributed to media and communications.

Local impact

A total of 720 professionals received training under this programme. 756 women were identified as being at risk of an Alcohol Exposed Pregnancy and over 56.7% of these engaged in the support offered. Over 17,000 pregnant women were screened for alcohol consumption. 158 women identified as being at risk of a future Alcohol Exposed Pregnancy have been fitted with Long Active Reversible Contraception (LARC) in the postnatal period.

Several support networks in localities led by Voluntary Community and Social Enterprise partners and families with lived experience were developed. The digital intervention was independently evaluated and deemed successful.

Over 5000 young people accessed a theatre production and 77% reported that it had increased their level of understanding and awareness of FASD. At the time of writing this theatre production is being filmed and will be free to access by schools and youth groups.

Wider and national impact

The programme has shown impact and influenced policy and planning across the region, nationally and internationally.

Thanks for this and all you have done up there. Your approach will become a template for other areas I am sure. Things are certainly moving in the right direction now. **Dr Raja Mukherjee, UK National FASD Clinic**

A Clinical Commissioning Group in the town of Stockport worked in collaboration with the AEP programme to improve FASD provision in the area; a Women's Maternity System in Cheshire and Merseyside is aiming to replicate the maternity pathway; and information provided by the programme resulted in "a tremendous result in a criminal case" where a client was diagnosed with FASD. The solicitor also published an article on the subject on the company website (11). The Department of Health and Social Care draft FASD Health Needs Assessment for England highlighted the AEP programme as good practice. There have been requests from Public Health England for the programme to contribute to Alcohol Clinical Guidelines; the leads contributed to the Maternity Alcohol Health Impact Assessment and are members of the NICE FASD Quality Standards Committee.

Conclusion

The AEP programme was a proof-of-concept programme, given that there was a lack of baseline activity for FASD prevention for the UK and GM. It was exploratory and aimed at generating learning and evidence to inform future approaches, locally and wider. It is leading the way in rolling out an evidence-based multidisciplinary public health intervention. Already having demonstrated measurable impact in GM and further afield, it is hoped the programme will deliver significant reduction of the fiscal and human cost associated with prenatal alcohol exposure and alcohol harm in the region, and also encourage other areas across the country to invest in similar projects. With experts raising concerns about the possibility that COVID-19 related lockdowns may lead to an increase in AEP, it is now more important than ever to look for effective ways to intervene.

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