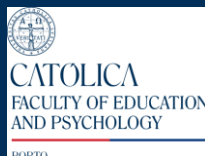




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Alcohol and pregnancy – knowledge, perspectives and practice of Portuguese health professionals working with pregnant women

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- In Portugal data on alcohol consumption during pregnancy is scarce

18,6% of pregnant women continue to drink during pregnancy (N= 1196) (Xavier et al., 2022)

Alcohol use during pregnancy – 13% (N= 144) (Correia-Costa et al., 2019)

19,3% - drinking during pregnancy (N=1104) (SICAD, 2015)

Alcohol consumption during pregnancy varying between 7.9% (first trimester) and 15.8% (third trimester) (N=101) (Pinto, B., & Santos-Silva, 2009)

Alcohol use during pregnancy - 13.3% (N= 249) (Pinto et al., 2009)

- **information** is the base to make an **informed decision** (e.g., Elek et al., 2013; Hoffmeister & Xavier, 2016)
- Healthcare professionals who provide care for pregnant women can have a **decisive influence on the prevention of FASD.**

- This work presents a qualitative approach exploring knowledge, perspectives and practice of health professionals towards AUDP.

Healthcare System in Portugal

- Portugal has a National Health Service (NHS) – universal and free
- Health services are delivered by health centers and hospitals.
- **Prenatal healthcare** is carried out together by primary and secondary care units: if no risk factors exist, it is performed in the PC units until about 36 weeks of pregnancy; after that, pregnant women begin their follow-up at the local hospital until delivery. After hospital discharge, the baby and mother resume healthcare in their local PC unit.
- Portugal also has private outpatient care and hospitals mainly focused on providing medical care to the health subsystems (special professional health schemes) and private health insurance schemes beneficiaries. Citizens/pregnant women can use the private practice only or along with the public health practice.
- Prenatal healthcare is performed by doctors/physicians and nurses



PARTICIPANTS

	N	Age		years of work	Medical speciality
• Doctors/ Physicians	8	26 - 52	Married - 4 Single - 4	2 - 32	Family doctors - 2 Obstetrics-Gynecology - 6
• Nurses	13	33 - 58	Married - 7 Single - 3 Partnership - 2 Divorced - 1	11 - 37	

INSTRUMENTS AND PROCEDURES

- A semi-structured interview script was organized

Main script dimensions	Knowledge about AUDP, AUDP consequences, existing guidelines
	Alcohol use during pregnancy – pregnant women in general/their professional experience
	Experience in screening, informing and referring



RESULTS

- Knowledge/information on AUDP

Insufficient information

“But... no... It’s not a subject I’m very comfortable with and I don’t think I have enough information at all” (D)

“No, no. I dont have...”(E)

Prenatal exposure and risk

“Any type of alcohol consumption is risk” (E)

“I think that any consumption during pregnancy is risky” (D)

“Then...it also depends on the type of... the drink that is consumed, isn’t it?... I don’t know...” (D)

“I’m not aware of how much pregnant women can drink during pregnancy” (E)

“in fact, the only dose that is 100% safe is 0 – and I am sure of it” (D)

- **Knowledge/information on AUDP**

Lack of knowledge about national and international alcohol guidelines

“It is this: as far as I am aware there are no specific rules...” (D)

Consequences of AUDP

“And also changes of...of... the development related to foetal growth...” (D)

“The more alcohol the pregnant woman drinks, the greater the likelihood of a more serious Fetal Alcohol Syndrome” (E)

“Malformations in the fetus depending on the phase of consumption” (E)

- **Professional experience**

AUDP as part of the professional role

“We have a duty” (E)

“Because it is a risky behavior and its related with lifestyle and therefore the Nurse, especially as a specialist, has a possibility of... intervention in this area...” (E)

Assessment, information and abstain advice (general)

“It depends on the pregnant woman who is in front of me” (E)

Assessment - how and how often

“Yes, I do that” (E) (first appointment)

“I do that in all appointments, all moments of contact” (E)

“I usually don’t do that” (E)

“I ask... I always ask in the first appointment. To be true, I don’t ask in the subsequent appointments” (D)

Barriers and difficulties

“This is a taboo subject...” (E)

“No difficulties” (E)

“It’s not a usual topic. So, it’s not easy to approach. I don’t think it’s easy” (E)

“Because we are their family doctors. And sometimes... it can help. But, in other moments, because they new us, it ends up being an obstacle” (D)

Need of additional information and training

“We still have some gaps” (E)

“Hum... I would like information to understand alcohol and its effects” (E)

“No... No... I never felt that need, but now that I think about it...” (D)

“I would like more training on how to assess consumption, how to quantify it and how... to know how to deal with it and create strategies to reduce consumption” (D)

- **Alcohol consumptions (pregnant women)**

Clients don't use alcohol

“I never identified any pregnant women with this risk behavior in my population of pregnant women” (D)

“Because I never had a situation like that of any pregnant woman who consumed alcohol” (E)

“They have the information” (D)

CONCLUSIONS

The results point to:

- insufficient information on the subject and a lack of knowledge about national and international alcohol guidelines.
- Participants also revealed disparate perspectives on safe level of alcohol. However, they identified some consequences of AUDP.
- In general, nurses and doctors ask pregnant women once about their alcohol use, at the start of the pregnancy, revealing non-compliance with national guidelines for health professionals working with pregnant women.

Participants have identified the need for more training and education to adequately respond to the needs of this population.



"Thank you!"

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