

Integrated Addictions Family Service



Alcohol and Pregnancy



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Drinking in pregnancy

Child bearing women:

The Infant Feeding Survey (2010) reported that:

- 81% of mothers across the UK had drunk alcohol in the previous 2 years and 40% had drunk during pregnancy
- 35% of the women surveyed in Northern Ireland drank alcohol in pregnancy



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Research: Effects of alcohol on the fetus

- Heavy maternal consumption of alcohol historically associated with infertility, miscarriage, pre-term deliveries, stillbirth and FAS (BMA, 2007)
- Direct effect on fetal brain function and responses demonstrated (Hepper et al., 2012)
- Mixed evidence on light drinking:
 - Adversely related to child behaviour at 6-7yrs (Sood et al., 2001) and child cognition (Flak et al., 2014)
 - No link with developmental problems (Kelly et al., 2013) but light drinking classified as “up to 2 units per week”



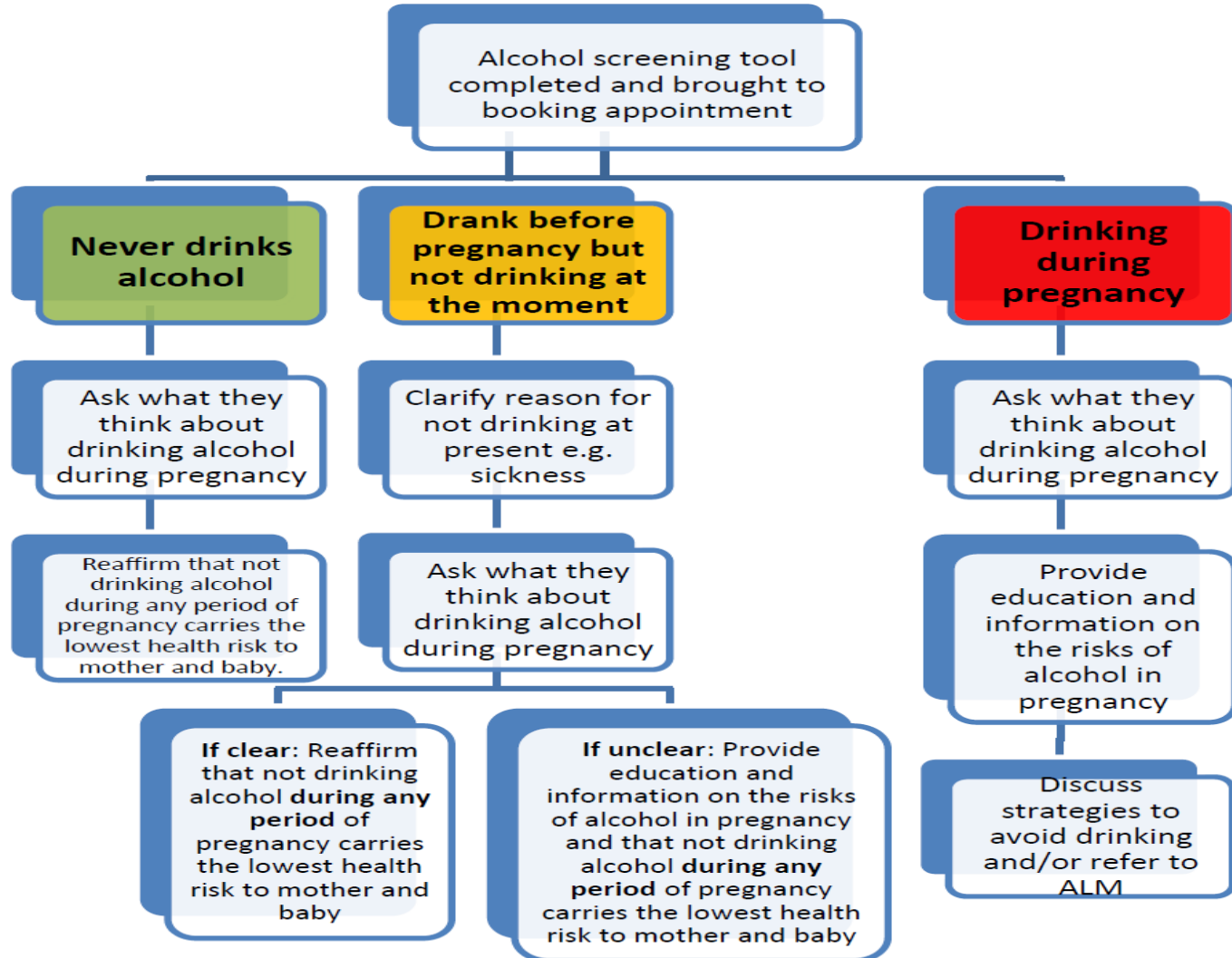
SHSCT Alcohol Liaison Midwifery Service

- A unique to SHSCT funded by Big Lottery from 2012-2017
- A service with a midwife offering a specialist alcohol liaison service
- An interface between midwifery care, addictions and other services



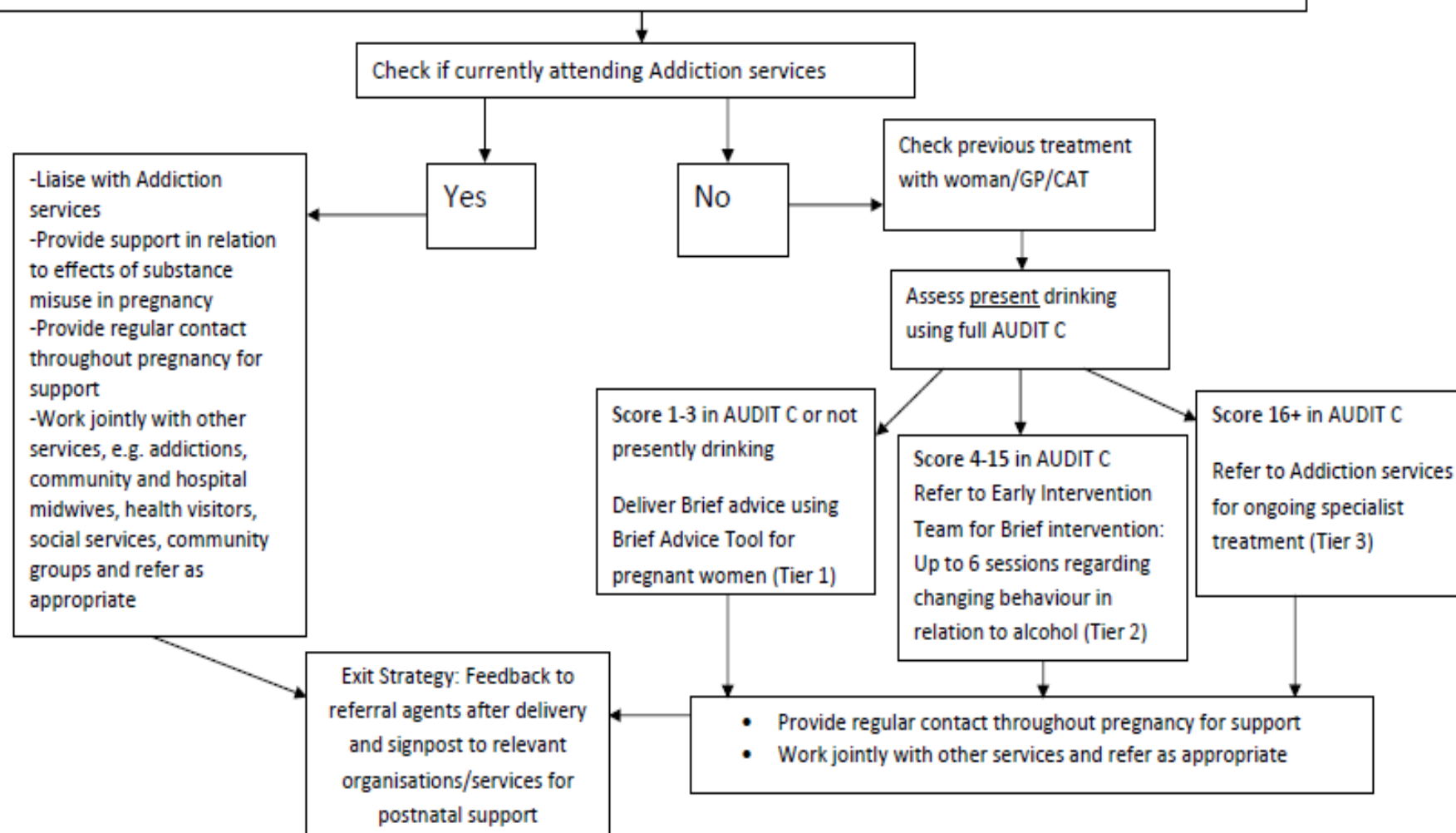
Screening pathway for alcohol consumption in pregnancy

The screening tool is posted to all women prior to booking for self-completion and brought to the antenatal clinic. The booking midwife will request the completed screening tool during alcohol discussion (NIRMR, Pregnancy book, NIMATS).



Alcohol Liaison Midwifery Care pathway

Referral received From Midwife, Health Visitor, Alcohol Liaison Nurse, Social Worker, CAT or Community group. Referral receipt sent.
 (The Alcohol Liaison Midwifery Service is a support service that provides brief advice to those who are misusing substances and liaises with other services to provide support for the pregnant woman, with the aim of reducing the risk of alcohol related harm to the unborn baby)



Child and Family Care Liaison Service

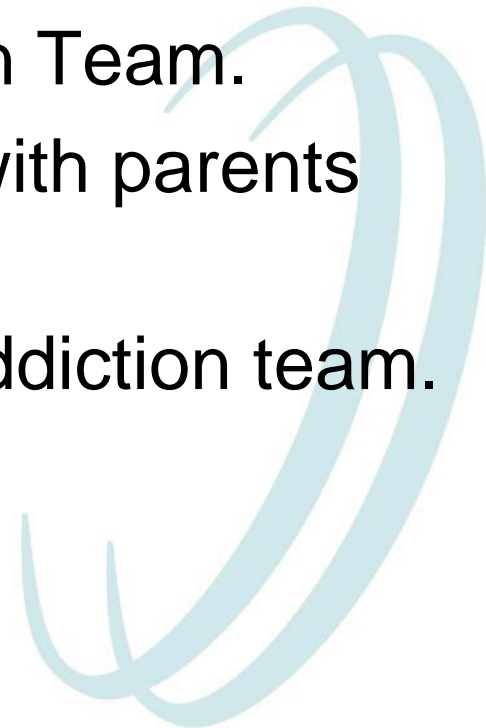


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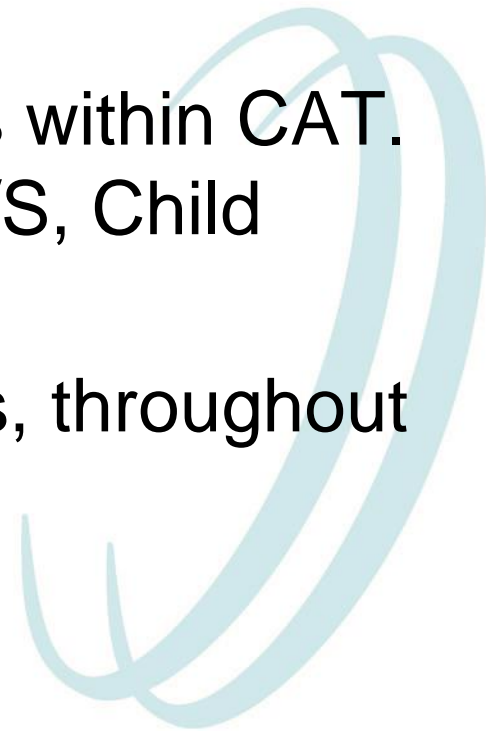
Child and Family Care Liaison Practitioner

- Post originated from Alcohol and Drug strategy. Post was Southern Trust response to Hidden Harm agenda. 2007 – to date.
- Social work trained.
- Work within the Community Addiction Team.
- Carry case load of 20 clients. Work with parents only.
- All referrals come from community addiction team.



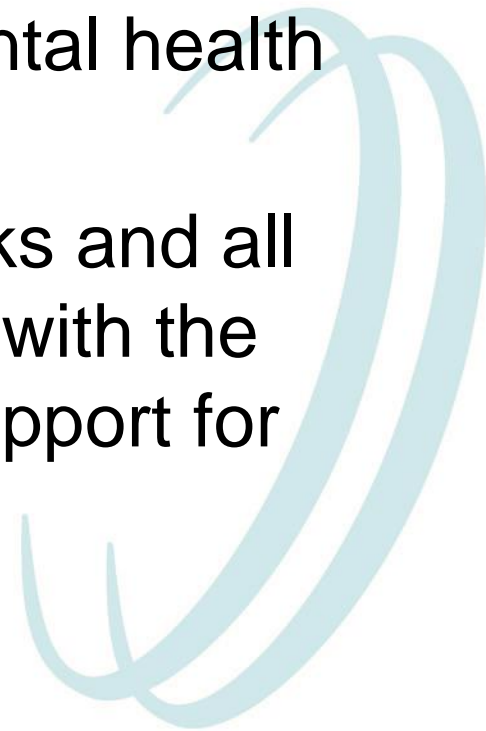
Child and Family Care Liaison Practitioner

- Work with adults who have the addiction and with the partner also. This can also include the family members re; safety planning and support.
- Offer 1:1 sessions and group family sessions if required.
- Work with most complex family cases within CAT. ie. Families high risk, involved with S/S, Child Protection, LAC, Court arena.
- Liaise with other professionals, teams, throughout other processes clients involved in.



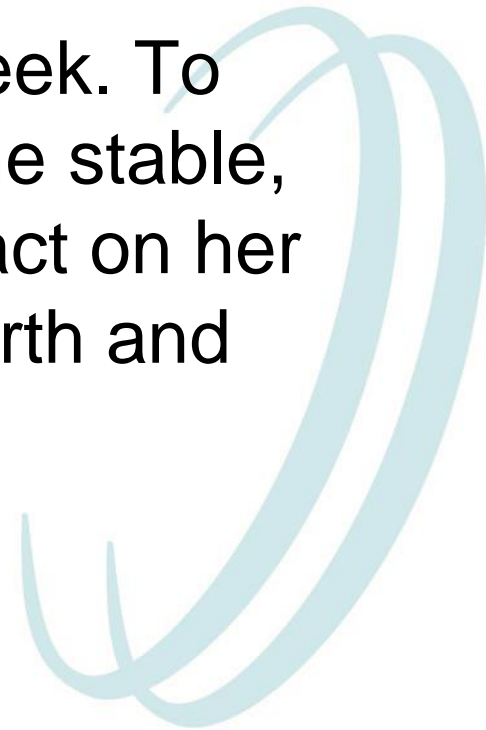
Child and Family Care Liaison Practitioner

- Liaise closely with Alcohol Liaison Midwife.
- We both work with the pregnant lady and the family.
- ALM works closely with the CAT and antenatal service's. I work closely with S/S, mental health and ALM.
- We ensure the prenatal pathway works and all professionals involved are up to date with the information to ensure the birth and support for mum is right.



Child and Family Care Liaison Practitioner

- Case study.
- OST client – Mary is 31 weeks pregnant. Currently on methadone programme.
- OST nurse sees Mary every other week. To ensure she is medically fit, methadone stable, work around her opiate use and impact on her unborn baby. Preparing her for the birth and impact on new born.



Case Study

- CFLP sees Mary every other week to ensure she is emotionally well, psychological support. Offered to met husband and support him too. He can receive support form out family support service.
- ALM sees Mary after antenatal apts.
- CFLP and ALM communicate weekly each other after sessions.
- CFLP liaises with S/S, OST nurse, Consultant CAT
- ALM liaises with Hospital maternity services, Consultant in Obstetrics.



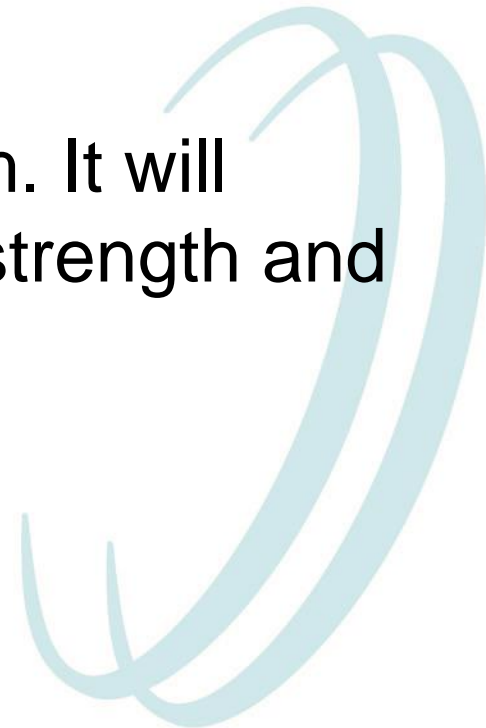
Case Study

- OST liaises with hospital team advising of medication re: pain relief and possible detox for baby.
- All professional and parents meet for pre birth risk strategy meeting to ensure everyone is aware of all information. Mary and Husband can ask any questions and reduce the stress for them.
- This also informs the child protection plan and safety plan for after discharge from hospital.
- Multidisciplinary working to reduce risk.



Case Study

- After the birth and discharged home
- ALM sees Mary for few weeks and then I take over the community support in conjunction with OST.
- Husband can avail of family support service 6 sessions.
- This is a service provision just for him. It will enable him to tell his story and gain strength and support for his negative thoughts.



Case Study

- **The Benefits Of Family Support:**

1. It interrupts the negative dynamic of drug use within the family
2. It helps family members look after their own needs
3. It helps families help the drug user to make constructive choices
4. It helps families to reinforce the work of the service agencies
5. It enables families to be a resource to their own communities



Integrated Addictions Family Service

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