Stages of screening and delivering an alcohol brief intervention

- consider signposting or referral to specialist services for full assessment
- if in doubt, a screening tool such as TWEAK or T-ACE (as recommended in SIGN Guideline 74) may help to inform a decision on whether to refer or not
- deliver an ABI if no concerns about dependence.

To provide feedback, give factual information on the potential effects her level of drinking may have on her health and the development of the fetus. At this stage, this should be short and factual, as more detailed information can be provided as part of the approach ‘Information and advice’ at stage 4 of the ABI. Finish by asking how the woman feels about this, and if she would like to discuss this further.

3. **Listen for readiness to change** – use open questions, reflect and summarise the discussion and, from the woman’s response to the information provided, choose a suitable approach. At this point it should be clear whether the woman is receptive to further discussion that would constitute an ABI. Although the practitioner should respect the woman’s choice not to discuss her alcohol use within the antenatal setting, a follow-up discussion on alcohol consumption is recommended at routine appointments to monitor alcohol intake and the potential risk to the developing fetus.

4. **Choose a suitable approach** – if the woman has not thought about change at all, start with ‘Information and advice’. If the woman is already trying to change, use one or more of the subsequent approaches:
   - Information and advice – on the impact of alcohol on her own health, and evidence for the impact of alcohol on the developing fetus, clarify the current national guidance on drinking while pregnant.
   - Enhance motivation – build the woman’s motivation to change by helping her to weigh up the pros and cons of her drinking.
   - Menu of options – for changing drinking behaviour. Ask the woman if she can suggest ways to change her drinking pattern (e.g. lower alcoholic-strength drinks, having drink-free days, taking up other activities). Be ready to offer ideas if the woman agrees.
   - Build confidence – using an interviewing style that enhances the woman’s belief in her ability to change (her self-efficacy). For example, identifying her previous successes and role models she can learn from, and identifying other people who can support her.
   - Coping strategies – help the woman to identify times when she might find it more difficult to stick to her plans to cut down and to come up with strategies for coping with these situations.

**Exit strategy** – at any point during the intervention, you or the woman may decide not to continue. If so, ensure the conversation is closed sensitively and, if appropriate, signpost or refer to further information or services.
Stages of screening and delivering an alcohol brief intervention

Throughout the alcohol brief intervention (ABI) remember to:

- maintain rapport and empathy
- emphasise the woman’s personal responsibility for her decisions.

### Stages of screening and delivering an alcohol brief intervention

1. **Raise the issue**
   - 'The next area for us to focus on is alcohol use. While some women go off alcohol when pregnant, many continue to have an occasional drink. Are you drinking at the moment?'

2. **Screen and give feedback**
   - 'Can you take me through what you normally drink in a week...on your heaviest drinking day during the week?'
   - 'From what you’ve told me, you are drinking more than the current guidance for alcohol consumption during pregnancy... this means that the amount you are drinking is risky for your developing baby and also for your own health now and in the future.'

3. **Listen for readiness to change** and consider whether to continue with ABI or signpost/refer.
   - 'How do you feel about what we have discussed?'
   - 'What would be helpful to you just now?'

4. **Choose a suitable approach** Use one or more of the following:
   - **Information and advice**
     - ‘We know that drinking while pregnant can increase the risk of X...’
   - **Enhance motivation**
     - ‘What are the pros and cons of your drinking now you are pregnant?’
   - **Build confidence**
     - ‘You have made some great efforts to stay healthy, that tells me you really care about your health and the health of your baby. I am sure you can do this.’
   - **Coping strategies**
     - ‘How can you prepare to avoid problems and difficult situations?’
   - **Menu of options**
     - ‘What changes might work for you?’

### Exit strategy – remember you or the woman can choose not to continue at any point.

- **Close conversation:** 'If you don’t want to discuss this now, I’ll give you this leaflet. If you want to, we can discuss this again at your next appointment.'
- **Signpost and/or refer** if appropriate: 'I can arrange an appointment with X for you, if you like?'

1. **Stages of an ABI**

2. **Signpost and/or refer** if appropriate: 'I can arrange an appointment with X for you, if you like?'

### Stages of screening and an alcohol brief intervention

The diagram opposite outlines the key stages of an alcohol brief intervention (ABI) which are described in more detail below. These are based on the recommendations in SIGN Guideline 741 which highlight the use of motivational interviewing approaches and FRAMES2 for the delivery of an effective alcohol brief intervention.

The following key elements should be established at the start of the conversation and maintained throughout the brief intervention, ensuring that the woman’s communication needs are taken into account:

- **Maintain rapport and empathy** – i.e. ensuring the woman does not feel judged or criticised by the practitioner. The practitioner must remain empathetic to the woman. The practitioner can do this by listening reflectively (using open questions, where appropriate, and positively reflecting back to the woman) without trying to persuade.

- **Emphasise the woman’s personal responsibility for her decisions about drinking** and not letting her say ‘I have to do this’ or ‘The doctor says I have to.’ You can say ‘It’s up to you to decide what you want to do.’

1. **Raise the issue** – current practice in antenatal settings often includes enquiries about alcohol consumption, and the Scottish Woman-Held Maternity Record (SWHMR) includes two questions on alcohol. It is recommended that these questions are introduced by first asking the woman if she is currently drinking alcohol. You should seek permission from the woman to discuss her drinking further.

2. **Screen and give feedback** – if the woman indicates that she is drinking alcohol during pregnancy, it is necessary to clarify the level and pattern of consumption. The response to this will indicate whether the woman is drinking within the current drinking guidance for alcohol and pregnancy, i.e. 1 to 2 units, once or twice a week.

   - An ABI is appropriate if the woman is drinking above this level:
     - If drinking above national guidelines, including binge drinking but **not at levels which cause concern regarding possible dependence**:
       - deliver an ABI as per this crib sheet
       - consider referral for higher levels of regular consumption or binge drinking even if dependence is not a concern.
     - **If drinking above national guidelines at levels which cause concern about possible dependence or serious harm:**

2. FRAMES – stands for Feedback, Responsibility, Advice, Menu (of options), Empathetic interviewing, and Self-efficacy.
Stages of screening and an alcohol brief intervention

The diagram opposite outlines the key stages of an alcohol brief intervention (ABI) which are described in more detail below. These are based on the recommendations in SIGN Guideline 74 which highlight the use of motivational interviewing approaches and FRAMES for the delivery of an effective alcohol brief intervention.

The following key elements should be established at the start of the conversation and maintained throughout the brief intervention, ensuring that the woman’s communication needs are taken into account:

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  – i.e. ensuring the woman does not feel judged or criticised by the practitioner. The practitioner must remain empathetic to the woman. The practitioner can do this by listening reflectively (using open questions, where appropriate, and positively reflecting back to the woman) without trying to persuade.

- Emphasise the woman’s personal responsibility for her decisions about drinking
  – You can say ‘It’s up to you to decide what you want to do.’

1. **Raise the issue**
   - The next area for us to focus on is alcohol use. While some women go off alcohol when pregnant, many continue to have an occasional drink. Are you drinking at the moment?

2. **Screen and give feedback**
   - ‘Can you take me through what you normally drink in a week?... on your heaviest drinking day during the week?’
   - ‘From what you’ve told me, you are drinking more than the current guidance for alcohol consumption during pregnancy… this means that the amount you are drinking is risky for your developing baby and also for your own health now and in the future.’

3. **Listen for readiness to change** and consider whether to continue with ABI or signpost/refer.
   - ‘How do you feel about what we have discussed?’
   - ‘What would be helpful to you just now?’

4. **Choose a suitable approach** Use one or more of the following:
   - **Information and advice**
     - ‘We know that drinking while pregnant can increase the risk of X…’
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     - ‘You have made some great efforts to stay healthy, that tells me you really care about your health and the health of your baby. I am sure you can do this.’
   - **Enhance motivation**
     - ‘What are the pros and cons of your drinking now you are pregnant?’
   - **Coping strategies**
     - ‘How can you prepare to avoid problems and difficult situations?’
   - **Menu of options**
     - ‘What changes might work for you?’

5. **Exit strategy – remember you or the woman can choose not to continue at any point.**
   - **Close conversation:** ‘If you don’t want to discuss this now, I’ll give you this leaflet. If you want to, we can discuss this again at your next appointment.’
   - **Signpost and/or refer if appropriate:** ‘I can arrange an appointment with X for you, if you like?’

2 FRAMES – stands for Feedback, Responsibility, Advice, Menu (of options), Empathetic interviewing, and Self-efficacy.
Stages of screening and delivering an alcohol brief intervention

1. Stages of screening and delivering an alcohol brief intervention

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Exit strategy – at any point during the intervention, you or the woman may decide not to continue. If so, ensure the conversation is closed sensitively and, if appropriate, signpost or refer to further information or services.

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