

Using the AUDIT-C for assessment of alcohol use in pregnancy: a resource for health professionals

Key points

- A standardised and validated tool for assessing people's alcohol consumption during pregnancy is the Alcohol Use Disorders Identification Test – Consumption (AUDIT-C for Pregnancy).
- There are a range of contextual factors that can influence drinking behaviours, and it is important when asking about alcohol use to avoid judgement, stigma, and shame.
- Health professionals are a trusted source of information about alcohol use in pregnancy.
- People who are planning a pregnancy, pregnant or breastfeeding want clear and consistent advice about the potential risks associated with alcohol use. They want health professionals to ask about alcohol and provide accurate, up-to-date information and support.
- All types of alcohol have the potential to damage the developing baby, be it wine, beer or spirits, and no amount of alcohol has been proven to be safe.
- Many people are unaware of what a standard drink is. A standard drink contains 10 grams of pure alcohol. This equates to a small 100ml glass of red wine, a can or bottle (375ml) of mid-strength beer, or a shot or nip (30ml) of spirits.

Women who are pregnant or planning a pregnancy should not drink alcohol.

National Health and Medical Research Council (NHMRC) Alcohol Guidelines, 2020²

Why it's important to ask about alcohol

Alcohol is a teratogenic substance that can cross the placenta to the embryo and fetus, which can affect the development of the organs and systems of the body. Based on the available evidence, a safe threshold for alcohol use in pregnancy has not been established. Therefore, the National Health and Medical Research Council's Australian Guidelines to Reduce Health Risks from Drinking Alcohol (Alcohol Guidelines) state that women who are pregnant or planning pregnancy should not drink alcohol.

Research undertaken in Australia shows that people who are planning a pregnancy, pregnant or breastfeeding want clear and consistent advice about the potential risks associated with alcohol use and want health professionals to ask and provide accurate, up-to-date information and support.³

Health professionals have a vital role to play in asking everyone who is planning a pregnancy or pregnant about their alcohol use in a non-judgemental way.

Why people drink during pregnancy or when planning a pregnancy

When asking about alcohol, it is important to never assume the person knows not to drink alcohol during pregnancy, or that they don't drink alcohol. There are a range of contextual factors that can influence someone's drinking behaviours. For example, they may:

- have been drinking before they knew they were pregnant
- be receiving mixed messages from health professionals, family or friends about the risks associated with drinking alcohol during pregnancy
- not have been asked about their alcohol use before nor been previously provided with clear information not to drink during pregnancy
- be attending social events where they feel pressured to drink
- be living in situations where their partner and family members are consuming alcohol, and they may be experiencing pressure to drink
- be using alcohol to cope with complex trauma and/or socio-economic stressors
- have not had the support they need to stop drinking.⁴

Why use a standardised tool?

Research has found that relatively small numbers of health professionals use validated tools to assess alcohol use.^{5,6} **It is important to use validated tools to assess alcohol use as advice will vary depending on the current level of use.** For example, if a person is drinking at high levels (i.e., score of ≥ 5 on the AUDIT-C for Pregnancy) it may be unsafe for them to abstain from alcohol without medical support.

The AUDIT-C for Pregnancy is a quick and easy tool to use, with three key questions. The answers provide an indication of risk level, which can facilitate targeted follow-up questions and support.

Using the AUDIT-C for Pregnancy

The AUDIT-C for Pregnancy is a fast and easy-to-use tool for assessing alcohol use during pregnancy. It is important to ask about alcohol use **both** before a person knew they were pregnant (**pre-recognition**) and after a person finds out they are pregnant (**post-recognition**), as changes in drinking behaviours are likely to have occurred.

Asking about the pre-recognition period first can help start the conversation in a safe and non-judgemental way. Questions that can be helpful for integrating the AUDIT-C for Pregnancy assessment tool in a conversational way include:

- Was the pregnancy planned or unplanned?
- How many weeks pregnant were you when you found out?
- What health changes did you make once you found out you were pregnant?
- Were there any occasions where greater amounts of alcohol were consumed?⁷

AUDIT-C for Pregnancy Questions

Questions	Scoring System				
	0	1	2	3	4
How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times per month	2-3 times per week	4+ times per week
How many standard drinks of alcohol do you consume on a typical day when you are drinking?	1-2	3-4	5-6	7-9	10+
How often do you have five or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily

Add the scores for each of the three questions to arrive at the total score. The risk levels associated with the total AUDIT-C for Pregnancy scores are as follows:

- 0 = No risk of alcohol-related harm
- 1-2 = Low risk of alcohol-related harm
- 3-4 = Medium risk of alcohol-related harm
- ≥ 5 = High risk of alcohol-related harm

Providing advice following the AUDIT-C for Pregnancy assessment

After completing the AUDIT-C for Pregnancy assessment, tailor the advice and support you provide according to the assessed score and the person's individual needs. Strong consideration should be given to referring people at increased risk to a specialist service, with their consent.

The table below provides an overview of advice you can provide.⁸

SCORE	Recommended advice
0 = No risk of harm	<ul style="list-style-type: none"> ▪ Provide positive reinforcement and encourage people to continue not to drink any alcohol during pregnancy. ▪ A score of zero indicates no current risk of alcohol-related harm to the developing baby. ▪ Advise that alcohol should not be drunk at all during pregnancy. ▪ Advise that the risk of harm to the embryo and fetus grows with increasing amounts and frequency of alcohol consumption and that any score above zero indicates potential risk to the embryo and fetus.

<p>1 - 2 = Low risk of harm</p>	<ul style="list-style-type: none"> ▪ Advise that the risk to the embryo and fetus is likely to be low, but it is recommended to not drink any alcohol at all during pregnancy. ▪ Reinforce the benefits of avoiding alcohol at any stage during pregnancy to minimise risk to the individual and baby. ▪ Advise that the risk of harm to the embryo and fetus grows with increasing amounts and frequency of alcohol consumption and that any score above zero indicates potential risk to the embryo and fetus. ▪ Encourage the person to stop drinking alcohol during pregnancy and arrange follow-up sessions as required.
<p>3-4 = Medium risk of harm</p>	<ul style="list-style-type: none"> ▪ Advise that alcohol should not be drunk at all during pregnancy. ▪ Discuss the fact that the AUDIT-C for Pregnancy score indicates drinking is at a level of increasing risk to their health and the health of their baby. ▪ Advise that the risk of harm to the embryo and fetus grows with increasing amounts and frequency of alcohol consumption. ▪ Discuss the effects of current alcohol consumption levels and outline health concerns for both the individual and their baby. ▪ Reinforce the benefits of stopping drinking at any stage during pregnancy to minimise further risk to the individual and baby. ▪ Ask the individual how they feel about stopping drinking and establish: <ul style="list-style-type: none"> o The positives and negatives of taking action o How confident they are in being able to stop drinking alcohol o Tips, strategies and plans for taking action o Whether they would like assistance, including from support networks and partners o Offer to arrange referrals if additional support is required. ▪ If you suspect the person may be struggling with their alcohol intake or other issues, consider referring them to local support services.
<p>≥5 = High risk of harm</p>	<ul style="list-style-type: none"> ▪ Discuss the fact that the AUDIT-C for Pregnancy score indicates drinking is at a level of high risk for their health and the health of their baby. ▪ Discuss the positives and negatives of taking action and determine what support is required for them to be able to stop drinking alcohol. ▪ Refer them to a specialist alcohol service as they may be at risk of alcohol dependence. Specialist support should be organised before advising cessation of alcohol consumption, as without support, alcohol withdrawal can be dangerous to both the individual and the baby.

As routine practice, it is important to ask everyone who is planning a pregnancy, pregnant or breastfeeding about their alcohol use. People’s consumption may change over time and they may feel more comfortable discussing the issue or asking questions about alcohol use as rapport develops.

Referring people for support

You can find information on a range of support services, including specialist services for people who are pregnant and need support to stop their alcohol and or drug use, at everymomentmatters.org.au/support.

More information and support



NHMRC Australian Guidelines to Reduce Health Risks from Drinking Alcohol (2020)

The National Health and Medical Research Council's guidelines provide health professionals, policy makers and the Australian community with evidence-based advice on the health effects of drinking alcohol:

nhmrc.gov.au/health-advice/alcohol

Alcohol and other drugs

The National Alcohol and Other Drug Hotline offers support, information, counselling and referral to services for individuals, family and friends, General Practitioners and other health professionals:

1800 250 015 or drughelp.gov.au

Talking to people who are pregnant about their alcohol consumption

Every Moment Matters resources can assist with having conversations with people about alcohol and pregnancy: everymomentmatters.org.au/for-health-professionals/

Fetal Alcohol Spectrum Disorder (FASD)

To learn more about FASD visit the FASD Hub fasdhub.org.au NOFASD's website nofasd.org.au or call the NOFASD hotline on **1800 860 613**

Trauma-informed information and resources

To learn more about trauma-informed practice, visit the Blue Knot Foundation:

blueknot.org.au/resources/publications/practice-guidelines. You can also visit New Terrain to find tools to integrate trauma- and gender-informed responses into substance use practice and policy: https://bcewh.bc.ca/wp-content/uploads/2018/06/NewTerrain_FinalOnlinePDF.pdf

Learn more about alcohol, pregnancy, breastfeeding and Fetal Alcohol Spectrum Disorder at everymomentmatters.org.au

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Learn more about FARE at fare.org.au

References

¹Supporting Pregnant Women who use Alcohol or Other Drugs Resource (unsw.edu.au). <https://ndarc.med.unsw.edu.au/sites/default/files/ndarc/resources/Supporting%20Pregnant%20Women%20who%20Use%20Alcohol%20or%20Other%20Drugs%20Resource.pdf>

²National Health and Medical Research Council, Australian Research Council and Universities Australia. (2020). Australian Guidelines to Reduce Health Risks from Drinking Alcohol. Canberra, ACT: Commonwealth of Australia, Canberra

³Commonwealth of Australia (2020, March 17). *Women Want to Know initiative*. Department of Health. <https://www.health.gov.au/initiatives-and-programs/women-want-to-know-initiative>

⁴Lyall, V., Wolfson, L., Reid, N., Poole, N., Moritz, K. M., Egert, S., Browne, A. J. & Askew, D. A. (2021). "The problem is that we hear a bit of everything...": A qualitative systematic review of factors associated with alcohol use, reduction, and abstinence in pregnancy. *Int J Environ Res Public Health*, 18(7): 3445.

⁵Payne, J.M., Watkins, R.E., Jones, H.M. et al. (2014). Midwives' knowledge, attitudes and practice about alcohol exposure and the risk of fetal alcohol spectrum disorder. *BMC Pregnancy Childbirth* 14, 377.

⁶Crawford-Williams, F., Steen, M., Esterman, A., et al. (2015). "My midwife said that having a glass of red wine was actually better for the baby": a focus group study of women and their partner's knowledge and experiences relating to alcohol consumption in pregnancy. *BMC Pregnancy Childbirth* 15, 79.

⁷Bower, C., & Elliott, E. J., on behalf of the Steering group. (2016). *Report to the Australian Government Department of Health: "Australian Guide to the diagnosis of Fetal Alcohol Spectrum Disorder (FASD)"*. <https://www.fasdhub.org.au/fasd-information/assessment-and-diagnosis/guide-to-diagnosis/>

⁸Goldman, S., Anderson, A., Dunlop, A. & Wiggers, J. (2017). *Using the AUDIT-C with Pregnant Australian Women: Evidence Review*. Newcastle, NSW: Hunter New England Local Health District and the University of Newcastle.