

Response to The Commission  
on Alcohol Harm: an inquiry  
into the effects of alcohol on  
society  
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### **The Royal College of Midwives' response to the Commission on Alcohol Harm: An Inquiry into the Effects of Alcohol on Society**

The Royal College of Midwives (RCM) is the professional organisation and trade union that represents the vast majority of practising midwives in the UK. It is the only such organisation run by midwives for midwives. The RCM is the voice of midwifery, providing excellence in professional leadership, representation, education and influence for and on behalf of midwives. We actively support and campaign for improvements to maternity services and provide professional leadership for one of the most established clinical disciplines.

The RCM welcomes the opportunity to respond to this consultation and our views are set out below.

#### **Key messages**

- Drinking alcohol in pregnancy has serious implications for fetal development and long-term health. It is vitally important that prevention messages are effectively communicated to women and their families at the earliest opportunity.
- Pregnancy is often viewed as a window of opportunity for health improvement. Midwives are uniquely placed to advise and support women to make behaviour changes that will result in safer and healthier lifestyles for themselves and their families.
- Recent policy initiatives have seen midwives take a more prominent role in public health and prevention work.
- Midwives need additional time during appointments to address public health issues, such as alcohol use, and make the appropriate referrals for specialist support.
- Training and education must be provided to fully equip midwives with necessary skills and knowledge to address the topic of alcohol, and the evidence shows that current provision is inadequate.
- Local and national guidelines on alcohol consumption in pregnancy should be consistent, with evidence based and standardised interventions to support women.

## Background and Context

Alcohol use during pregnancy should be a public health priority, due to the significant impact it can have on the developing fetus (BMA, 2015). Risks with alcohol consumption in pregnancy include miscarriage, preterm birth and low birthweight, and a range of defects in neurological and physical development associated with varying degrees of exposure are classified under the umbrella term Fetal Alcohol Spectrum Disorder (FASD).

For many women, pregnancy is the first contact they will have with a health professional. Midwives have a major role to play in supporting and sustaining health and their public health responsibilities have been extended and become more complex. The Royal College of Midwives carried out a comprehensive survey of midwives and maternity support workers on a range of issues related to their public health role (RCM, 2017). This showed that time constraints, competing priorities and lack of resources all limited the ability of midwives to fit everything into the allocated appointment times.

Alcohol use is a sensitive topic and women may be reluctant to honestly disclose this information. There are stigma and fear factors associated with alcohol use that can make these conversations uncomfortable and therefore good communication skills are essential.

Lessons may be learned from approaches taken to tackle smoking in pregnancy, where very brief advice training packages have been widely implemented to support staff in addressing this issue (ASH, 2018). After qualifying, many midwives receive no further training on alcohol, with mandatory training taking priority.

Historically, there have been discrepancies in the guidance on safe alcohol consumption in pregnancy. Until December 2018, the National Institute for Health and Care Excellence (NICE) advised of a low risk to the unborn baby with low level drinking, focusing on the first trimester as the most sensitive to alcohol exposure. For two years, this advice was different from the UK Chief Medical Officers' (CMO) Low Risk Drinking Guidelines, which advises women that are pregnant, or think they could become pregnant, that the safest option is not to drink alcohol at all. Since then, the NICE Guidance Antenatal Care for Uncomplicated Pregnancies (CG62), under Alcohol Consumption in Pregnancy, simply states: "See [the UK Chief Medical Officers' low-risk drinking guidelines](#) for advice on drinking in pregnancy" (CG62).

Midwives require consistent, evidence-based guidance on all levels of alcohol consumption, before during and after pregnancy, when many will be breastfeeding. Standardised assessment tools and pathways to specialist services are needed to enable midwives to offer effective interventions and support to women in pregnancy on alcohol consumption.

## References

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