



Plenary session of Committee 2

's-Hertogenbosch, Noord-Brabant-NL, 7<sup>th</sup> October 2009

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## Minutes 4<sup>th</sup> AER Alcohol Peer Review Preventing Alcohol-Related Harm during Pregnancy and Nursing

### Opening and welcome

Alf Österdahl (Jönköping-S) thanked the region of Silesia for hosting the meeting, welcomed the participants and opened the session. He gave a brief overview of the past peer reviews and the Building Capacity Conference in Barcelona (April 2008) where AER co-organised 3 different workshops

### Adoption of the minutes the minutes of the last meeting (Valencia-E, 17/09/08)

The minutes of the last meeting were unanimously adopted without amendments.

### General Principles & the Experience of Jönköping County-S

Karin Mernelius (Jönköping-S) presented the experience gathered in her region and presented the definition and possible consequences of Fetal Alcohol Syndrome (FAS). FAS is a disorder that can occur to the embryo when a pregnant woman ingests alcohol during pregnancy. The main consequences might be primary disabilities like: brain damage, lowered cognitive function, inability to learn from consequences, facial dysmorphology, and growth deficiency, or secondary disabilities like: disrupted school experiences, trouble with the law, inappropriate sexual behaviours, alcohol/drug problems. Some children with fetal alcohol syndrome can be diagnosed easier than others if they have visible signs. However, those who don't have clear visible signs are sometimes only diagnosed because of their "unsocial" behaviour.

In Sweden there was an attempt to analyse why pregnant women drink and one of the conclusions was that the drinking patterns have changed. When the total consumption of alcohol increases in a society, it is likely that the consumption among pregnant women changes as well. In general, it can be said that there is a lack of knowledge about how alcohol affects the unborn child. Consequently, the main work is to prevent hazardous consumption of alcohol. Pregnancy is the opportunity to talk with future mothers about their drinking habits.

In Jönköping there is an attempt to change habits: The first visit to the maternity health care centre is earlier. Questions regarding alcohol consumption are asked in a different way, in order to identify women with hazardous drinking patterns. The whole team of professionals work on education and information.

John Smith (Devon-UK) agreed that educational programmes are very important but stated that they are often too late. Therefore special education should address young people before they get pregnant.

#### The experience of Silesia-PL

Dorota Knapik and Piotr Stoltny (Silesia-PL) presented the scientific research background on FAS in general and more particularly in Silesia. The main conclusion is that there is no such thing as “safe drinking “ in pregnancy. Even a small amount of regular drinking may lead to the development of FAS.

The situation in Silesia is mainly unknown as no data on women drinking alcohol during pregnancy is recorded. The main problem is that these women rarely come to the maternity before delivery. Even if in general all women are aware of the fact that drinking in pregnancy is dangerous, they feel ashamed to report this to their physician and fear the reproach of their social environment. Public education campaigns may discourage moderately drinking women whereas heavily drinking women and alcoholics are better treated by their physicians. Therefore physicians and institutions who are taking care of pregnant women should create problem-specific questionnaires.

#### Case-study presentation: The experience of a regional NGO working with children with Fetal Alcohol Syndrome

Malgorzata Klecka, Polish FASD expert (PARPA), presented the experience of a foster parent association and their nationwide prevention campaign “Pregnancy without alcohol”. Families who adopt children with FAS had to face problems they haven’t expected due to a lack of diagnosis and therefore often felt left alone. Around 10 years ago they founded the foster parents association in order to inform and help others.

In 2006, the first study conducted on FAS showed that every third woman (33%) aged 18-40 drinks alcohol during pregnancy and that around 16% of women with higher education think that drinking alcohol does not cause harm to the foetus. Almost two-third of pregnant women have not been warned by doctors against the negative consequences and many myths still persist such as: red wine is good during pregnancy!

Since September 2007, a nationwide campaign including local governments at both municipal and provincial level tries to inform and educate pregnant women about FAS. Although huge efforts are made today, there is still a need for early diagnosis, support for families and efficient treatment systems.

Many questions and remarks followed this presentation and the situation in Poland:

- only 3 Polish experts work on the subject
- biological parents join the group of foster parents in order to obtain some information and support
- men’s drinking habits do not cause FAS, but might cause long-term changes in the genes; furthermore the father might play a helpful role in education
- children with FAS can not be cured but the damaged brain can be stimulated and the children can make some progress in their development.

All presentations, including one from the region of Catalunya (E), are available under:  
**<http://www.aer.eu/events/health-social/2009/4th-aer-alcohol-peer-review.html>**

Participants then broke up into groups to discuss the following questions:

- a) What is the biggest problem in your region concerning alcohol and pregnancy?

b) What is the most important thing you think needs to be changed in your region as regards alcohol and pregnancy?

During the plenary session that followed, the following key outcomes of the various group discussions were presented:

#### **Question a) What is the main problem in you region?**

- Increasing amount of teenage mothers with a poor social situation, difference between women who want a child and those who don't
- Ignorance of the damage that might be caused-even professionals are not always aware of the problem in order to detect it in time
- The economic situation, lack of funding for prevention
- Lack of statistics: in many regions there are no statistics about alcohol consumption and about alcohol and pregnancy
- Changing drinking patterns among women, a problem in all regions
- Women with a poor social situation and with alcohol problems don't have any contact with professionals in the health sector or in social services
- The mentality towards alcohol, alcohol is socially accepted
- There are poor routines for diagnosing and treatment for children with FAS
- Alcohol is accepted and used by professionals in health care and this might stop them from asking questions about alcohol
- Prevention is not really popular amongst politicians as they don't show short-term results

#### **Question b) What needs to be changed?**

- Better statistics are needed: in order to be able to work on this we need to know the real numbers.
- Education: for doctors, nurses, midwives and teachers.
- Education and information directed to young people about the risks of drinking alcohol during pregnancy
- Make it attractive for doctors and nurses to have knowledge about this
- Create diagnostic centres for treatment and consultation for children with FAS.
- Cooperation between NGO's and authorities needs to be developed.

#### Date and venue of the next meeting

The next meeting will take place on 7 October 2009 in 's-Hertogenbosch (Noord-Brabant, NL) and will focus on the preparation of the outcomes of the project and of the closing conference in 2010.

*The AER member regions and Secretariat thank Silesia-PL for their kind hospitality and the excellent organisation of this event.*

CM, September 2009

