

# Identifying use of alcohol and other substances during pregnancy

## A Nordic overview

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### Background

While alcohol is a socially accepted substance consumed in all parts of society, alcohol consumption during pregnancy is a risk behaviour and can cause severe damage to the foetus. Only zero consumption is risk-free, and given that four out of ten pregnancies are unplanned, there is a risk that the foetus is exposed to alcohol even before the woman knows she is pregnant. Alcohol consumption therefore relates to all women of childbearing age and younger.

### Aim

The aim of the report is to give an overview of the national guidelines of alcohol use during pregnancy and the (screening) instruments used at the antenatal care to identify alcohol use among pregnant women in each of the Nordic countries. Furthermore, the aim is to describe the services available for pregnant women with alcohol dependence.

### The report is an outcome of the project Use of alcohol and other substances during pregnancy – in a Nordic perspective which also resulted in:

- A Nordic expert meeting with focus on FASD  
The expert meeting resulted in three major outcomes, which will be the focus for the continuous Nordic collaboration on FASD. The three outcomes are:
  - An online platform for sharing knowledge on FASD in the Nordic countries: [www.fasdnordic.org](http://www.fasdnordic.org)
  - Nordic research collaboration
  - A Nordic workshop at the European FASD conference in 2020

Prevalence estimates of alcohol use during pregnancy, and of FASD and FAS in the Nordic countries			
	Prevalence estimate of women who have consumed alcohol during pregnancy	Prevalence estimate of FASD (per 1000 population)	Prevalence estimate of FAS (per 10 000 population)
🇫🇮 Finland	15.7% <sup>1</sup> 14.0% <sup>2</sup>	12.4/1000 <sup>4</sup>	23.3/10 000 <sup>1</sup>
🇸🇪 Sweden	9.4% <sup>1</sup> 7.2% <sup>2</sup>	7.4/1000 <sup>4</sup>	13.9/10 000 <sup>1</sup>
🇳🇴 Norway	22.6% <sup>1</sup> 4.1% <sup>2</sup>	17.8/1000 <sup>4</sup>	33.6/10 000 <sup>1</sup>
🇩🇰 Denmark	16.7% <sup>3</sup>	36.0/1000 <sup>4</sup>	68.0/10 000 <sup>1</sup>
🇮🇸 Iceland	8.9% <sup>1</sup>	7.0/1000 <sup>4</sup>	13.1/10 000 <sup>1</sup>
🇬🇱 Greenland	NA	NA	NA

(1 Popova et al., 2017; 2 Mårdby et al., 2017; 3 Kesmodel et al., 2016; 4 Lange et al., 2017)

Note that the data by 1 Popova et al. and 4 Lange et al. should be interpreted with caution as the data is based on small, older studies that may not be representative of the countries' situation today.

### Identifying alcohol use among pregnant women in the Nordic countries

In the Nordic countries, pregnant women are covered by the publicly funded antenatal care system. Antenatal care has an important role in identifying the use of tobacco, other substances, and/or alcohol during pregnancy. The sooner a use is identified, the better the chances are to intervene and to reduce the risks for the foetus.

In all the Nordic countries, the first visit to antenatal care is recommended to take place before pregnancy week 12. All the Nordic health authorities advise against the use of alcohol and other substances during pregnancy. The use of alcohol and other substances is recommended to be discussed with the expecting mother at the first antenatal care appointment.

### 🇫🇮 FINLAND

AUDIT is recommended to be used to identify alcohol use among pregnant women and the partner. Alcohol use prior to pregnancy can also be discussed to help to identify the use during pregnancy. Motivational interviewing and brief interventions can be applied as intervention methods. Pregnant women with substance misuse can be referred to special outpatient clinics for follow-up (e.g. HAL clinics). Other services including the Holding Tight® treatment programme may also be available.

### 🇸🇪 SWEDEN

AUDIT test is made to identify potential alcohol use among pregnant women. Timeline Follow Back can be used as a tool to get a systematic picture of the expectant mother's alcohol use. Motivational interviewing can be applied to achieve changes in lifestyle habits concerning alcohol use. If the expectant mother reports large amounts of alcohol use or if she is worried herself, referral to specialist dependency care is offered.

### 🇩🇰 DENMARK

The Danish Health Authority recommends using a systematic interview guide to ask pregnant women and their partner about their use of alcohol, tobacco, and other substances. It is not specified whether the interview guide should be built on any specific screening instrument. If the expectant mother has (or have had) a misuse of alcohol she can be referred to the regional family outpatient clinic for treatment or preventive follow-up visits.

### 🇳🇴 NORWAY

The healthcare workers in antenatal care use a screening instrument which combines questions from TWEAK and AUDIT-C and which has been modified for pregnant women. The results of the screening are the starting point for a conversation about alcohol with the expectant mother. If the expectant mother has a misuse of alcohol she will be offered counselling and follow-up in the specialised health care (spesialisthelsetjenesten).

- Norway is the only country in Europe to have a law on coercive treatment (including involuntary treatment) for substance-abusing pregnant women.
- Norway is the only country in the Nordic Region with a competence centre to specialise in clinical assessments of children with prenatal alcohol/drug exposure

### 🇮🇸 ICELAND

There are no recommendations about the use of a particular screening instrument but antenatal care providers are encouraged to use questions derived from the 4 Ps plus screening tool or the Substance Use Profile/Pregnancy Scale to identify the use of alcohol among pregnant women. Pregnant women with identified use are advised to seek help from the specialised addiction and substance abuse services. Women have access to counselling interviews and day-patient care.

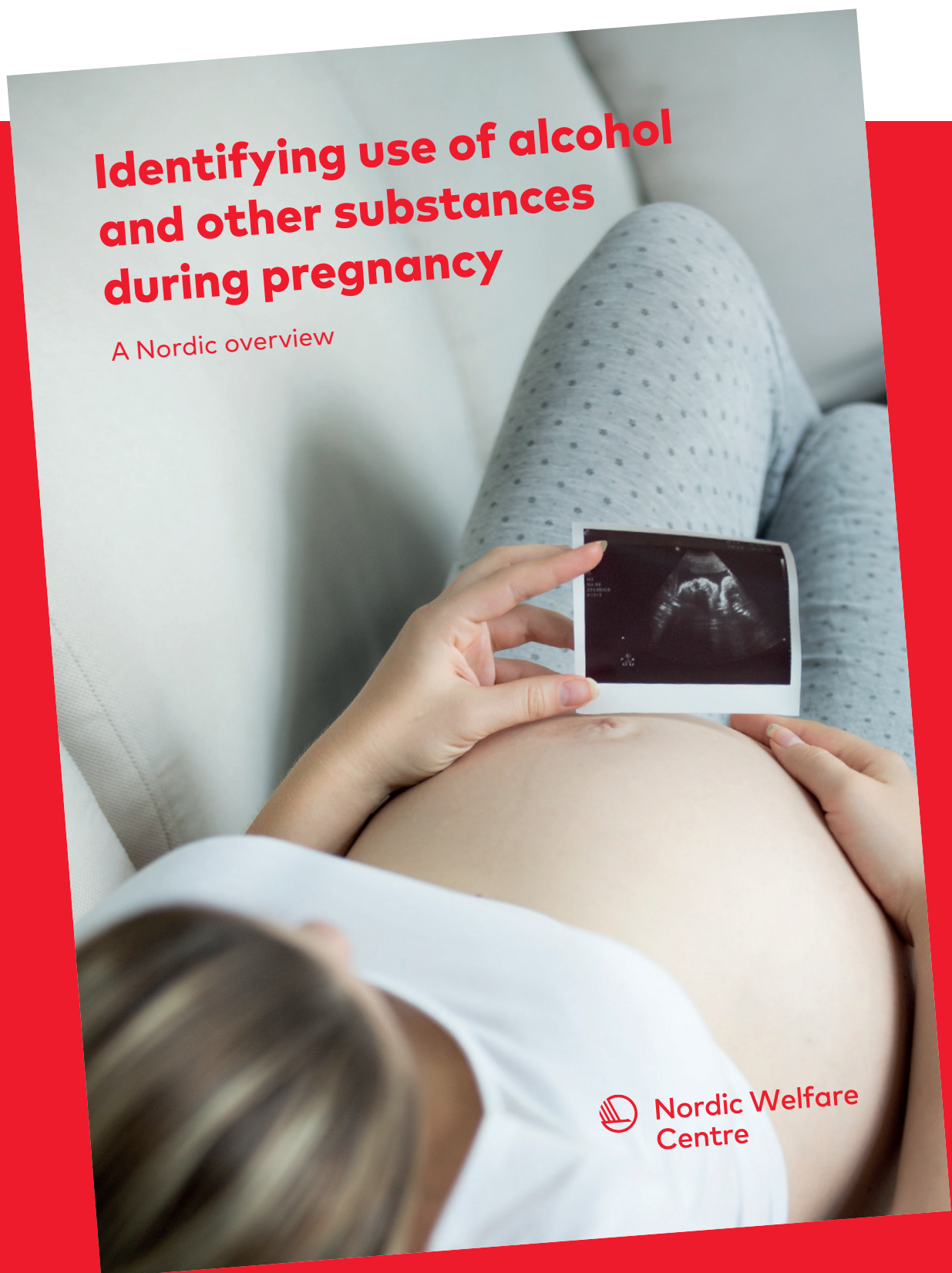
### 🇬🇱 GREENLAND

There are no recommendations about the use of a particular screening instrument but at the first appointment with the midwife, there will be a general talk about what is needed to secure a healthy pregnancy. This includes abstaining from alcohol, tobacco, and hash. If the expectant mother (and her partner) have a misuse of alcohol she can be referred to Allorfik or Katsorsaaavik for treatment or preventive follow-up visits.

### Conclusions

- There is a need for prevalence studies on FASD in the Nordic countries.
- The challenge is a lack of knowledge to diagnose FASD/FAS
- The size of the problem is unknown as FASD is an undiagnosed disorder
- Without knowing the size of the problem it is difficult to influence the political level to get the right support and funding
- Without the right support for the affected population group, it can lead to stigmatising of people with FASD
- If no support is available, it is difficult to help the affected individuals and to ensure better interventions targeting alcohol use during pregnancy

**Prenatal exposure to alcohol is a blind spot that needs to be put under the spotlight**







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Our aim is to promote policies so that people can live as healthy as possible. We work for example on questions related to alcohol, drugs and tobacco.

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The Nordic Welfare Centre is an institution in the Nordic Council of Ministers' social and health sector.