

ALCOHOL USE AWARENESS IN PREGNANCY: A PERINATAL MENTAL HEALTH AUDIT

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INTRODUCTION

- There is no safe level of alcohol consumption during pregnancy, and the safest approach is complete abstinence (1).
- Even low levels of alcohol intake are associated with increased risks of miscarriage, prematurity, low birth weight, and Foetal Alcohol Spectrum Disorder (2).
- Women with mental health difficulties are at higher risk of alcohol use during pregnancy, due to increased stress (3).
- Routine enquiry about alcohol use, is therefore essential in all pregnant women (1).
- Routine enquiry about alcohol use during pregnancy is recommended as part of perinatal mental health assessment and should be clearly documented in clinical records (4).

OBJECTIVE

To determine whether alcohol use is routinely explored and documented during initial assessments of pregnant women referred to the South West Community Perinatal Mental Health Team (SW-PMHT).

METHODOLOGY

- A retrospective analysis of electronic records and assessment letters was conducted for all initial assessments of pregnant women referred to the SW-PMHT between April and June 2025. Of 48 identified patients, 13 were excluded due to discharge prior to assessment, non-attendance, or assessment by other services (e.g. CMHT or MBU).
- The final sample included 35 patients. Documentation was reviewed to determine whether alcohol use was explored during assessment.
- A re-audit was conducted using the same methodology over a three-month period (October–December 2025).

RESULTS

- In the initial audit, alcohol use was explored in only **46%** of women.
- Following the intervention, the re-audit showed that alcohol use was explored in **77%** of cases, with only 23% lacking documented enquiry (**Figure 1**), suggesting a significant improvement ($P = 0.02$).

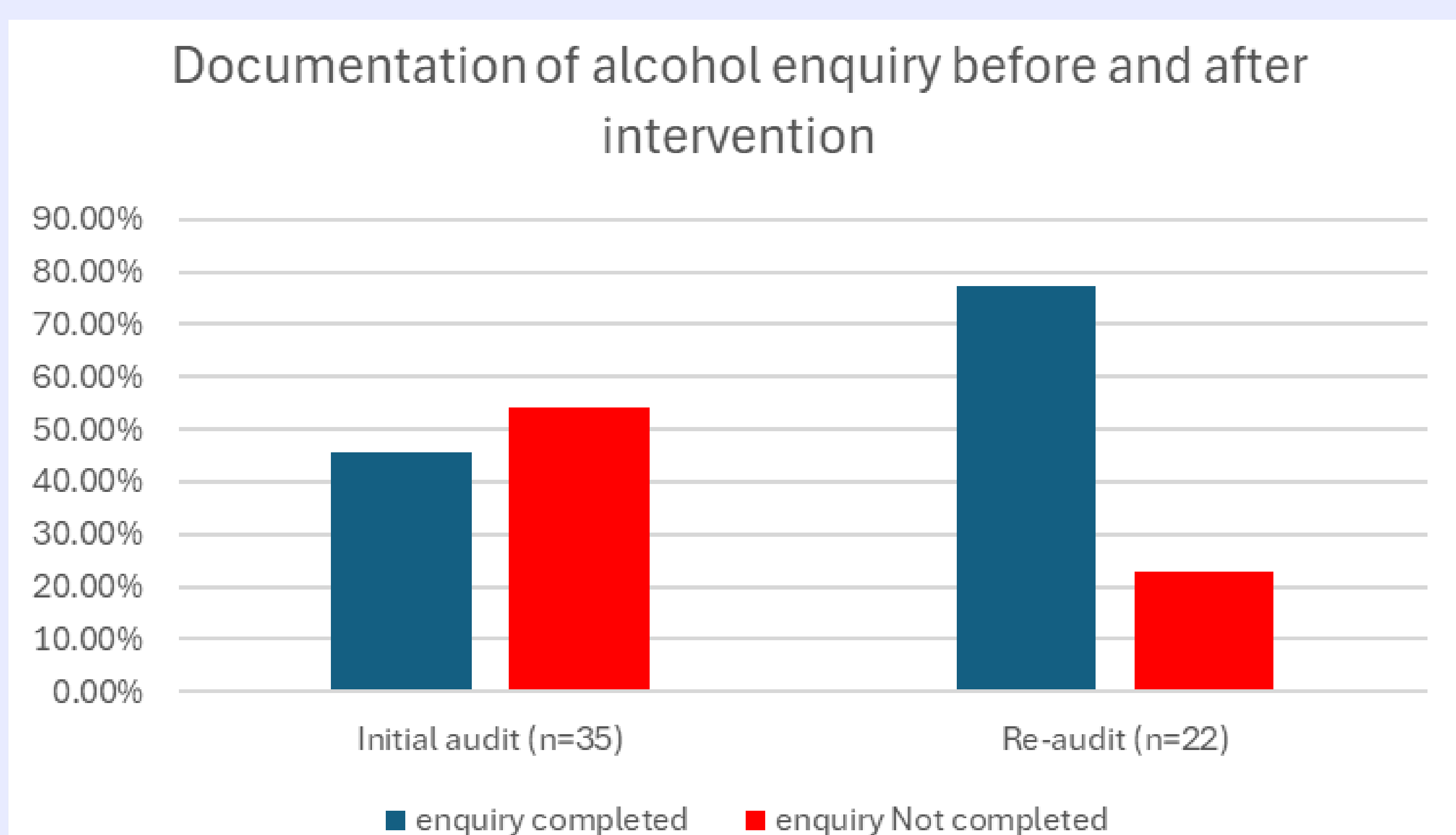


Figure 1: Combined results of the initial audit and Re-audit

CONCLUSION

- Routine enquiry about alcohol use in perinatal mental health assessments was initially suboptimal with **less than half of patients** asked about it, but improved significantly following targeted quality improvement interventions, including MDT feedback, reinforcement of standards, and patient education.
- Despite this progress, further efforts are needed to ensure universal screening of alcohol use as a standard component of perinatal mental health evaluations.

SMART ACTION PLAN

To support improvement in compliance with recommended practice, the following actions were implemented:

Specific:

Reinforce NICE and Trust standards on alcohol use in pregnancy and breastfeeding.

Measurable:

Track documentation of alcohol enquiry in records, targeting $\geq 90\%$ compliance.

Achievable:

Through electronic reminders to clinicians, use of the AUDIT tool where appropriate, and a patient information leaflet (**Figure 2**) developed by the audit authors.

Relevant:

Improves patient safety and ensures compliance with NICE/Trust standards.

Time-bound:

Monitored through 12-month audit cycles to assess improvement in practice.



Figure 2 : Patient information leaflet

The authors declare no conflicts of interest. Ethical approval was not required for this audit.



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