

## Research Briefing

### Beyond 'the choice to drink' in a UK guideline on FASD: The precautionary principle, pregnancy surveillance and the managed woman

Ellie Lee, Jennie Bristow, Rachel Arkell, Clare Murphy

#### Background

In 2019, the Scottish Intercollegiate Guidelines Network (SIGN) published a Guideline called 'SIGN 156: Children and young people exposed prenatally to alcohol, A national clinical guideline'. The work of this Network directs care standards for Scotland.

The document recommends new healthcare interventions to reduce the incidence of Foetal Alcohol Spectrum Disorders (FASD) in Scotland. FASD is an umbrella term used to describe various problems that could affect children if alcohol is drunk during pregnancy. SIGN 156 has influenced the development of similar guidelines in other UK countries. For example, the National Institute of Healthcare Excellence (NICE) have proposed a quality standard for FASD, which directs care standards for England, and the English Department of Health is developing a related policy.

#### This research

We wrote this paper to undertake a critical review of SIGN 156. We analysed the text of the document to consider how the concept of 'choice' has been redefined in healthcare policies about pregnancy.

- The analysis was informed by a review of sociological literature on pregnancy and the 'precautionary' principle, which means erring on the side of caution in relation to risk and uncertainty
- Our analysis also considered the 'social conditioning of choice,' the idea that

choices pregnant women make are influenced by public/social opinion

- We also review how advice to women in the UK about alcohol and pregnancy has changed over time.

#### We found that SIGN 156

- Builds on the precautionary approach to advise against *all* drinking in pregnancy, which is not backed up by substantial evidence.
- Deals with uncertainty about the effects of alcohol in pregnancy by withholding choice from women.
- Makes the case for 'routine' monitoring and screening for alcohol consumption as part of ante-natal care, and as a result, advocates for the expanded surveillance of pregnant women.

#### In conclusion

SIGN 156 does not trust women to self-monitor alcohol consumption, instead, the 'risk' is outsourced, managed, and monitored by a healthcare professional.

There are negative consequences for women who are monitored and for the midwife who is now tasked with overseeing this surveillance. Thus, further research should consider how this type of intervention may change our understandings of power in the healthcare professional/patient relationship.

#### Read the paper:

<https://doi.org/10.1080/13698575.2021.1998389>