WHAT DO OBSTETRIC TEXTBOOKS TEACH ABOUT ALCOHOL IN PREGNANCY?

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A CRITICAL REVIEW of "Obstetrical textbooks: Recommendations about drinking during pregnancy." *Loop KQ and Nettleman MD. Am J Prev Med*. 2002;23(2):136-138.

Concern for alcohol-related morbidities has been evident throughout history, but it was not until 1968, that Lemoine and colleagues first informed the medical and scientific community of alcohol's potential as a teratogen[1]. Finally, a 1973 publication first employed the term "fetal alcohol syndrome" (FAS) [2].

Prenatal alcohol exposure is known to be toxic to the developing fetus and is currently one of the leading known preventable causes of mental retardation [3]. Despite the wealth of knowledge gained from extensive research over the years, there is a lack of appropriate application of this knowledge to education and prevention.

Prevention efforts such as public service announcements, posters and warning labels on beverages are universal and strive to increase the public's knowledge about FAS. But a recent survey report that one in ten US women continue to consume alcohol during pregnancy, reinforces the need for greater awareness on this issue[4].

Pregnancy is a critical time. Women are often more receptive to change, as they tend to focus on positive health behaviors[5]. Trained physicians who are knowledgeable in this field and feel comfortable discussing alcohol use during pregnancy can play a central role in the prevention of alcohol-related birth defects through early detection and intervention, appropriate referrals, and education of the mother[6]. Therefore, inclusion of current recommendations on alcohol-related issues during pregnancy in medical textbooks, and acceptance of addiction medicine as part of medical school curriculum and mainstream practice is essential.

Given the overwhelming amount of knowledge gained from research surrounding alcohol consumption during pregnancy,[7] one would also expect to see a dramatic movement in trends regarding recommendations about drinking alcohol in pregnancy. However, researchers from Virginia Commonwealth University recently found this was not the case with obstetric textbooks published over the past four decades. Such textbooks play a critical role in training and are an important reference for health care providers[8]. The study conducted a review of 81 leading obstetrical textbooks currently utilized across the United States to identify these changing trends and determine whether they reflect current recommendations. Included texts were extracted from both a national listing service (n=51) and local library sources (n=30). A descriptive analysis found that while many of the reviewed texts gave inconsistent recommendations, some chose not to address it at all, and surprisingly, over fifty percent of all texts included at least one statement condoning drinking for the gravida. More alarming is the fact that although public health authorities have promoted complete abstinence for over two decades, a separate review limited to only recent publications after 1991 suggested less than 25% of the 29 medical texts consistently recommended zero level alcohol intakes during the gestational period.

The fact that many recent distinguished texts contained conflicting recommendations, while others failed to even address the issue, suggests that there is a clear hesitation in providing any bottom line recommendations. Given that over fifty percent of all pregnancies are unplanned[9], one can argue that the reason behind this hesitancy is to prevent panic in cases of inadvertent alcohol exposures prior to knowledge of pregnancy. However, as one of the primary training tools in medical schools and reference for both health professionals and public, it is essential for textbooks to embrace the current policy of abstinence, and to address the circumstances of inadvertent exposures as well. Moreover, research suggests health practitioners are more likely to prefer paper-based sources of information over electronic sources, thus reinforcing the significance of recommendations made in medical textbooks. In cases of inadvertent exposures, recommendation to the patient should be to consult her physician or call a helpline specialized in providing information about alcohol exposure[10] so an individual assessment can be done regarding any potential risks.

Study limitations were that it was restricted to textbooks utilized only in the United States and failed to comment on their popularity and distribution making it difficult to assess which recommendations are most endorsed. Furthermore, there is no way of confirming whether these textbooks are followed strictly during the training process, or if professors introduce their personal opinions on this issue to students.

To date, a safe level of alcohol consumption during pregnancy has not been identified[11], and so, complete abstinence is recommended. As recent research indicates that even prenatal exposure to low levels of alcohol can negatively affect the developing fetus[12], screening pregnant women for any alcohol use should become standard, especially in obstetric practice. Unfortunately, standardized screening, counselling and referral about alcohol consumption is not routinely practiced by health practitioners. This may be due to various reasons including personal physician bias, time limitations, lack of interest, and most importantly, discomfort in identifying drinking problems and providing the appropriate interventions, due to lack of adequate training in professional schools[13].

In recent surveys designed to assess clinical knowledge, practice, and attitudes concerning alcohol-related birth defects, physicians expressed their need for more education on alcohol-related issues in medical schools, as most felt unprepared to diagnose FAS[14].

In addition, none of them were aware of the current screening methods generally recommended for use with women of childbearing age[9]. Year of graduation from medical school, in addition to lack of updated alcohol-related literature as part of the curriculum clearly play a significant role. Research suggests that compared to more recent graduates, older physicians are less likely to be aware of the fatal consequences of FAS[15]. As a consequence, they may be misguided as to what constitutes a true risk level of drinking in regards to the etiology of FAS, and may fail to put emphasis on screening women for any alcohol exposure.

In summary, this study is of great relevance in the field of FAS. It is significant because it not only brought much needed attention to the importance of training health practitioners on this issue, but also provided possible reasons for their uneasiness in making an assessment. Also, the results bring attention to the fact that these books need to be consistent and include current recommendations with discussions clarifying the reasons behind it and where to go for more information. Failure to provide clear and consistent recommendations about alcohol consumption in obstetrical texts may hold enormous implications for the health practitioners caring for the gravida. They are

being encouraged to base their clinical practice on research evidence, but to do this, they need to be aware of and use the sources of evidence.

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