



McQuire, C., Zuccolo, L., Frennesson, F., Butcher, S., Carel, H., Cook, P., Dvorak, T., Gilham, E., Hurt, L., Langford, R., Misell, A., Mukherjee, R., Porter, A., Susoy, O., Taylor-Robinson, D., Troy, D., & de Vocht, F. (2022). Prenatal alcohol prevention in the UK: mapping the landscape through systematic collaborative review. *Lancet*, 400(Suppl 1), [S64]. [https://doi.org/10.1016/S0140-6736\(22\)02274-7](https://doi.org/10.1016/S0140-6736(22)02274-7)

Peer reviewed version

License (if available):
CC BY-NC-ND

Link to published version (if available):
[10.1016/S0140-6736\(22\)02274-7](https://doi.org/10.1016/S0140-6736(22)02274-7)

[Link to publication record in Explore Bristol Research](#)
PDF-document

This is the accepted author manuscript (AAM). The final published version (version of record) is available online via Elsevier at [https://doi.org/10.1016/S0140-6736\(22\)02274-7](https://doi.org/10.1016/S0140-6736(22)02274-7). Please refer to any applicable terms of use of the publisher.

University of Bristol - Explore Bristol Research

General rights

This document is made available in accordance with publisher policies. Please cite only the published version using the reference above. Full terms of use are available: <http://www.bristol.ac.uk/red/research-policy/pure/user-guides/ebr-terms/>

Prenatal alcohol prevention in the UK: mapping the landscape through systematic collaborative review

Cheryl McQuire, Luisa Zuccolo, Felicia Frennesson, Sandra Butcher, Havi Carel, Penny Cook, Tadeas Dvorak, Ellie Gilham, Lisa Hurt, Rebecca Langford, Andrew Misell, Raja Mukherjee, Alice Porter, Oliver Susoy, David Taylor-Robinson, David Troy, Frank de Vocht

Centre for Public Health (C McQuire PhD, F Frennesson MSc, A Porter PhD, D Troy PhD, Prof F de Vocht PhD)
MRC Integrative Epidemiology Unit (L Zuccolo PhD, F Frennesson, T Dvorak MSci, D Troy, Prof F de Vocht),
Department of Philosophy (Prof H Carel PhD), **University of Bristol, Bristol, UK;**
National Institute for Health and Care Research, School for Public Health Research, UK (C McQuire, Prof F de Vocht);
The National Organisation for FASD, Surrey, UK (Sandra Butcher, MLitt); **School of Health and Society, University of Salford, Salford, UK** (Penny Cook, PhD); **UK Health Security Agency, London, UK** (Ellie Gilham, MSc); **Division of Population Medicine, Cardiff University, Cardiff, UK** (Lisa Hurt, PhD); **Alcohol Change UK, London, UK** (A Misell BA); **Surrey and Borders Partnership NHS Foundation Trust, Surrey, UK** (Raja Mukherjee, PhD); **Office for Health Improvement and Disparities, Department of Health and Social Care, London, UK** (O Susoy MA); **Institute of Population Health, University of Liverpool, Liverpool, UK** (Prof D Taylor-Robinson PhD)
Health Data Science Centre, Fondazione Human Technopole, Milan, Italy (L Zuccolo)
University of the West of England, Bristol, UK (R Langford, PhD)

Correspondence to:

Dr Cheryl McQuire, Centre for Public Health, University of Bristol, Bristol BS8 2PS, UK
cheryl.mcquire@bristol.ac.uk

Background

UK policy makers have called for urgent action to reduce prenatal alcohol exposure (PAE), but evidence on what is effective is scarce. We aimed to identify, evaluate, and synthesise evidence on content, process aspects, and effectiveness of UK PAE prevention initiatives.

Methods

We conducted 1) a systematic search of published and grey literature on UK PAE prevention (PROSPERO: CRD42020209460); 2) consultations with 61 academic, practice, policy, third sector, and public stakeholders; and 3) semi-structured interviews with pregnant people (who were aged ≥ 18 years and ≥ 12 weeks' gestation) and service providers to discuss experiences of PAE prevention (12 done to date). Participants were purposively sampled to cover each UK region and identified through maternity sites, social media and, for stakeholder consultees, researcher networks. Information from relevant PAE prevention initiatives from the literature was independently extracted by two reviewers. Ethical approval and informed consent were obtained for interviews, which were recorded and transcribed. Qualitative evidence was synthesised using thematic analysis. Quantitative data will be summarised using descriptive statistics and meta-analysis.

Findings

We identified 14 PAE prevention initiatives through literature searches (22 of 4064 results were eligible), stakeholder consultation, and interviews. Initiatives included screening and intervention, campaigns, and education or training. Seven initiatives were identified in the north of England. Two initiatives were identified in Scotland and two in Wales. The east of England, West Midlands, and south east of England had one each. None were identified in South West England or Northern Ireland. Barriers to prevention included absence of resources, excessive workload, concerns around 'blame', and COVID-19. Enablers included workforce training and trust between pregnant people and service providers. Effectiveness of evidence was scarce.

Interpretation

Key strengths include extensive searches and multidisciplinary consultation. Data collection and analyses are ongoing and will be finalised before November, 2022. This research will provide a comprehensive analysis of current provision, providing crucial evidence to inform research and practice.

Funding

The National Institute for Health and Care Research.

Contributors

CM conceived of the study. CM wrote the study protocol with input from LZ, TD, AP, FdV, SB, HC, PC, RL, AM, RM, and DTR. CM designed interview schedules with input from LZ, SB, PC, RL, AM, RM, FdV, and the study public involvement panel. CM and FF conducted participant interviews. CM, LZ, SB, HC, PC, LH, AM, RM, DTR, and OS contributed to the identification of contacts and initiatives. CM, TD, and EG carried out literature searches and data extraction. CM and TD conducted analyses. CM wrote the abstract.

All authors have seen and approved the final version of the abstract for publication.

Conflicts of interest

SB is chief executive of The National Organisation for FASD. She is sometimes paid for providing presentations. This money goes back into the organisation. The National Organisation for FASD accepts funding from the alcohol industry, government, private foundations and trusts and individuals, but has a strict policy that funders have no influence on substance.

PC was an expert contributor to the Department of Health and Social Care's report, 'Fetal Alcohol Spectrum Disorder: Health Needs Assessment'. She has received funding from the Greater Manchester Health and Social Care Partnership to estimate the prevalence of FASD in Greater Manchester, and from the Medical Research Council to develop an intervention for families affected by FASD. She is an unpaid member of the Steering Board to oversee Greater Manchester's Preventing Alcohol Exposed Pregnancy Programme.

RM is an unpaid advisor to various FASD charities and runs the National Clinic for Fetal Alcohol Spectrum Disorders (FASD).

Acknowledgments

The study was funded by The National Institute for Health and Care Research School for Public Health Research Postdoctoral Launching Fellowship/ResNet ECR funding (McQuire). We would like to thank the members of our Public Participation and Involvement panel, who assisted with the design of the interview materials, study information sheets and consent forms.