



NOFAS-UK GP Survey SUMMARY OF KEY FINDINGS September 2017

Between 22 August and 1 September 2017, OnePoll conducted online and mobile polling of 150 GPs in England on behalf of NOFAS-UK. [1] The feedback shows that GPs need to be better armed with information regarding Foetal Alcohol Spectrum Disorders (FASD). [2] With our charity's limited resources we were unable to conduct a more comprehensive study, but the answers we received strongly suggest that the powers-that-be should look more comprehensively into GP training and awareness of issues related to FASD and the risks of alcohol in pregnancy.

- Only 31% of the GPs said they had in-depth education regarding FASD in their medical school training – most said their education on FASD was brief (57%) or they had none at all/couldn't remember (12%).
- 41% of GPs said they have not received clear guidance from their local Clinical Commissioning Group regarding a pathway for diagnosis and support of FASD.
- When asked if they felt confident that all those with a Foetal Alcohol Spectrum Disorder are being diagnosed properly, the numbers show a deep uneasiness – only 23% strongly agreed, 28% somewhat agreed. An alarming 30% of GPs either somewhat or strongly disagreed that those with FASD are being properly diagnosed, with 19% neither agreeing nor disagreeing.
- Only 55% had read the landmark British Medical Association report on Alcohol and Pregnancy. [3]
- Only approximately one-quarter of the GPs identified alcohol in pregnancy as having greater long-term risks to the baby than other substances such as heroin, crack, or smoking. All of these substances can have grave impact and often interplay with each other with devastating consequences, but the replies indicate that alcohol is not viewed by GPs as the serious threat to future health that it is.
- In 2016 the chief medical officers in the UK issued clear guidance that “if you are pregnant or planning a pregnancy, the safest approach is not to drink alcohol at all, to keep risks to your baby to a minimum.” Sixty-three per cent of the GPs contacted strongly agreed with this new guidance, 27% somewhat agreed and the rest were ambivalent at best.
- Thirty-six per cent of those who responded said if they or a loved one, e.g a sister or friend, were pregnant an “occasional” drink of alcohol would be okay (48% of the female GPs vs 27% of the men said it would be okay). This means that in their personal lives, many GPs do not heed current government guidelines.
- On the positive side, 95% said they think GPs should ask all women who are pregnant or planning to become pregnant about their alcohol use and not just those who are at risk, and
- 75% said they had literature and posters in their offices specifically about the risks of alcohol and pregnancy.
- 71% said if a patient drank during pregnancy, they would typically indicate somehow in the mother's or the child's records that the child should be assessed for cognitive function at a later point, but 15% said they would not, and 14% said they didn't know or preferred not to say. That means the ‘paper trail’ of alcohol use in pregnancy – so important for a diagnosis of FASD, could be lost, potentially leaving a lot of young lives at

risk for misdiagnosis, under-diagnosis, and as a result these people might fall through the cracks with serious potential impact on their future.

- Of the GPs questioned, 84% thought a diagnosis was helpful, but an alarming 9% thought it was ‘just another label’ and 7% were ambivalent.
- FASD is a spectrum.[4] Much of the ‘old’ thinking continues to perpetuate the myth that people with FASD have distinctive facial features despite the fact those are in fact present in only approximately 9-10% of those cases of FASD. Only 5% of those who replied knew this. While experts debate the exact proportion of FAS cases compared with the wider spectrum, more than two-thirds of the GPs were far from the mark, indicating that the facial features were present in 50% or more of those with an FASD (of those 11% said facial features were present in 100%). While it is possible they may have been confusing FASD as a spectrum with the more narrow diagnosis of Foetal Alcohol Syndrome (FAS) which requires facial features, the results show confusion among GPs about a key point. This feedback raises a red flag as the facial features occur only if the birth mum drank in a very small window of time during early pregnancy (and they fade as the person ages). The developing brain is vulnerable to alcohol throughout the pregnancy. A diagnosis of FAS does not necessarily imply the most severe cognitive deficits that can be present even without facial features. Too many children are refused access to a diagnosis on this basis of outdated thinking.
- The respondents to this survey identified the most effective ways for GPs to learn more about FASD would be through Clinical Commissioning Group-organised sessions for their protected learning time and through online courses.
- 47% of GPs said it should be more thoroughly taught in medical school.

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[1] The study was conducted by OnePoll between 22th August and 1st September and polled 150 GPs that work in England. Participants were recruited online and were paid to participate.

[2] Foetal Alcohol Spectrum Disorders (FASD) is an umbrella term representing the range of effects caused by prenatal alcohol exposure. Diagnoses include: Foetal Alcohol Syndrome (FAS), Partial Foetal Alcohol Syndrome (pFAS), Alcohol-related Neurodevelopmental Disorder (ARND), Alcohol-related Birth Defects (ARBD). Over 400 conditions can co-occur with FASD.

[3] Please note, there was a small error in the question asked, which might have influenced the answer, though not likely to a significant extent. The question asked, “Have you ever read the 2007 BMA publication Alcohol and pregnancy: Preventing and managing Foetal Alcohol Spectrum Disorders which was updated in 2017.” While the BMA Alcohol and Pregnancy website was updated in June 2017, the publication itself was updated in 2016. <https://www.bma.org.uk/collective-voice/policy-and-research/public-and-population-health/alcohol/alcohol-and-pregnancy>

[4] Diagnoses include: Foetal Alcohol Syndrome (FAS), partial Foetal Alcohol Syndrome (pFAS), Alcohol-Related Neurodevelopmental Disorder (ARND), and Alcohol-Related Birth Defects (ARBD). There are greater than 400 conditions that can co-occur with FASD. Please note, when googling FASD, it is helpful to use the international spelling of ‘fetal’.