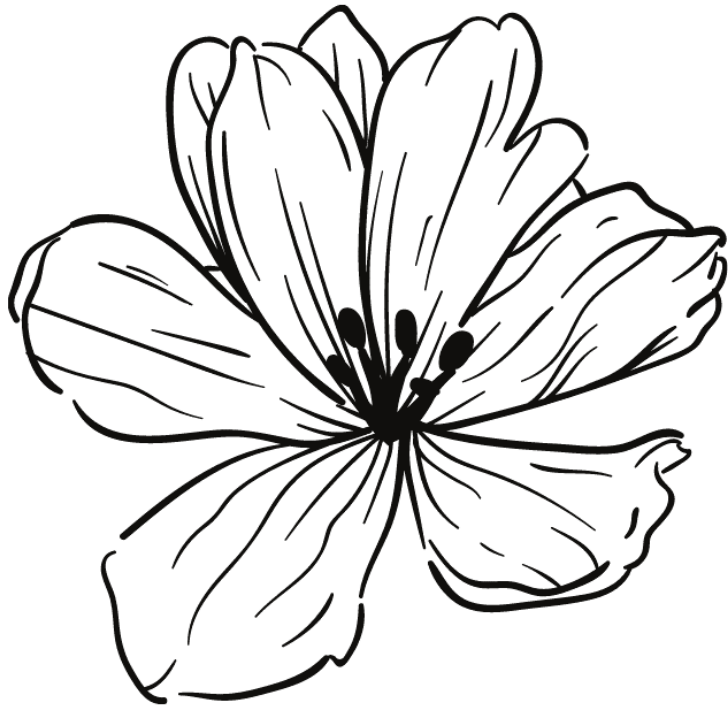


“On my maternity book it states that I needed counselling yet I didn’t get it”:
stigma, fear and barriers to accessing antenatal care for pregnant women who use alcohol

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Background

- Alcohol use during pregnancy remains a public health concern given the risk of neonatal and birth complications including miscarriage, FASD, low birth weight and still births.
- The extent of alcohol use during pregnancy in South Africa remains high. In some lower resourced areas in South Africa, there is poor utilization of antenatal services among pregnant women who drink alcohol, including late initiation of care or no-care at all.
- The value in accessing antenatal care particularly for women who drink alcohol is critical and may allow for the alcohol use to be assessed, for the mother to gain information about the risk of her alcohol use, as well as any referrals to specialized treatment or additional support services



Background continued...

- Globally, barriers to accessing antenatal services by women include waiting times, economic and transportation issues, lack of referral systems, and challenges with healthcare workers' communication
- Pregnant women report additional barriers such as being judged for their substance use by antenatal staff resulting in fear of accessing health services, particularly due to the potential involvement of child protective services
- The impact of interpersonal stigma that women face at healthcare facilities contribute to these women not disclosing their substance use and ultimately not being able to access the relevant services available to them, hindering their access to information and referrals vital for the health of their baby
- There is very little that we know about South African pregnant women who drink alcohol's experiences and experiences of stigma as they access healthcare.
- We hoped to address this gap by exploring the experiences of pregnant women who drink alcohol in an attempt to bring to light the issues which discourages alcohol using pregnant women to access essential antenatal care.



Methodology

- Between February 2021 and March 2021 we recruited women from two economically disadvantaged communities (two Cape flats areas within the Cape Metro in the Western Cape, South Africa) known for having high levels of crime, violence and substance use
- Given that that this is a stigmatized population, snowballing was used to recruit at risk pregnant women.
- In-depth semi-structured interviews took place with 15 pregnant women who were current alcohol users. Qualitative data were analysed through the Framework approach.

Eligibility criteria:

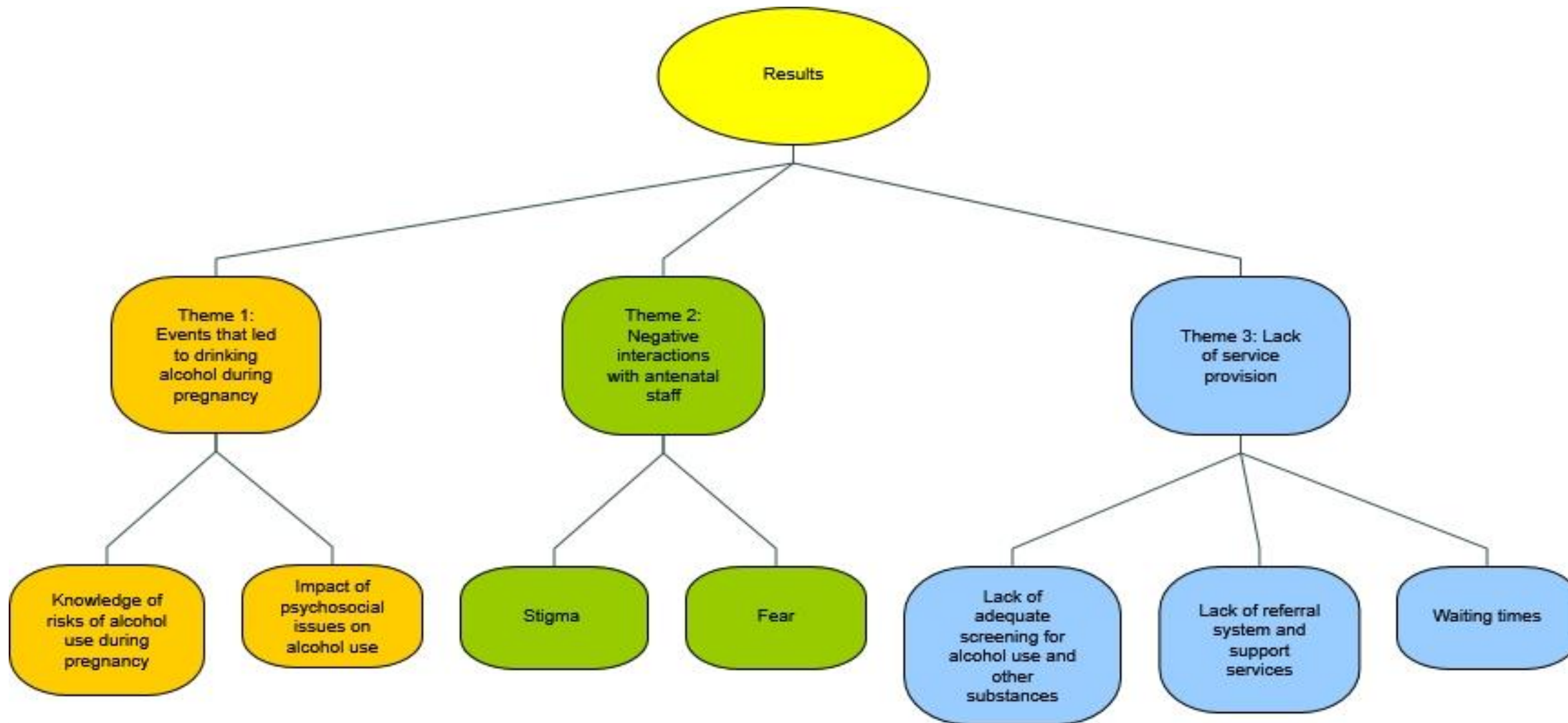
- Women were eligible for interviews if they were 18 years and older,
- Between 12 and 40 weeks pregnant,
- Reported current heavy drinking (at least 1 day of drinking more than 4 drinks in the last month) using Alcohol Timeline Follow Back (TLFB)
- Had a positive screen for hazardous alcohol use (AUDIT score ≥ 8),
- Could speak and understand either English, Afrikaans or isiXhosa and were not currently receiving mental health services.
- Women were excluded if they reported serious medical problems threatening their current pregnancy, or had any co-morbid conditions



Demographics:

Variable	Mean	Range
Age	25	19-41
AUDIT score	18	9-30
Alcohol units	27	6-56

Results



Results

- **Theme 1: Events or trauma that led to drinking alcohol during pregnancy**

I drank because I lost my job, I was stressing who was going to help me, because my husband was working only 2-3 days enough to only support my other daughter (P003)

Yes, because I was drinking when I had my first and second babies and they came out normal, so why must I quit if my children came out normal? (P007)

I think when you drink while you are pregnant the baby's brain becomes slow when is growing up and part of his body may be disabled or so (P005)

For me it's because I was too young, I don't work. I worked before but I lost my job because of the other lady, I didn't finish school and I wanted to go back to school and finish my studies and there wasn't money to do so. So, all of that came up and I started drinking (P010)



Results

- **Theme 2: Negative interactions with antenatal staff**

I said “no”, because I know they going to skell [shout at] me, you see (P001)

If they ask me if I drink, I always say no (P015)

You get skelled out [shouted at] because you know it's wrong what you are doing (P002).

I am unhappy because they scolded at me. The time the sister asked me what kind of wine I drink, she was very rude and shouted at me. (P012).



Results

- **Theme 3: Lack of service provision**

There was no counselling, nothing! They asked me if I have any suicidal thoughts, I said “yes” and there was no counselling. Yet on my maternity book it states that I needed counselling yet I didn’t get it. (P003).



They didn’t even give me advice about going for counselling or something like that (P014)

I think it's very poor because I arrived at the clinic at 6' o'clock and then I was helped around 2 o'clock. (P006)

They said they can’t tell me not to drink, but I should know my limits. I told them that it’s only 2 to 3 beers a day, and if I’m still up I get myself a cold drink or snack. (P010).



Discussion

- Findings suggest that pregnant women who drink alcohol often delay access to antenatal care services, and when they do access services, choose to not disclose their drinking due to previous experiences of being reprimanded by staff. Women described general negative reactions of staff, lack of sufficient alcohol screening, and inconsistent referral pathways ultimately leading to misinformation on the impact of alcohol use on the fetus and were left feeling unsupported.
- Based on these antenatal clinic experiences, referral systems and support structures are lacking in healthcare facilities and in the community. Unclear or non-existent guidelines for referring pregnant women related to alcohol use negatively impacts service provision. There is a need for information sharing regarding what resources and support structures are available within healthcare facilities and externally.
- Staff attitudes and approach may be preventing effective care and service provision. Changing the messaging from one that is confrontational and condescending, to one that is motivational, and non-judgmental is what pregnant women would deem a safer environment for them to comfortably access antenatal and other services and disclose their alcohol and other substance use. While medical assessments and procedures were reported as adequate, caring interpersonal relationships and interactions are lacking.



Discussion

- Addressing the centrality of shame, guilt and stigma regarding substance use, pregnant women would be more willing to disclose their substance use during pregnancy
- An effort must be made to normalize destigmatized language when referring to substance use and individuals with substance use disorders
- Health professionals offering antenatal care to women who use substances during pregnancy are encouraged to build trust, enhance self-efficacy, support family-centered, multidisciplinary care to women and their infants, focusing on harm reduction
- Although pregnant women have complex contributing environmental, social and economic factors impacting their access to antenatal services, destigmatizing pregnant woman especially women accessing antenatal services would lead to an improvement in accessing services .
- Considering that stigma is fueled by prejudice and discrimination, policy-makers should make a concerted effort to put in place multi-sectoral referral relationships as strategies of support for women who use alcohol during pregnancy.



Thank you
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