

Reference:	FOI.13698.24
Subject:	NICE Quality Standard 204
Date of Request:	31 January 2024

Requested:

NICE Quality Standard 204 on Fetal Alcohol Spectrum Disorder was published 16 March 2022 (<https://scanmail.trustwave.com/?c=261&d=od265RbX0r1zc8IRVhFKT8xMmqVT9OVvoMGFmof7Bw&u=https%3a%2f%2fwww%2enice%2eorg%2euk%2fguidance%2fqs204>)

1. Please confirm, has this quality standard been circulated to each team and service in your network?
2. Have teams or other organisations within your Health Board been asked to identify whether NICE Quality Standard 204 is applicable to their service?
3. Which teams/organisations have identified that NICE Quality Standard 204 is applicable to them.
4. Please indicate who in your Health Board has responsibility for each NICE Quality Standard 204 statement:
 - a. Statement 1: Advice on avoiding alcohol in pregnancy (Pregnant women are given advice throughout pregnancy not to drink alcohol.)
<https://scanmail.trustwave.com/?c=261&d=od265RbX0r1zc8IRVhFKT8xMmqVT9OVvoMrRnoWuBw&u=https%3a%2f%2fwww%2enice%2eorg%2euk%2fguidance%2fqs204%2fchapter%2fQuality-statement-1-Advice-on-avoiding-alcohol-in-pregnancy>
 - b. Statement 2: Fetal alcohol exposure (Pregnant women are asked about their alcohol use throughout their pregnancy and this is recorded)
<https://scanmail.trustwave.com/?c=261&d=od265RbX0r1zc8IRVhFKT8xMmqVT9OVvoMWEztKuUg&u=https%3a%2f%2fwww%2enice%2eorg%2euk%2fguidance%2fqs204%2fchapter%2fQuality-statement-2-Fetal-alcohol-exposure>
 - c. Statement 3: Referral for assessment (Children and young people with probable prenatal alcohol exposure and significant physical, developmental or behavioural difficulties are referred for assessment.)
<https://scanmail.trustwave.com/?c=261&d=od265RbX0r1zc8IRVhFKT8xMmqVT9OVvoMbTn4WqVA&u=https%3a%2f%2fwww%2enice%2eorg%2euk%2fguidance%2fqs204%2fchapter%2fQuality-statement-3-Referral-for-assessment>
 - d. Statement 4: Neurodevelopmental assessment (Children and young people with confirmed prenatal alcohol exposure or all 3 facial features associated with prenatal alcohol exposure have a neurodevelopmental assessment if there are clinical concerns.)
<https://scanmail.trustwave.com/?c=261&d=od265RbX0r1zc8IRVhFKT8xMmqVT9OVvoMWBy4D8VQ&u=https%3a%2f%2fwww%2enice%2eorg%2euk%2fguidance%2fqs204%2fchapter%2fQuality-statement-4-Neurodevelopmental-assessment>

e. Statement 5: Management plan (Children and young people with a diagnosis of fetal alcohol spectrum disorder (FASD) have a management plan to address their needs.)
<https://scanmail.trustwave.com/?c=261&d=od265RbX0r1zc8IRVhFKT8xMmqVT9OVvoMqBmNWtDw&u=https%3a%2f%2fwww%2enice%2eorg%2euk%2fguidance%2fqs204%2fchapter%2fQuality-statement-5-Management-plan>

5. If your NICE lead or other relevant person has created a review sheet, please provide that with a breakdown of every statement in the quality standard by structure, process and outcome measures.
6. If you don't have a review sheet, please indicate how your Health Board is responding to NICE Quality Standard 204.
7. How are you involving stakeholders and/ or tracking patient experiences of your response to the NICE Quality Standard 204?
8. Is there any other document your Health Board has created that is related to improvement of quality of care regarding NICE Quality Standard 204? If so, please provide a copy.

Response:

1. Hywel Dda University Health Board (UHB) confirms that the National Institute for Health and Care Excellence (NICE) Quality Standard 204 on Fetal Alcohol Spectrum Disorder (FASD) has been circulated to all Midwives and Obstetricians across the UHB, by email.
2. & 3. The UHB confirms that the NICE Quality Standard 204 has been identified as being applicable to the Maternity and Obstetric Service; actions have been taken to implement local guideline, which is awaiting ratification.
- 4a. The UHB confirms that all Midwives discuss alcohol consumption and the risks associated with FASD. Those who require further support to be alcohol free during pregnancy are referred to the UHB's Drug and Alcohol Prevention Services and specifically to the Community Drug and Alcohol Team (CDAT), who will then assess and formulate a plan of care. Additionally, due to the risks to the fetus, they will be referred for Obstetric-Led Care, where an individualised plan will be made for pregnancy and birth. This plan will encompass fetal growth monitoring, referrals to other services, such as Perinatal Mental Health Service and the UHB's Health Safeguarding Team/ Specialist Midwife, if required.
- 4b. The UHB confirms that all women/birthing persons are asked about alcohol use prenatally in their initial weeks of pregnancy, during the initial appointment with their Midwife, which is typically undertaken around seven (7) to nine (9) weeks' gestation. Midwives record all discussion assessments, including alcohol consumption, in the All-Wales Maternity Record (a patient's hand-held notes).

Women/birthing persons will have discussions with Health Care Professionals (HCP) throughout their pregnancy dependant on their circumstances, and they will be routinely asked about alcohol use in pregnancy at thirty-six (36) weeks' gestation of pregnancy.

The initial assessment and the 36 weeks' gestation data is recorded on the Maternity Section of the UHB's Welsh Patient Administration System (WPAS).

- 4c. The UHB confirms that it does not currently have a specific pathway in place for suspected FASD. However, there are generic referral pathways to Community Paediatricians for developmental delay or the Neuro-Development team (NDT) regarding a possible neuro-developmental disorder, where a multi-disciplinary plan will be made for the care of the neonate following birth.
- 4d. The UHB confirms that those with suspected FASD are currently referred to Community Paediatricians for developmental delay assessments.
- 4e. The UHB confirms that it does not have a specific service or expertise at present for FASD.
5. The UHB does not hold this information.
6. The UHB confirms that a guideline outlining care for those who are pregnant and misusing substances (including alcohol) is currently in the process of being ratified. This guideline will include NICE Guidance, recommendations regarding assessment for alcohol use using the Fast Alcohol Screening Test (FAST) tool, referral for further care and specified pathway including multi-disciplinary and multi-agency input based on the individual needs. It will also outline the expectations from those providing care to use appropriate language and a non-judgemental approach.
7. The UHB confirms that there is a QR code, placed within a feedback form, which allows for anonymous feedback from all women/birthing persons receiving maternity care. This feedback is not specific to alcohol use in pregnancy, it covers all aspects of care. Additionally, an anonymous patient survey on alcohol use in pregnancy has been widely circulated on the Maternity Service's social media pages and on posters placed in all maternity specific areas across the UHB. This survey also includes feedback on knowledge of alcohol use in pregnancy and the risks of FASD.
8. The UHB does not hold this information. Please see response to question 6.