

## Alcohol and pregnancy

In their national survey of post-pregnancy follow-up of women with gestational diabetes mellitus, Pierce and colleagues found a lack of adherence to National Institute for Health and Clinical Excellence (NICE) guidelines.<sup>1</sup> NICE have recently updated their recommendations of safe alcohol limits in pregnancy, but it is unclear whether people are aware of the new guidelines. Having previously recommended no more than one unit of alcohol per day during pregnancy,<sup>2</sup> NICE now recommend no more than one or two units a week.<sup>3</sup> NICE also advise avoiding alcohol completely in the first trimester of pregnancy.<sup>3</sup> Although recommendations vary, all guidelines emphasise the danger of binge drinking.<sup>2</sup>

In September 2011, we carried out a questionnaire survey of women aged 16 to 40 years to investigate their knowledge of the new guidelines on safe consumption of alcohol during pregnancy. Women sitting in or walking through Leicester Square, London were given a patient information sheet and asked if they were willing to complete a brief, confidential questionnaire on alcohol in pregnancy. The questionnaire asked how many units of alcohol are recommended as safe during pregnancy and in which trimester of pregnancy it is safest to drink.

The response rate in 186 eligible women was 54% (100/186), and their mean age was 23 years, 97 correctly said the recommended level was no more than one or two units a week, of whom 79 thought no alcohol should be consumed during pregnancy. However, three women thought it was safe to drink one or two units daily. All 99 women who responded to the question agreed that it is unsafe to drink five units of alcohol ('binge drinking') at one sitting during pregnancy. However, contrary to the guidelines, a third (32/99) of women thought that drinking was safest in the first trimester.

This survey showed the majority of participants knew the safe alcohol levels recommended during pregnancy in the new NICE guidelines. However, the study did reveal that a third of women incorrectly presumed that it was safer to drink in the first trimester of pregnancy. Perhaps, by increasing awareness, more women will avoid alcohol during this trimester.

However, many pregnancies are unplanned, some may be associated with binge drinking, and women may unwittingly drink in the first 3 months of pregnancy before they know they are pregnant. Pierce and colleagues suggest education of women about the need for follow-up after gestational diabetes mellitus is important.<sup>1</sup> We suggest another role for primary care may be to continue education about safe alcohol limits, especially during the first trimester of pregnancy.

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### REFERENCES

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## The Olympic legacy

It was with surprise that I read Mike's Fitzpatrick's assertion that exercise is 'deemed virtuous but has no proven value in relation to health'.<sup>1</sup> Skimming through over 40 references in the Department of Health *Lets Get Moving* commissioning guidance<sup>2</sup> made me feel that Mike needs to

spell out the reasoning for his claim a little more robustly.

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## Physical inactivity is associated with earlier mortality — the evidence is incontrovertible

We commend *BJGP* for publishing and bringing much needed attention to the opinions of Mike Fitzpatrick on the perceptions of physical activity promotion within the healthcare sector in this country.<sup>1</sup>

There is, however, nothing virtuous, propagandist, patronising, and infantile about physical inactivity being the fourth leading risk factor for global mortality responsible for 6% of worldwide deaths and a major contributing factor to 60% of global non-communicable diseases.<sup>2</sup> There is a clear causal relationship between the amount of movement people do and all-cause mortality.<sup>3</sup>

Behaviour change psychology permeates all aspects of medicine and it is interesting to note that, despite widespread acceptance of pharmaceutical medications by doctors, enormous pharmaceutical advertising expenditure, and a large proportion of medical education being devoted to pharmacology, only 30–50% of patients change their behaviour sufficiently to consume prescribed medication at advised therapeutic doses.<sup>4</sup> Changes to medical education are urgently needed to include greater emphasis on behaviour change techniques for they underpin much of what we do in clinical practice, and are effectively used to modify physical inactivity behaviour