

Research Briefing

Using Meconium to Establish Prenatal Alcohol Exposure in the UK: Ethical, Legal and Social Considerations.

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Background

Recent policy changes in the UK promote screening all pregnant women for alcohol consumption throughout their pregnancies. It is hoped that collecting data on prenatal alcohol exposure will inform future diagnoses of children with Fetal Alcohol Spectrum Disorders (FASD) - an umbrella term used to describe a range of outcomes caused by alcohol use in pregnancy. Therefore, a main driver of this policy change is to improve child health outcomes.

Efforts are being made to find the most *reliable* way of collecting information from pregnant women about their alcohol consumption. One idea is to test meconium – an infant's first faeces – to establish whether their mother drank in pregnancy. Meconium starts to form at around 12 weeks gestation, and therefore can provide information about maternal alcohol consumption throughout the second and third trimesters. Its collection is also non-invasive. There have been calls for further feasibility studies into its use.

This research

We argue that the proposed use of meconium to test for maternal alcohol consumption cannot be ethically, legally, or socially justified because:

- The aims for meconium screening are not made clear in calls for further

research. It cannot serve as a tool for harm prevention, when compared with other options (such as verbal questionnaires) as meconium can only be screened after the 'risky exposure' has taken place.

- Patient consent and autonomy are not properly accounted for in plans to test meconium for maternal alcohol consumption and are not in line with the existing framework governing antenatal screening processes (including for smoking status throughout pregnancy, and screening for HIV infection).
- Finally, we argue the benefit of testing meconium is not clear. We argue its proposed use as a potential replacement for self-reporting, could jeopardise meaningful attempts to form open and trusting relationships between healthcare practitioners (HCPs) and pregnant women.

In conclusion

We conclude that before any further research into using meconium to establish maternal alcohol consumption takes place it must be ethically, legally and socially justified. We argue that currently, this is not the case.

Read the paper:

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