

Conversations about alcohol and pregnancy

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¹ World Health Organization (2010). *Global strategy to reduce the harmful use of alcohol*. Geneva: World Health Organization.

Contents

Executive summary	5
Introduction	8
National Health and Medical Research Council Alcohol Guidelines	8
FASD and alcohol consumption among pregnant women	9
Pregnancy as a risk issue	10
Media reporting of alcohol and pregnancy	11
Women's views about alcohol and pregnancy	13
Research approach	16
Media analysis: Sample	16
Media analysis: Coding	17
News frame analysis	17
Interviews and focus groups	17
Thematic analysis	18
Media portrayals of alcohol in pregnancy	19
Mapping reporting of alcohol in pregnancy: Quantitative results	19
Framing alcohol in pregnancy: Qualitative results	21
Frame 1: Contested evidence and advice	21
Frame 2: The FASD crisis	25
Frame 3: Blame risk-taking mothers	30
Frame 4: Women's rights	31
Frame 5: Community responsibility	33
Summary: Framing alcohol and pregnancy in Australian media	35
Women talk about alcohol in pregnancy	36
1. Experiences of alcohol in pregnancy	37
2. Views and practices in relation to alcohol in pregnancy	38
3. Clarity and impact of information and advice about alcohol and pregnancy	41
4. The role of peers and family in women's decisions	46
5. Responses to media reports about alcohol and pregnancy	48
Summary: Women talk about alcohol in pregnancy	52

Discussion	54
FASD in media and women’s accounts	54
Contested evidence and advice in media and women’s accounts	55
Women’s rights and negotiations of risk and responsibility	55
Social and cultural context of alcohol and pregnancy	56
Implications and future research	57
Implications for social marketing activities and media interventions	58
Future research directions.....	59
References	60
Appendix A: List of media items included in the dataset	64
Newspapers (print)	64
Newspapers (online).....	65
Websites	66
Television news.....	67
Appendix B: Project flyer	68
Appendix C: Participant information sheet.....	69
Appendix D: Interview guide.....	71
Appendix E: Ethics approval letter	75

Executive summary

This study examines how the Australian media portray alcohol and pregnancy and how women respond to mediated information and advice about drinking during pregnancy. Women's alcohol consumption has attracted increasing media attention in the past decade (Gentile, 2011), yet little is known about how women interpret and respond – in terms of their consumption and information seeking practices – to claims about the risks of consuming alcohol during pregnancy. Health advice in Australia states that for women who are pregnant, planning pregnancy or breastfeeding, not drinking is the safest (NHMRC, 2009). However, research shows that some women do not abstain from alcohol while pregnant (Colvin et al., 2007).

This study was designed to address this research gap using qualitative research (including textual analyses of news reports, interviews and focus groups) to explore women's understanding of drinking alcohol in pregnancy and how they interpret media portrayals of the issue. It involved a framing analysis of 110 items from online and print newspapers, parenting and pregnancy websites and television news and current affairs about alcohol and pregnancy between 1 January 2013 and 31 October 2014. This was complemented by interviews and focus groups with 20 women based in Canberra, who were currently pregnant, had young children, or were planning for pregnancy.

News frame analysis is a form of discourse analysis designed to identify the frame or lens through which journalists and other public actors tell a particular story by emphasising one aspect of an issue and ignoring or downplaying others. In this research five frames characterised news coverage about alcohol and pregnancy in Australia: 'contested evidence and advice', 'FASD crisis', 'blame risk-taking mothers', 'women's rights', and 'community responsibility'. The analysis of this coverage found that news stories tended to emphasise a particular aspect of the story. Media stories contributed to the confusion around the issue by juxtaposing conflicting scientific and expert advice within a single article, often without discussion or explanation. This leads to women, their families and peers being confronted with contested ways of understanding consuming alcohol while pregnant.

The dominant frame through which journalists reported on this subject was 'contested evidence and advice'. This frame highlighted contradictory medical advice and research findings about the risks of alcohol consumption during pregnancy, and confusion among women as to what expert advice they should follow. The source of these stories was typically new published research.

The 'FASD crisis' frame was also common. This frame highlighted Fetal Alcohol Spectrum Disorders (FASD) as a risk of drinking in pregnancy and provided a backdrop for stories relating to whether women should drink any alcohol in pregnancy. The 'blame risk-taking mothers' frame drew on a discourse of individual responsibility and often conveyed a dramatic picture of women continuing to drink during pregnancy despite Government advice that is contrary to this. The 'women's rights' frame emphasised women's rights to make their own decision about drinking during pregnancy as well as the right not to be morally judged for their choices. The 'community responsibility' frame emphasised society's responsibility to provide support for women to abstain from consuming alcohol in pregnancy, to provide support for women who continue to drink, and to advocate on behalf of children who suffer from FASD.

Qualitative interviews and focus groups found that Australian women are generally aware of the link between alcohol consumption during pregnancy and the potential for this to cause harm to a developing fetus, known as FASD. However women's views of the risk and severity of this association, their perception of news media messages, understanding of health recommendations and, therefore, their experiences and attitudes toward alcohol and pregnancy varied.

More than half of the women who were interviewed in the study reflected on the experience of drinking alcohol before they realised they were pregnant. Their description of these experiences reflected an awareness that drinking while pregnant could harm a fetus. However, most women said they had received reassurance from a health professional or peers which alleviated these concerns.

Women seemed to have accepted the idea that not drinking alcohol during pregnancy is what is expected and generally advised. This attitude was not attributed to any one particular source of information, but rather a culturally accepted norm. However, importantly, many women did not see 'moderate' alcohol consumption or having an 'occasional' drink as being at odds with this.

Not all women ruled out alcohol completely during pregnancy and many said they knew of others who had made the same choice. Women's decisions to abstain were not necessarily based on a belief that drinking alcohol would be unsafe, but were often a combination of a range of factors which they considered as part of having a healthy pregnancy. Women tended to adopt the view that the occasional drink was acceptable, even if they personally had decided to abstain. They quite often expressed the view that small amounts of alcohol while pregnant would not be harmful.

Uncertainty led some women to adopt the 'better safe than sorry' approach, but many women also tended to associate harm to the fetus only with heavy drinking. They distanced themselves from messages about extreme alcohol consumption and this was evident in their responses to the media's use of the 'FASD crisis' frame.

Some women mentioned not having to look too far for advice about drinking during pregnancy. Doctors, midwives, friends and partners played a role in helping some women to put risk in context and by offering reassurance. Peer groups also worked to reinforce and encourage acceptable behaviours. Women were generally not aware of the National Health and Medical Research Council's (NHMRC) Australian Guidelines to Reduce Health Risks from Drinking Alcohol ('the Guidelines') but said they understood the precautionary rationale behind them.

Women recognised that there was contested and variable evidence available about the risks associated with consuming alcohol during pregnancy and they often referenced this in their responses to NHMRC Guidelines and media reports. Some saw the NHMRC Guidelines as a responsible public health message while others were critical that the abstinence message was dominant as they perceived there to be an absence of evidence about the harms of low-level drinking.

Conclusions

Women distance themselves from messages about alcohol and pregnancy that they see as alarmist or extreme. By countering alarmist news told through the 'blame risk-taking mothers' frame, public health organisations can help to raise awareness about the risks associated with alcohol consumption during pregnancy, including FASD. These are issues confronting the community as a whole, and therefore must be addressed as whole-of-community concerns. Public health organisations and advisers responsible for educating women about drinking alcohol in pregnancy might also consider further capitalising on the 'women's rights' frame, given its strong resonance in women's accounts.

Official and expert sources play a role in promoting particular news frames. The House of Representatives Standing Committee on Social Policy and Legal Affairs Inquiry into the prevention, diagnosis and management of Fetal Alcohol Spectrum Disorders and the resultant *FASD: The hidden harm* report, provided opportunities for journalists to develop news stories and access news

sources. Public health organisations and researchers can capitalise on journalists' desire for these news opportunities or occasions to generate and propagate consistent and clear messages about the risks of drinking alcohol during pregnancy.

In promoting the NHMRC Guidelines and advising women on drinking, public health experts and organisations should recognise that women are also actively interpreting the NHMRC Guidelines using their own situated knowledge. Some women called for a more definitive explanation for the scientific basis of the abstinence message, including: details about the actual harms and effects of alcohol; how risks differ at different stages of pregnancy; and links between amount and regularity of drinking and severity of effects. That is not to say that such information would necessarily prompt abstinence from women who believe, based on their own cultural understandings that an occasional drink is not going to be harmful. However, it is to treat women as capable of interpreting and weighing up scientific evidence, including the uncertainties arising from the constraints of conducting research in this area, to make informed decisions in the context of their own pregnancies. In the absence of supporting evidence, seeking to convince women that the occasional drink is harmful runs the risk of damaging the credibility of those advocating that message and may also generate resistance if it is perceived as a scare tactic.

Introduction

The issue of alcohol consumption during pregnancy emerges in the news media on a somewhat regular basis, as new research findings are published, conferences are held, and health professionals and advocates present guidance, recommendations and calls to action. However, little is currently known in the Australian context about how women interpret and manage mediated claims about the risks of consuming alcohol during pregnancy. This report aims to shed light on how women make sense of expert recommendations, news media reports and other sources of information about alcohol and pregnancy.

Alcohol is a key focus for public health advocates, researchers and policymakers who are concerned about the health consequences of harmful consumption, alcohol-related violence, the marketing and availability of alcohol, the influence of the alcohol industry on policy-making and consumer behaviours, and the impact Fetal Alcohol Spectrum Disorders (FASD), including Fetal Alcohol Syndrome (FAS) (see Carah & van Horen, 2011; Elliot, 2014; Jones, Hall & Munro, 2008; Tobin, Moodie & Livingstone, 2011).

National Health and Medical Research Council Alcohol Guidelines

The National Health and Medical Research Council's Australian Guidelines to Reduce Health Risks from Drinking Alcohol ('the Guidelines') advise that for women who are pregnant, planning pregnancy or breastfeeding not drinking is the safest option (NHMRC, 2009). The document notes that the abstinence message is "more conservative" than that given to women in the previous Guidelines (ibid, p. 7). The previous 2001 Guidelines advised that women who are or might soon become pregnant may consider not drinking at all; should never become intoxicated; if they choose to drink should have less than seven standard drinks over a week and no more than two standard drinks on any one day (spread over at least two hours) (NHMRC, 2001, p. 16). The 2009 Guidelines, which have replaced the 2001 Guidelines, represent a precautionary approach based on limitations of the existing evidence and the impossibility of setting a 'safe' or 'no-risk' level (NHMRC, 2009). The Australian Guidelines are broadly consistent with advice given by health authorities in the United States, Canada, New Zealand, Finland, Denmark, Norway, Sweden and Switzerland.

The NHMRC Guidelines state that the effects of alcohol on individuals varies according to factors such as sex, body size, age, experience of drinking, genetics, nutrition and metabolism. Social determinants, individual perceptions and the circumstances of drinking also play a role. Variation in effects on the fetus as a result of maternal alcohol consumption can be due to stage of development at the time of exposure and characteristics of the mother (NHMRC, 2009). This variability means "there is no amount of alcohol that can be said to be safe for everyone" (NHMRC, 2009, p. 20). O'Leary and Bower (2012) argue that it may never be possible to conclusively prove that low levels of prenatal alcohol exposure are safe. In that light, they suggest it would be morally and ethically unacceptable for policies and Guidelines to condone alcohol consumption because of the relatively low threshold for fetal harm. However, they also assert that the abstinence message needs to be offered in such a way as to do no harm such as by unnecessarily provoking fear and potentially discouraging women from revealing their drinking (O'Leary & Bower, 2012). The 2009 Guidelines do state that the "risks to the fetus from low-level drinking (such as one or two drinks per week) during pregnancy are likely to be low" (NHMRC, 2009, p. 68). They also say that "women who drank alcohol before they knew they were pregnant or during their pregnancy should be reassured that the majority of babies exposed to alcohol suffer no observable harm" (p. 68).

FASD and alcohol consumption among pregnant women

Drinking alcohol during pregnancy became a medical concern with the discovery and reporting of Fetal Alcohol Syndrome (FAS) in 1973 (Armstrong, 1998; O’Leary, 2004). FAS refers to a “constellation of symptoms including pre and/or postnatal growth retardation, central nervous system disorders including developmental delay and intellectual impairment, and characteristic craniofacial abnormalities” associated with drinking during pregnancy (Armstrong, 1998, p. 2025; see also O’Malley, 2007).

The more recent emergence of Fetal Alcohol Spectrum Disorders (FASD) encompasses FAS and constitutes a spectrum of harms to the fetus that can result from maternal alcohol consumption. FASD is the umbrella term used to describe “the range of effects that can occur in an individual whose mother drank alcohol during pregnancy. These effects may include physical, mental, behavioural and/or learning disabilities with possible lifelong implications” (National Organization on Fetal Alcohol Syndrome, 2015). This more expansive category recognises that a range of children can be affected.

In 2012 the House of Representatives Standing Committee on Social Policy and Legal Affairs released the report on its Inquiry into the prevention, diagnosis and management of Fetal Alcohol Spectrum Disorders, titled *FASD: The hidden harm*. This report states that FASD is:

...a totally preventable condition which has no place in a modern developed world, and yet in Australia over 60 per cent of women continue [to] consume alcohol when pregnant. It is expected that FASD is becoming more prevalent. There is no cure—there is only prevention. (Commonwealth of Australia, 2012, p. 2)

The report outlines the lack of knowledge of FASD among health professionals as well as their reluctance to talk to pregnant women about alcohol consumption, describing this as a “devastating failure in our health system” (Commonwealth of Australia, 2012, p. 67). The report emphasises the need to raise public awareness that FASD is a risk posed by even small amounts of alcohol consumption and that it is not confined to a particular population group. The report also observes that: “Currently a number of myths persist regarding a ‘safe’ level of alcohol consumption and in some instances this misinformation is perpetuated by poor media reporting” (Commonwealth of Australia, 2012, p. 49-50).

It has been suggested that Australia is behind countries such as the United States (US) and Canada in its response to FASD (Elliot, 2014; Kyskan & Moore, 2005). This includes at the level of educating health and medical professionals, and creating wider public awareness of the issue through initiatives such as public health campaigns and alcohol labeling (Kyskan & Moore, 2005). Such factors have been put forward to explain the difficulty with assessing the prevalence of FASD in Australia and the basis on which some suggest figures are likely to be higher than those officially recorded (Payne et al., 2005). Kyskan and Moore’s (2005) review of policies, practices and campaigns in relation to FAS in the US, Canada, the United Kingdom (UK) and Australia acknowledges that changes to the Australian Guidelines adds to the complexity of the problem. They suggest the public policy response in Australia is based on the belief that the prevalence of FAS is low. As already indicated, there has been more talk and action in relation to FASD in Australia in recent years but prevalence remains difficult to determine (Elliot, 2014).

According to the 2013 National Drug Strategy Household Survey, since 2007 the proportion of women consuming alcohol during pregnancy has declined (47 per cent) and the proportion of women abstaining has risen to 53 per cent. The survey found that the majority of women did not

drink during pregnancy and that those who did drink did so infrequently (monthly or less). Only 1.4 per cent had consumed six or more standard drinks on at least one occasion during their pregnancy (Australian Institute of Health and Welfare, 2013). Previous research has shown that some level of alcohol consumption among pregnant women is common (Callinan & Room, 2012; Colvin et al., 2007; Chazeron et al., 2008; Peadon et al., 2011; Powers et al., 2010). Nonetheless, concerns remain that many women have a tolerant attitude toward drinking during pregnancy and that inadvertent exposure is common given that nearly half of all pregnancies in Australia are unplanned (Elliot, 2014).

Pregnancy as a risk issue

Women are presented with a range of information and advice about what they should and should not do during pregnancy to ensure the healthy and normal development of their unborn baby (Lupton, 2012). It has been suggested that pregnancy is increasingly being defined in terms of risk, particularly risks to the fetus rather than to the woman herself (Lupton, 2013). Armstrong (2003, p. 10) has used the notion of the “maternal-fetal conflict” to describe how the pregnant woman and the fetus have come to be treated as two distinct individuals, with pregnancy sitting at the nexus between individual and social responsibility. It is argued that mothering has been constructed as both a private responsibility of individual mothers as well as a matter of public scrutiny and intervention, whereby practices of mothering are defined as ‘good’ and ‘bad’ in expert and policy discourses (Lee, 2008; Lewis, 1980). This potentially encourages various practices of advising, judging, regulating and policing women for actions and behaviours that are perceived to put their unborn babies at risk (Leppo et al., 2014; Lupton, 2013).

Pronouncements about drinking alcohol during pregnancy are bound up with ideas about what it means to be a ‘good’ or ‘bad’ mother and, as such, are informed by social and cultural values as much as science (see Armstrong, 2003). Leppo et al. (2014) suggest “the diffusion of the total abstinence advice should be understood as a symbolic struggle to protect the purity of the fetus and to construct the ideal of the perfect mother” (p. 526). Others have suggested that the abstinence advice is an example of policymakers formalising a connection between uncertainty and danger. In England, Lowe and Lee (2010) suggest the significance of the move in 2007 to abstinence in the advice given by the Department of Health is that previously health officials in that country and others had tended to favour an approach to health promotion based on risk reduction, rather than advising people simply to ‘give up’ or ‘say no’ (p. 302). It is also significant, they note, because of the backdrop of uncertainty in the scientific evidence about the effects of alcohol consumption during and prior to pregnancy. Similarly, discussing the emphasis on risk in key Australian public health documents on alcohol, Keane (2009) suggests ‘risk’ has come to be inextricably linked with danger and completely dissociated with any positive outcomes. Lowe and Lee argue:

...while some maternal practices, although constructed as risky, can remain partially validated through recourse to accepted social norms, drinking can be easily represented as an entirely dispensable part of life for pregnant women, associated with no legitimate benefits. (p. 308)

Socio-cultural approach to risk

Individuals bring different forms of knowledge and values to their interpretations of messages and advice about risk (Lupton, 1999; Tulloch & Lupton, 1997; Wynne, 1996). They interpret and respond to news media reporting and health promotion campaigns in environments where numerous definitions, recommendations and realities are available. As such, practices or behaviours of the

general public are not always consistent with public health advice and this advice does not always reflect differential social circumstances. This has been shown in studies looking at people's food and alcohol consumption practices and risk perceptions (Harrison et al., 2011; Jarvinen, 2012). For example, recommended healthy living guidelines may conflict with people's everyday practices and more immediate concerns, such as their social wellbeing (Lindsay, 2010). This body of research complicates the assumption that individuals simply need to be exposed to the 'correct' information or advice in order to change their behaviours accordingly. It emphasises how people's perceptions and responses to health advice are influenced by a range of factors, other than what experts say is the 'right' response. It also highlights how considerations other than risk, such as pleasure, fun and freedom, figure in people's everyday practices (see Keane, 2009).

This study adopts a view of risk as "socially constructed and embedded within specific social situations and relationships" (Alaszewski, 2005, p. 101). This contrasts the rational model of risk communication. The rational model assumes that the public simply needs to be transmitted expert information about risk that they are expected to passively consume in taking responsibility and action regarding risks. This model has been criticised for the assumptions it makes about the nature of risk knowledge and of communication (Alaszewski, 2005). In contrast, the approach taken in this research emphasises the importance of understanding the social context of risk communication. This approach recognises differences between expert and knowledge and perceptions of risk by the general public. It accepts that expert knowledge and risk assessment is often contested or uncertain. In this view, public health messages sit alongside other sources of information as people seek out, or avoid, information on risks (Alaszewski, 2005).

Media reporting of alcohol and pregnancy

News media are an important source of public understandings of debates about alcohol risks and control policies (Fogarty & Chapman, 2012). US and UK research has found that news media often focus on the negative consequences of alcohol in the form of violence, anti-social behaviour and health risks (Golden, 2000; Nicholls, 2011). Nicholls attributes the increased focus on health in part to the success of public health professionals in broadening the scope of 'problem drinking' away from alcohol dependence and to other forms of consumption. In Australia, public health professionals have also been identified as key participants in debates about alcohol control policies in the news media (Fogarty & Chapman, 2012a, 2012b).

News framing

In the context of this research news framing is understood as the lens through which journalists and other public actors tell a particular story. It reflects decisions about what is deemed significant or newsworthy, the constraints imposed by newsroom routines, and the assumptions news professionals make about what will attract or appeal to their audiences (Schudson, 1995; Tuchman, 1978). Journalists' sense of news values disposes them to present issues within certain frames, which often reflect broader cultural themes and narratives that help define ideas available to audiences as they talk and think about an issue (Gamson, 1992; Gamson and Modigliani, 1989). Sources of news such as governments, health experts and other interest groups also engage in framing activities as they seek to advance their particular problem definitions and proposed solutions. Each player strategically uses news media to advance their position, and to influence the way journalists frame the issue. Journalists' judgments about the news value and perceived credibility of news sources are also critical. Official and elite sources are often granted privileged access to the news media and these favoured sources can exert a powerful influence over how issues are framed (Holland et al., 2011). Audiences are also actively engaged in issue framing and

may share or resist other frames based on their interests, beliefs, experiences and desires (van Gorp, 2007). At the same time, policy actors such as politicians, bureaucrats and advocacy organisations read framed news as indicative of community opinion, as well as a source of knowledge about the strategic position of other social actors in public policy debates (McCallum & Waller, 2013). Research on news framing and the resonance of particular frames among audiences can therefore assist advocates in shaping their own communication practices. In this way, news media reporting forms an important backdrop and source of knowledge for public understanding of complex issues.

Understanding how news is framed is also important because frames provide audiences with ways of understanding an issue. By privileging specific frames in reporting health issues, news media propagate particular understandings, which can shape perceptions of what needs to be done. This can have implications for public opinion and policy responses. For example, focusing on individuals as personally to blame can obscure the role of social and cultural conditions and potentially contribute to stigma and constrained policy responses (Carlisle and & Hanlon, 2007; Kline, 2006; Rail and & Beausoleil, 2003). Conversely, framing that situates issues within their wider social, political and economic context may encourage individuals to recognise constraints on individual responsibility (Iyengar, 1991; Hansen and & Gunter, 2007; Shugart, 2011).

Women's drinking as 'moral panic': The 'good' and 'bad' mother

Women's alcohol consumption in general has been increasingly contested in news media reporting in the past decade (Day, Gough & McFadden, 2004; Gentile, 2011; Månsson, 2012). Day et al.'s (2004) study found that media reports about alcohol risks during pregnancy function to create a dichotomy between women who do not drink as responsible and those who do, even the smallest amount, as irresponsible and 'bad' mothers. Their study found that female drinking was often portrayed in media texts in such a way as to warn women about its potentially harmful effects on both their 'feminine' appearance and their health, including fertility and unborn children (ibid, p. 173). This study also identified differences in the portrayal of men's and women's drinking, which the authors explain in the following terms: "because women are predominantly constructed as wives and mothers in Western culture, female drinking poses particular threats and therefore requires special explanation and focus" (ibid, p. 173-74). These authors argue the continuing practices of measuring femininity by and equating it with motherhood is "a central reason why women's drinking has and continues to be subject to scrutiny and moral panic" (ibid, p. 178).

Bogren's (2011b) study of gender and alcohol in the Swedish press found that reports emphasised a zero tolerance approach to alcohol consumption in pregnancy even as they noted that the evidence was inconclusive. Bogren also noted an absence of any discussion of men's drinking in such accounts. However, in other stories the focus shifted from the responsibilities of mothers to parents in general. Bogren argued this functioned to criticise gendering attitudes and expose the language of prevention and instruction as sexist, implying instead that "women want scientific information without moralising undertones and that they are capable of making their own decisions about drinking" (ibid, p. 161). Bogren (2011a) suggests the press constructs responsible mothers as those who avoid alcohol completely and she notes that one way this is achieved is through the slippage from talking about pregnant women with alcohol problems to all pregnant women (ibid, p. 204).

Golden (2000) identified a shift in US television news coverage of alcohol and pregnancy between 1977 and 1996 from a disease to a deviance narrative. Earlier stories warned about FAS and elicited sympathy through personalised accounts, positioning scientific experts and government officials as doing their best to protect women and babies. Later stories constituted morality tales of innocent babies and guilty mothers, usually poor and members of minority groups. Golden also argued that

through the news media's reliance on "bad science" alcohol use in pregnancy was to become as heavily stigmatised as alcohol abuse (p. 489).

An Australian study of print media portrayals of alcohol consumption during pregnancy, and FASD in particular, during 2012 identified four key frames:

- FASD individuals as blameless victims.
- Women who consume alcohol during pregnancy as despicable.
- Women who consume alcohol during pregnancy as not deserving to be blamed and shamed.
- Governments as having a hands-off approach (Rodriguez, 2013).

This study found that 22 per cent of the 80 stories identified associated FASD with heavy drinking and 29 per cent associated any level of alcohol consumption with risk to the baby, while one article claimed that consuming alcohol during pregnancy was not harmful (p. 18). Rodriguez found that more than half of the articles did not provide guidance about consumption levels but, of those that did, the vast majority (81 per cent) endorsed abstinence. Of these, fewer than half mentioned the NHMRC Guidelines. This study identified a generally sympathetic discourse about people with FASD whereas stories treated women who drank during pregnancy more variably; some were sympathetic, some were neutral and others were critical.

Research has also looked at the way in which official health advice regarding maternal alcohol consumption is translated in resources targeted specifically at pregnant women. One Nordic study (Leppo et al., 2014) found that Finnish booklets for pregnant women conveyed the message that even small amounts of alcohol could cause damage and did not acknowledge the uncertainty and lack of evidence of effects of low levels of drinking. On the other hand, advice and guidelines for health professionals did differentiate between risks of low and high consumption and acknowledged the lack of scientific evidence. Of this, Leppo et al. observe:

All the booklets were based on the assumption that lay readers would not be able to understand complex issues or manage uncertainty; therefore, all the messages were simplified, and the uncertainty removed, but in doing so the booklets provided a misleading message about the risks of low levels of alcohol consumption just before and during pregnancy (ibid, p. 522).

Some of the strategies used to justify the abstinence advice included: not providing information about the uncertainty of the evidence base; suggesting there is evidence of harms of low-level alcohol intake; and emphasising that a safe level is not known (ibid, p. 526). Leppo et al.'s study also found that none of the education materials for pregnant women included advice about how they could reduce their alcohol consumption.

Women's views about alcohol and pregnancy

The question of how women experience and interpret media reports and expert recommendations about alcohol and pregnancy is a focus of this report. The next section briefly reviews some Australian and international research in this area.

Variable advice and responses

A recent Australian study found that women generally shared the view that alcohol consumption could pose a risk to the fetus but differed in how they applied this awareness, with many believing

that the risks of some consumption were low (Meurk et al., 2014). Another study of Australian women's perceptions of information about alcohol and pregnancy identified differences in the amount of information women had received, the nature of the recommendations provided, and their interpretations of the information (Anderson et al., 2014). Women in Anderson et al.'s study said there needed to be a clear message about alcohol use and pregnancy from a reputable source, delivered early in pregnancy and maintained over time.

A recent study of 50 pregnant women in Switzerland found that all recognised drinking during pregnancy as having the potential to harm the fetus (Hammer & Inglin, 2014). This view had been supported by information they received from health professionals, brochures, books, magazines and other expectant mothers. However, there was variation in women's responses to official recommendations of abstinence. Some contrasted the consensus around the risks of smoking with the conflicting expert advice about drinking. Being told by health professionals that an occasional drink was acceptable had provided validation, as had their own experiences and experiences of friends and family drinking moderately without causing harm. Elek et al.'s (2001) focus groups with women also revealed that many of their healthcare providers had stated that it was okay to drink alcohol while pregnant, usually endorsing wine in moderation. A study with Danish pregnant women found that the majority considered some alcohol intake during pregnancy acceptable (Kesmodel & Kesmodel, 2002).

Social norms and drinking

Jones and Telenta (2012) found that Australian women's decisions not to drink during pregnancy were based not on any specific knowledge about its effects on the fetus but, rather, societal expectations of the 'good mother', which they suggest engenders guilt about alcohol consumption. Research has also shown that some women internalise the rules about drinking during pregnancy to the point where they become extremely worried upon realising they had consumed alcohol, even only a small amount, before learning they were pregnant (see Copelton, 2008, cited in Lowe & Lee, 2010, p. 310). This is not dissimilar to the feelings of guilt women describe in relation to deviating from the dietary advice they associate with being a good mother (Copelton, 2007; Lupton, 2011).

Included among the barriers to stopping drinking identified in Elek et al.'s (2013) study, was the undesirable change it meant for a woman's role and identity within their families and among friends. The authors suggested that, in this light, the abstinence message should be accompanied by positive reinforcement of cutting down. This study also found that partners, family and friends played an important role in influencing women's alcohol consumption during pregnancy by changing their own practices and supporting their decision to abstain. Equally, they can also play a negative role by encouraging women to drink (Elek et al., 2013).

Jones and Telenta (2012) found that the conflicting social norms of 'drinking' and the 'good mother' can be particularly difficult for women in the early stages or those who are trying to become pregnant (see also Elek et al., 2013). They concluded that changing the social norm whereby not drinking is seen as "abberant behaviour" will be important for bringing about sustainable reductions in alcohol-related harm (Jones & Telenta, 2012, p. 72). They emphasised that efforts to encourage women to comply with the NHMRC Guidelines will first need to increase women's knowledge of the risks of alcohol consumption to the fetus. They suggest such efforts will also need to be combined with strategies directed at the community level and working with the media to ensure women are given consistent information about risks (Jones & Telenta, 2012).

Another study identified the discourse of individualism and the discourse of responsible motherhood in women's discussions about alcohol consumption in pregnancy (Baxter et al., 2004).

The authors argued that public health campaigns designed to discourage pregnant women from drinking should be framed in both discourses because they work together in women's everyday experiences. As an example, they suggest the message should emphasise the health risks to the unborn child as well as the long-term costs for the mother who will have to care for a child with FASD. They also identify other important target groups such as mothers, female family members and close female friends, who should be encouraged to talk to pregnant women about their drinking.

'Scare tactics' and believability of messages

Elek et al. (2013) identified the importance of not overstating the risk or using scare tactics, which can contribute to women's disbelief and doubts about the credibility of the warnings. In contrast, some participants in Elek et al.'s study said that graphic pictures and scare tactics would be an effective means of showing the consequences of alcohol use during pregnancy. Based on their study Branco and Kaskutas (2001) suggested that to enhance the believability of public health messages it is important to distinguish between the known potential risks of low-level consumption and more extreme cases of FAS.

Different types of alcohol consumption

Previous research has identified control and the construction of boundaries around drinking behaviour as key themes in women's talk about femininity and drinking (Day, 2003, cited in Day et al., 2004, p. 174). This could take the form of women distinguishing between occasions when it is more or less acceptable to drink. Hammer and Inglin (2014) found that women differentiated between types of alcohol, viewing spirits as more dangerous than beer or wine, and distinguished between the occasional drink and being drunk. On the whole, women in their study understood moderate drinking in terms of autonomy and personal responsibility and not necessarily as irresponsible or risky (Hammer & Inglin, 2014).

Notions of 'moderate' or 'occasional' drinking may have different meanings to different people. Hammer and Inglin's study did not specifically define 'moderate' and 'occasional' but included references to "a little glass from time to time"; "not daily"; "a glass of red wine...once every two weeks...I drink one beer once in a while, or even two, but not more than that"; "a glass of wine during the meal" (ibid). For some women in their study "drinking once in a while" on a particular social occasion was compatible with claims of abstinence. This study shows that women construct their own understandings of responsible drinking and construct boundaries around their drinking practices in the context of their everyday lives and based on personal experience.

Research approach

This study used an intertextual research approach combining textual analyses of media discussion about alcohol in pregnancy with qualitative interviews and focus groups. A wide range of media, including news reports and articles from parenting and pregnancy websites and associated discussion forums, was sourced and qualitatively analysed. Interviews were conducted with women who were currently pregnant, had recently had a child or who had young children, as well as one focus group with women who were planning for pregnancy. This form of intertextual analysis involved an iterative process of reading media reports in conjunction with interview transcripts to identify characteristic frames deployed in media reporting and how these frames resonated within women's accounts. Our guiding research questions were:

1. How do Australian media represent alcohol consumption and its risks during pregnancy?
2. How do women understand the issue of drinking alcohol in pregnancy?
3. How do women manage, understand and apply different types of information about alcohol consumption and its risks during pregnancy?
4. In what ways do women negotiate meanings found in media coverage and official policy in relation to alcohol consumption in pregnancy?

Media analysis: Sample

The media items analysed in this study were chosen to reflect the broad discussion of alcohol and pregnancy in 2013 and 2014. We identified all news coverage of alcohol and pregnancy between 1 January 2013 and 31 October 2014 from four newspapers: *The Australian*, *The Sydney Morning Herald*, *The Daily Telegraph* and *The Canberra Times*, as well as television news and current affairs programs available through the TV news database, and articles from pregnancy and parenting websites, both Australian and international, including *Essential Baby*, *Mother and Baby*, *Bubhub*, *Mommyish* and *motherinc* (Appendix A). News stories were also identified from *Crikey* and one from ABC's *The Pulse*. These media items constituted the database from which our figures for story counts were drawn. Apart from this main media analysis, we also consulted online discussions about the topic on sites such as *Essential Baby*, *Bubhub* and *Mommyish*.

The Factiva database was used to search for, access and download news items originating from both online and print media. The search term alcohol* AND pregnan* was used in the free text field to search through the full text of newspaper stories. This allowed for a broad number of items to be captured in the initial search. These were then filtered for relevance to the subject of alcohol and pregnancy and entered into the custom-built 'Alcohol and Pregnancy' database. A similar search was performed for the TV news database, and in each of the search engines of the selected websites.

A total of 110 media items were collected and entered into the Alcohol and Pregnancy Database. Our sample comprised of:

- 60 newspaper stories (print and online)
- 36 articles from parenting and pregnancy websites
- 14 television news or current affairs stories.

While this dataset does not represent a generalisable sample of all news media coverage of the issue, it does provide a comprehensive snapshot of dimensions of media interest and is indicative of public discussion around this important health topic.

Media analysis: Coding

After an initial qualitative reading, the stories in our dataset were coded for the topics they mentioned. Each story was coded for title, story summary, genre, date, topic category, story catalyst and voice. It is important to note that the purpose of this preliminary coding exercise was to map broad features of reporting about alcohol and pregnancy, including the occurrence of key topics, in preparation for our qualitative framing analysis.

News frame analysis

News frame analysis is a form of discourse analysis designed to identify the frame or lens through which journalists and other public actors tell a particular story. The qualitative news framing approach emphasises that there are multiple and contested discourses at play in local or public discussion of social issues, which enables journalists to draw on several competing frames in their discussion of an issue (Blood et al. 2008). This approach pays particular attention to headlines because of their impact. Blood and Holland (2004, p. 324) note that “...the headline is usually pivotal because it directs readers to what is at stake and helps them attend to what is in the frame and not to what is excluded”.

Following the preliminary mapping exercise, a qualitative inductive approach involving a close reading of each media item was undertaken. Each text was analysed in concert with the literature described above, resulting in the identification of five frames across the corpus of news stories. Attention was given to the sponsors of different frames and the dominant voices within each story.

Interviews and focus groups

For the second phase of our research, participants were recruited from Australia’s capital city, Canberra. Recruitment methods included distributing information about the project to maternal and child health clinics, medical clinics, mothers groups, advertisements on community notice boards, email lists and word-of-mouth (see Appendix B for flyer and Appendix C for participant information sheet).

Twelve interviews and focus groups were conducted with a total of 20 participants. This comprised eight individual interviews and four focus groups. Interview participants included pregnant women, new mums, women with young children and women who planned to become pregnant. All of the women were in their 30s and 40s, highly educated and based in Canberra. The limitation of the narrow sample is appreciated. The sensitivity of the topic was one reason that it was difficult to recruit participants in social settings. However, the method of depth interviewing adopted in this qualitative study was not designed to produce generalisable results. Rather, ‘peer group conversations’ with established social groups (Gamson, 1992; Herbst, 1998) were a useful technique to identify women’s beliefs and understandings about the issue, and to allow participants to express in their own language their responses to messages about alcohol during pregnancy. Such semi-structured interviews typically yield rich insights, enabling the investigation of responses to media content, and exploration of possible interventions and considerations for further research.

The purpose of the interviews and focus groups was to uncover the factors that influence women's understandings and behaviours in response to messages about alcohol consumption during pregnancy. The Interview Guide (see Appendix D) covered topics including: sources of information; awareness of alcohol risks and the NHMRC Guidelines; alcohol practices before and after becoming pregnant; trust in different sources of information; and ways of managing conflicting advice. In the conversational approach the Interview Guide was not strictly adhered to, with participants encouraged to share their experiences and for ideas to emerge from the 'natural' conversation. A selection of items from the media analysis was used as points of discussion in the latter part of the interview, thereby contributing to the identified need to investigate audience interpretations of this issue (Bogren, 2011). The interviews typically lasted 60-90 minutes and were recorded and transcribed. The project was approved by the University of Canberra's Human Research Ethics Committee (see Appendix D).

Thematic analysis

Our thematic analysis involved reading and re-reading the transcripts to identify recurrent ideas and themes across the interviews, paying particular attention to similarities and differences in the experiences and views that women reported (Braun & Clarke, 2006; Ritchie, Spencer & O'Connor, 2003). Given the small-scale nature of the interview study, our aim was not to quantify the data but to understand how these women made sense of the issue of alcohol consumption during pregnancy. Of particular interest was the types of knowledge they drew upon in accounting for their views and practices and their assessments of the risks associated with consuming alcohol during pregnancy. Throughout the analysis we use direct quotes from participants to illustrate the themes that are discussed. To preserve the anonymity of participants and assist reader engagement, we have assigned pseudonyms to the women quoted.

Section Three presents the results of the textual analysis of the selected news media coverage. Section Four presents the results of the thematic analysis of women's conversations about alcohol and pregnancy, and also begins to examine women's responses to media stories, and integrate the media and interview analyses. In Section Five we draw out some broader points from our study in relation to previous research and in Section Six identify implications and areas for further research.

Media portrayals of alcohol in pregnancy

This section reports on the analysis of media articles concerning the issue of alcohol and pregnancy in 2013 and 2014. A total of 110 stories were identified from print, broadcast and online media, providing a corpus of data for analysis. Housed in the Alcohol and Pregnancy Database, these items reflect the broad media discussion of the consumption of alcohol during pregnancy.

Mapping reporting of alcohol in pregnancy: Quantitative results

The research conducted for this report was predominantly qualitative. However, the initial coding of the stories in the Alcohol and Pregnancy Database allowed us to map some of the dominant features of the reporting, including topic categories and catalysts for stories.

Topic categories

In line with the coding process (see Research Approach) nine topics were identified from an initial reading of the data. It is important to note that the same topic could appear in stories that drew upon different frames and usually more than one of these topics appeared in an individual story. Each item was then coded for these topics, which enabled us to see their relative occurrence across the dataset. Table 1 (see next page) outlines the topics, their definitions and number of news stories in which the topic was mentioned.

Catalysts

The catalyst for a story was defined as an event or person/organisation that prompted the story to be written. The catalysts for the stories were identified and allocated into one of six categories:

1. Political
2. Medical/Academic
3. Police
4. Activist/Advocate
5. Celebrity
6. Journalist

The major catalysts for stories about alcohol and pregnancy from our media search were medical or academic research studies or discussions. These catalysts accounted for 40 (36 per cent) of the total number of stories. Political actions or decisions taken by government bodies or their representatives accounted for 25 (23 per cent) and actions or discussions by Activist/Advocate groups accounted for 25 (23 per cent). Journalists themselves were the catalysts of 14 stories (13 per cent), while the police generated four stories and the celebrity, Chrissie Swan, was at the centre of two.

Table 1 shows the number of stories in which each topic was mentioned. For example, the topic FAS/FASD was mentioned in 65 (or 59 per cent) of the 110 stories in our sample. Note that a story might be coded for multiple topics.

Table 1. Topic categories identified in the analysis, their definitions and the number and percentage of news stories in which the topic was mentioned.

Topic	Definition	Stories	Per cent of total stories
FAS/FASD	Specifically mentions FASD or FAS, regardless of whether it was the main topic of the story or not. This was the most prevalent topic category identified across the corpus of news stories.	65	59
Zero alcohol consumption*	Mentions that women are currently advised not to drink any alcohol while pregnant. Around half of these stories mentioned the NHMRC Guidelines specifically (story may have also included advice contradicting the zero consumption message).	44	40
Alcohol consumption portrayed as okay*	States or implies the possibility of a certain amount of alcohol consumption being safe in pregnancy: even if the story qualified this by saying this is against government regulations or there is conflicting research.	28	26
Indigenous	Discusses issues around alcohol and pregnancy in Indigenous communities.	24	22
Confusion	Discusses or implies that there is confusion in the current understanding of pregnancy and alcohol. The confusion sometimes referred to pregnant women being confused, the medical community being confused about the effect of small amounts of alcohol on pregnancy, or confusion being caused by the current NHMRC Guidelines.	20	18
Laws	Stories about laws being enacted in a state or territory around drinking and pregnancy, usually against pregnant women.	14	13
Pause	Stories mentioning or about the Foundation for Alcohol Research and Education's 'Pregnant Pause' campaign.	10	9
Labels	Discusses the move to put health warning labels, particularly targeted at pregnant women, on alcohol products.	5	5
Guidelines	Story specifically mentions the NHMRC Guidelines.	20	18

*13 stories (12 per cent) presented both the 'zero alcohol consumption' and 'alcohol consumption portrayed as okay' positions within the same article.

Framing alcohol in pregnancy: Qualitative results

Following the framing analysis five key frames were identified in news media reporting. The qualitative framing approach emphasises that media discussion about drinking alcohol during pregnancy is not dominated by a single news frame. Rather, journalists have available to them a range of lenses through which to tell the story of alcohol and pregnancy. The following five prominent frames identified in media coverage of alcohol and pregnancy are described as:

1. 'Contested evidence and advice'. This frame highlighted contradictory medical advice and research findings, and confusion among women as to what expert advice they should follow.
2. 'FASD crisis'. This frame highlighted FASD as a risk of drinking in pregnancy. Stories told through this frame discussed the impacts of excessive drinking during pregnancy including the prevalence of FASD in remote Indigenous communities. The frame provided a backdrop for stories relating to whether women should drink any alcohol in pregnancy.
3. 'Blame risk-taking mothers'. This frame drew on a discourse of individual responsibility. Stories told through this frame conveyed a dramatic picture of women continuing to drink in the face of Guidelines advising them not to, and extreme interventions as a consequence.
4. 'Women's rights'. This frame emphasised women's rights to make their own decision about drinking during pregnancy as well as the right not to be morally judged for their choices.
5. 'Community responsibility'. This frame contested the 'blame risk-taking mothers' frame by arguing that rather than alcohol consumption during pregnancy being the sole responsibility of the mother, it was society's responsibility to provide support for women to abstain from consuming alcohol in pregnancy, to provide support for women who continue to drink, and to advocate on behalf of children who suffer from FASD.

The following sections draw on exemplar quotations and headlines to illustrate the way journalists variously drew on these five frames to tell the story of women and drinking alcohol in pregnancy. This found that journalists deployed certain news frames to tell particular stories, and that more than one frame was frequently used within a single story. Each of the frames identified were in evidence across different media and genre. In addition, the key actors in debates around drinking alcohol in pregnancy effectively promoted certain ways of framing a particular story.

This is not to say that each frame was weighted equally in the media coverage of alcohol and pregnancy. 'Contested evidence and advice' was arguably the dominant frame through which the story of alcohol and pregnancy was told, while 'FASD crisis' was the most common story topic and an important backdrop even when it was not the focus of the story. The 'blame risk-taking mothers' frame provided a lens to tell a particular story about drinking alcohol during pregnancy, while 'Women's rights' provided a counter-frame to the 'blame risk-taking mothers' frame. 'Community responsibility' was typically a counter-frame that was frequently juxtaposed within a news story about FASD.

Frame 1: Contested evidence and advice

A key frame through which alcohol and pregnancy is reported in the media is 'contested evidence and advice'. This frame emphasises scientific uncertainty about the effects of low/moderate alcohol consumption during pregnancy. By juxtaposing mixed messages from within the scientific community, such stories can lend support to the view that moderate consumption is not harmful and present a clear challenge to those who seek to assert the abstinence message. In this way,

media contribute to an understanding that, in the light of scientific disagreement, women will form different views consistent with different aspects of the evidence.

Conflicting expert advice

A key source for this type of story was research published in health and medical journals, which variously identified evidence of harm or no harm to the fetus from alcohol consumption. Such stories took the form of reporting on new research or discussing the general confusion or gaps in the existing evidence base, particularly on the question of the risks of low-level consumption. Some stories specifically mentioned or discussed confusion and uncertainty among women or experts around pregnancy and alcohol consumption, while others drew upon a particular study to emphasise risk or no-risk. In this regard, in addition to being characteristic of how some individual stories were framed, the ‘contested evidence and advice’ frame was identified in the way in which the same media outlet would shift its framing of the risk from one day to the next and often with little memory for what had gone before.

The ‘contested evidence and advice’ frame identifies two conflicting positions: ‘Moderation is okay’ and ‘Not drinking is the safest option’. Quantitative coding of topic categories demonstrates how journalists report these two positions, often within the same story. A total of 28 stories (25 per cent of all stories) suggested, or at least implied, that it might be okay for pregnant women to drink in moderation, while 44 stories (40 per cent) mentioned that women were advised not to drink any alcohol. Almost half of these (18 per cent of all stories) referred specifically to the NHRMC Guidelines. A total of 13 articles (12 per cent of all stories) presented both positions within the same article (see Table 1). Two stories from the *Mother and Baby* website provide an example of the flow of contested evidence. A story headlined ‘Light drinking in pregnancy won’t harm your child, study suggests’ (*Mother and Baby*, 18/4/13) reported in the lead that:

Drinking one standard glass of wine a week during pregnancy will not lead to cognitive or behavioural problems in childhood, according to new UK research.

The article reported that the findings go against official Guidelines in Australia and elsewhere, which recommend abstinence during pregnancy. A link was provided to www.alcohol.gov.au website where the NHMRC Guidelines and further information can be found.

In clear contrast, another *Mother and Baby* story, ‘Zero alcohol during pregnancy, study says’ (*Mother and Baby*, 5/12/13) reported on the findings of a study about the impact of alcohol on the brain circuitry of mice, including brain and behavioural characteristics similar to those found in FASD. The lead reported that:

Neuroscientists have found prenatal exposure to alcohol severely disrupts brain development, leading to changes in behaviour such as increased anxiety.

Conflicting evidence and advice also characterised reporting on the issue in the mainstream Australian newspapers we examined. ‘On balance, no harm in daily tippie for mum’ (*The Australian*, 19/6/2013) reported on a Bristol University study showing that moderate drinking (described in the lead as a daily glass of wine) does not cause harm. It also included expert commentary from Britain’s Royal College of Midwives saying that the advice continues to be that it is best for women to avoid alcohol. Just a few months later this newspaper reported in a much more fear-provoking manner that “pregnant women who drink as little as two glasses of wine in a session could be setting their kids up to fail in school” (‘Health’, *The Australian*, 16/10/2013). It reported on findings of an Australian study that children of women who frequently drank moderate amounts when pregnant performed less well in school tests by the age of 11.

The lead paragraph in a story titled 'Pregnant pours' (*The Daily Telegraph*, 16/8/2013) firmly positioned the idea of drinking alcohol safely during pregnancy as a contentious one:

Pregnant women can safely drink two glasses of wine and four cups of coffee a day, according to a controversial new book.

The basis of the report was a recently released book, *Expecting better: Why the conventional wisdom is wrong and what you really need to know*, written by economist Emily Oster. Her suggestion that two drinks per day is acceptable was immediately positioned as contradicting NHMRC Guidelines that it is best to avoid alcohol; hence the controversy it represented. The author's view was countered with that of a dietician and author of *The pregnancy weight plan*, Melanie McGrice, who urged women to follow standard medical advice and avoid alcohol and caffeine. Another expert opinion opposing the thesis of Oster's "controversial" book was provided by the vice president of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists, Steve Robson, who adopted the precautionary stance of abstinence. The article referred to the risks of drinking alcohol during pregnancy, including FAS, and quoted from NHMRC Guidelines that there is no safe level of drinking during pregnancy.

Confusion resulting from conflicting evidence

Another group of articles did not merely juxtapose 'contested evidence and advice', but highlighted the confusion generated by such contestation. Typical of the 'contested evidence and advice' frame was a *Canberra Times* (10/10/13) article 'Women still in dark about drinking while pregnant'. The academic authors foregrounded the confusion among their pregnant friends about whether it is okay to have a glass of wine with dinner. Their practices ranged from total abstention to a glass a week at a special occasion to, particularly for those who had been pregnant before, continuing to consume food and drink as they did before they were pregnant. The article focused on the evidence base for the current Australian NHMRC Guidelines that not drinking during pregnancy is the safest option, suggesting that despite the certainty of this claim, "the Guidelines do not point to any compelling evidence" about the risks of low-level alcohol consumption. The authors suggested that the most prevalent consumption is among white, well-educated middle class women who they speculate:

...may associate high levels of alcohol use with pregnancy risks, but do not see low level use as an issue – a view perhaps helped by the fact that some research suggests low levels of drinking during pregnancy may have a protective effect.

Citing 2011 statistics showing that 34.8 per cent of women continued to drink during pregnancy, which was a significant drop from 52.8 per cent in 2007, they argued for more research to provide clarity about questions such as what are the critical stages of pregnancy at which point consumption could be harmful and whether a glass of wine at times could be safe.

A television news story (*Ten News*, 1/7/14) continued this 'confusion' theme within the 'contested evidence and advice' frame, apportioning responsibility to the medical profession for providing women with definitive advice about the risks of drinking alcohol while pregnant:

It's hard to believe these days but there is still confusion over whether or not pregnant women should drink alcohol. We learned today that part of the problem is that many doctors don't even know...mothers say the advice is confusing and inconsistent.

Official Guidelines as source of confusion

In 2014 the issue of whether the NHMRC Guidelines may themselves be having unintended effects was the topic of news media reports following a letter written by pharmacist, Ron Batagol, and published in the *Medical Journal of Australia* (see Batagol, 2014). On 21 April 2014 his letter formed the basis of reports in the mainstream press, with headlines such as:

'Calls to relax pregnancy alcohol guidelines', The Daily Telegraph.

'Pharmacist Ron Batagol calls for drinking mothers to be reassured', The Sydney Morning Herald.

These stories reported that Batagol was urging the NHMRC to “change its alcohol warnings to pregnant women to avoid frightening them into inappropriate terminations”. His intervention was also the focus of two television news reports and prompted a report on ABC’s *The Pulse*. The *Seven News* story (21/4/14) emphasised Batagol’s challenge to the NHMRC Guidelines with the presenter saying:

A leading pharmacist is calling for alcohol warnings for pregnant women to be reviewed and relaxed. There are concerns that some expectant mothers are being scared into having unnecessary abortions after having a few drinks in the early stages of pregnancy.

The report was introduced with a comment from a mother about the variable advice from one week to the next which is hard to keep up with and another who said that many women do drink and then feel guilty. The reporter quoted from the NHMRC Guidelines before introducing Batagol who said:

Women shouldn't seek to have alcohol during pregnancy but my concern is if it does happen they need to be reassured. Small amounts of alcohol exposure in early pregnancy is not a cause for termination.

The reporter said statistics show that 59 per cent of women admitted to drinking while pregnant by way of introducing a General Practitioner (GP), Dr Ginna Mansberg, who argued that the Guidelines are clear and that the last thing women need is reassurance that it is okay to drink. She said:

If anything they need to be told that actually 'no, drinking is not okay in pregnancy'. The Guidelines are black and white and right now with the best evidence available there is no safe level of drinking in pregnancy.

The reporter concluded the story by saying that women who have concerns are urged to speak with their GP. In the *Nine News* (21/4/2014) story the presenter said Batagol “wants to reassure mothers to be that it’s okay to consume a small amount of alcohol during the early stages of pregnancy”.

It is interesting to note that Batagol sought to clarify his position in response to an ABC online report identified in the media analysis ‘Alcohol in pregnancy: why experts say no’ and triggered by his letter published in the *Medical Journal of Australia*. The report’s key source was Dr Colleen O’Leary from Perth’s Telethon Institute for Child Health Research. It reported that her recent review of the evidence about low to moderate alcohol exposure during pregnancy “found no strong research showing harm from low-level drinking, which she defined as one to two standard drinks but less than seven standard drinks a week” (*ABC The Pulse*, 22/4/2014). However, the report went on to state that weaknesses in the studies reviewed meant there can be no conclusion that drinking at these levels is safe. Thus, it reported that O’Leary endorsed the Guidelines and that she believes the “over-interpretation of risk leading to comments such as ‘even one drink can harm your baby’, will

lead to more harm than good”, with potential for women to consider terminating a pregnancy or hiding a drinking habit and avoiding getting help.

In the discussion forum Batagol reiterated his support for the advice that “avoidance of alcohol during pregnancy is best”. Drawing on the ‘women’s rights’ frame (see below), he emphasised that he was focusing on the subset of women who may have had intermittent exposure to alcohol before knowing they were pregnant. He offered this argument:

I believe that it is nothing short of demeaning to this specific group of women, to presume that we can’t provide them with the responsible reassurance that they deserve, as is done in various overseas jurisdictions, because we worry about creating a slippery slope mentality for the whole community on the broader question of condoning alcohol exposure during pregnancy.

There were mixed responses to the debate in *The Pulse* online forum. Some participants emphasised that the focus should not be on the level of consumption but on:

- informing women that alcohol is a teratogen and a neurotoxin that can harm the developing fetus
- that a doctor’s permission that a small amount is okay can be taken as an invitation to take any chance to drink
- that there is a difference between offering positive reassurance to those who have unknowingly slipped up and advising women to consume alcohol in a future pregnancy
- that there is a danger in saying there is no evidence that a small amount is harmful because it might lead to more drinking that becomes harmful
- and that women should be trusted to be able to manage their own behaviours responsibly without the need for fear-mongering, which some identified as characteristic of public commentary on the issue.

Regardless of the basis for Batagol’s concerns, his intervention is an example of the constraints of seeking to use news media to discuss complex scientific debate.

The selection of stories that have been analysed here reveals that media reporting on drinking alcohol in pregnancy tends to focus on contested scientific opinion. They also reveal that in spite of the strong reinforcement of the abstinence advice by many health professionals and advocates in the media, there is ample potential for it to be undermined by the frequent emergence of new research findings. By juxtaposing ‘contested evidence and advice’ among experts, and by highlighting the confusion this generates, news media presents the issue of alcohol and pregnancy as a source of risk and confusion.

Frame 2: The FASD crisis

The ‘FASD crisis’ was a secondary frame that characterised news reports about drinking alcohol in pregnancy. We found that FASD/FAS was the most often mentioned topic across the dataset. 65 stories (59 per cent) specifically mentioned FASD or FAS, regardless of whether it was the main topic of the story. This suggests that FASD provided an important backdrop for all discussion of alcohol and pregnancy, even if it was not the main subject of the story.

Reports mentioning FAS/FASD could be broadly divided into two categories. The first category included stories about the 'FASD crisis'. These were typically news reports or investigative pieces discussing the impacts of excessive drinking during pregnancy including the prevalence of FASD in remote Indigenous communities. Catalysts for stories about FASD included a discussion dedicated to the issue on the *SBS Insight* (15/10/2013) program, the House of Representatives Standing Committee on Social Policy and Legal Affairs 2012 Inquiry into the prevention, diagnosis and management of FASD, the Labor Party's funding commitment to fight FASD, new medical research, the 2013 Australasian Fetal Alcohol Spectrum Disorders Conference, and the Foundation for Alcohol Research and Education (FARE) Pregnant Pause campaign.

The second category of stories related to whether women should drink alcohol in pregnancy, particularly in light of the NHMRC Guidelines. In this second category FASD was typically not the focus of the story, but the 'FASD crisis' provided a backdrop against which other topics were discussed. The following analysis demonstrates how together, these two story types ensured that the 'FASD crisis' played an important role in media reporting of drinking alcohol in pregnancy.

FASD and Indigenous communities

The scourge of FASD in Australian Indigenous communities was a particular focus of news media attention. One story that adopted the 'FASD crisis' frame was an investigative report on the ABC's *7.30 NT* ('Alcohol Babies', 1/8/14). It reported on the problem of alcoholism in the Northern Territory community of Tennant Creek, highlighting concerns about the common practice of women drinking during pregnancy and subsequent cases of FASD within the community. The story included interviews with health workers, legal professionals, a representative of the Tennant Creek Alcohol Reference Group and members of affected families. This story portrayed FASD as both an uncontrolled contagion and an issue with deep historical and social roots. The reporter described this as "another horror". LT, a woman from the Anyinginyi Health Aboriginal Corporation, referred to FASD as "a monster waiting to be uncovered" and a Magistrate, Sue Oliver, mentioned her distress about seeing sufferers of FASD in the criminal courts. The report portrayed drinking during pregnancy and subsequent FASD as a whole-of-community issue that was both caused by and likely to cause further disadvantage among communities that are already struggling.

The House of Representatives Standing Committee on Social Policy and Legal Affairs Inquiry into the prevention, diagnosis and management of FASD was the catalyst for some media interest, reflecting the important role that official inquiries play as news subsidies. People who provided submissions to the report were later interviewed or featured in news reports or investigations. The report provided a detailed case study of the prevalence of FASD in the Western Australian Community of Fitzroy Valley and the community's positive efforts to raise awareness and prevent FASD, and this generated ongoing media attention. *The Australian's* (2/4/14) 'Aboriginal alcoholism worsening: inquiry' reported that the problem of alcoholism is "bad and getting worse," according to committee member The Hon Dr Sharman Stone, MP. Dr Stone referred to FASD in such communities as a form of "cultural genocide".

An ABC *7.30* report lead with "every day somewhere in Australia, a baby is born who will endure a lifetime of hardship because of an entirely preventable condition" (12/9/13). It focused on FASD in the Fitzroy Valley region, one of the communities highlighted in the House of Representatives Standing Committee on Social Policy and Legal Affairs Inquiry's *FASD: The hidden harm* report. The reporter emphasised that while the disorder occurs across the community it is most common in Indigenous communities. The grandparents who care for three boys with the condition discussed some of the problems it has caused and the children's foster carer, Marminjee Hand, suggested that

it has “paralysed a whole community”. The story reported that the community is working with researchers from the George Institute for Global Health and the University of Sydney to research the prevalence of FASD. Dr James Fitzpatrick from the Telethon Institute for Child Health Research said “Fetal Alcohol Spectrum Disorder isn’t an Aboriginal problem and isn’t a problem just in remote Australia”. He also explained that recognition of FASD as a disability is important to enable families and schools to access the needed services.

In ‘Town waits to hear of grog’s terrible toll’ *The Australian* (25/10/14) reported that:

The Kimberley town of Fitzroy Crossing is bracing for bad news that it suspected all along — that up to one in four children suffers from foetal alcohol spectrum disorder, or FASD, a level far higher than previously reported in Australia and one of the world’s highest recorded rates.

It reported on the anticipated findings of a study of the incidence of FASD in Fitzroy Valley undertaken by the University of Sydney and the George Institute for Global Health. The story carefully reported on the expected findings from interviews conducted with 127 women and tests with 108 children. The community was presented as leading the way in responding to FASD and Jen Schwab, the coordinator of Aboriginal-run initiative The Marulu Unit Overcoming FASD, said the women of Fitzroy Valley should be praised, rather than abused, when the figures are revealed for having the bravery to honestly discuss the drinking behaviours that may have resulted in harm to their children.

The finding that stories about FASD in Indigenous communities are frequently shocking and stereotypical aligns with McCallum’s (2011) finding that crisis was the dominant news frame through which the story of Indigenous health is told. On the one hand, reporting of FASD in Indigenous communities is driven by positive stories about initiatives of Indigenous leaders and health professionals to address the issues of alcohol abuse and FASD in Indigenous communities. On the other hand, the relentlessly negative portrayal of Indigenous people as associated with the extremes of alcohol abuse serves to stigmatise Aboriginal and Torres Strait Islander people. In this way the reporting of FASD as an ‘Aboriginal problem’ may be seen to distance non-Indigenous women from the risks associated with drinking alcohol during pregnancy.

FASD crisis in non-Indigenous communities

Another focus of stories about FASD was its impact on the lives of those with the condition and the difficulties faced by those who care for them. These stories did not necessarily mention Indigenous communities, but referred to FASD as an indiscriminant disorder or contagion. Through the words of people with the condition and those who care for them, such stories helped to make tangible the kinds of life challenges that people with the condition face. A small number of stories investigated and highlighted the outcomes of FASD for children of women who drank alcohol while pregnant. Examples included:

‘Drinking when pregnant’, *SBS Insight*, 15/10/13.

‘My life with FASD, the invisible disability’, *Essential Baby*, 23/10/13.

‘The silent issue of Fetal Alcohol Spectrum Disorder’, *Essential Baby*, 20/5/14.

‘Bottle Babies: the devastation of foetal alcohol spectrum disorders’, *The Sydney Morning Herald*, 25/10/14.

These stories discussed issues such as: problems of misdiagnosis and subsequent wasted resources, reluctance of health professionals to ask women about alcohol use, and the role of the wider community in preventing and recognising the condition. Most notable among them was the *SBS Insight* program which included several people living with FASD, the people who care for them and health professionals. It also included a mother who had a child with FASD and described not being warned about the risks of drinking in pregnancy, and two pregnant women who said they have the occasional glass of wine. Health experts discussed the symptoms of FAS and FASD, the latter of which are not physical and so can often be confused with other behavioural disorders, as well as the difficulty of precisely answering the question of how much alcohol it takes to cause these disorders. Mention was also made of the study being undertaken in the Fitzroy Valley and the importance of giving a clear message to women without creating over-anxiety. There was also some discussion of the lack of services for people with the disorder, with many ending up in the justice system.

FASD as backdrop for discussion of alcohol and pregnancy

FASD was often featured in media reports to raise awareness about the risks of drinking any alcohol during pregnancy. Another ABC television news story identified in this study and used as stimuli in interviews linked prevalence of drinking among pregnant women to increasing cases of FASD. The presenter introduced the story by saying that:

Doctors are warning pregnant women that if they drink any amount of alcohol they risk harming their unborn child. A conference in Brisbane has heard that the message is still not getting through. Despite clear guidelines an alarming number of babies are still being born with Fetal Alcohol Syndrome. (ABC, 'Pregnant Pause', 19/11/2013)

The reporter referred to the previous Guidelines suggesting that “pregnant women could drink but shouldn’t get drunk,” contrasting this was the current position: “But now experts say that no amount of alcohol can be guaranteed safe”. One of the sources was Professor Mike Daube from the Public Health Association of Australia who said that the evidence tells us that not drinking during pregnancy is the safest option. The story then moved immediately to FASD in a way that conflated it with any amount of drinking. After referring to the physical and mental deformities and behavioural problems caused by FASD, the reporter said: “Although the Guidelines changed in 2009 there is concern the disorder isn’t declining”. Another unidentified source commented that he expects rates of the disorder are actually going up. Referring to the Guidelines in this way implied an expectation of a direct effect on women’s behaviour, when the rising number of cases might be explained by increasing awareness, recognition and diagnosis of the disorder. The report also included a FASD awareness advocate, founder of the Russell Family Fetal Alcohol Disorders Association Anne Russell, who the reporter said was actually “encouraged to drink” during her pregnancy in the 1980s and whose sons had been affected as a consequence.

Such stories often emphasised the number of women who are drinking, even when the statistics would suggest that the majority do not. For example, the report referred to Australian Institute of Health and Welfare statistics showing that 47.3 per cent of women drank before confirming their pregnancy and 19.5 per cent continued to drink during pregnancy. The reporter said that around 3,000 children are born with FASD in Australia each year. Absent from the report was any explanation of the data, such as what level of drinking is associated with these cases of FASD. In light of the statistics that are cited about the percentage of women continuing to drink, this gives the impression of a looming ‘FASD crisis’ (cf Keane, 2014; AIHW, 2014).

The category of stories that mentioned FASD as a backdrop to the broader issues around drinking alcohol in pregnancy were equally important to understanding the role news media play in public

understanding of complex health and social issues. Such stories deployed the 'FASD crisis' as a complementary or secondary frame of news stories about any drinking during pregnancy or as a link between the abstinence advice of the NHMRC Guidelines. The 'Alcohol in pregnancy: why experts say no' (*ABC The Pulse*, 22/4/14) report started out as a typical story about the debates around consuming alcohol in pregnancy. It predominantly relied on the 'contested evidence and advice' frame, reporting on recent studies that had been unable to demonstrate harm from low-level drinking. But the article juxtaposed this evidence with the 'FASD crisis' frame to link to the abstinence guideline of the NHMRC:

No-one disputes alcohol increases the risk of harm to an unborn baby (see Fetal Alcohol Spectrum Disorders (FASDs)...box), and this risk is highest when the mother drinks a large amount of alcohol very often.

FASD as a consequence of drinking during pregnancy is a regular part of the alcohol and pregnancy conversation in the media. The sources used in such stories variously want to raise awareness of the need for more funding, the importance of prevention, and the need for better services and supports for those with the condition and those who care for them. However, such stories can also have the effect of creating the impression that the numbers of pregnant women who are drinking is on the rise and that more women are continuing to ignore health advice not to drink (cf AIHW, 2014).

FASD as moral panic

A counter-frame to the 'FASD crisis' was provided in one contribution to the *Essential Baby* website. Titled 'Interesting perspective on Fetal Alcohol Syndrome' the author referred to a 1999 academic journal article 'Fetal Alcohol Syndrome: The origins of a moral panic'. The author provided this extensive quote from the article:

If we are to reduce the incidence of FAS, we must first accurately comprehend the problem at hand and abandon the rhetoric of moral panic. There is no epidemic of FAS births. Nor is 'social' or 'moderate' drinking among the almost 4 million pregnant women who give birth annually in the USA a risk factor for FAS. However, the risk is considerably greater for the relatively small number of women who abuse alcohol on a regular basis, and it is even greater for those women who have previously given birth to a child with FAS and continue to drink (Abel, 1988). (Armstrong and Abel, 2000, p. 280)

Responses to the post's accompanying comments section were mixed. Some believed the health message had been successfully targeted at only heavy drinkers, whereas others believed the health message had been replaced by general condemnation of women drinking anything during pregnancy. Comments on the forum strongly focused on debating the scientific evidence about the risks of drinking in pregnancy. Those discussing this aspect of the topic were highly engaged and reflexive, not taking a public health message on face value and obeying it, but rather interpreting it. For example, one stated that her doctor claimed the number of drinks had been reduced in the public health message because heavy drinkers would always take that number (say one to two per week) and double it. Others claimed it was precisely because scientific research was ambivalent about what level of drinking was safe, that zero tolerance was the only solution. Others discussed the problems facing the medical and scientific communities in researching FAS/FASD.

FASD crisis, blame and community responsibility

The 'FASD crisis' frame provided a prominent lens through which the alcohol and pregnancy story was told, often in conjunction with other frames. Significantly, the 'FASD crisis' frame was frequently used as a backdrop to more general discussion about alcohol and pregnancy, and in conjunction with

the ‘community responsibility’ frame (discussed below) to discuss the problem in Indigenous communities and also in the wider community. Few reports openly used the ‘blame risk-taking mothers’ frame (discussed below) in relation to FASD, and stories did not specifically refer to Indigenous women. But reading between the lines, proposed punitive measures would likely impact them in particular. Depending on how it was deployed in news media, discussion of FASD could play into the ‘bad mother’ discourse where the emphasis is on mothers behaving badly (‘blame risk-taking mothers’), but it could also function as an anchor upon which to promote community efforts to address the issue (‘community responsibility’).

Frame 3: Blame risk-taking mothers

The focus of another series of stories was new research about drinking rates among pregnant women, which often conveyed a dramatic picture of women continuing to drink in the face of NHMRC Guidelines advising them not to. Studies undertaken in Australia were often the catalyst for such stories. The following stories all mentioned the NHMRC Guidelines:

‘Third of mums-to-be drink while pregnant: study’, *The Daily Telegraph*, 2/9/2013.

‘Pregnant drinkers on the rise’, *The Daily Telegraph*, 15/11/2013.

‘Pregnancy fails to slow binge drinkers’, *The Canberra Times*, 29/1/2014.

‘Binge drinkers continue boozing in pregnancy’, *The Sydney Morning Herald*, 28/1/2014.

The first of these reported sensationally in the lead that:

More than one in three pregnant women puts her baby’s brain at risk by drinking alcohol, with nearly one in 10 consuming five drinks in a sitting.

The findings were sourced to a study of 2700 mums-to-be which found while a third of women in the study were reported to drink during pregnancy, “things are improving with the proportion of women drinking falling from 53 per cent in 2007 to 35 per cent in 2011”. Despite the apparent improvement the lead focused on the seemingly excessive or binge drinking of the minority of women surveyed. Together with the headline, and in the absence of any information or references to other levels of consumption, the implication was that any amount causes damage to the baby’s brain. The decision was made to focus on risk-taking mothers instead of the clear trend away from drinking while pregnant.

Examples were also identified of extreme blaming and shaming risk-taking mothers in reports about proposed interventions by governments and police. Here are some indicative headlines:

‘Lock up risk taking mothers’, *The Australian*, 8/2/2013.

‘Police call for tougher laws to protect unborn babies’, *Mother and Baby*, 8/2/2013.

‘Babies to be taken from drug-addicted parents’, *The Daily Telegraph*, 27/3/2014.

This group of stories reported on proposals in Queensland and New South Wales for greater police and legal powers to protect unborn babies from the potential harmful drug and alcohol consumption behaviours of their mothers. They described laws to “force pregnant women into safe houses” and referred to “risk-taking pregnant women”. Fourteen identified stories (13 per cent of all stories) were about laws being discussed or enacted around drinking and pregnancy, with four of these specifically referring to Indigenous communities. These stories occurred when a state or territory

government took steps to introduce such laws. 'At risk babies rescued in womb' (*The Daily Telegraph*, 17/11/2013) reported that:

Babies will be taken away at birth from drug addicted or abused mothers who refuse to seek help under new state laws that will kick in while the child is still in the womb.

The interventions described in these stories constituted literal examples of pregnancy policing. Their message was that the state must have the power to be able to intervene when a pregnant woman refuses to, is incapable of or unwilling to protect her baby. The police were positioned as "protecting the rights of the unborn" against destructive and irresponsible pregnant mothers, thereby reinforcing the maternal-fetal conflict paradigm (see Armstrong, 1998; Leppo, 2012; Lupton 2013). Concerns about the unintended consequences of such proposals, including that they could lead women to hide their addictions, were the focus of a story in *The Australian* (9/2/2013) headlined 'Social workers reject police pregnancy push'. Despite the inclusion of this oppositional voice, the headlines of these stories gave the impression of many women wilfully consuming drugs and alcohol without any thought to its impact on the fetus.

One of these news stories prompted a forum post on the *Bubhub* website, 'Lock-up risk taking mothers'. The author provided a counter-frame to the 'blame risk-taking mothers' frame by expressing concern for vulnerable mothers who may be driven away from medical care. She argued that many of these women already did not attend antenatal clinics for fear that their children would be taken away from them. The conversation following her post was divided among those who agreed with the proposed legislation and those who believed it was a fundamental attack on women's liberties (see 'women's rights' frame below). One commenter posted:

Do people really think a woman has the right to drink to excess, condemning her child to the deformities and issues associated with FAS? You'd be happy to look in the child's eyes and say "well, it was your mother's body so it was her choice to knowingly cause you harm. (Bubhub, 8/2/13)

Another contributor offered this view:

Some people don't deserve to be parents, I get that, some people are so horrible. But if you bring in laws like that where and when does it stop? Potentially it could affect every mother, what someone might consider low risk, they might consider high risk. At the end of the day, bodily autonomy is too important to lose. (Bubhub, 8/2/13)

A counter-frame to the criminalisation approach was also provided by FARE spokesperson, Caterina Giorgi, in an *ABC Lateline* (14/3/2014) report about the Northern Territory Government considering legislation that could see women prosecuted or restrained if they drink while pregnant. She emphasised that the focus needed to be on prevention, encouraging health professionals to talk to women about their alcohol consumption, and ensuring that services are available for those who are alcohol dependent (see 'community responsibility' frame below).

Frame 4: Women's rights

Against this backdrop of conflicting evidence and extreme interventions were those stories that emphasised the rights of women to make their own choices about what to do and not do during pregnancy as well as their right not to be morally judged for their choices. 'Many myths born of pregnancy' (*The Sydney Morning Herald*, 7/2/2013) was a feature article that discussed how difficult it can be for pregnant women to navigate their way through all the advice and information about

pregnancy. It discussed a new book *Bumpology: The myth-busting pregnancy book for curious parents-to-be* and quoted the author, Linda Geddes, as saying:

[The] book doesn't treat women like children...It treats them like adults able to understand the evidence... I think there is too much preaching to women. [I'm] trusting women to make decisions for themselves.

Stories adopting this frame tended to emphasise the rights of women to make their own choices during pregnancy in contrast to interventions that would seek to infringe their right to do so. A good example of the clash between these frames was *The Daily Telegraph's* (7/9/2013) 'Pregnant women warned to adopt zero tolerance approach', which reported in the lead that:

To drink or not to drink during pregnancy: the age old debate is ramping up with the State Government ordering expectant mothers not to touch a drop of alcohol.

Essentially the same story, drawing upon the same sources, published in *The Daily Telegraph* the following day opted instead for a headline that emphasised the responsible choice made by a woman who had recently given birth. 'Mum raises a glass half full to quiet tippie...' (*The Daily Telegraph*, 8/9/2013) reported in the lead that:

A cool, refreshing sip of beer was a major pregnancy craving for Coogee's Jennifer Dean, who gave birth to twins Max and Lily on Tuesday.

It quoted the Sydney mother as saying she did not feel the need to cut the occasional drink out while she was pregnant and she said "I am happy with my decision. I am not going to put my kids at risk intentionally". The story then said: "It might seem like every woman's choice but not according to the New South Wales (NSW) Government, which has reiterated its insistence on abstinence".

Interestingly, this worked to position women's freedom to choose as the common sense viewpoint and government policy as a potential threat to that choice as in, for example, the reference to a government Minister "instructing" pregnant women to have 'zero tolerance' or "risk the health of their unborn child". Reference was made to a recent British study (mentioned earlier) showing that children of mothers who drank moderately had better balance at the age of ten. This shows how journalists, when it suits, can draw upon research findings in the service of particular news values; in this case, conflict about governments trying to police women's bodies. The option to cite such findings was not taken in *The Daily Telegraph* (2/9/2013) story 'Third of mums-to-be drink while pregnant: study' just a few days earlier, however, which emphasised that pregnant women were putting their baby's brains at risk by drinking alcohol.

The 'Mum raises a glass half full to quiet tippie...' story quoted Gabrielle, mother of two who was due to give birth in five weeks who said she has been drinking very rarely:

I probably had one glass a month, like a glass of champagne if it was a celebration or a wine out at dinner, which doesn't happen very regularly.

I've had the odd you-shouldn't-be-drinking stares, but I don't feel guilty.

Both my kids are healthy. My mum had a few drinks and we all turned out fine. (The Daily Telegraph, 8/9/2013)

The inclusion of women talking about their decisions to drink or not drink during pregnancy contrasts with many stories in which pregnant drinkers were nameless and faceless because they were focused on new research or sufferers of FASD and the 'FASD crisis'. Such stories also show that women do not make their decisions out of ignorance or any wilful desire to harm their babies but

because they do not believe the occasional drink is going to cause harm, which is often based on their personal experience or observations of others.

Another article in *The Daily Telegraph* (12/11/13) headlined ‘Spare mums-to-be from tippie police’ provided a personal perspective. The columnist noted that her admissions would be seen by some as “unforgiveable” and then posed rhetorical questions intimating that there was no need for her to drink but that:

These were not impulsive or reckless decisions that flew in the face of medical opinion. On the contrary, most of the professional advice I received when pregnant supported the view the occasional drink is not harmful.

The ‘contested evidence and advice’ frame was drawn upon by way of contextualising why women may choose to have the occasional drink and why this does not make them bad or irresponsible mothers. The columnist suggested mother’s groups are filled with women who have received similar advice and referred to the numerous international studies that continually contradict one another. In this context she suggested it is unsurprising that four in five Australian women drink during pregnancy. She added:

The constantly changing official guidelines only add to the confusion. In 2001 Australia’s government-mandated recommendations were changed to allow a low alcohol intake (less than six standard drinks per week) for mums-to-be, yet eight years later this was reversed to advise only abstinence once again.

For the record, the national guidelines as they currently stand advise pregnant women that the safest option is not to drink at all. (The Daily Telegraph, 12/11/13)

The issue of women’s rights was a common topic in online forums discussing alcohol and pregnancy. The author of a *Mommyish* (11/7/2014) article headlined ‘If anyone tells you not to enjoy coffee, wine or sushi during pregnancy - Tell them to shove it’ suggested that women should be able to enjoy most things in moderation. She expressed concern about the way in which women are made to feel guilty and she referred to contradictory advice about alcohol. First, she said there was no study conclusively proving light drinking during pregnancy is harmful. Secondly, she quoted the American Congress of Obstetricians and Gynecologists who say it is advisable not to drink at all. The overwhelming response from forum participants was support for the idea of moderate consumption. Other fairly typical features of discussions about alcohol and pregnancy on the *Mommyish* forum included recognition that the majority of mothers have the best interests of their baby at heart; that the science is inconclusive about the risks of moderate consumption; and that it is not helpful for women to be judging each other.

Frame 5: Community responsibility

‘Community responsibility’ was a fifth and subordinate frame that emerged through our analysis of a cross-section of mediated public discussion about consuming alcohol during pregnancy. This frame tended to emphasise the obligation of the alcohol industry, health professionals and governments to address FASD in particular. Such stories emphasised the need to reduce Australia’s alcohol consumption and the broad range of harms it can cause – FASD being just one of these. It did not pit the rights of women against the rights of the unborn or seek to blame individual women. The frame emphasised the importance of changing the culture of alcohol consumption in Australia. Five per cent of stories included the topic category ‘Labels’, while nine per cent of stories mentioned ‘Pregnant Pause’, and ‘Activist/Advocate’ was identified as the catalyst of 23 per cent of stories. This

finding suggests that news media is more likely to tell the story of consuming alcohol in pregnancy as one of individual women's responsibility rather than as an issue for communities and governments.

Pregnant Pause

One example of this frame, headlined 'Pregnant pause needed for alcohol awareness' (*The Canberra Times & The Sydney Morning Herald*, 12/2/2013), was prompted by the House of Representatives Standing Committee on Social Policy and Legal Affairs Inquiry into the prevention, diagnosis and management of FASD. It clearly situated drinking during pregnancy in the context of Australia's drinking culture and suggested that the alcohol industry was not doing enough.

This frame was also identified in reports about the Pregnant Pause campaign, an initiative of FARE, which seeks to target the wider community rather than just pregnant women. It is designed to raise money and awareness of FASD by encouraging dads-to-be, family members and friends to give up alcohol while their loved ones are expecting. The campaign is based on the idea that pregnant women will find it easier to give up alcohol if their partners and peers do so. *Essential Baby* is a partner of the campaign and several stories about it appeared on its website. The message of the campaign is consistent with the NHMRC Guidelines that there is no safe level of drinking during pregnancy, and with the underlying rationale of the Guidelines: the prevention of FASD. Story headlines included:

'Attention dads-to-be: how you can help your partner and babies around Australia', *Essential Baby*, 28/10/13.

'Canberrans urged to swap the pub for a bub', *The Canberra Times*, 20/8/14.

Prompted by the campaign launch in Canberra, the *Canberra Times* story drew on the 'community responsibility' frame, reporting that:

Nearly one in five women drink while pregnant, but a new campaign is seeking to drive down the unhealthy statistic by encouraging Canberrans to banish the booze in support of their pregnant partners and friends.

It used quotations from women who had given up alcohol during pregnancy and who think the campaign is a good idea, along with quotes from a health professional, a politician and an advocate about the impacts of FASD. Other stories from the *Essential Baby* website, such as the one listed above, included perspectives from fathers who were supporting the campaign.

Community responsibility and the FASD crisis

Some news stories that were predominantly told through the 'FASD crisis' frame also drew on a 'community responsibility' frame. For example, the *SBS Insight* program mentioned earlier promoted an understanding of FASD that recognised lack of community awareness of the risks of consuming alcohol in pregnancy and to look to a 'whole-of-community' response to addressing the 'FASD crisis'.

Another example of FASD prevention being portrayed through the 'community responsibility' frame was an *ABC News* (12/8/14) report on the Legislative Assembly of the Northern Territory's Select Committee on Action to prevent FASD. It reported that the hotel industry has spoken to the inquiry on the question of whether bar staff should be able to refuse to serve alcohol to a pregnant women and the effectiveness of having a police presence outside bottle shops to ensure that those who are on a banned drinkers register are not purchasing alcohol. A spokesperson from the Aboriginal health service Danila Dilba, Olga Havnen, also spoke about the banned drinkers register. In portraying the

issue as one requiring a whole-of-community effort there was no sense of blaming mothers or pregnant women.

SBS World News (1/8/13) reported a story on FASD, which began by saying that when it comes to the dangers of drinking while pregnant the message is not getting through. It referred to research showing that one third of women are unaware that alcohol can affect the unborn baby. But the focus of the story turned to some of the positive steps that are being taken to address the issue. In particular, it interviewed Western Australian Young Person of the Year 2014, Lewis Abdullah, who lives with FAS and is now seeking to raise awareness of the issue within Indigenous communities. Dr James Fitzpatrick from the Telethon Institute for Child Health Research was also included and he mentioned that many health professionals were still unaware of the symptoms.

Summary: Framing alcohol and pregnancy in Australian media

This section has synthesised the findings of a qualitative news framing analysis of media reporting of issues surrounding alcohol and pregnancy in Australia. The following preliminary conclusions are drawn:

- There are multiple lenses available through which to portray the issues surrounding the consumption of alcohol during pregnancy. Our analysis of 110 media items found that reporting of alcohol and pregnancy drew on different news frames to emphasise particular ways of understanding the issue. These findings suggest that women, their families and peers are confronted with 'contested evidence and advice' upon which to make sense of the issue.
- Risk, particularly potential risk to the fetus as a result of maternal alcohol consumption, was a prominent feature of the media discussion.
- News media contributes to confusion around the issue of consuming alcohol during pregnancy by juxtaposing conflicting scientific and expert advice within a single article, often without discussion or explanation. Media stories also highlight the inconclusive evidence on which the NHMRC Guidelines are based. Scientific evidence is therefore constructed in media discourse as contributing to the risk and uncertainty about drinking alcohol during pregnancy.
- The focus on extreme interventions in reporting about FAS/FASD serves to construct the boundaries of the debate about drinking alcohol in pregnancy. In particular, stories concerning the FAS/FASD crisis in Indigenous communities clearly demonstrate to news audiences the devastating consequences of excessive consumption of alcohol during pregnancy. But this 'othering' of certain identified groups, particularly when aligned with the 'bad mother' discourse, can also serve to distance women who might choose to drink moderately during pregnancy, from the FASD message.
- The media analysis identified the role played by various actors in the debates around consuming alcohol in pregnancy. Health researchers and professionals, government officials and advocacy organisations provided news subsidies through published research, the launch of public information campaigns, or through media announcements. Occasionally, journalists generated stories and, in the name of 'balance', sought contrasting comment.

Women talk about alcohol in pregnancy

This section reports on the thematic analysis of interviews and focus groups with women about alcohol and pregnancy. The women we interviewed were all based in Canberra, highly educated, employed (although some were on maternity leave at the time of the interview) and in a relationship. They all had partners and/or family, friends, mothers groups and healthcare professionals from whom they could access information, advice and support. Therefore, our findings are not generalisable to women in other demographics and who do not have access to the same support networks and resources.

The purpose of the interviews and focus groups was to uncover the factors that influence these women's understandings and behaviours in relation to alcohol consumption during pregnancy, including their responses to health advice and media messages. The semi-structured nature of the interviews meant that discussion was wide-ranging. We have structured the findings according to key topic areas and the themes that emerged in discussion around that topic. We stress that the themes we discuss are often interrelated. We have changed the names of participants in order to protect their anonymity.

Five themes emerged from the analysis of the interviews:

1. Experiences of alcohol in pregnancy.
 - Reassurance after drinking in early pregnancy.
2. Views and practices in relation to alcohol in pregnancy.
 - Not drinking the safe option in the face of uncertainty.
 - Fear of FAS and FASD.
 - The occasional drink is okay if you feel like it.
3. Clarity and impact of information and advice.
 - A responsible public health message.
 - Anticipating and policing the 'bad mother'.
4. The role of peers and family in women's decisions.
 - Reinforcing acceptable behaviours.
5. Responses to media reports about alcohol and pregnancy.
 - Distancing from extreme consequences and interventions.
 - Querying the lack of contextual information.
 - Querying the credentials of news sources and data.
 - Important perspectives in light of contested evidence.
 - Challenging claims about evidence and guidelines.

Each of these themes is elaborated upon in the sections below.

1. Experiences of alcohol in pregnancy

Once they were aware that they were pregnant, all of the women we spoke to said they had stopped drinking completely or reduced their alcohol consumption to the occasional sip or glass over the course of their pregnancy. While we did not specifically ask women to quantify how much they drank before they were pregnant, some said they drank regularly while others said they consumed alcohol occasionally. None said they found it particularly challenging to stop or cut down their drinking. For some this was because they did not drink much before becoming pregnant and for others it was because they did not feel like drinking when pregnant. Others connected their decisions to uncertainty about the risks or particular concerns about FAS or FASD. While several women indicated that they enjoyed the occasional drink, only one described herself as being a big drinker before becoming pregnant, and she said she did not feel like drinking when pregnant.

Women tended to adopt the view that the occasional drink was okay even if they personally had decided to abstain. They referred to friends, family or colleagues who they knew had consumed alcohol during their pregnancies and whose children had not been detrimentally affected. They respected and were reluctant to judge other women's choices and also recognised that the occasional drink was a common practice. This was distinguished from excessive drinking, alcohol dependency or getting drunk, which were of a very different order to the drinking practices of women in our study and their peers.

Reassurance after drinking in early pregnancy

More than half of the women we spoke to reflected on the experience of drinking before they realised they were pregnant. This was a source of anxiety and "terror" at the time and also a prompt to stop or restrict their drinking from that point. Some said they had been nine or 12 weeks before realising they were pregnant.

Samantha's comment typifies this experience and the sense of guilt associated with it:

I can remember my first pregnancy was unplanned and it came as quite a surprise and I didn't know I was pregnant until I think probably about – it must have been about 12 weeks, and I found out sort of right in the midst of the kind of Christmas party season full swing and I just felt horrified, because I'd been drinking completely unawares and was as a result terrified that I'd done something dreadful and from then on I was just completely abstemious.

Sandra described feeling "gut wrenchingly horrible" about it and having several long discussions with her obstetrician about the potential effect of the alcohol she had consumed on the developing fetus in that first two weeks. She said her obstetrician informed her that in the first six weeks there is not much transfer to the zygote of the alcohol so she should be okay, but if she had consumed alcohol excessively post-six weeks that is when effects could start to happen. She trusted and had a good relationship with her obstetrician and was satisfied with this advice, despite being a little unconvinced initially.

Rebecca consulted her doctors, midwives and a pregnant friend who was a paediatrician. She said:

So I was drinking and then I was quite worried about it but all the doctors and midwives said frankly that's how most children are conceived and you can't change it now. So don't worry and then I was of the view again based on some of the advice from my close friend that a small amount of alcohol is fine. In fact there are some studies to suggest that small amounts of alcohol can actually be beneficial for childhood development but I just didn't feel like it

and I was too – because there was sort of evidence on both sides and this was number one for me and I was like I don't know what I'm doing, I just went nope. So I probably had in my whole pregnancy, after I knew I was pregnant, I probably had maybe oh, half a glass of champagne on two occasions for someone's wedding.

This comment touches on many of the themes that emerged in our conversations with women, including that:

- drinking before one realises they are pregnant is a common experience
- evidence regarding the effects of a small amount of alcohol is contested
- uncertainty leads some women to adopt the 'better safe than sorry' approach.

Kylie said with both of her pregnancies she had reasonably “big drinking nights” before finding out, after which she only had one glass of wine in her first pregnancy. She spoke to her doctor about it:

...and she then advised that not drinking is the safest way. But she said not to worry about what I had drunk, because there was a low - like, the - she said that the risk, um, of getting, I think, Fetal Alcohol Syndrome was more with continued drinking, and if I were to avoid drinking from then on, then that would be safest, and - and there would be unlikely to be any impact on - on my baby.

Mary also shared the experience of having consumed alcohol before learning she was pregnant and reflected that “I shouldn't have done that” but she discussed it with her partner and stopped from that point.

Similarly, Fiona discussed it with a friend who had older children and who told her that her doctor had said “that pretty much you had to drink like a bottle of vodka a day if you were going to sort of have, what's that called, the Fetal Alcohol Syndrome”.

The way these women recounted their experiences of unwittingly doing something terrible indicates awareness that drinking while pregnant can harm the fetus. Such accounts are also consistent with research reporting the common experience of guilt, shame and worry that women often feel about the health of their fetus if they have transgressed dominant expectations (see Lupton, 2011).

These women's comments also revealed a reasonable level of scientific literacy and the value of doctors, midwives, friends and partners in putting risk in context and offering reassurance. But there was also some confusion about the level of drinking required to cause harms such as FAS/FASD. For example, Fiona's comment about the amount of alcohol consumption required to cause FAS suggests an understanding that only excessive drinking will cause harm to the fetus. This contrasts the message coming through in the media analysis, in which health experts are frequently quoted saying that any amount of alcohol consumption during pregnancy could be harmful. These women's comments also reveal the variability of advice that is provided by health professionals and friends, and the confusion this can generate.

2. Views and practices in relation to alcohol in pregnancy

Taking the interviews as a whole, women described both the common sense of not drinking during pregnancy and the common sense that the occasional drink was acceptable. In this regard their views paralleled the polarities of the 'contested evidence and advice' frame identified in the media analysis and are also consistent with the findings reported in Anderson et al.'s (2014) study. Apart from those women who had the experience of the “big night out” prior to realising they were

pregnant, alcohol consumption did not appear to be an issue that women had actively sought information about. Abstaining or reducing alcohol consumption was just one of the lifestyle changes they made when they became pregnant as part of being healthy and a 'good mother'. Women situated not drinking during pregnancy within a wider range of pregnancy advice. It was quite common for them to identify other advice that was more relevant, immediate or confusing. To the extent that alcohol was not a major part of their lifestyle before pregnancy it is understandable that they were more likely to be concerned and attentive to those dietary and exercise practices that were.

Not drinking the safe option in the face of uncertainty

Most women seemed to have internalised the idea that not drinking during pregnancy is what is expected of women and what they are generally advised. For the most part this was not attributed to any one particular source. Some suggested they had picked it up from their friends or peers who had abstained and others mentioned doctors, books and other healthcare literature. It seemed to be something that they just knew was the "sensible" thing to do, as Karen put. Or, as Jacqui said, "I guess it was just a no-brainer for me". The fact that women were drinking only moderately prior to pregnancy also meant that not drinking during pregnancy was "not a big sacrifice", as Jacqui put it. Jacqui did not think a glass of wine was going to be harmful but she felt better not doing it. In the face of what she identified as conflicting advice about whether or not you could have half a glass of wine, Linda said she did not drink at all during her pregnancy: "I didn't think that I loved wine that much that I would take the risk".

Conflicting advice and uncertainty had prompted some women to opt for the 'better safe than sorry' approach to drinking in pregnancy. Mary mentioned that the only information she had received from the hospital and her GP seemed to be related to Fetal Alcohol Syndrome. She said her impression was that this was associated with "regular heavy drinking" and, in the absence of any information about whether it was okay to have the occasional glass, she chose to stop. She explained:

So our partying times were well and truly over, so we were never big heavy drinkers to begin with. And then while I was pregnant I didn't drink any alcohol at all. And that was just a nervous thing, because you don't - I don't know. I couldn't find a definitive answer - can you have a glass of wine when pregnant or can't you?

Factors such as how easy or difficult it was to conceive, number of pregnancies, and age at time of pregnancy were variously identified as informing women's views and practices in relation to alcohol in pregnancy. Some women described the onset of pregnancy as requiring a radical change to their lifestyle, which had included drinking during work occasions. Some women who had more than one child described becoming more relaxed with their behaviours, including alcohol consumption, with their second and third children. Amanda said both she and her doctors were concerned about her age when having her first child. In this context, drinking was one of those risk factors that she could reduce in the face of a range of potential other risks that she had little or no control over. She said:

I remember sort of finding quite conflicting information on it and coming down on the side, look, I'm just going to skip it because something I'd read said you can't - you don't know what the risk is so you're better off not and I thought well, I'm just going with that because that makes sense to me and I was worried. I was 37 so they were really freaked out about how old I was. So I was really terrified about just kind of reducing any kind of risk whatsoever. So if that was going to be one way to kind of cut down risk factors then I'd just do that but, yeah, I don't know where the information came from.

Fear of FAS and FASD

Some women explicitly mentioned FAS/FASD in talking about their decision to abstain. In response to the question about her perceptions of a good pregnancy Emma said “I knew I wouldn’t drink” and when explaining further she said, “Oh, because I was terrified, I was going to, like, give my baby brain damage or something like that”. She said she was aware of FASD, having worked in Indigenous communities. Tamika also referenced her knowledge of FAS and its impacts in relation to her decision not to drink:

The other thing I did want to say is because I know about Fetal Alcohol Syndrome like I learned about it, I have friends that work with – a friend of mine works in a prison and he’s like, ‘Yep, that’s about half of them’. You can tell with the facial deformities and things like this. So that is actually something I do actually know about. So I was certainly never going to drink even regularly even once a week. I think because that scared the crap out of me.

While most women had some awareness of FAS/FASD, being aware of it through direct work experiences or friends sensitised these women to the seriousness of it. For other women, information about FASD was not particularly useful in helping them to understand and assess the effects of an occasional drink. In this way FAS/FASD operates as an important backdrop to mediated and local discussion of the risks associated with drinking alcohol during pregnancy.

An occasional drink is okay if you feel like it

Not all women ruled out alcohol completely during pregnancy and many said they knew of others who had made the same choice. This theme resonates with the ‘women’s rights’ frame identified in the media analysis and is also consistent with the findings of a recent Australian study (see Meurk et al., 2014). It was associated with women emphasising the importance of listening to their own bodies and not denying themselves certain cravings, particularly if doing so added to their stress levels. It also viewed pregnancy holistically and accounted for the broader social conditions under which women get pregnant, give birth and raise children. Unlike experiences of unwittingly consuming alcohol in early pregnancy, women described making a conscious decision to have a drink and feeling comfortable that a small amount of alcohol would not be harmful. Weddings or other celebrations were examples women gave of the kinds of occasions where they would have a glass of wine or champagne. In accounts such as these women could be seen as adopting the view expressed in media reports, by some experts, and among women themselves that low-level consumption is likely to be of low risk.

The importance of being relaxed rather than overly strict to the extent that it could have detrimental effects for the pregnancy was often referenced in these discussions. There was no guilt among these women about having an occasional drink because they were doing so responsibly and on the basis of taking care of themselves. The idea of taking care took on different meanings for different women. Natalie said she craved a particular brand, Guinness, so had some toward the end of her first pregnancy. Joanna also discussed the foods she felt like when she was pregnant and said:

If that’s what you feel like having, if that’s what you feel like putting in your mouth, whether it’s half a glass of wine or a curry or chocolate or chips or lettuce, do it because it’s hard enough as it is without depriving yourself of something that you want.

The emphasis was on women making decisions that were right for them based on their values and assessment of their own bodies and circumstances.

Some women also mentioned knowing others whose doctors had advised them to try and reduce their smoking rather than cut it out completely because of the likelihood that trying to do so would add to their stress and not be good for the unborn baby. This had informed Fiona's view that a glass of wine if she felt like it would be okay:

I remember a friend of mine was pregnant. She found out she was having twins and she was a smoker and her gynaecologist or obstetrician or whatever said to her, 'If it's going to really, really stress you out to not smoke now that you've found out that you're having twins then have a – if you need to have a cigarette, have a cigarette' and I think she had some cigarettes during her – and I remember her telling me that and her children are much older than my children and thinking okay, so I applied that I think to okay, if I want to have a glass of wine, have a glass of wine.

Kylie, who had one glass of wine in the third trimester of her first pregnancy at work drinks, said:

...with my last pregnancy, when I had the one glass, I was comfortable that I could have that, and not hurt my baby, as I was only having a small glass, and drank it over a long period of time. Um, so I did try and reduce any risk that way, and it - I figured one glass in the whole of my pregnancy, um, most of the impact would've been before I found out I was pregnant, when I did have that - that big drinking night...

It is interesting that Kylie draws upon the large amount of alcohol she consumed in early pregnancy to put into perspective the relative risk of having one glass of wine over the course of her remaining pregnancy.

Women generally indicated that they were more relaxed with their second pregnancy or preoccupied with a young child, so they were less focused on monitoring their second pregnancy. For example, Jacqui who was 31 weeks pregnant with her second child and who did not drink during her first pregnancy said:

I don't think a glass of wine is going to be harmful but I choose not to do it because I would feel – I just feel better.

Although I've had a glass, [laughs] you know twice throughout my pregnancy. That's been a conscious decision to, kind of, let go of that rigidity which I probably had in my first pregnancy.

Similarly, with her second pregnancy Natalie said she “just followed what my body said” and if that meant having a sip of wine then she would. Emma described her gradual process of becoming more relaxed about the occasional sip while pregnant. She said during her first pregnancy she felt “intensely guilty” after having a sip of red wine but by the third occasion she felt “completely comfortable” having a taste of a friend's cider in public. She did say she would not drink during the first three months and would set parameters within her own mind about it.

3. Clarity and impact of information and advice about alcohol and pregnancy

Most women were not specifically aware of the NHMRC Guidelines but said they understood the rationale behind them. Women also varied in their interpretations and responses to the abstinence message, drawing upon their own personal beliefs and other sources of knowledge and evidence. Some suggested it was a responsible public health message, even if their personal beliefs were different. One also referred to the investment in alcohol warning labels as evidence of the

seriousness with which the issue was taken, though not all were convinced of the impact or effectiveness of labeling. Some thought that moderation was an acceptable approach and that it was important to consider the volume of alcohol. Others were more critical of the Guidelines, interpreting them as an example of policing women through guilt, which they questioned in light of the perceived lack of evidence about the risks of low-level drinking.

A responsible public health message

Some women mentioned not having to look too far for advice about drinking during pregnancy. They reported being informed by their doctors or midwives that not drinking is the safest option, or seeing this message in pamphlets and other sources of information and advice they had consulted.

Emma described it as a “good” and “clear message,” even if it may not be achievable for everyone: “It’s on the alcohol bottles, like, it’s hard to escape sometimes”. When asked if she thought there might be confusion among some women, Emma said: “From the info I got I don’t see how you could be confused about whether it was okay or not”. Kylie mentioned that the general impression she had from the media messaging was that “there is no safe amount”.

Women also understood that from an ethical point of view it was difficult to get objective scientific data because you cannot experiment on women drinking various levels of alcohol to monitor the outcomes for their children. Some women said they were more confused about the advice and regulations around diet and what Rebecca described as the “whole raft of weird rules” about obscure things, and others mentioned being more confused about the advice about drinking while breastfeeding.

As discussed, not all of the women had chosen complete abstinence and so technically they were not adhering to the Guidelines. However, they did not describe experiences of drinking heavily or regularly and it was clear that they did not perceive their behaviours as putting their unborn babies at risk. Nor did they all have a problem with the Guidelines. Another question that emerged was how terms such as ‘occasional’ or ‘moderate’ might be understood and applied and some women recognised that this is why the Guidelines recommend that no alcohol consumption is safest. Rebecca described public health messages as necessarily designed with the worst case scenario in mind:

Yeah and again, my doctor and also good friend say bear in mind it’s catering for lowest common denominator stuff. You can’t put out a public health message that says a small amount of moderate drinking is most likely to be perfectly fine for your baby because my view of what is moderate drinking and your view might be completely different. My view of moderate drinking might be oh well I’ll tone it down from ten glasses of wine a night to five. Whereas someone else’s might be oh, I’ll have one a week. So I think that’s a perfectly fine public health message and it’s one thing that factors into my thinking.

Sandra suggested the Guidelines were “too conservative” and that she believed it is okay to have a standard drink or less on occasion while pregnant and breastfeeding. But, like other woman, she could understand the rationale behind the ‘do not drink’ guideline:

...on the other hand, if the government comes out with an extremely conservative guideline, then that will probably pull everyone more towards the conservative line, rather than the – if it was a mid-ground guideline saying, oh you can drink once a week then people would drink more, frequently. So, in some ways, having an excessively conservative guideline might be a good thing.

There was also the view that the Guidelines were not the place for nuance. Kylie referred specifically to the potential outcomes of suggesting a safe level:

...if you'd started saying, well what sort of level is okay, then people aren't necessarily - they - they say, okay, well that level that's okay. What about a little bit more? What about a little bit more? Like, there's no [...] For people who do have a problem, I think it's more difficult then to work out what that safe level is, if - if they're - like, if - if someone tells you there's a safe level.

Some said more explanation for the abstinence advice could be useful but recognised that Guidelines may not be the place for this. This relates to the way in which women generally understood that the Guidelines needed to reflect the precautionary approach because anything less would leave too much scope for interpretation and potential confusion.

Anticipating and policing the 'bad mother'

It appeared that within peer groups and society generally the occasional drink during pregnancy was common and accepted. But the message that some women took from the media was that any amount was bad. One view was that the 'don't drink' message anticipates that women are going to drink irresponsibly or to excess. This reflects the 'bad mother' discourse in which women's behaviours are viewed and treated as needing to be contained and policed. Women touched on this in various ways and to varying degrees and often by stressing moderation over abstinence and specifying what they take to be acceptable. Sandra reflected on how her personal view differed from the dominant message she took from the media about drinking during pregnancy:

I personally think it's okay to drink an occasional, very small, amount of alcohol. Um, and by "occasional," I would mean [pause] once a month? Have a small something, or maybe once every three weeks - - - um, have a small standard drink, but not more than a standard drink. That's my personal view. But, um, what comes at me from the general media, ah, is that [pauses] - and the feeling I get is that it's not okay to drink any alcohol. That's a very strong message I get that if you drink any alcohol then you're really, um, going to be affecting the development of your baby.

This was a view shared by other women who suggested the media portrayed the issue as "essentially bad" and that "alcohol plus pregnancy is not good". Corinne commented that she perceived that within social media and among her peer networks it is a little more acceptable to have the occasional drink than the message she got from mainstream media.

As discussed, several women talked about the potential risk of being too stringent during pregnancy in a way that adds to one's stress levels. There was some concern that the abstinence message could exacerbate women's stress and also place women at risk of being judged by others for drinking any amount of alcohol. This reflects the 'women's rights' frame evident in media reporting. Jacqui said, as long as women are given information about what alcohol does or can do, it is ultimately a personal decision that women who know their own bodies must make. She said:

I don't think anyone should say you shouldn't drink during pregnancy. I don't think anyone should judge you if you do want to drink.

Similarly, Rebecca described how even though she had made the decision not to drink during her pregnancy she disliked the way in which people automatically made this assumption, taking away her decision-making power:

What I do find which pisses me off but it's still in line with kind of what I was doing when I was pregnant anyway with alcohol is if you go to a party or you go to a bar or whatever and someone will say, "Oh, Rebecca, do you want a drink? Oh, of course you can't drink, do you want a water or something?" And I'd be like it's not your fucking decision if I drink or not. I don't happen to be drinking and no, I don't want a glass of wine, I'd like a water but how dare you make that assumption on my behalf.

Emma described the never drink message as a "little bit of a fear campaign," even though it was advice she generally adopted. She described feeling "incredibly guilty" after having even just a sip. In response to the abstinence message Mary offered this view:

I think if that's what the science tells us, then that is - the idea of the message itself is fine, but perhaps when people say abstinence it can be a scary judgmental kind of word, in my opinion.

Other women drew more explicitly on the 'contested evidence and advice' frame in criticising the NHMRC Guidelines as part of a slippery slope toward monitoring and regulating any number of practices women may engage in during pregnancy. Gabby offered this view:

I think that the zero alcohol intake thing is a total beat-up. The NHMRC they say, like with smoking, there is unequivocal evidence that smoking is harmful, right? Whereas the NHMRC what gets me about the guidelines is it says we don't know a safe limit, therefore it should be zero. And I think, when you think about the amount of people who have drunk during their pregnancy, Fetal Alcohol Syndrome is actually really rare and it seems to crop up among people who are alcoholics or really heavy drinkers, right? So to say that everybody should be zero intake; I think pregnant women have enough to deal with without being policed in that way.

Like other women she said she would obviously have a problem with seeing a pregnant woman drunk but in moderation, "like one or two glasses" it was fine. From this perspective, she was concerned that the Guidelines feed the judgment that pregnant woman already experience and this idea that:

...if you have any alcohol at all, you're a bad person, you're harming your unborn child, you don't care, that's the message that's coming out; a very judgmental, a very policing, that kind of message.

Gabby was not questioning the place of advice when the evidence was there to support it, but she adopted the 'women's rights' frame to emphasise that advising women on the basis of a lack of evidence about what is safe potentially opens the floodgates for the policing of a range of other practices. Later in the focus group she reiterated this point:

It's confusing and I think one way it is effective is in the guilt thing. In saying that it's zero tolerance, it's like policing through guilt and – and that's effective. And if the end result is that they want people not to drink in pregnancy, well that's one way of doing it but I don't think it's a very ethical way of doing it, because if there is no evidence that moderate drinking in pregnancy is harmful, like they're saying there's no – well it depends what you mean by moderate.

She went on to question the basis on which the Guidelines could shift from moderation or an occasional drink, to zero tolerance. This woman identified and was critically engaging with the uncertainty reflected in the NHMRC Guidelines.

When asked about her overall views about alcohol and pregnancy Tamika referred to the contested evidence and the potential for the abstinence message to add to women's stress:

I guess I think what the medical literature currently says is that drinking a lot of alcohol during pregnancy produces clear problems for your kid and so I've also read evidence that says one or two glasses of wine a week is not a big deal. And so I understand that the current line everyone to be as safe as possible, just don't drink but I also understand the line that that stresses people out and makes them feel depressed about the whole being pregnant thing. So I think as long as everyone's clear that if you just don't drink a lot during pregnancy.

Women often challenged the idea that any amount of consumption was bad by emphasising that women are capable of telling the difference between excessive consumption and the occasional glass, that it is their right to make such decisions, and that within their own networks the occasional drink was perfectly acceptable. In this way, women's conversations reflected the 'women's rights' frame evident in some news reporting and website articles. Tamika suggested "I think most people know the difference between drinking and getting wasted". Similarly, women distinguished between a "glass of wine" and "drinking", (Jacqui), having an occasional standard drink and "being drunk" (Sandra), the "odd glass of wine" and "slam[ming] a bunch of cocktails" (Emma), with the latter signifying a more dangerous and irresponsible mode of consumption. Among her circle of friends Tamika said "it is the norm to have the occasional glass, like four or five over the whole pregnancy" and this is certainly "not frowned upon".

In talking about societal perceptions of drinking during pregnancy the consensus was that it was frowned upon or condemned. As Jacqui put it, "a woman having a drink when she's pregnant, wow, what a bad mother". Emma said "I think most people would be fairly critical if they saw a pregnant woman having a drink or something". Kylie also suggested societal perceptions would vary depending on the degree and visibility of the consumption, making the distinction between having a drink and being drunk:

I think that it's quite frowned upon. Um, I - well, I get - I think it would also depend, um, I think generally it's not viewed in a positive light, but that a lot of people think, well, one glass, um, it's up to the mother to choose, I'm not going to interfere. Um, but if someone - I think if - if the - a woman was pregnant, um, visibly pregnant and was drunk, then there would be a lot more, um, negative, um, attitude towards her, than at a function having - like a sip of champagne at a wedding, or, um, at the Friday - Friday drinks.

But visibility could also be deceiving. Emma relayed the experience of her friend feeling like she was being judged by others when drinking non-alcoholic beer, which she linked to the tendencies of others to assume that pregnant women were going to be making bad choices.

Rebecca offered this challenge to the assumption that women are going to behave badly and provided a broader perspective on the "non-issue" of alcohol in the context of the pregnancy experience. In response to the news media articles used as stimulus in our interviews, she said:

I think that maybe we're living in a bubble but most people's responses to being pregnant is 'holy shit I'm pregnant, awesome, I want to do everything I possibly can to look after this little person. If there's any chance I won't'. So I don't know, a lot of the articles and the news clips kind of imply that oh women want to just get out and get pissed and we have to convince them otherwise. That's not really my experience and I thought that I was going to struggle giving up alcohol and it was the easiest thing in the world. It was an absolute non-issue.

4. The role of peers and family in women's decisions

Peer groups and family can play an important role in informing women's views about alcohol and pregnancy. Women described varying levels of peer and family support throughout their pregnancies. Some had not really been exposed to pregnancy because they were an only child or were the first among their circle of friends to become pregnant, while others had friends and family they could draw on for information and advice. Many women mentioned mothers groups as a valuable source of information and learning from experience. All had supportive partners and there was no evidence of any disagreements with their decisions about drinking or pressure from partners to drink or abstain.

The women we spoke to generally had the resolve and resources to mitigate any confusion caused by mixed messages, but they could see how there could be some confusion among mothers and mothers to be. In our focus group with women who were planning for pregnancy, Sarah said that some of her family members had cut drinking out completely while others continued to have the occasional glass of wine, which added to her uncertainty about whether a little was okay. Some women also identified generational differences in terms of the practices and beliefs of their mothers. Women also recognised that alcohol in pregnancy was likely to be more difficult for women in different circumstances to themselves. Among the factors that women identified as making it more difficult for some women were lifestyle, addiction, the behaviour of a partner, life stresses, peer pressure, and lack of information and support networks.

Reinforcing acceptable behaviours

Friends and family can expose women to what are the accepted behaviours to adopt during pregnancy, and reinforce these behaviours. Some were exposed to consistent behaviours that conformed to the public health advice. For example, Emma said that within her circle of friends "it's just expected" that you don't drink. While she said it was occasionally challenging, it was not as bad as she thought it would be and that pregnancy was a "very socially acceptable reason not to drink". Kylie also said, while she had looked longingly at a nice looking red wine she did not miss alcohol and, with "the peer pressure - it's just easier just to go, no, no. I'm happy just to look at it and smell and go, oh that's a nice one".

Others suggested that family and friends could be a source of perspectives and advice that carried more weight than official public health advice. For example, in response to the question of whether she thought some women might be confused about whether or not it is okay to drink Mary said:

Yeah, I think, and I think it comes back to family and friends and sources of information, that it's still conflicting and people might look at the Guidelines, but then they might have their mum say, oh well. I drank with you. And then, okay, well I can have a glass of wine. I really feel like one, so it's all right then. And yeah, sometimes people relate to experience more than government guidelines.

Similarly, Jacqui suggested that facts do not always trump values when one's values are formed by knowledge obtained over the years from sources such as family:

...I guess old or traditional say two generations, three generations, my parents' generations where smoking and drinking was just, it was just a done thing and it, I know that the awareness wasn't there of the implications of what these experiences could do. So I guess you're conflicting with values a lot more than, even evidence certainly evidence does come into it but your conflicting with values and conflicting with people's experiences versus

contemporary evidence. So evidence doesn't always trump values because people have experienced that and they believe that to be true because they experienced it...that's their perception and that's their evidence, their living evidence, which I also take stock of as well, I don't discard it, but I have my own, my own take on it. ... So I guess conflicting values and conflicting evidence.

Tamika described being the first among her close friends to become pregnant and she suggested her behaviours might have been different had this not been the case:

If someone else had been sitting next to me that had been pregnant at the same time and they were eating brie, I probably would have eaten brie too but I didn't have that; I had to make my decisions on my own. And for that I guess that's a change in source, isn't it? I had to rely on the media and doctors and paediatricians and mine was fairly cruisy but – so I did err on the side of caution. So yeah, I think my behaviour would have been more relaxed if I had more peers, pregnant peers.

While not referring to alcohol in particular, this comment conveys the role that peers can play in influencing the decisions women make during pregnancy.

Building on these ideas about the importance of one's environment and access to formal and informal sources of knowledge, Tamika mentioned that in many Indigenous communities alcohol is a huge problem with corresponding rates of FAS. In accordance with the 'community responsibility' frame identified in media reporting, she emphasised that trying to address this issue in the absence of addressing the social and economic problems within these communities was likely to be futile. She mentioned people in her home town of Cairns and in other rural and regional areas, including those who do not realise they are pregnant until well into their pregnancy. This prompted a discussion about the limitations of the one-size-fits all approach:

And it's also confusing a lot of issues because they're trying to send these messages out to us but also to a 17 year old Indigenous woman that doesn't have access to contraception, living in the Northern Territory and they're trying to make these rules to cover both of us. (Tamika)

Yep, which I think is possibly part of the problem and which goes towards the apparent contradiction in those guidelines you've just read out which on the one hand don't drink, there's no safe limit oh but if you have already drunk, don't feel bad about it. Well you can't have it both ways, it's one or the other. (Rebecca)

I think they should be much more specific in their research and research about intervention about the groups they're trying to intervene because I think that's probably a lot of wasted stuff sending messages to people who already have the message and not actually going into specific communities where that message is not getting through for a whole range of reasons. I no way mean to imply that people are just actively not listening and not doing it, it's very complicated. (Tamika)

It is important to recognise the social environment in which women receive advice about drinking during pregnancy and how it intersects with other messages and ideas that may condition and render acceptable and appropriate practices that increase a woman's risk of having a child with FASD. As one woman said:

We're all reinforcing each other for these certain behaviours. If you've got friends that are reinforcing each other for smoking while you're pregnant, then that's a completely different kettle of fish. (Tamika)

5. Responses to media reports about alcohol and pregnancy

While women talked about the importance of a range of supports, including partners, mothers groups, other peer networks and healthcare providers, they were generally cautious in their assessment of information about pregnancy in news, online and social media. They identified the importance of trusted brands when it came to seeking information online, a wariness of anecdote, and a disposition toward favouring focused information seeking as opposed to a passive acceptance of unsolicited views and advice.

Most women could not recall seeing anything specifically about alcohol and pregnancy in the media recently, though Gabby did mention the October 2013 *SBS Insight* program on FASD (see Media Analysis), which she said “seemed to conflate problem drinkers with any kind of drinking, which I thought was really a pity”. As discussed, in the latter part of the interviews we asked women to have a look at and respond to some media reports identified and discussed in the media analysis. To briefly restate, these items included ‘Lock up risk-taking pregnant women’ (*The Australian*, 8/2/2013); ‘At risk babies rescued in womb’ (*The Daily Telegraph*, 17/11/2013); ‘Pregnant Pours’ (*The Daily Telegraph*, 16/8/2013); ‘Pregnant Pause’ (*ABC News*, 19/11/2013); and ‘Alcohol Review’ (*Seven News*, 21/4/2014). We selected these items because they conveyed key frames identified in the media analysis. While these media reports deal with different aspects of the alcohol and pregnancy issue, in this section we identify some of the key interrelated themes that were common across women’s responses.

Distancing from extreme consequences and interventions

The women interviewed demonstrated ‘expert’ knowledge and reflexivity in response to media reporting. This was most notable in responses to the *Seven News* story in which pharmacist Ron Batagol called for the NHMRC Guidelines to be revised to prevent women having abortions because they were concerned about drinking in the early stages of pregnancy. This theme manifested itself in women being sceptical and distancing themselves from the abortion suggestion. Some women had very strong critical reactions to the pharmacist’s claims, usually because they could not identify with the situation he was describing or implying. As Linda put it, “That just doesn’t fit into my world at all”. Similarly, Jacqui said:

I mean, he’s a pharmacist, I understand that and I understand – but drawing that line from terminating – it’s – I don’t really know of many women who have terminated because they had a few drinks.

Among our participants the possibility of abortion was generally not seen as a valid reason to relax the guidelines. Mary also said the pharmacist was “drawing a long bow” and observed the lack of statistics about the number of women in this situation. She said she had not heard of it happening before and described it as “a bit of sensationalism”. Tamika and Rebecca also questioned why a pharmacist was being interviewed on the issue rather than a paediatrician or doctor who performs abortions who has some evidence. Tamika suggested the abortion claim undermined the credibility of the pharmacist’s attempts to offer reassurance:

I get the general message of okay, let’s not stress women out so that there are negative effects on them being stressed but they’re not having abortions.

Kylie also thought the story would be confusing for people and noted that it did not include anyone who counselled women in terms of abortions to find out how often this actually happens and if this is the advice that is being given to women. Her personal experience of being reassured by her doctor

that the drinking she had done before learning she was pregnant was unlikely to have caused harm informed her concern that other women would not also be getting this advice from their doctors, as the pharmacist's claims seemed to imply.

The distancing theme also emerged in response to the 'Lock up risk-taking pregnant women' and 'At risk babies rescued in womb' reports. Some of the terms women used to describe these reports included: "sensationalised", "victimising the mother" (Jacqui); "very aggressive stances" on something that would only impact a few babies; "extreme" and not helping to understand the risks and effects of drinking on the developing fetus (Sandra). Mary described the focus of the stories as "extreme" and suggested the focus should be on helping women before they fall pregnant and on recognising that alcohol is an addictive substance. She observed that: "Most women would say, well that's not me. I'm not an alcoholic; I'm not a drug addict". She said it reinforces the idea that people with drug and alcohol problems are a "dirty underworld," when they can be anyone. Mary went on to make this observation about the potential message that such stories send about drinking during pregnancy:

So I don't think these news articles help get the message across that you shouldn't really have any alcohol while pregnant. In fact they reinforce, to me, and it's just my opinion, they reinforce the opposite. That if you're not an alcoholic then it's okay. (Mary)

This is an interesting response to the 'blame risk-taking mothers' framing, suggesting that it can function to construct outcomes like FASD as conditions of the 'other' and allow women to distance themselves from the possibility that it could have anything to do with them or their circle of friends. Framing that emphasises blaming mothers, while ignoring the situational and societal factors that can make it difficult for some women to stop drinking, may struggle to connect with women (see also Rodriguez, 2013). Emma also touched on this when she suggested the "black and white message" that not drinking is the safest option might be ill-targeted or ill-conceived in as much as:

The people who are going to drink anyway will keep drinking, or don't have the tools that they need to stop, and the people who have made their decision already, really clearly in their mind, they're not going to drink, don't need this information because they've already made a choice.

Emma suggested the focus should be on messages around how to make not drinking a workable option for those who have a drinking problem.

As discussed in the media analysis, the extreme consequences of drinking during pregnancy are regularly part of the alcohol and pregnancy conversation in the media. While women in our study recognised that excessive drinking during pregnancy could cause FAS or FASD there was also the perception that it was only an issue for a minority of women, often who experienced a range of social disadvantages. In this context, there was a sense that the 'Pregnant Pause' story about the FASD conference created a sense of alarm and urgency around the issue that some women thought was not warranted. For example, Joanna suggested there was a mismatch between the tone of the story and what was actually presented:

One of the things that frustrates me about this is that this article, my guess would be, has come out of a conference where they are attempting to get funding from the government and so they're putting their case at its highest in order to maximise the chances of getting the funding. They need the funding, that's good, but the message that comes out of that is much more severe than the actual story is.

Querying the lack of contextual information

This theme emerged most notably in women's responses to the 'Pregnant Pause' story about the FASD conference and the 'Alcohol Review' story. It was also evident in some women's responses to the 'Pregnant Pours' story. Some women suggested the number of FASD cases referred to in the conference story should have been put in context. For example, Kylie said it reported that 3,000 children were born with FASD every year but there was no indication of how many babies in total were born each year or what percentage this was of the number of pregnant women who drank. Others observed that there was no information about the type of drinking and the people who were having children with FAS and suggested it would have been interesting to know how much the mother included in the story had been drinking during her pregnancies. This issue was also taken up in a focus group exchange among women planning pregnancy:

I was interested to see that almost half of all women, um, drink before they realise that they're pregnant. They've drunk something, um, so it must be pretty common for someone to feel, like, scared – scared if they're told that they shouldn't drink anything during pregnancy when they already have drunk something basically. (Jacinta)

Mmm, and was it 20 per cent that drink – drink through their pregnancy, it wasn't really clear whether that was, you know, okay, I – I drank once in my pregnancy so I have drank through my pregnancy. (Corinne)

Or is that I am actually drinking all the way through my pregnancy, it would have been nice to be a bit clearer around that, 'cause I'm still really confused about the levels. I – I know they're saying none is what's acceptable but ... (Sarah)

Similar questions were raised by women in another focus group who suggested that the story gave the strong impression that any alcohol consumption was linked to FASD, largely because of the lack of information about consumption levels:

If you listen to that and you're sort of just half listening to it I think you'd come away going alcohol equals Fetal Alcohol Syndrome. (Fiona)

There was no explanation that the drink nothing suggestion is because we don't know where the safe level is. It was that the only way to avoid it is to drink nothing. (Karen)

And the woman who had the – had a child with FASD saying that if she knew that for her first then she wouldn't have for her last or whatever and there was no indication of how much she'd actually been drinking and who encouraged her to drink in the 80s. (Amanda)

Querying the lack of contextual information also emerged in response to the 'Alcohol Review' report. Just as women expressed concern that the numbers of FASD cases was not put into context in the FASD conference story, women were concerned that in this report there was no information about the numbers of women who might be having abortions out of concern that they had drank too much during pregnancy.

Querying the credentials of news sources and their data

Some women had similar reactions to the 'Pregnant Pours' story as they did to the 'Alcohol Review' story in terms of seeing it as stirring up controversy and they questioned the evidence and credibility of the story's source. Jacqui questioned the credibility and agenda of the economist, Emily Oster, to be making such claims and suggested that claiming current health advice is based on "fuzzy science and half-baked research" is dangerous. Mary also described Oster's claims as "dangerous" and saw it

as simply an attempt to promote her book by offering a stance that goes against standard health advice. She said such an article could have the effect of reinforcing people's current drinking behaviours.

In questioning the pharmacist's claims about abortion in the 'Alcohol Review' story, women wanted to know where the evidence was that this was happening in the kind of numbers that would warrant a relaxation of the Guidelines. For example, Linda said:

How many women are actually going out and getting abortions because they thought, oh my God, I drank some alcohol? I would like to know the statistics on that.

Most women were sceptical of the suggestion that the guidelines would be scaring women into having abortions. Some expressed concern that the pharmacist's views were not adequately supported and that the reporting was unnecessarily alarming.

Important perspectives in light of contested evidence

Some women were not immediately dismissive of the 'Pregnant Pours' and 'Alcohol Review' reports and the claims of their "controversial" experts, drawing upon the 'contested evidence and advice' frame to suggest that they were valid perspectives and contributions to the debate. Emma said it is important that such perspectives are aired "particularly if there is actually no very firm evidence about why you shouldn't drink". Natalie described the 'Pregnant Pours' story as a "positive story" that would have validated her conscious decisions had she seen it when she was pregnant. She also reiterated that her decision was based on what her body was telling her and that in the first trimester she did not want to drink coffee or wine. Sandra said she would be interested in looking at the data upon which the economist was making the claim that it was okay to have one or two drinks. Kylie also said she would pay attention to the article because she liked a wine occasionally and coffee.

Some women also thought the 'Alcohol Review' report raised an important issue regarding termination. Sandra said:

I think it does raise a very good and - I don't think I've ever come across anyone raise - raising that point before - but it's something that crossed my mind - when, like I said, when I was very concerned about the amount of alcohol I had drunk, and then realising I was pregnant.

She said she did not seriously consider an abortion. She also said the pharmacist's view was not fully explored in terms of the question of what could be done to help women who are concerned. Sarah also suggested that the news story had been constructed in such a way as to present the pharmacist's views out of context:

I actually found the pharmacist quite reassuring in that, you know, he was saying - he was trying to get across the point that if you have had a - a drink or if you find out you are pregnant, you know, they need people need to be reassured that you haven't done the most horrible thing in the world, that it will potentially turn out okay, but I think what the media have done is misrepresented that at the end when they talk about, um, you know, 'the last thing we need to do is reassure women that it's okay to drink while they're pregnant', like they've taken his comments out of context.

In response, another woman said the GP's comments in the story would be likely to increase the sense of guilt felt by women who the pharmacist was suggesting needed reassurance. Arguably, the GP's comments tended toward an over-interpretation of risk that would be unlikely to alleviate women's anxiety. Another woman suggested that, rather than choosing two extreme and

contradictory perspectives, it would have been useful and more credible if the story included a perspective from another doctor who has advised women about drinking during early pregnancy to back up the pharmacist's position. This might have also better reflected the common experience among women we spoke to namely, being reassured by their doctor that 'okay you have done this, don't worry, but it would be best to cut back or stop drinking from now'.

Challenging claims about evidence and guidelines

This is another theme that captured some women's responses to the media reports. We have already touched on it in relation to their questioning of the claims of the pharmacist and the economist who were presented and perceived to be adopting "controversial" positions with respect to guidelines and advice. However, women were also critical of those experts who promoted the standard public health advice. For example, in response to the story about the FASD conference ('Pregnant Pause') Gabby interjected at the point when a public health expert said "people don't like to be told that not drinking in pregnancy is the safest choice but that's what the evidence tells us," suggesting that "no it doesn't".

Others had more mixed responses to the 'Alcohol Review' story about the NHMRC Guidelines, questioning the claims of the pharmacist but also those of the GP included in the story. Emma said she was "shocked" by the report and that some women would be considering terminating a pregnancy because they had a few drinks: "That they'd been so scared into that, yeah. Yeah. I find that really disturbing". She said it seemed like such an "extreme response" and questioned the numbers of women who might actually be doing this. But she also suggested the GP's comments were not useful in light of the fact that women are going to drink anyway. She said simply telling them it is not okay does not address their issues. She had a similar kind of response to the FASD conference story, which contrasted the existence of the Guidelines with the apparent finding that women are continuing to drink. She suggested this implied that simply telling people something was sufficient to make them act when doing so does not address any of the reasons they might be continuing to do so, including that some people take pleasure from it.

As a result of the GP's contribution to the 'Alcohol Review' story Sandra also said the overriding message she took was that if you drink you are bad and harming your baby, which is more likely to add to the anxiety of women who are already concerned. Linda, who questioned the number of women who might be having abortions, was also not convinced by the vehement claims of the GP in the story that the Guidelines are black and white. Similarly, Joanna said: "It's black and white? No. It's not" and Sarah also disputed the claim, emphasising that the low risk from low-level drinking that is included in the Guidelines makes it "shades of grey".

Summary: Women talk about alcohol in pregnancy

This section has focused on how women negotiate information about alcohol and pregnancy. It examined their experiences of alcohol and pregnancy, their views on the NHMRC Guidelines, the roles of peers and others sources of information and advice, and their perceptions of news stories. We draw the following conclusions:

- More than half of the women reflected on the experience of drinking before they realised they were pregnant. Their description of these experiences indicated awareness that drinking while pregnant can harm the fetus. Most women seemed to have accepted the idea that not drinking during pregnancy is what is expected of women and what they are generally advised. Rather

than being attributed to any one particular source, this appeared to be a culturally accepted norm among the women we interviewed but also one that did not preclude the occasional drink.

- Uncertainty influenced some women to adopt the ‘better safe than sorry’ approach, but women also tended to associate harm to the fetus with heavy drinking. Not all women ruled out alcohol completely during pregnancy and many said they knew of others who had made the same choice. Women tended to adopt the view that the occasional drink was okay even if they personally had decided to abstain.
- It could be argued that the fact that women appeared to distance themselves from messages about the risks of drinking in pregnancy points to the need for information that speaks to women who may be drinking some alcohol. Some women did distance themselves from extreme alcohol consumption and the ‘FASD crisis’ frame. But there was no suggestion from any of our participants that they did not understand what moderate drinking was (as they defined it) or that they had actually consumed a lot more than they admitted. Those who had consumed alcohol with the knowledge that they were pregnant were comfortable that the amount that they had consumed in their view was not likely to be harmful.
- In the absence of supporting evidence, seeking to convince women that the occasional drink is harmful runs the risk of damaging the credibility of those advocating that message. It may also generate resistance if it is perceived as a scare tactic.
- Doctors, midwives, friends and partners played a role in helping some women to put risk in context and by offering reassurance. Peer groups also worked to reinforce and encourage acceptable behaviours.
- Some women mentioned not having to look too far for advice about drinking during pregnancy. They reported being informed by their doctors or midwives that not drinking is the safest option, or seeing this message in pamphlets and other sources of information and advice they had consulted. Women were generally not aware of the NHMRC Guidelines but understood the rationale behind them.
- There was some variation in women’s responses to particular messages about alcohol and pregnancy, including the NHMRC Guidelines, with some suggesting there was confusion and some that there was “scare-mongering” around the issue. Women recognised that there was contested evidence and often referenced this in their responses to Guidelines and media reports. Some saw the Guidelines as a responsible public health message while others were critical that the abstinence message was dominant even in the absence of evidence about the harms of low-level drinking.
- Many women spoke of not feeling like drinking, not finding it a challenge to stop, or of simply having an occasional alcoholic drink during pregnancy. Alcohol consumption for the women we interviewed was just one of a range of factors they considered as part of having a healthy pregnancy. In this context, messages about extreme interventions and consequences associated with drinking during pregnancy often did not resonate with them.

Discussion

As a matter of public policy, social concern and scientific research, the consumption of alcohol during pregnancy is also a topic of news. It is not our intention to draw any direct causal relationship between how the issue of alcohol and pregnancy is reported in the news media and women's understandings and practices. However, this study does add an important dimension to existing research by examining how news framing of alcohol and pregnancy resonates with women and how they respond to some of the different perspectives on alcohol and pregnancy that appear in the media.

FASD in media and women's accounts

The media analysis found that FASD had a significant presence in the media's reporting of alcohol and pregnancy during this study's timeframe. This suggests that it provides a key lens through which the issue is understood and that government, health experts and advocates have had some success in getting the issue onto the media agenda. As with Rodriguez's (2013) previous study of Australian media reporting, information and advice about where women who are struggling with alcohol could seek assistance was generally not provided in the media articles we examined, other than the occasional reference to consulting their doctors if they have concerns. In contrast to Rodriguez's (2013) study which found that people living with FASD and those who care for them were largely ignored in news coverage, our study found that these perspectives were included in some of the key news stories identified. This suggests that public health advocates and researchers may have had some success in bringing these perspectives into the mainstream public discussion as a way of showing the impacts of FASD and the importance of a whole-of-community approach to prevention.

Among the women we spoke to, FASD was not a dominant lens through which they understood or talked about drinking in pregnancy. It was mentioned occasionally and in the context of women's responses to the TV news report about the FASD conference. Women tend to associate it with excessive alcohol consumption during pregnancy. This was not because they were ignorant or not receiving expert recommendations but because they were not convinced that a low-level of alcohol consumption would have harmful effects. For some women this message had been endorsed by a healthcare provider and within their own peer groups. Some women also suggested that the abstinence advice was confounded by the lack of certainty in the evidence base, as reflected in documents such as the NHMRC Guidelines.

News reports often include figures to suggest that some women are continuing to ignore the warnings about drinking during pregnancy, but there is often little information about the drinking habits of mothers of children who are born with FASD. The 'FASD crisis' frame, in suggesting that cases are on the rise and the message is not getting through or women are ignoring it, puts the focus on what should be done to stop these irresponsible mothers from inflicting this preventable disability on their children. This frame can exacerbate social judgment and blaming of women. Furthermore, while references to FASD may work to symbolise or make the risk tangible, such reports may do little to enable women to compare their own consumption practices with those of someone who has had a child with FASD. The absence of important contextual information may therefore impede women's ability to connect with the issue.

Contested evidence and advice in media and women's accounts

The 'contested evidence and advice' frame that we identified is consistent with Rodriguez's (2013) finding that the media contributes to confusion by endorsing abstinence at the same time as suggesting that low or moderate levels are safe (see also Bogren, 2011b). Of this she argues: "[t]he message of abstinence is therefore belittled and becomes suggestive rather than an assertive, potentially decreasing its authority and influence over the behaviour of expectant mothers" (Rodriguez 2013, p. 28). She concluded there is a need for further promotion of the NHMRC Guidelines. Our interviews confirm that women do draw upon the 'contested evidence and advice' frame to question the abstinence message and explain their reasons for believing that low or moderate consumption is safe.

Abstinence was not the dominant frame through which alcohol and pregnancy was portrayed in the news media or understood and talked about by women. In our dataset 44 stories mentioned that women are currently advised not to drink and, of these, only 20 mentioned the Guidelines specifically. The majority of women we interviewed were not specifically aware of the NHMRC Guidelines and they reported either personally or knowing of others who did continue to have an occasional drink during pregnancy. The lack of awareness of the 2009 Guidelines might be explained by the fact that they have not been promoted in any comprehensive public education campaigns (Rodriguez, 2013).

One of the benefits of our study is that we have been able to gauge women's responses to the abstinence public health message. We found that many women understood the rationale for the message, even if their personal beliefs were different and even though they recognised that there was contested evidence in the area. But some were strongly opposed to the abstinence guideline and saw it as overly risk averse and a potential source of further judgment of pregnant women. Women were generally sceptical of the suggestion that women would be so fearful that they would have an abortion, as was suggested in one media report on which we sought their views. However, that some women did think this was an important issue to be discussing and that they varied in their responses to the Guidelines, highlights the limitations of adopting a one-size fits all approach to discussing and addressing the issue.

Women's rights and negotiations of risk and responsibility

Our findings are consistent with those of Meurk et al. (2014), particularly with respect to women associating low-level consumption with low risk. Their study found that the role of alcohol in women's social lives and identities influenced their decisions about whether to drink during pregnancy or not. For the women in our study who reported having an occasional drink there was not a strong sense that their decisions were influenced by alcohol being a particularly important component of their identity. There was a strong sense that it should be a woman's right to make her own decisions about whether or not to drink. We also found that women described their decisions to have an occasional drink through the lens of doing what felt comfortable and right for them and not denying themselves if that was going to add to their stress.

The news media's reporting of alcohol during pregnancy demonstrates how discourses of risk form a key component of the socio-cultural context in which practices of motherhood take place and against which women are judged. The 'blame risk-taking mothers' framing drew on 'bad mother' discourses that in turn promoted women's bodies as public property available for 'policing'. The 'maternal-fetal conflict' described in the Introduction was most apparent in those stories adopting this frame. Such stories tended to construct an image of what Leppo (2012, p. 183) has described as

the “indifferent alcoholic woman” whose behaviours need to be controlled and contained. In this context, news media, along with the flow of research findings on the issue, can be positioned as contributing to a sense of hysteria around the practices of pregnant women. In effect, this reinforces the idea that pregnant women’s bodies are legitimate sites of policy and expert intervention in the name of reducing risk. Women variously drew upon the ‘women’s rights’ and ‘community responsibility’ frames to counter stories suggesting that punitive measures would be necessary or effective. Rodriguez (2013) identified that women who consume alcohol in pregnancy are presented through an “other”-oriented frame that women would struggle to identify themselves with (p. 32). We noted this distancing effect of stories reporting on punitive measures toward mothers among some of the women we spoke to.

Based on our interviews, it is important to highlight the difference between respecting and understanding other women’s choices and adopting those choices for one’s self. This is potentially relevant to the implicit concern that even talking about or suggesting safe levels is problematic because it runs the risk that women will over-interpret them or lose track of their consumption. While reassurance is a difficult message to convey through news media and public health campaigns, as O’Leary (2012) suggests, it is important to inform women that not all pregnancies exposed to alcohol will be harmed.

Individualism and responsible motherhood are not mutually exclusive and the decisions women make about their own responsible drinking during pregnancy offer an example of this. Not all of the women had chosen complete abstinence and so technically they were not following the Guidelines. However, they did not describe experiences of drinking heavily or regularly and it was clear that they did not perceive their behaviours as putting their unborn babies at risk. The ‘women’s rights’ frame was variously deployed by women to challenge the approach of policing women through guilt.

These findings are consistent with previous research showing that women resist attempts to position them as ‘at risk’ or engaging in ‘risky behaviours’ and seek to create alternative subject positions for themselves (Armstrong, 2005). Our study also supports previous research showing that women use a range of strategies to defend themselves from the anxiety a risk presents, with altering risky behaviour only one possible response (Thirlaway & Higgs, 2005). On the whole, and consistent with previous research, women in our study understood moderate drinking in terms of autonomy and personal responsibility and not as irresponsible or risky (Hammer & Inglin, 2014). Further, they were not about to judge other women who chose to drink during pregnancy (see also Jones & Telenta, 2012).

Social and cultural context of alcohol and pregnancy

Unlike Jones and Telenta’s (2012) study, women we spoke to did not particularly reflect on the drinking culture in Australia in discussing their own views and experiences. Some mentioned particular social occasions where having a drink was seen as acceptable when pregnant but there was little evidence that they had chosen to drink to avoid being seen as anti-social. Rather, pregnancy was seen as one of those socially acceptable reasons not to drink. This was also revealed in some women’s anecdotes about how not drinking at a particular social occasion could be taken as a sign that they may be pregnant or references to strategies of passing as not pregnant by pretending to have a drink and either swapping it with their partners or tipping it out when nobody was looking. This is perhaps evidence that abstinence is considered an anomaly in some Australian social settings.

Unlike previous research (Elek et al., 2013) women in our study did not report that their partners had a particularly important influence on their drinking practices during pregnancy. In response to the idea of partners abstaining from alcohol to support their loved ones during pregnancy some women suggested they did not see the need for both parties to abstain. It was notable, however, that women did identify the role of peers and friends in terms of reinforcing what are considered acceptable behaviours during pregnancy. This was particularly evident when women discussed how other women might be more vulnerable and in less well supported social situations where excessive drinking was normalised.

Research has found that drinking during pregnancy is more common among older mothers and those with higher levels of household income and educational qualifications (Callinan & Room, 2012). Women in our study were based in the Canberra region, well-educated and in the middle to high socioeconomic range and thus our findings are not generalisable to women in other demographics. All of the women had partners and/or family, friends, mothers groups and healthcare professionals from whom they could access information, advice and support. Our findings offer support for the view that women in this demographic tend to accept that the occasional drink is okay while getting drunk or excessive drinking is not. However, as we know and saw in some of the items identified in the media analysis, not all women are in the position to act in accordance with recommendations and advice about drinking in pregnancy.

Implications and future research

It is important to recognise that changing people's behaviours requires actions to be taken at a range of levels. Interventions also need to be based on an accurate picture of the factors that influence people's behaviours and of the extent of the problems believed to be caused by the behaviours. Alcohol consumption during pregnancy can have harmful effects in the form of FASD; there is a clear need for health promotion campaigns on this matter.

We have conducted a small qualitative study of women in the Canberra region and therefore we cannot generalise our findings to other populations or use them to identify broad-based policy or campaign responses. We also acknowledge that we did not ask our participants to specify the amount of alcohol they consumed during their pregnancy but, rather, were guided by their frank discussion about their experiences, which ranged from not drinking to having an occasional drink. Of course, women recognised that an 'occasional' drink may have different meanings for different people and many interpreted the abstinence public health advice through this lens. While we cannot extrapolate our findings to other groups of women, we can suggest some implications for social marketing activities, media interventions and future research based on the views and experiences of women in our study. These women were generally aware of the advice that not drinking during pregnancy was the safest option but also described situating and interpreting this advice in the context of a range of other considerations during pregnancy. Thus, targeted messages to abstain from alcohol in order to avoid the risk of FASD will not guarantee that women will be persuaded to change their behaviour. Women make decisions based on what feels right for them and do not simply accept public health directives as in their best interests.

Public education about the effects of small amounts of alcohol during pregnancy may be worthwhile but women will not necessarily accept such claims on face value and in the absence of evidence. Women are also sensitive to practices of policing pregnant women and the potential for well-intentioned public health messages to be used to exacerbate women's feelings of guilt and anxiety. One response to these practices is for women to distance themselves from such messages –

not so much because they do not see that women like themselves may engage in the levels of drinking that can put their unborn at risk of FASD, but because they want a healthy pregnancy and the best outcomes for their child and are already taking responsibility for doing so. In promoting the Guidelines and advising women on drinking, public health experts and organisations should recognise that women are also actively interpreting the Guidelines using their own situated knowledge, including that gained from their pregnancy experiences.

Implications for social marketing activities and media interventions

On the basis of the media analysis and the rich conversational data we obtained in our interviews, the following are some interrelated areas for consideration when developing campaigns and engaging the media about alcohol and pregnancy:

- Media tended not to frame the issue of consuming alcohol in pregnancy as one of ‘community responsibility’. However, by continuing to provide journalists with positive, solution-focused stories and countering alarmist news told through the ‘blame risk-taking mothers’ frame, governments and public health advisers can help to raise awareness that alcohol consumption and issues like FASD are issues confronting the community as a whole, and therefore must be addressed as whole-of-community concerns.
- Expert sources play an important role in promoting particular news frames. The House of Representatives Standing Committee on Social Policy and Legal Affairs Inquiry into the prevention, diagnosis and management of FASD hearings and submissions, and the resultant *FASD: The hidden harm* report, provided subsidies for journalists to develop news stories and access news sources. Advocacy organisations and researchers can capitalise on the desire of journalists for news subsidies to generate and propagate consistent and clear messages about the risks of drinking alcohol during pregnancy. Government, public health advocates and health professionals working in this area can continue to provide awareness-building and education to increase public discussion and understanding of the complexities and consequences of FASD.
- ‘Women’s rights’ is another frame that advocates and public health researchers might consider further capitalising on in their public communication about alcohol and pregnancy, given its strong resonance in women’s accounts.
- Creating fear about the risks of FASD from consuming alcohol can exacerbate feelings of guilt, stress and even helplessness. Our interviews also indicate that women distance themselves from messages about alcohol and pregnancy that they see as alarmist or extreme. This suggests it might be useful to provide more empowering and positive messages about women who are choosing not to drink and their reasons for doing so. More emphasis on practical tips and advice for how women can workably reduce their consumption as one part of having a healthy pregnancy could also be considered. This should be conducted in tandem with long-term positive public information campaigns about the benefits of abstinence from alcohol.
- Our research provides evidence that women would like a more definitive explanation of the abstinence message, including details about the actual harms and effects, how risks differ at different stages of pregnancy, and links between the amount and regularity of drinking and severity of effects.
- Women may be less likely to distance themselves from messages about the risks of consuming alcohol during pregnancy if they accurately reflect the state of the scientific evidence, and the

basis for the precautionary advice, at the same time as respecting a woman's right to make her own considered decisions in light of the information, resources and support available to her.

Future research directions

Through the course of our research we have identified some areas where we believe further research would be beneficial. Talking to women from other socioeconomic and cultural backgrounds about their experiences and practices in relation to alcohol consumption would clearly be valuable. How do their views compare with those of the women interviewed in this study?

Building on the Foundation for Alcohol Research and Education (FARE)'s government-sponsored 'Women Want to Know' campaign which aims to encourage health professionals to talk to women about alcohol and to offer advice consistent with the NHMRC Guidelines, further discussion with health professionals about their experiences of talking to pregnant women would also be worthwhile.

How do they respond to women who come to them concerned that they have consumed a lot in the early stages before learning they were pregnant? What are their views on the suggestion that women need to be reassured in the event that they are considering an abortion? What is the basis for any reluctance among health professionals to talk to women about the issue? How do they perceive and assess conflicting research findings that form part of the mediated discussion of alcohol consumption during pregnancy? How do the frames identified in this study show up in the accounts of health and medical professionals?

We have not provided an analysis of existing public health campaigns and resources in the area of alcohol consumption during pregnancy, but a comprehensive analysis in light of the information provided in this report about women's understandings would be an important next step. This could include surveying and critically analysing the information and advice about alcohol and pregnancy contained in materials available to pregnant women through hospitals, health clinics and midwives as well as information and advice included in books and magazines used by pregnant women and those planning for pregnancy.

There was some confusion and wariness about the NHMRC Guidelines concerning abstinence when attempting to conceive. In our focus group with women planning pregnancy, women spoke about making themselves as healthy as possible and this included quitting smoking and cutting back alcohol for a couple of women, but the issue of abstaining completely while trying to conceive did not come up. In this context, future research could consider talking to other women, including younger women and girls, about their perception of the issue and, particularly, the advice about not drinking if you are planning a pregnancy.

In light of the Pregnant Pause campaign it would also be interesting to talk to husbands/partners and general members of the community about their views on alcohol during pregnancy, the mixed messages that are available and whether they see themselves as having a role to play in relation to the issue of alcohol consumption during pregnancy.

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Appendix A: List of media items included in the dataset

*Indicates media reports used as stimulus in interviews and focus groups.

Newspapers (print)

- 'Many myths born of pregnancy', *The Sydney Morning Herald* (7 February 2013, p.14)
- 'Pregnant women who smoke are easy targets for the morality police', *The Sydney Morning Herald* (7 February 2013, p.1)
- "Lock up risk-taking pregnant women", *The Australian* (8 February 2013, p.3)
- 'Social workers reject police pregnancy push', *The Australian* (9 February 2013, p.5)
- 'Burden of a bundle of joy', *The Sydney Morning Herald* (9 February 2013, p.2)
- 'Pregnant pause needed for alcohol awareness', *The Canberra Times* (12 February 2013)
- 'Cars pregnancy risk', *The Canberra Times* (13 March 2013)
- 'Car danger to mums', *The Daily Telegraph* (13 March 2013, p.17)
- 'Wine agony aunt', *The Sydney Morning Herald* (28 May 2013, p.20)
- 'Bubbly or earl grey', *The Canberra Times* (29 May 2013)
- 'On balance, no harm in daily tipple for mum', *The Australian* (19 June 2013, p.3)
- 'Beer label warnings', *The Daily Telegraph* (12 July 2013, p.22)
- 'Pregnant pours', *The Daily Telegraph* (16 August 2013, p.3)
- 'Third of mums-to-be drink while pregnant: study', *The Daily Telegraph* (2 September 2013, p.11)
- 'Mums raise a glass half full to quiet tipple...', *The Daily Telegraph* (8 September 2013, p.31)
- 'Women still in dark about drinking while pregnant', *The Canberra Times* (10 October 2013)
- 'Health', *The Australian* (16 October 2013, p.14)
- 'Spare mums-to-be from tipple police', *The Daily Telegraph* (12 November 2013, p.13)
- 'At-risk babies rescued in the womb', *The Daily Telegraph* (17 November 2013, p.4)
- 'Law tough on drug mums', *The Daily Telegraph* (21 November 2013, p.17)
- 'Pregnancy fails to slow binge drinkers', *The Canberra Times* (29 January 2014)
- 'Binge drinkers continue boozing in pregnancy', *The Sydney Morning Herald* (29 January 2014, p.3)
- "PM for Indigenous affairs' has his task cut out on that front", *The Australian* (1 February 2014, p.16)
- 'Pregnancy drinking', *The Canberra Times* (12 March 2014)
- 'Call to modify guidelines on light drinking in pregnancy', *The Sydney Morning Herald* (21 April 2014, p.2)
- 'Calls to relax pregnancy alcohol guidelines', *The Daily Telegraph* (21 April 2014, p.7)
- 'Drinking in pregnancy guidelines 'alarmist'', *The Canberra Times* (21 April 2014)
- 'Controlled drinking zones 'will save lives'', *The Australian* (27 May 2014, p.3)
- 'Pregnant drink link to disease', *The Daily Telegraph* (28 June 2014, p.29)
- 'Return of rating system for food 'a small first step'', *The Sydney Morning Herald* (28 June 2014, p.9)
- 'Most women unaware of best food practices', *The Canberra Times* (3 July 2014)
- 'Pregnancy tests in bars to prevent Foetal Alcohol Syndrome?', *The Daily Telegraph* (6 July 2014, p.2)

'Lure expectant mums to GP with 'baby boxes'', *The Australian* (1 August 2014, p.7)

'Holding ourselves to account starts here', *The Daily Telegraph* (1 August 2014, p.75)

'Canberrans urged to give up the pub for their bub', *The Canberra Times* (21 August 2014)

'Women and alcohol: the physical toll', *The Australian* (19 September 2014, p.12)

'It's simply a matter of trust', *The Canberra Times* (25 October 2014)

'Town waits to hear of grog's terrible toll', *The Australian* (25 October 2014, p.4)

'Kids condemned to life on dole', *The Daily Telegraph* (30 October 2014, p.4)

Newspapers (online)

'Pregnant pause needed for alcohol awareness', *The Sydney Morning Herald*, www.smh.com.au (12 February 2013)

'Pregnant women warned to adopt zero tolerance approach to alcohol intake', *The Daily Telegraph*, www.dailytelegraph.com.au (7 September 2013)

'Pregnant drinkers on the rise', *The Daily Telegraph*, www.dailytelegraph.com.au (15 November 2013)

'Some timely tips for journalists and others reporting on Fetal Alcohol Spectrum Disorders', *Crikey*, <http://blogs.crikey.com.au> (18 November 2013)

'Petition launched to recognise Fetal Alcohol Spectrum Disorders as a disability', *Crikey*, <http://blogs.crikey.com.au> (19 November 2013)

'"The alcohol industry carries a heavy burden of responsibility for FASD" – and other conference news', *Crikey*, <http://blogs.crikey.com.au> (20 November 2013)

'To improve children's lives, Australia must act on alcohol marketing, pricing and availability', *Crikey*, <http://blogs.crikey.com.au> (21 November 2013)

'Conference spotlights the political and policy challenges involved in tackling Fetal Alcohol Spectrum Disorders', *Crikey*, <http://blogs.crikey.com.au> (22 November 2013)

'A pregnant pause on alcohol', *The Daily Telegraph*, www.dailytelegraph.com.au (7 December 2013)

'Truth about drinking in pregnancy', *The Daily Telegraph*, www.dailytelegraph.com.au (15 December 2013)

'No forced adoption for Aboriginal children', *The Australian*, www.theaustralian.com.au (20 March 2014)

'Babies to be taken from drug-addicted parents', *The Daily Telegraph*, www.dailytelegraph.com.au (27 March 2014)

'Aboriginal alcoholism worsening: inquiry', *The Australian*, www.theaustralian.com.au (2 April 2014)

'Juveniles to participate in WA research', *The Australian*, www.theaustralian.com.au (8 April 2014)

'Pharmacist Ron Batagol calls for drinking mothers to be reassured', *The Sydney Morning Herald*, www.smh.com.au (21 April 2014)

'Alcohol in pregnancy: why experts say no', *ABC Pulse*, www.abc.net.au/health (22 April 2014)

'If "granny" makes you think of an older woman, then you need to read this', *Crikey*, <http://blogs.crikey.com.au> (4 August 2014)

'Australia's boozy black spots revealed', *The Daily Telegraph*, www.dailytelegraph.com.au (29 August 2014)

'NZ drunk mum caught driving', *The Australian*, www.theaustralian.com.au (10 September 2014)

'The way to beat poverty', *The Sydney Morning Herald*, www.smh.com.au (16 September 2014)

'Bottle babies: the devastation of foetal alcohol spectrum disorders', *The Sydney Morning Herald*, www.smh.com.au (25 October 2014)

Websites

'Police call for tougher laws to protect unborn babies', *Mother and Baby*, www.motherandbaby.com.au (8 February 2013)

'Pregnancy, alcohol and ADHD', *Essential Baby*, www.essentialbaby.com.au (22 February 2013)

'Light drinking in pregnancy won't harm your child, study suggests', *Mother and Baby*, www.motherandbaby.com.au (18 April 2013)

'A wine a day OK in pregnancy, study says', *Mother and Baby*, www.motherandbaby.com.au (20 June 2013)

'Labor commits \$20m to fight foetal alcohol disorders', *Essential Baby*, www.essentialbaby.com.au (8 August 2013)

'Only One Glass? The Real Pregnancy Booze Rules', *Mother and Baby*, www.motherandbaby.co.uk (2 October 2013)

'How Many Women Are Secret Pregnancy Drinkers?', *Mother and Baby*, www.motherandbaby.co.uk (17 October 2013)

'My daughter has FASD', *Essential Baby*, www.essentialbaby.com.au (17 October 2013)

'My life with FASD, the invisible disability', *Essential Baby*, www.essentialbaby.com.au (23 October 2013)

'Attention dads-to-be: how you can help your partner and babies around Australia', *Essential Baby*, www.essentialbaby.com.au (28 October 2013)

'The Dos And Don'ts Of Pregnancy', *Mother and Baby*, www.motherandbaby.co.uk (30 October 2013)

'Elka Whalan: 'Why I'm a Pregnant Pause ambassador'', *Essential Baby*, www.essentialbaby.com.au (6 November 2013)

'Ready to pause for a cause?', *Essential Baby*, www.essentialbaby.com.au (14 November 2013)

'Eight facts about fetal alcohol spectrum disorders', *Essential Baby*, www.essentialbaby.com.au (3 December 2013)

'Zero alcohol during pregnancy, study says', *Mother and Baby*, www.motherandbaby.com.au (5 December 2013)

'Why The Odd Glass Of Wine In Pregnancy Could Be Good For Your Baby', *Mother and Baby*, www.motherandbaby.co.uk (10 January 2014)

'The Man's Guide To Healthy Sperm: Boost Your Chance Of Conception', *Mother and Baby*, www.motherandbaby.co.uk (10 January 2014)

'5 Bad Habits That Could Be Stopping You From Getting Pregnant', *Mother and Baby*, www.motherandbaby.co.uk (10 January 2014)

'Why we need to fight against FASD', *Essential Baby*, www.essentialbaby.com.au (22 January 2014)

'Alcohol During Pregnancy: Safe or Not?' *American Baby*, www.parents.com/american-baby-magazine (29 January 2014)

'Kids with foetal alcohol spectrum disorder more likely to end up in prison', *Essential Baby*, www.essentialbaby.com.au (17 February 2014)

'Dad's drinking bad for unborn baby', *Mother and Baby*, www.motherandbaby.com.au (17 February 2014)

'Pregnancy Tests Coming to a Bar Near You?', *American Baby*, www.parents.com/american-baby-magazine (27 March 2014)

'Mums Admit Alcohol Helps Relieve Parenting Stress', *Mother and Baby*, www.motherandbaby.co.uk (4 April 2014)

'Should your partner stop drinking alcohol when you're pregnant?', *Mother and Baby*, www.motherandbaby.com.au (23 April 2014)

'Yes, you can be pregnant and still have a life', *Mother and Baby*, www.motherandbaby.co.uk (28 April 2014)

'So why all the controversy over alcohol and pregnancy?', *American Baby*, www.parents.com/american-baby-magazine (April 2014)

'Pregnant women jailed for drug use under new US law', *Essential Baby*, www.essentialbaby.com.au (2 May 2014)

'The silent issue of foetal alcohol spectrum disorder', *Essential Baby*, www.essentialbaby.com.au (20 May 2014)

'Should bars offer free pregnancy tests?', *Essential Baby*, www.essentialbaby.com.au (7 July 2014)

'Revealed! The Amount Of Alcohol Pregnant Woman In The UK Are Really Drinking', *Mother and Baby*, www.motherandbaby.co.uk (14 July 2014)

'The benefits of motherhood', *Mother and Baby*, www.motherandbaby.com.au (5 August 2014)

'Ban booze before pregnancy', *Mother and Baby*, www.motherandbaby.com.au (7 August 2014)

'Expectant parents urged to swap the pub for bub', *Essential Baby*, www.essentialbaby.com.au (22 August 2014)

'The facts on drinking before you know you're pregnant', *Essential Baby*, www.essentialbaby.com.au (10 October 2014)

'The devastation of foetal alcohol spectrum disorders', *Essential Baby*, www.essentialbaby.com.au (25 October 2014)

Television news

'From tobacco to alcohol and when it comes to the dangers of drinking while pregnant, it seems Australian researchers say one- third of women are unaware alcohol can affect their unborn child', *SBS World News* (1 August 2013)

'Every day somewhere in Australia, a baby is born who will endure a lifetime of hardship because of an entirely preventable condition', *ABC 7.30* (12 September 2013)

'Insight: Tonight on Insight - drinking alcohol during pregnancy', *SBS Insight* (15 October 2013)

'Baby seizure plan', *ABC News* (17 November 2013)

*'Pregnant pause: Doctors are warning women if they drink any amount of alcohol, they risk harming their unborn child', *ABC News* (QLD) (19 November 2013)

'Protesters voice opposition to Zoe's law: Opponents of the controversial Zoe's law have gathered in the city to call on members of the upper house to oppose the bill', *Seven Nightly News* (23 February 2014)

'The Northern Territory Government is considering legislation that could see women prosecuted or restrained if they drink while pregnant', *ABC Lateline* (14 March 2014)

'The Northern Territory's Attorney-General and child protection Minister has backed away from prosecuting pregnant women who drink heavily', *ABC Lateline* (26 March 2014)

'The Northern Territory's Child Protection Minister has backed away from prosecuting pregnant women who drink heavily', *ABC News* (NT) (26 March 2014)

'Drinking while pregnant: There are calls for health authorities to relax national guidelines on drinking during pregnancy', *National Nine News* (21 April 2014)

*'Alcohol review: A leading pharmacist is calling for alcohol warnings for pregnant women to be reviewed and relaxed', *Seven Nightly News* (21 April 2014)

'It's hard to believe these days but there are still confusion over whether or not pregnant women should drink alcohol', *Ten News* (1 July 2014)

'Alcohol babies: Alcohol abuse remains a common problem across the Northern Territory', *ABC 7.30* (NT) (1 August 2014)

'Social workers, health specialists and researchers all have been heard during the Northern Territory's first inquiry into Fetal alcohol spectrum disorder', *ABC News* (NT) (12 August 2014)

Appendix B: Project flyer

Are you pregnant, planning or a new Mum?

Would you like to participate in a research project about pregnancy health issues and how they are reported in the media?

Would you like to share your views and experiences about alcohol consumption during pregnancy?

Researchers from the News & Media Research Centre at the University of Canberra are undertaking a research project into media reporting and women's views about alcohol consumption during pregnancy. The 'Conversations about Alcohol and Pregnancy' project is funded by the Foundation for Alcohol Research and Education (FARE), an independent, charitable organisation working to prevent the harmful use of alcohol in Australia: www.fare.org.au. It has received ethics approval from the University of Canberra's Human Research Ethics Committee.

If you would like to participate in an interview or gather together a group of friends for a group discussion, the project's Chief Investigators, Dr Kate Holland and Dr Kerry McCallum would love to hear from you. They will be conducting interviews and focus groups during 2014.

They can be contacted at:

Phone: (02) 6201 5932 (or 5933)

E-mail: Kate.Holland@canberra.edu.au or Kerry.McCallum@canberra.edu.au

To find out more about the Project visit the News & Media Research Centre website: www.canberra.edu.au/nmrc/conversations-about-alcohol-and-pregnancy



Appendix C: Participant information sheet



Participant Information Form – Interviewees

Project Title

Conversations about Alcohol and Pregnancy: Investigating Media Portrayals and Women's Experiences

Researchers

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Project Aim

The primary aims of project are to analyse media messages and women's experiences of and reactions to information and advice about alcohol consumption during pregnancy.

Benefits of the Project

The information gained from the research will be used to inform key interest groups, and the wider community, about the factors and types of messages that help or hinder women's understandings and practices in relation to alcohol consumption during pregnancy.

General Outline of the Project

The project will investigate how women make sense of information and advice about alcohol consumption during pregnancy. It will map recent news media portrayals with attention to the messages presented about the risks of alcohol during pregnancy. Focus group discussions and individual interviews will seek women's views on the issue with the aim of identifying the factors that inform their knowledge and related practices. The project has been funded by a grant from the Foundation for Alcohol Research and Education, an independent, charitable organisation working to prevent the harmful use of alcohol in Australia www.fare.org.au.

Participant Involvement

Women who agree to participate in the research will be asked to attend a focus group (of 4-6 participants) and/or an individual interview, which will be audio-recorded for transcription and analysis. It is expected that the discussion will take 60-90 minutes. The aim is to allow women to speak openly about topics such as awareness of alcohol risks and guidelines, consumption practices, trust in information sources, ways of managing and reasoning about conflicting advice, and views on interventions such as alcohol labeling and education campaigns. Participants will also be asked to read/view and respond to recent media items dealing with the issue of alcohol consumption during pregnancy. Participants will be free to refuse to discuss any topic or answer any question.

Participation in the research is completely voluntary and participants may, without any penalty, decline to take part or withdraw at any time without providing an explanation, or refuse to answer a question. Please be assured that all the data collected from interviews will be stored securely and only accessed by the researchers. Great care will be taken to ensure that any reports of the data do not identify any individual or their circumstances.

Confidentiality

Only the researchers will have access to the individual information provided by participants. Privacy and confidentiality will be assured at all times. The research outcomes will be provided in a report to the Foundation for Alcohol Research and Education and may be presented at conferences and in journal articles. In all reports the privacy and confidentiality of individuals will be protected.

Anonymity

Due to the need to have face to face interviews with participants, it is not possible for the research to be anonymous. However, please be assured that all reports of the research will contain no information that can identify any individual. All information will be kept in the strictest confidence.

Data Storage

The information collected will be stored securely on a password protected computer throughout the project and then stored at the University of Canberra for the required five year period after which it will be destroyed according to university protocols.

Ethics Committee Clearance

The project has been approved by the Committee for Ethics in Human Research of the University of Canberra.

Queries and Concerns

Queries or concerns regarding the research can be directed to the researchers, Kate Holland or Kerry McCallum, whose contact details are at the top of this form. They welcome answering any queries.

Appendix D: Interview guide

Guide for Focus Groups and Interviews

So, we are recording now.

My name is Kate Holland/Kerry McCallum. I'm a researcher from the University of Canberra's News and Media Research Centre and we are working on the 'Conversations about Alcohol and Pregnancy' research Project.

Background and overview

I'll just begin with a bit of an overview of the Project. Then I'd like you to introduce yourself and talk a little about your experiences and views of pregnancy and your sources of information and advice. After that I'd like to focus on alcohol and pregnancy and your views on some specific media items.

The project is funded by the Foundation for Alcohol Research and Education (FARE) which is an independent body that conducts research and advocacy work around alcohol use. The purpose of the study is to find out more about how the media – that's social and mainstream media – portray the issue of drinking in pregnancy, and what women, their partners and social groups understand about alcohol and pregnancy.

Thanks for agreeing to participate. I'm keen to learn about your views and experiences – not just about alcohol and pregnancy but sources of information and advice you've found useful in planning for and during your pregnancies.

Everything we talk about here today is confidential, your identity will be kept anonymous.

Introductions

So to get started, would you like to introduce yourself, and say a little about your stage of pregnancy, if you have children, how many, and whether you plan to have more children.

Maybe also tell us why you were interested in participating in the research?

Prenatal experiences – Planning for pregnancy – Prior to becoming pregnant

What would you say were your main sources of information about pregnancy?

[follow up: family, friends, prenatal classes, peer groups, health professionals, midwives, media, pregnancy magazines/blogs/other online forums]

Did you do a lot of research before deciding to have a child?

Do you recall what your main considerations and concerns were about pregnancy?

[follow up: related to work, health, anticipated lifestyle changes etc.]

What are your perceptions of a 'good' pregnancy?

[follow up: types of support, peers or family as a kind of role model; influence of media and culture];

What sources of information do you consider to be most trustworthy and credible?

Now to your experiences during and after pregnancy

So feel free to talk about both of your pregnancies and any differences between them – in terms of your behaviours or the types of information and advice you sought.

What were/are your main sources of information and advice during pregnancy?

Is there any information/advice you have found particularly helpful or unhelpful?

Did you change your lifestyle or behaviours after becoming pregnant?

[Follow up, for example health and fitness, dietary considerations, body image, work, socialising]

[Follow up: were there any particular challenges? Expectations versus reality?]

Did your partner, family and friends change their behaviours when you were pregnant?

Were they supportive of your lifestyle changes?

Can you think of any examples of conflicting advice you've heard about things you should or should not do during pregnancy?

[follow up: related to diet, exercise, drugs, medications, smoking, etc.; source of conflicting advice: family, friends, media, health professionals]

What is your approach to managing conflicting advice?

Turning now to alcohol and pregnancy

What are your overall views about alcohol and pregnancy? (source of these views)

Did you drink alcohol before you were pregnant?

Did you personally change your alcohol drinking habits when you decided to have a baby, after becoming pregnant, while breastfeeding?

[i.e. stopping altogether, cutting down, continuing as normal]

What were the main reasons for changing your behaviours?

[i.e. concerns about impact on baby's health, peer group or family influence, doctor's advice, wider societal expectations/norms?]

Was it difficult for you – or do you think there are some women who might find it more difficult?

Did you seek specific information about the risks of drinking while pregnant?

[any particular challenges in finding, trusting, applying answers/advice]

Is it an issue you have discussed with your partner, family, peer or mothers groups?

Did your attitudes and practices change from your first to your current pregnancy?

General views/societal perceptions of drinking in pregnancy?

Guidelines [show National Health and Medical Research Council (NHMRC) guidelines]

The National Health and Medical Research Council (NHMRC) in 2009 published a set of guidelines about drinking alcohol during pregnancy. Their advice is that there is *no safe amount, and that pregnant women or those intending to become pregnant should abstain from alcohol*. The guidelines also note that women who drank before they knew they were pregnant or during their pregnancy should be reassured that the majority of babies exposed to alcohol suffer no observable harm. They say that the risk to the fetus from low-level drinking is likely to be low.

Were you aware of the NH&MRC guidelines on alcohol in pregnancy?

What is your response to the abstinence message, based on your own personal experiences?

Do you think most women are adhering to the guidelines? [reasons why they might not]

Do you think some women might be confused about whether or not it is okay to drink during pregnancy? [reasons?]

Do you think some women might be more vulnerable to confusion than others, have access to better information than others, or more likely to ignore available information?

Now to the role of the media

Do you consider yourself a big media consumer (i.e. the whole range of media: TV, newspapers, radio, internet, social media?);

Would you say you get more of your information about pregnancy from friends/family or through some forms of media?

What are your general thoughts/impressions of how pregnancy issues are reported and portrayed in the news media?

What about in popular media, women's magazines, pregnancy magazines/blogs, TV programs, movies?

What about through social media like Twitter and Facebook? Did you subscribe to any online groups during your pregnancies?

Can you recall seeing or hearing anything in the media about drinking in pregnancy

(which media, what messages, any sense of conflicting evidence and advice)?

Do you recall any media health promotion campaigns regarding alcohol and pregnancy?

Now I have some specific media reports I'd like to show you

Over the last 6-12 months there have been some prominent media reports about alcohol and pregnancy.

I have three articles from the press that I'd like your thoughts about and then two stories from TV news that I'd also like you to take a look at.

[Briefly summarise content of each article by reading headline and lead paragraph]

Reactions to stories like this?

We're interested in how these stories make you feel (so do you have an emotional response to them) and if they would prompt you to read further or to seek out more information?

Why do you think journalists would be reporting stories in this way?

Now to some TV News stories

ABC News Qld, 19 November, 2013 – about Fetal Alcohol Spectrum Disorder and a conference on the issue in Brisbane

What is your reaction to this story and the information presented? (what feelings does it provoke?)

Were you aware of FASD? (symptoms etc.)

Was there anything in the story that surprised/concerned you?

Do you agree with the expert's suggestion that people don't like to be told that not drinking alcohol is the safest option?

Warning labels on alcoholic drinks – do you think they have an impact?

Seven News, 21 April, 2014 – is about a pharmacist calling for alcohol warnings for pregnant women to be reviewed and relaxed

What is your reaction to this story and the views presented? (emotional response)

Response to conflicting advice being presented?

Do you regard it as a balanced story?

Do you think it's important to offer reassurance to women so as to avoid abortion?

Reaction to the comment about the start of the guilt of being a mother?

General response to media and messages about alcohol and pregnancy

Is there any information not conveyed in these stories that you think would be useful for pregnant women or women planning a pregnancy?

Do you think there are ways of portraying these issues that don't add to the guilt and anxiety that women might already be experiencing about pregnancy?

How do the views presented in these media stories compare with views within your own social networks about drinking in pregnancy?

Ways forward in terms of education and awareness

FARE responsible for education and promotion in this area – what advice would you give to them about the kind of information to provide about alcohol and pregnancy?

What kind of messages would you like to see/hear in the media – what do you think would be useful for women to hear about alcohol and pregnancy?

Do you think messages need to be targeted at certain groups in particular?

Do you think some forms of media would be more effective than others for informing women about issues related to alcohol and pregnancy?

Coming to a conclusion

Is there anything you would like to add or ask before we conclude?

We often find that people think of things later – so if you do think of anything else that you'd like to share, please feel free to give us a call or send us an email.

If you have any friends/family who you think would be interested in participating, please feel free to pass on information about the Project.

Thank you very much for your time and participation!

Appendix E: Ethics approval letter



27 March 2014

APPROVED - Project number 14-31

Dr Kate Holland
Faculty of Arts & Design
University of Canberra
Canberra ACT 2601

Dear Kate,

The Human Research Ethics Committee has considered your application to conduct research with human subjects for the project titled **Conversations about alcohol and pregnancy: investigating media portrayals and women's experiences**.

Approval is granted until 31 March 2015.

The following general conditions apply to your approval.

These requirements are determined by University policy and the *National Statement on Ethical Conduct in Human Research* (National Health and Medical Research Council, 2007).

Monitoring:	You must assist the Committee to monitor the conduct of approved research by completing and promptly returning project review forms, which will be sent to you at the end of your project and, in the case of extended research, at least annually during the approval period.
Discontinuation of research:	You must inform the Committee, giving reasons, if the research is not conducted or is discontinued before the expected date of completion.
Extension of approval:	If your project will not be complete by the expiry date stated above, you must apply in writing for extension of approval. Application should be made before current approval expires; should specify a new completion date; should include reasons for your request.
Retention and storage of data:	University policy states that all research data must be stored securely, on University premises, for a minimum of five years. You must ensure that all records are transferred to the University when the project is complete.
Contact details and notification of changes:	All email contact should use the UC email address. You should advise the Committee of any change of address during or soon after the approval period including, if appropriate, email address(es).

Yours sincerely
Human Research Ethics Committee

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