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'Better safe than sorry' – better for whom?

Sir,

I found Sulik,¹ Leary-Moore and Riley's commentary on the five alcohol-in-pregnancy papers interesting, and commend the authors on their excellent summation of the current evidence base within this field. I was somewhat saddened, however, by both the title of the commentary and their take-home message. Health care has surely moved away from a paternalistic model that selects what is best for our clients. Should we not be aiming to facilitate informed choice, rather than prescribing certain behaviours?

The authors are correct to highlight the difficulties of advising a 'safe' drinking level. But we are professionals who are used to difficult discussions, especially on topics such as antenatal screening. Unfortunately, we do not always achieve unbiased, impartial discussions during these consultations,² and some research has suggested that further support is needed to develop communication skills,³ but if the arguably less controversial positions such as diet and alcohol become dictatorial, what hope is there for the more emotionally charged topics? If we find it difficult to give information that is readily understood, perhaps we should look to improving our communication skills rather than to giving an inaccurate message to remove doubt.

Many pregnant women will take a 'better safe than sorry' position and abstain from alcohol throughout their pregnancy, whereas others will not. It is not for us, as professionals in maternity care, to decide what information should be shared, or to filter that information into a recommendation of abstinence – our clients are able to interpret the information themselves. Our duty is to provide the information that women need to make a decision that is correct for her and her family. ■

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'Better safe than sorry' – better for whom?**Authors' Reply**

Sir,

We could not agree more regarding the need to facilitate informed choice on drinking during pregnancy. Our commentary addresses only one of two challenges: to provide a balanced view of the risks of drinking during pregnancy, while highlighting the difficulty in establishing safe levels of drinking for women of child-bearing age. Every clinician faces the second challenge: to communicate this information effectively and in a culturally sensitive manner so that women can make informed choices. Sadly, many clinicians do not discuss the risks of drinking during prenatal visits,^{1,2} and many women drink during pregnancy. The title of our commentary, 'Better safe than sorry', echoes the simple, easily communicated message of the US Surgeon General that women who are pregnant or trying to conceive should not drink at all. ■

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