

Women's views on moderate and low alcohol consumption: stages of the subjective transition from pregnancy to postpartum

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Introduction: - Public health policies recommend stopping alcohol consumption for expectant and breastfeeding mothers, due to the risk of a range of adverse neonatal outcomes, including Fetal Alcohol Spectrum Disorder (FASD). However, about 16 to 25% of women in Europe, including Switzerland, consume alcohol during pregnancy and breastfeeding. Little is known about how women perceive this risk and how risk perception changes during the transition to motherhood. The present study aims to explore the subjective transition from woman's perspective on perceptions of alcohol as a risk, changes in alcohol consumption in daily life and experienced support from health professionals. **Material and Methods:** - This study uses the theoretical framework of sociocultural risk and life course transition. Qualitative longitudinal interviews were conducted with a purposive sample of 46 women in the German and French speaking parts of Switzerland. They were interviewed first during pregnancy and then until six months after birth. We applied the principles of thematic analysis to the data, using Atlas.ti software. **Results** - Five significant stages of transition related to low and moderate alcohol consumption were identified: (1) Around conception and getting pregnant: the intangible risk of alcohol consumption, (2) Manifestation of pregnancy: weighing the psychosocial and medical risks of alcohol consumption, (3) Being pregnant: dealing with the concept of abstinence, (4) The first weeks after birth: alcohol consumption incompatible with childcare (5) The public mother: the risk of being criticised for consuming alcohol. **Conclusion:** Pregnant and breastfeeding women perceive alcohol consumption as a risk to the health of the child. Abstinence is sought especially during pregnancy, but this does not preclude occasional and low-level consumption. Exceptions are not motivated in the same way in the different stages. From the women's perspective, there was a lack of counselling from health professionals. Stages 1 and 2 should be taken more into account, as women experience themselves as particularly vulnerable during this time. Low-threshold counselling should be offered from the stage around conception until the end of the breastfeeding period overcoming the barriers faced by professionals in addressing the issue of alcohol with pregnant and breastfeeding women. **Conflict of Interest:** No

Hybrid Cord Blood Banking in a Private-Public-Partnership: Women's Perspectives

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Background: The increasing demand for umbilical cord blood used in stem cell transplantation led to the establishment of cord blood (CB) banks worldwide. These include public foreign donor banks and private family-directed donor banks. At present, more cord blood samples are stored in family-directed private facilities than in public banks, whereas more units for transplantation have been released by public institutions.

Recently, our department has introduced a third banking model within a private-public-partnership. This hybrid banking, allows for storage of family-directed CB units, along with Human leukocyte antigen (HLA)-typing and including the units in the national stem cell donor registry. If need arises, the HLA-compatible CB unit can be released to an unrelated recipient as a foreign donor stem cell graft. **Objectives:** The aim of this study is to evaluate women's perspectives on the different CB banking options, including the newly established hybrid banking, as well as to elucidate their motivations to opt for a respective banking model. **Methods:** We performed a prospective survey study in postpartum women, using a validated questionnaire. The questions focused on CB banking in general as well as on the different banking options. **Results:** In total 175 questionnaires were returned, of which 157 could be included in this study. More than two-thirds (68%, n=106) of the women surveyed, opted for stem cell storage. 72% (n=76) of them donated their cord blood to the public inventory, while 25% (n=27) chose hybrid banking. Only a minority of 3% (n=3) opted for private storage. Almost all women (*applies strongly*, 97%, n=74) who chose public donation stated altruistic thoughts as the main reason for their choice. Women (*applies strongly* or *applies predominantly*, n=27) who had opted for hybrid storage cited freedom of choice, and the possibility to donate later, as major reasons for their decision. **Conclusions:** Cord blood donation and storage is widely accepted among women giving birth. Our study shows that hybrid banking is an attractive option to store cord blood, as it potentially combines advantages of family-directed banking as well as unrelated CB donation as an act of benevolence expanding the number of registered CB units available for transplantation and giving every pregnant woman the possibility to store umbilical cord blood. **Conflict of Interest:** No