

# Drinking and Prenatal Health

*Assessing Risk for Fetal Alcohol Spectrum Disorders*



# Screening Program Goals

- Obtain one high quality screening per pregnancy
- Screening information included in both the baby's and mother's medical records
- Intervention or referral to services for pregnant women who engage in risky alcohol use

## Benefits for Care Providers

- Fast and effective tool to identify fetal alcohol exposure
- Helps determine appropriate care for high-risk pregnancies
- Provide an intervention or refer for services when needed
  - 70% of pregnant women abstained from alcohol after a brief intervention<sup>1</sup>
- Copy of screening in baby's records will assist in future diagnosis and care
  - Standardizes information in medical records
- Healthcare providers can be aware of a potential difficult birth

1. Chang et al., 2000

## Benefits for Mother and Baby

- Mother and baby will receive recommended care during pregnancy
- Damage is minimized when the mother quits drinking early in the pregnancy
- Mother can be referred to services if it appears she needs assistance to stop drinking
- Enrolling mother in services can reduce future cases of Fetal Alcohol Syndrome
  - 25% of FAS cases are recurrent<sup>2</sup>
- If there is a risk of Fetal Alcohol Syndrome, the baby will benefit over the long run (planning of life-long services, disability benefits, adoption services, etc.)

2. Burd et al., 2004

# 1 Question: Identifying Prenatal Alcohol Use

Patient's Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Instructions:** Ask the first question to determine when the patient's last drink occurred: before pregnancy (unexposed), during pregnancy/pre-awareness (exposed), or during pregnancy/post-awareness (exposed and high risk). Below is a sample.

**Sample:** When was your last drink? 2 weeks ago (Jan. 5 or 6<sup>th</sup>)

Before pregnancy/no alcohol use (unexposed)

Pre-awareness (exposed)

Post-awareness (exposed & high risk)

1. When was your last drink? \_\_\_\_\_

Before pregnancy/no alcohol use (unexposed)

Pre-awareness (exposed)\*

Post-awareness (exposed & high risk)\*

\*The following questions **only** need to be asked if there has been fetal alcohol exposure (i.e., **pre-awareness**, exposed or **post-awareness**).

2. On average how many days per week did you drink during pregnancy? \_\_\_\_\_

3. On an average drinking day during pregnancy how many drinks did you have? \_\_\_\_\_

4. How many days did you have 4 or more drinks during pregnancy? \_\_\_\_\_

5. What is the most you had to drink on any one day during pregnancy? \_\_\_\_\_

Note brief intervention or referral to services:

# Frequently Asked Questions

**Q. Occasionally researchers request to collect the assessment measures. Will I need to send these assessments to you after they are completed?**

**A.** No, we will not be requesting the assessments. This is not a research oriented project so the assessment can be placed in the mother's and baby's medical chart for future clinical reference.

**Q. Should I screen every pregnant woman that comes through the clinic?**

**A.** Yes, just as women are routinely screened for appropriate weight gain, anemia, etc., screening for substance abuse should be seen as another low-cost way to provide optimal prenatal care. Asking the same questions of every patient reduces subjectivity in deciding who should and should not be screened. You can set the tone with introductory statements such as *"I ask all my patients these questions because it important to their health and the health of their babies."*

**Q. I see many women who had a few drinks in early pregnancy and are now very worried that they have seriously damaged their babies. What should I tell them?**

**A.** Although there is no known threshold of safety for alcohol use during pregnancy, there have been no known cases of damage to the fetus from non-risky drinking in early pregnancy. Stopping drinking at any point in her pregnancy is best for her and her baby.

**Q. What should I do with patients who screen negative for alcohol use?**

**A.** If a woman screens negative for alcohol use during her pregnancy it can be beneficial to review the benefits of abstinence for the duration of the pregnancy.

**Q. What do I say to my patients who drank alcohol throughout other pregnancies and had babies without symptoms of FASD?**

**A.** Every pregnancy is different. Drinking alcohol may hurt one baby more than another. Tell her she could have one child who is born healthy and another child who is born with problems. As she gets older, her drinking is more likely to hurt her baby.

**Q. What should I do with patients who have continued to drink alcohol after becoming aware that they are pregnant?**

**A.** Review for the patient what she has just reported to you. Discuss your concerns for her health and the health of her baby. Acknowledge that you know she wants her baby to be as healthy as possible and that she can improve the health of her baby by stopping use of alcohol and drugs. Discuss possible strategies for her to get support and involve her in making referral decisions. If possible, help her schedule a referral appointment while she is in the office.

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