

LET'S TALK ABOUT ALCOHOL AND PREGNANCY

A GUIDE FOR HEALTHCARE PROVIDERS



EXCESSIVE ALCOHOL USE INCREASES THE RISK OF MANY HARMFUL HEALTH CONDITIONS including heart disease and stroke, some cancers, mental health problems, and adverse pregnancy outcomes such as miscarriage, stillbirth, and fetal alcohol spectrum disorders (FASDs).¹⁻⁴

NEARLY 1 IN 7 PREGNANT PEOPLE REPORT CURRENT ALCOHOL USE AND ABOUT 1 IN 20 REPORT BINGE DRINKING IN THE PAST 30 DAYS.⁵

Alcohol use during pregnancy is a leading preventable cause of birth defects and neurodevelopmental disabilities in the United States.⁶ Fetal alcohol spectrum disorders (FASDs) are preventable if a baby is not exposed to alcohol before birth.⁷

ALCOHOL SCREENING AND BRIEF INTERVENTION (SBI) IS RELATIVELY SIMPLE TO DO, AND PRIMARY CARE PROVIDERS ARE UNIQUELY POSITIONED TO EFFECT SIGNIFICANT CHANGE.

Alcohol SBI is recommended by the U.S. Preventive Services Task Force (USPSTF) and endorsed by major medical professional organizations, such as the American College of Obstetricians and Gynecologists, American Academy of Family Physicians, American Medical Association, and American Academy of Pediatrics, as well as CDC.

IT IS ESTIMATED THAT 1% - 5% OF U.S. SCHOOLCHILDREN MAY HAVE FASDs.⁸

People with FASDs are at very high risk for trouble in school, trouble with the law, problems with alcohol and other substances, and mental health disorders including attention-deficit/hyperactivity disorder (ADHD).

Not all babies will be affected by prenatal alcohol exposure. However, it is impossible to know which babies will be affected.⁹

THERE IS NO KNOWN SAFE AMOUNT, NO SAFE TIME, AND NO SAFE TYPE OF ALCOHOL USE DURING PREGNANCY.

WHAT CAN YOU DO AS A HEALTHCARE PROVIDER TO HELP YOUR PATIENTS AVOID ALCOHOL USE DURING PREGNANCY?


Implement alcohol screening and brief intervention (SBI) into your practice for all adult patients and learn how to best approach conversations with patients about alcohol and pregnancy.

RESOURCES TO GET STARTED

- **CDC: ALCOHOL SBI IMPLEMENTATION GUIDE**
(<https://www.cdc.gov/ncbddd/fasd/modules/AlcoholSBImplementationGuide-P.pdf>)
- **SAMHSA: REIMBURSEMENT FOR SBIRT TABLE** (<https://www.samhsa.gov/sbirt/coding-reimbursement>)
- **SINGLE ALCOHOL SCREENING QUESTION (SASQ)**
(<https://cde.nida.nih.gov/instrument/e905cd64-decf-7783-e040-bb89ad4362ad>)
- **HOW TO BEGIN A CONVERSATION ABOUT ALCOHOL USE (VIDEO)**
(<https://www.youtube.com/watch?v=G9GKSUgYMEw>)
- **NIAAA: THE HEALTHCARE PROFESSIONAL'S CORE RESOURCE ON ALCOHOL**
(<https://www.niaaa.nih.gov/health-professionals-communities/core-resource-on-alcohol>)
- **LET'S TALK ABOUT DISCUSSING ALCOHOL AND PREGNANCY WITH PATIENTS FACT SHEET**
(https://orau.gov/FASDChampions/resources/PF_Discussing_AI_Preg.pdf)

MANY PATIENTS ARE SURPRISED TO LEARN WHAT COUNTS AS A DRINK.

WHAT IS ONE DRINK?

	=		=	
A SINGLE BEER		A SINGLE SHOT		A SINGLE GLASS OF WINE
OR		OR		OR
12 FL. OZ		1.5 FL. OZ		5 FL. OZ
ABOUT 5% ALCOHOL		ABOUT 40% ALCOHOL		ABOUT 12% ALCOHOL

ALCOHOL USE AT ANY TIME DURING PREGNANCY CAN HARM A BABY.



FOR MORE INFORMATION

Visit the CDC website for more information on alcohol SBI and FASDs (www.cdc.gov/fasd)

Download patient education materials (www.cdc.gov/ncbddd/fasd/materials.html)

REFERENCES

1. Erol, A. et al. Sex and Gender-Related Differences in Alcohol Use and Its Consequences: Contemporary Knowledge and Future Research Considerations. *Drug Alcohol Depend.* 2015.
2. Rehm, J. et al. Alcohol Consumption: A Leading Risk Factor for Cancer. In: Wild CP, Weiderpass E, Stewart BW, eds. *World Cancer Report.* 2020.
3. Bailey, B. et al. Prenatal Alcohol Exposure and Miscarriage, Stillbirth, Preterm Delivery, and Sudden Infant Death Syndrome. *Alcohol Res Health.* 2011.
4. Moon, R. Task Force on Sudden Infant Death Syndrome. SIDS and Other Sleep-Related Infant Deaths: Evidence Base For 2016 Updated Recommendations for a Safe Infant Sleeping Environment. *Pediatrics.* 2016.
5. England, L. et al. Alcohol Use and Co-Use of Other Substances Among Pregnant Females Aged 12–44 Years – United States, 2015–2018. *MMWR.* 2020.
6. National Institute on Alcohol Abuse and Alcoholism. Fetal Alcohol Exposure. <https://www.niaaa.nih.gov/publications/brochures-and-fact-sheets/fetal-alcohol-exposure>
7. Mattson, S. et al. Fetal Alcohol Spectrum Disorders: A Review of the Neurobehavioral Deficits Associated with Prenatal Alcohol Exposure. *Alcohol Clin Exp Res.* 2019.
8. May, P. et al. Prevalence of Fetal Alcohol Spectrum Disorders in 4 US Communities. *JAMA.* 2018.
9. Sokol, R. et al. Fetal Alcohol Spectrum Disorder. *JAMA.* 2003.