

Does She or Doesn't She: A Women's Health Perspective on Alcohol Use in Pregnancy

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Objectives

- Compare and contrast a minimum of three gender related differences in alcohol use;
- Identify a minimum of five factors to be included in assessment of women which indicate risk for alcohol use in pregnancy;
- Develop a basic prenatal assessment strategy for detecting alcohol use in pregnancy;
- Discuss a minimum of two potential strategies for addressing alcohol use in pregnancy.

Screening Recommendations

- Assess all pregnant women about alcohol use early in pregnancy and at each subsequent visit;
- Offer a brief intervention to all pregnant women using alcohol or other drugs;
- Offer comprehensive assessment and individualized care to pregnant/postpartum women using alcohol;
- At the earliest opportunity advise pregnant women to cease alcohol or drug use and refer to appropriate services.



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WHO. (2014). Guidelines for identification and management of substance use and substance use disorders in Pregnancy.

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Screening Recommendations

- The USPSTF recommends that clinicians screen adults aged ≥ 18 yo for alcohol misuse and provide persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce alcohol misuse.

<http://www.uspreventiveservicestaskforce.org/uspstf12/alc misuse/alc misuse final rs.htm#update>

- ACOG recommends that pregnant women, and those at risk for pregnancy, be advised to avoid alcohol; or provide assistance for achieving abstinence or effective contraception...

The Arc logo features a stylized orange and yellow swoosh above the text "The Arc" in a bold, black, sans-serif font.

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• ACOG. (2011) Committee opinion no. 496: at-risk drinking and alcohol dependence: obstetric and gynecologic implications. Obstet Gynecol. 118(2

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Pt 1):383-8.

Screening Recommendations: The World View

- “Change over time and international discrepancy” in guidelines on alcohol use in pregnancy
 - Australia – 2001 guidelines condoned low levels of drinking; 2009 -abstinence
 - Denmark – 1999 – 2007 some alcohol intake acceptable; 2007 – abstinence
 - UK – limit to 1 – 2 units of alcohol once or twice weekly; 2007 – abstinence. Kesmodel, US, Kesmodel, PA, & Iverson, LL (2011), Danish Medical Bulletin, 58(10)A4327; Raymond, N., Beer, C, Glazebrook, C, & Sayal, K. (2009). BMC Public Health, 9, 175; Anderson, AE, Hure, AJ, Powers, JR (2012). BMC Public Health, 12, 777.

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A Women's Health Perspective

BAC levels at 140lbs.

[Http://oade.nd.edu](http://oade.nd.edu)

| # Drinks | Male | Female |
|----------|-------|--------|
| 2/hr. | 0.025 | 0.053 |
| 3/hr. | 0.045 | 0.088 |
| 5/hr. | 0.085 | 0.106 |

- Women absorb alcohol faster
 - Lower levels of alcohol dehydrogenase
 - Less water composition
 - Hormonal influences
- Hormonal effects on alcohol metabolism
- Genetic factors



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A Women's Health Perspective

- Reproductive Health Risks
 - Menstrual disorders
 - Infertility
- Obstetrical Risks
 - Spontaneous abortion
 - Stillbirth
 - Low Birth weight
 - Preterm birth
 - Fetal anomalies
 - Physical, behavioral, cognitive impairments



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A Women's Health Perspective

- General Health Risks
 - Hypertension
 - Anemia
 - Osteoporosis
 - Breast Cancer
 - More rapid development of cirrhosis
- Mental Health Implications
 - Disordered eating
 - Panic disorders
 - Depression
 - PTSD



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Periods of Risk: Pre/Interconception

- **Preconception:** Health status and risks before first pregnancy; health status shortly before any pregnancy.
- **Interconception:** Period between pregnancies.
- Alcohol use during this time, especially binge drinking, is a strong predictor of prenatal use.

Ethan, MK, et al (2009) Alcohol consumption by women before and during pregnancy. MCH Journal, 13, 274-85.

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Periods of Risk: Periconception

Periconception: Period right before conception through organogenesis.

- 49% of US pregnancies unintended
- Of these
 - 44% births
 - 42% abortions
 - 14% fetal loss
- 48% occur in a month where contraception was used.



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Periods of Risk: Pregnancy

Alcohol use (15-44 yo)

| | Pregnant | Non-Pregnant |
|----------------------|----------|--------------|
| Drank past mo. | 8.5% | 55.5% |
| Binge drank past mo. | 2.7% | 24.7% |



SAMHSA, NSDUH, 2012

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Understanding Risk: Associated Health Problems

- Unintended pregnancy
- Tobacco and/or other drug use
- High income level
- History of/current physical or sexual abuse
- Low levels of social support
- Marital status
- Lower gravidity
- History of not recalling events due to alcohol use

Who is at Risk?

Analysis of 2002-2009 PRAMs dataset,
% of pregnant women who drank in the last 3 mo.

- 3.7% women ≤ 24 yo
- 5.7% women 25-29yo
- 10.1% women ≥ 30 yo



Kitsantas, P, Gaffney , KF, & Wu, H. (2014). Identifying high-risk subgroups for alcohol consumption among younger and older pregnant women. J. Perinat. Med.

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Who is at Risk?

- A lower percentage of black, Hispanic, and other women reported third trimester drinking.
- More women ≥ 25 yo with higher education levels (≥ 16 yrs.) reported drinking in pregnancy
- Percent of women ≥ 25 yo reporting drinking was significantly higher among primiparas.
- Smoking during pregnancy significantly associated with alcohol use across age groups
 - Third trimester smokers more likely to use alcohol (5.8%) than non-smokers (3.7%)

Kitsantas, et al (2014).

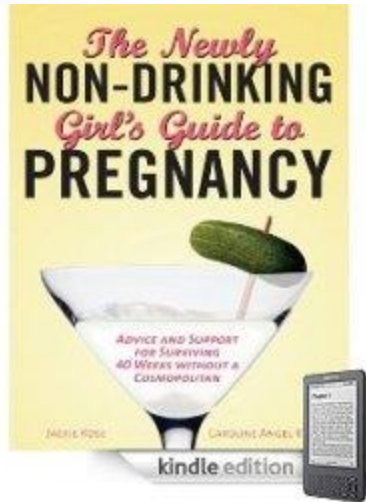
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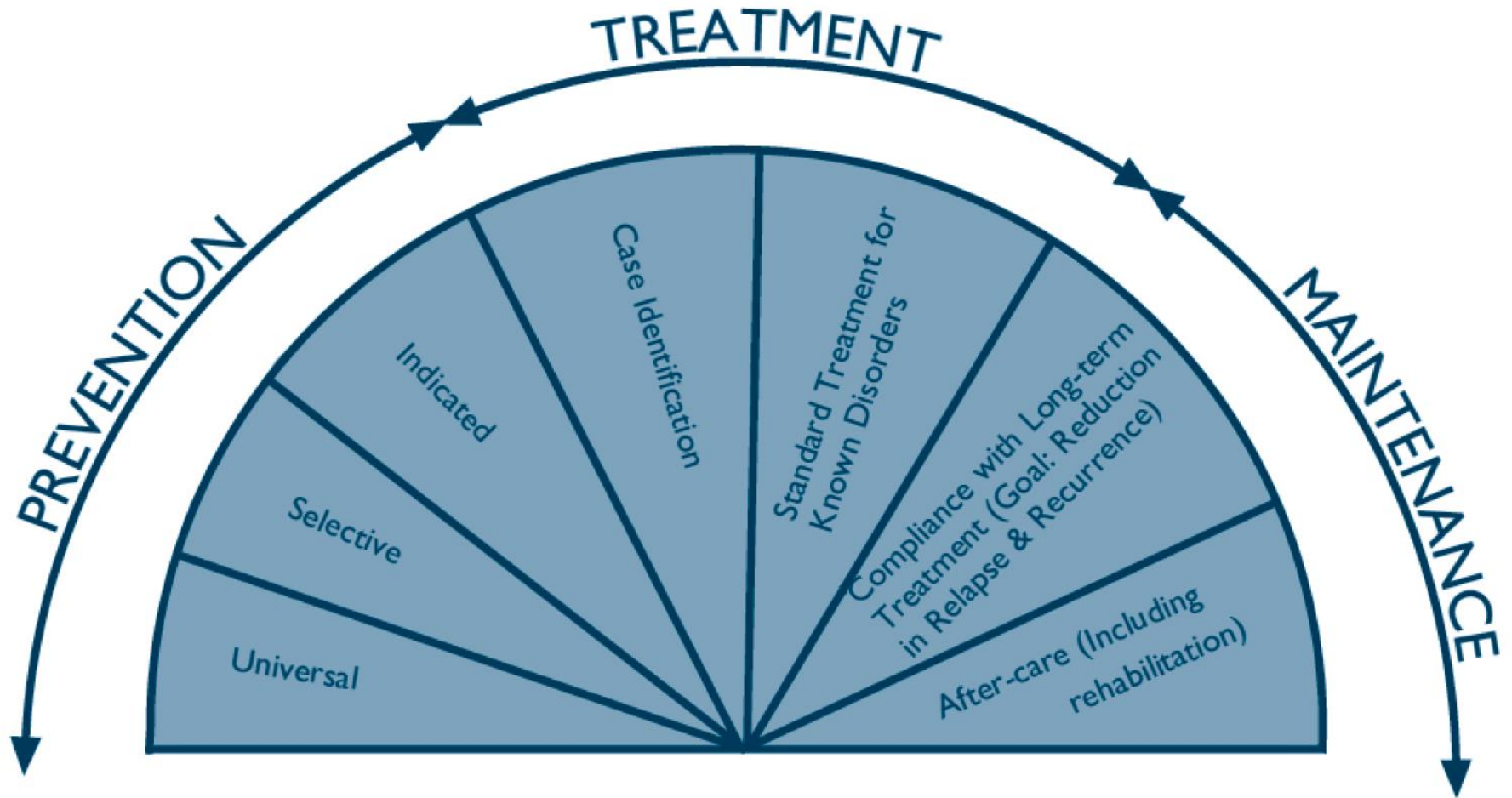
Strategies for Prevention of FASD

No alcohol use during the periconception period and pregnancy.



Effective contraception for women who consume alcohol, until alcohol use has ended.

IOM Continuum of Care Model



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Alcohol Exposure in Pregnancy: Risk Prevention Strategies

- **Universal Prevention** – Woman is not pregnant, reports no alcohol use, or does not screen positive for at-risk use;
- **Selective prevention** – Woman of childbearing age reports alcohol use and is either pregnant but does not screen positive for at-risk use; or is non-pregnant, but positive for at-risk use;
- **Indicated prevention** – Pregnant woman who screens positive for at-risk use.

SAMHSA (2014). *Addressing FASD. Treatment Improvement Protocol (TIP) Series 58. HHS Publication No. (SMA) 13-4803. Rockville, MD*

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Benefits of Screening

- Provides an opportunity to talk about drinking and drug use?
- Helps to identify or clarify co-occurring issues;
- Provides an opportunity for individualized assessment and education.
- Opens the door to effective treatment.

Barriers to Screening

- “Change over time and international discrepancy” in guidelines on alcohol use in pregnancy contribute to mixed messaging. Anderson et al (2012). BMC Public Health, 12, 777.
- Significant differences exist in provider knowledge, skills and behavior related to periconceptional and prenatal screening for alcohol use. Arnold, K et al (2013). J Popul Ther Clin Pharm, e18-e25.
- Health care providers feel unprepared to assess and treat alcohol use in pregnancy; and are unsure of referral resources. Waterman, E., Pruett, D, & Caughey, A. (2013). OB/GYN Survey, 68(5), 367-378.



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Defining the Conversation: What is a “Drink”?



Screening: “No” Response

SAMHSA (2014). Addressing FASD: TIP 58.

Have you had any alcohol in the past year?



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graph TD; A[Have you had any alcohol in the past year?] --> B[Universal messaging regarding avoidance of alcohol in periconception/prenatal period.]; B --> C[AUDIT-C];
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Universal messaging regarding avoidance of alcohol in periconception/prenatal period.

AUDIT-C

AUDIT-C

- Alcohol Use Disorders Identification Test
 - How often did you have a drink containing alcohol in the last year?
 - How many drinks did you have on a typical day when you were drinking in the past year?
 - How often did you have six or more drinks on one occasion in the past year?
- Scored on a scale of 0 – 12
 - Men – score of ≥ 4 positive
 - Women – score of ≥ 3 positive



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Screening: “Yes” Response

SAMHSA (2014). Addressing FASD: TIP 58.

Have you had any
alcohol in the past year



Are you pregnant?



T-ACE or TWEAK

T-ACE

- **Tolerance** – How many drinks does it take to make you feel high?
- **Annoyed** – Have people annoyed you by criticizing your drinking?
- **Cut** – Have you ever felt that you should cut down on your drinking?
- **Eye-opener** – Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover?

<http://pubs.niaaa.nih.gov/publications/arh28-2/78-79.htm>

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TWEAK

- **Tolerance** – How many drinks can you hold?
- **Worried** – Have close friends/relatives worried about your drinking in the past year?
- **Eye Opener** – Do you sometimes take a drink in the morning when you first get up?
- **Amnesia** – Has a friend/relative ever told you about things you did when drinking that you don't remember?
- **K(C)ut down** – Do you sometimes feel that you need to cut down on your drinking?

http://pubs.niaaa.nih.gov/publications/AssessingAlcohol/InstrumentPDFs/74_TWEAK.pdf

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Continuing the Conversation: Follow-up Questions

- Have you ever drank alcohol (specify types)?
- Before you found out you were pregnant, how many drinks did you have per day? Per week?
- How many (drinks of choice) do you drink now/week?
- How many (drinks of choice) do you drink per day?
- What other types of beverages containing alcohol, such as wine coolers, champagne, mixed drinks, alco-pops do you like to drink?
- Are there times that you seem to drink more often?

Kendig, S. & Shyken, J. (1996; rev. 2010). Perinatal substance abuse assessment guide.



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Continuing the Conversation

- **Feedback** – provide feedback regarding assessment results.
- **Listen** – ask women for their views about their own drinking; actively listen to encourage thinking and decision-making
- **Options** – provide information and options based on individual need; including goal setting and action planning.

Higgins-Biddle, J. Hungerford, D., & Cates-Wessel, K. (2009). Screening and brief interventions for alcohol use: A step-by-step guide implementation guide for trauma centers. CDC, National Center for Injury Prevention and Control.

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Continuing the Conversation

- **Feedback** – Compare patient's level of drinking with non-risky patterns;
- **Responsibility** – Stress her responsibility in making change;
- **Advice** – Provide direct advice re: at risk behaviors;
- **Menu** – Identify risky situations and discuss options for coping;
- **Empathy** – Understanding, non-judgmental
- **Self-Efficacy** – Elicit and reinforce self-motivating statements

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Miller, WR, & Rollnick, S (2002). Motivational interviewing:
Preparing people for change (2nd ed.) NY,
NY: Guildford Press.

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Strategies for Successful Screening and Intervention

- Ask early, often, and in different ways
 - Alcohol consumption prior to pregnancy confirmation may be unreported – use a calendar to establish timeline
 - May withhold information until trust is built over several visits
- Adopt a philosophy of invitation
 - Cue woman that alcohol screen is part of routine history
 - Obtain permission to continue assessment.



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Strategies for Successful Screening and Intervention

- Facilitate a “warm handoff”
 - Recognition that a problem exists
 - Agreement that referral is needed
 - Referral logistics
 - First appointment contact
 - Follow up

Strategies for Successful Screening and Intervention

- Address Co-occurring Issues
 - Co-occurring mental health issues
 - Trauma and abuse
 - Parenting concerns
- Identify types of services available in your area:
 - Short description of services
 - Contact information
 - Items to bring to visit
 - Payment information
 - SAMHSA Treatment Locator

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<http://findtreatment.SAMHSA.gov>

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Emerging Prevention Strategies

- A large-scale study of Text4Baby showed that exposure to text messaging improved beliefs regarding the negative effects of alcohol use in pregnancy. Evans, WD et al (2014). J Med Internet Res, 16(5), e131.
- A tailored preconception health web-based intervention showed improvement in health behaviors, including alcohol consumption, among Italian women. Agricola, E et al. (2014). BMC Informatics and Decision-Making, 14, 33.

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Thank you for your attention. Let's Chat!



Next FASD Prevention Webinar

- Alcohol Use in Pregnancy: What's the issue?
 - Monday, August 25th, 2:00-3:00 p.m. EST
 - Dr. Jennifer Blake MD MSC FRCSC – Chief Executive Officer – SOGC

www.thearc.org/FASD-Prevention-Project