

# FASD PRE-TEST

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## Option A:

1. Open the Camera App on your smartphone.
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  3. A notification should pop up. Tap and open the link.
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## Option B:

Go to <https://tinyurl.com/FASDTest>



# ALCOHOL USE DURING PREGNANCY AND FETAL ALCOHOL SPECTRUM DISORDERS (FASDs)

Courtney Townsel MD MSc

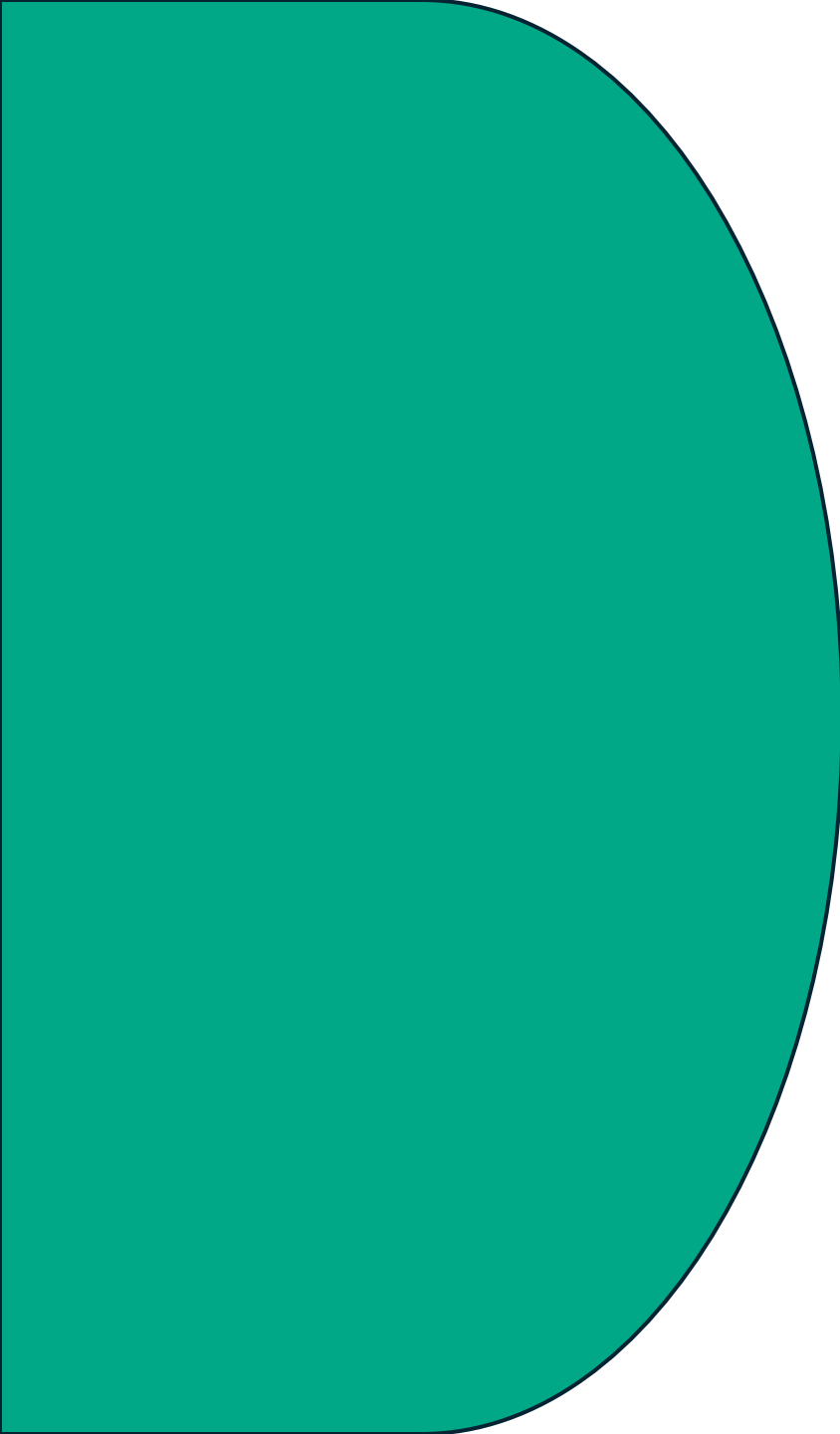
MACS for MOMS

03/18/2025

# DISCLOSURES

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- Grant funding from NIH and the Robert Wood Johnson Foundation
- Paid consultant and hold equity in Origyn MaternalSure Inc. for my 2 patents unrelated to this work



We recognize that the OB/GYN field and parts of this presentation default to gendered language, and we do want to acknowledge that the term “woman” does not include all people who can get pregnant.

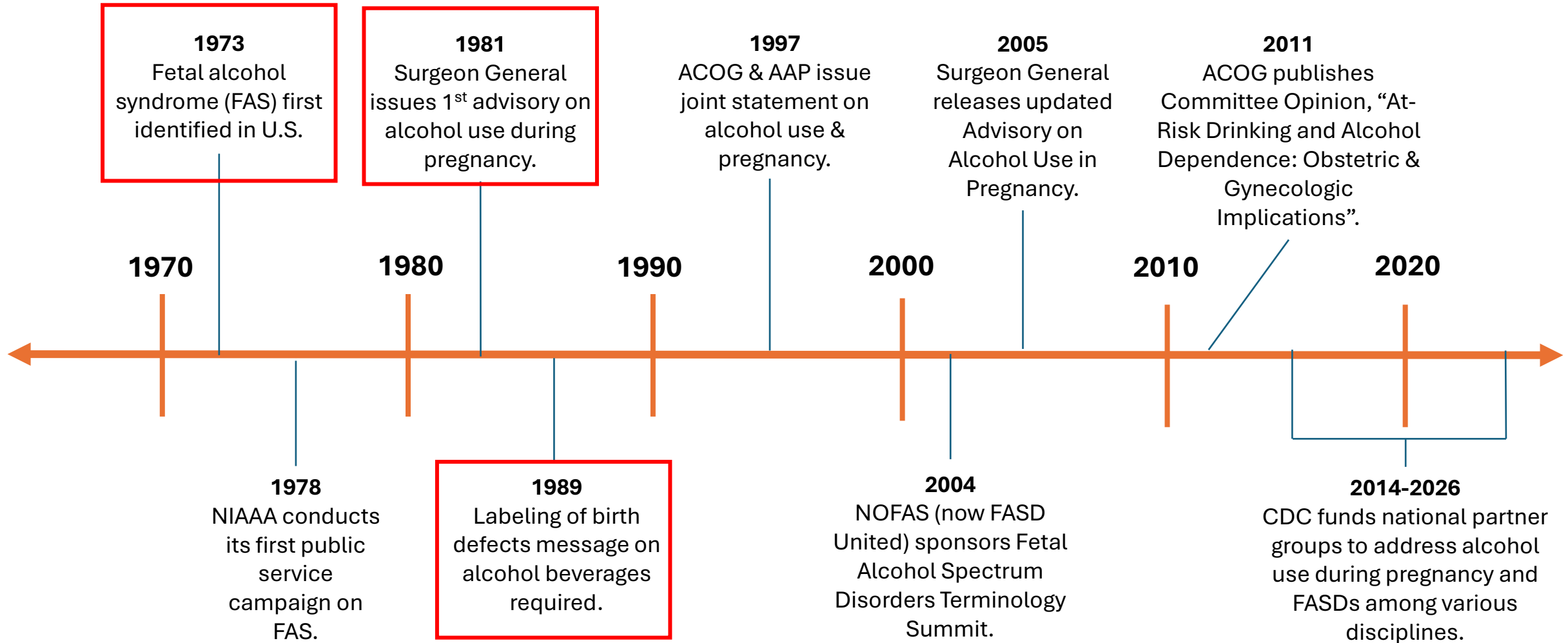
# OBJECTIVES

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After this presentation, you should be able to:

- Detail the prevalence of alcohol use in pregnancy
- Explain the impact of alcohol exposure during pregnancy and fetal alcohol spectrum disorders
- Describe screening methods for prenatal alcohol use
- Navigate to resources addressing alcohol use in pregnancy

# TIMELINE



# FETAL ALCOHOL SPECTRUM DISORDERS (FASDs)

- FASDs describe the range of effects that can occur with exposure to alcohol during the 9-months before birth
- Effects include physical, mental, behavioral, and/or learning disabilities with possible lifelong implications
- Alcohol is a *teratogen* capable of causing birth defects
- Prenatal alcohol exposure is the **leading preventable cause of birth defects and neurodevelopmental disorders** in the United States.
- Most FASDs are not visible and cannot be diagnosed at birth.



# FASDs: NOT A CLINICAL DIAGNOSIS

## **Fetal alcohol syndrome (FAS)**

- FAS is the medical diagnosis Q86.0 in the ICD-10

## **Partial fetal alcohol syndrome (pFAS)**

## **Neurobehavioral disorder associated with prenatal alcohol exposure (ND-PAE)**

## **Alcohol-related neurodevelopmental disorder (ARND)**

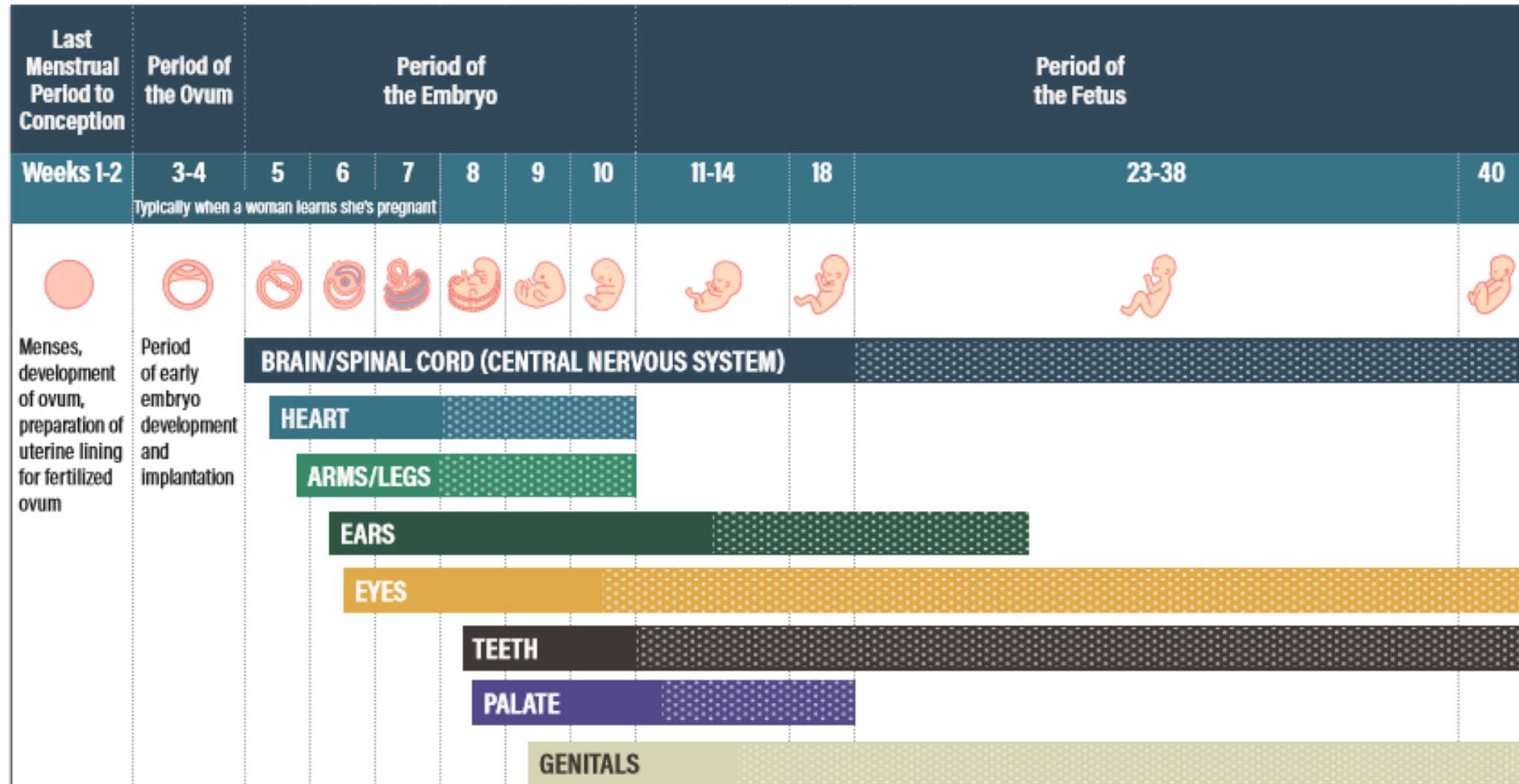
## **Alcohol-related birth defects (ARBD)**

**FASDs: range of physical, cognitive, and behavioral abnormalities that can result from prenatal alcohol exposure**



# Alcohol and Brain Development

Brain development can be affected by alcohol at any time during pregnancy



**MAJOR STRUCTURAL** defects can occur

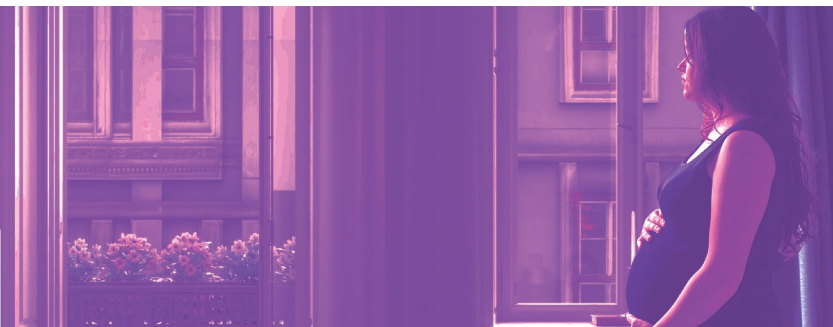
**MAJOR FUNCTIONAL and MINOR STRUCTURAL** defects can occur

\*Adapted from Moore, 1993 and the National Organization on Fetal Alcohol Syndrome (NOFAS), 2009.

# PREVALENCE OF ALCOHOL USE AMONG PREGNANT PEOPLE IN THE U.S. AGED 18 – 49 YEARS

## ALCOHOL USE

## DURING PREGNANCY



From 2018–2020

1 IN 7



About 1 in 7 pregnant people in the United States reported drinking alcohol\*

1 IN 20



About 1 in 20 pregnant people reported binge drinking\*\*

in the past 30 days



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\* *Having at least one drink of any alcoholic beverage*

\*\* *Having consumed four or more drinks on at least one occasion*

GOSDIN LK, DEPUTY NP, KIM SY, DANG EP, DENNY CH. ALCOHOL CONSUMPTION AND BINGE DRINKING DURING PREGNANCY AMONG ADULTS AGED 18–49 YEARS — UNITED STATES, 2018–2020. MMWR MORB MORTAL WKLY REP 2022;71(1):10–13.

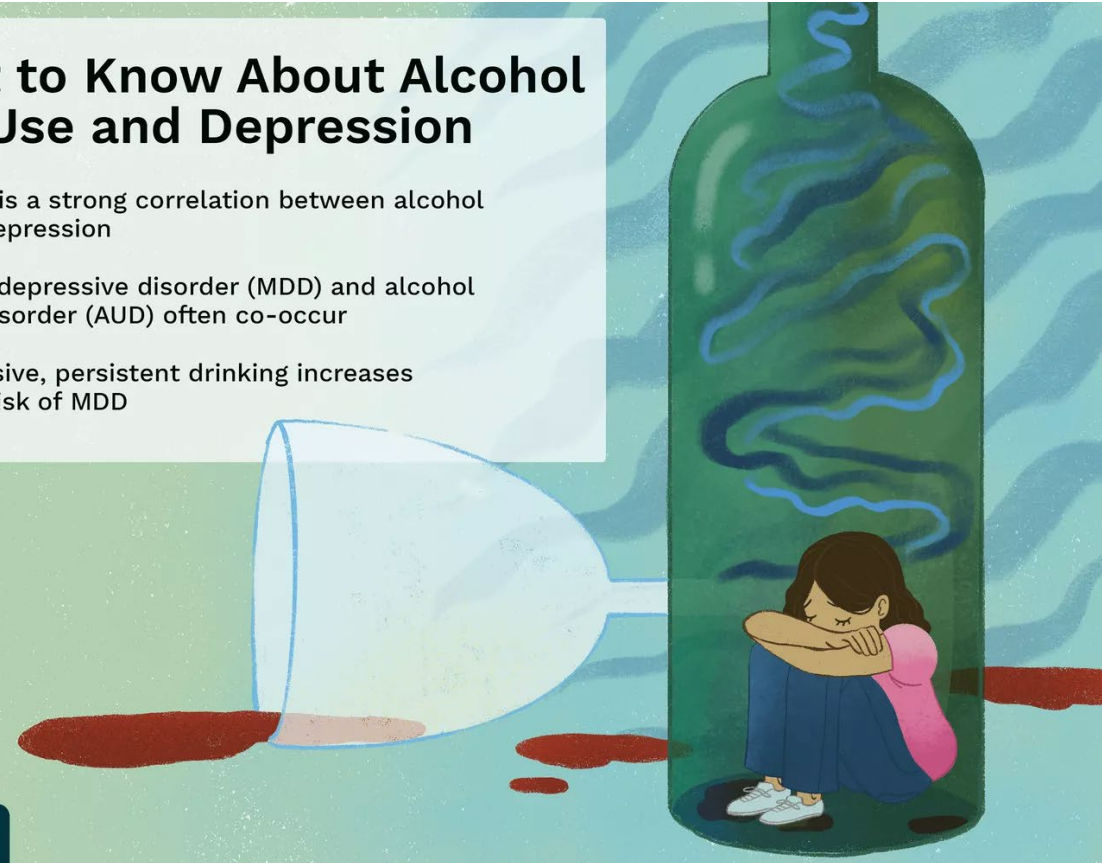
# People Use Alcohol For Many Reasons

- **Social:** celebrate, socialize, peer pressure
- **Emotional:** cope with stress, anxiety, depression, or other difficult feelings
- **Physical:** avoid physical pain
- **Curiosity:** experiment
- **Cultural:** religious or cultural practices
- **Personal preference:** personal choice

## What to Know About Alcohol Use and Depression

- There is a strong correlation between alcohol and depression
- Major depressive disorder (MDD) and alcohol use disorder (AUD) often co-occur
- Excessive, persistent drinking increases your risk of MDD

verywell



# HERE'S WHAT WE KNOW: ZERO EXPOSURE = ZERO RISK

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- Any alcohol exposure during pregnancy increases the chances of FASDs.
- FASDs are permanent conditions and cannot be cured.
- Beer and wine are just as harmful as hard liquor.
- Binge drinking is especially harmful.\*

***\*Binge = 4 or more standard drinks on one occasion for women***





# WHAT COUNTS AS A STANDARD DRINK?

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12 oz Beer



~5%  
alcohol

8 – 9 oz Hard Seltzer



~5 – 7%  
alcohol

5 oz Wine



~12%  
alcohol

1.5 oz Spirit



~40%  
alcohol

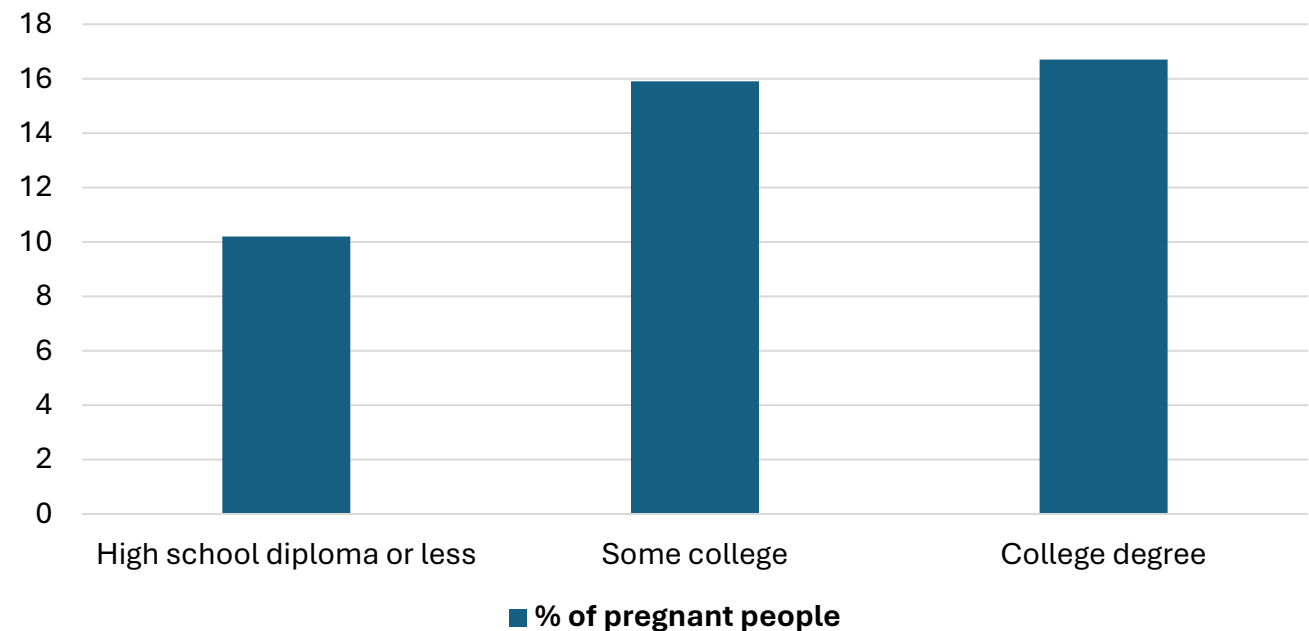
# Alcohol Use in Pregnancy has No Singular Profile

- **Factors associated with Alcohol Use in Pregnancy**

- Those with a **college degree** more likely vs less than high school education
- **Employed** more likely than unemployed
- **Highest income** earners more likely to report alcohol use in pregnancy
- **No difference in race/ethnicity** among those reporting alcohol use in pregnancy

## Estimated prevalence of past 30 days drinking in pregnant people aged 18 – 49

*Behavioral Risk Factor Surveillance System, United States, 2018 – 2020*





**1 IN 20**

Up to 1 in 20 U.S. school children may have FASDs.

Source: <https://www.cdc.gov/fasd/data/>

# Signs and Symptoms

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A person with an FASD might have:

## **Behavioral issues**

- Hyperactive behavior
- Difficulty with attention
- Poor reasoning and judgment skills

## **Learning challenges**

- Poor memory
- Learning disabilities
- Speech and language delays
- Intellectual disability or low IQ
- Difficulty in school (especially with math)

## **Physical problems**

- Low body weight
- Poor coordination
- Problems with the heart, kidneys, or bones
- Shorter-than-average height
- Vision or hearing problems
- Small head size
- Sleep and sucking problems as a baby
- Abnormal facial features, such as a smooth ridge between the nose and upper lip



# OUTCOMES OF ALCOHOL-EXPOSED PREGNANCIES ARE DEPENDENT ON FETAL GENETICS

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- A twin study found that nearly identical alcohol exposure in utero, such as between dizygotic twins, can result in immensely different child outcomes.
- There is currently no way to predict which fetuses are more or less vulnerable.



ACOG says there is...

**NO** known safe amount,

**NO** safe time, and

**NO** safe type of alcohol during pregnancy.

# ALCOHOL, PREGNANCY AND STIGMA

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Women who  
drink or drank  
alcohol during  
pregnancy  
often  
experience:

- Judgmental attitudes from service providers
- Feeling of shame and/or guilt
- Depression
- Low self-esteem
- Fear of losing their children

# REDUCE STIGMA

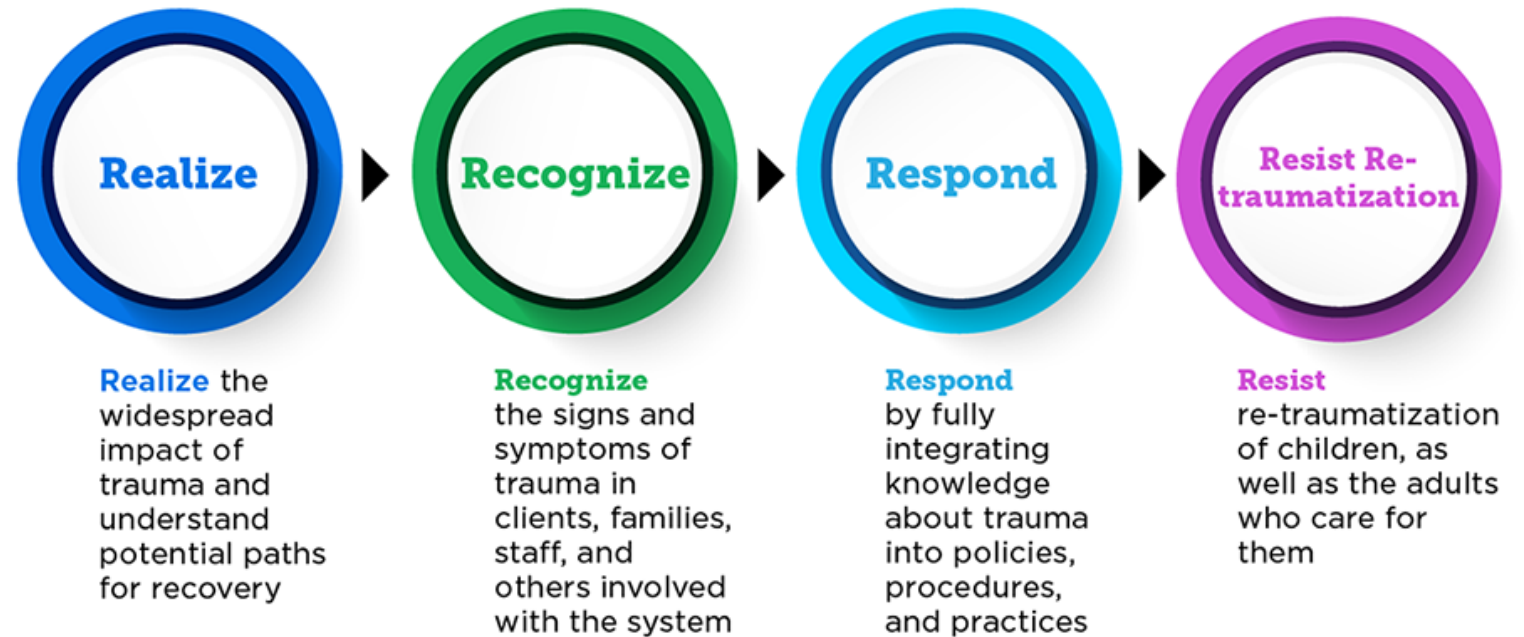
- Move away from the behavior of the individual and onto the substance of alcohol
- Stigma prevents women from speaking openly with their health care providers or their child's pediatrician
- Change your language as you write and talk about FASDs. Use the term "prenatal alcohol exposure" rather than "maternal alcohol exposure"
- Support efforts that will increase access to substance use treatment for women and their children

**STAMP OUT  
STIGMA**

# TRAUMA-INFORMED CARE

- Strive to universally implement a trauma-informed approach across all levels of practice while avoiding stigmatization and prioritizing resilience.
- Feelings of physical and psychological safety are key to effective care relationships with trauma survivors

## The Four Rs of Trauma-Informed Care



This figure is adapted from: Substance Abuse and Mental Health Services Administration. (2014). SAMHSA's concept of trauma and Guidance for a trauma-informed approach. HHS publication no. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration.



# RELATIONSHIP BETWEEN VIOLENCE, TRAUMA AND FASD

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In a study of 80 women with children with FASD:

**95%**

had been sexually, physically or emotionally abused as a child or adult

**80%**

had major mental illness with the most prevalent (77%) being Post-Traumatic Stress Disorder

**72%**

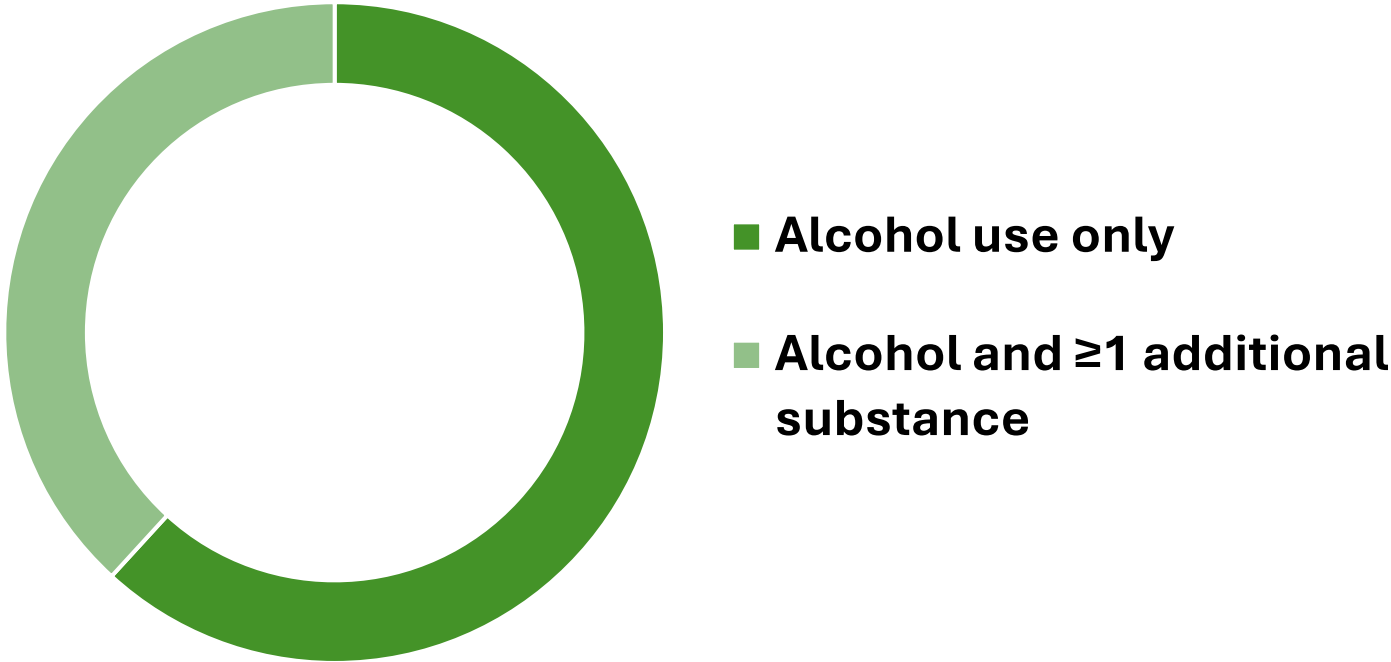
felt unable to reduce alcohol use because they were in an abusive relationship



# ALCOHOL AND OTHER SUBSTANCE USE

Approximately **40%** of pregnant individuals reporting current drinking also **reported current use of other substances**

Pregnant females who drank in the past 30 days (n = 282\*)



Source: [https://www.cdc.gov/mmwr/volumes/69/wr/mm6931a1.htm?s\\_cid=mm6931a1\\_w#T1\\_down](https://www.cdc.gov/mmwr/volumes/69/wr/mm6931a1.htm?s_cid=mm6931a1_w#T1_down)

Citation: Alcohol Use and Co-Use of Other Substances Among Pregnant Females Aged 12–44 Years — United States, 2015–2018

# Alcohol screening and brief intervention can help prevent or reduce alcohol exposure during pregnancy.



**80%**

of pregnant people were asked about recent alcohol use at their last healthcare visit.



**Only 16%**

who reported current drinking were advised to quit or reduce their alcohol use.

## We can do more to address barriers to implementing alcohol screening and brief intervention during pregnancy.



# SCREENING, BRIEF INTERVENTION AND REFERRAL TO TREATMENT (SBIRT)

## **Screening**

patients for alcohol use.

**Brief intervention** is a brief conversation that focuses on increasing insight and awareness regarding alcohol use and motivation toward behavioral change.

## **Referral to treatment**

provides those identified as needing specialized treatment with a referral to care.

# SCREENING TOOL: USAUDIT-C

USAUDIT-C*	SCORING							SCORE
	0	1	2	3	4	5	6	
How often do you have a drink containing alcohol?	Never	Less than monthly	Monthly	Weekly	2-3 times a week	4-6 times a week	Daily	
How many drinks containing alcohol do you have on a typical day you are drinking?	1 drink	2 drinks	3 drinks	4 drinks	5-6 drinks	7-9 drinks	10 or more drinks	
How often do you have 4 or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	2-3 times a week	4-6 times a week	Daily	
							<b>TOTAL:</b>	

**SCORING\*:** Pregnant: any use | Non-pregnant:  $\geq 7$  pts

Scores are considered positive for identifying risky drinking. Follow up with the full USAUDIT<sup>1</sup> to assess for alcohol use disorders that may require referral to treatment. *\*Adapted for the ob-gyn audience to only include information on screening women.*

<sup>1</sup>Babor TF, Higgins-Biddle JC, Robaina K. USAUDIT: the alcohol use disorder identification test, adapted for use in the United States: a guide for primary care practitioners 2016. [https://sites.education.miami.edu/wp-content/uploads/sites/3/2018/07/USAUDIT-Guide\\_2016\\_final-1.pdf](https://sites.education.miami.edu/wp-content/uploads/sites/3/2018/07/USAUDIT-Guide_2016_final-1.pdf)

# SCREENING TOOL: 5 P's

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	<b>Asks the pregnant person about their current alcohol or drug use, their past use, and use by people who may be close to them. It may lead to a conversation or brief intervention.</b>
<b>Parents</b>	
<b>Peers</b>	
<b>Partner</b>	
<b>Past</b>	
<b>Present</b>	

# BRIEF INTERVENTION

## Core MI FRAMES Skills<sup>1</sup>

- F Feedback**—Compare the patient's risk behavior with nonrisk behavior patterns. She may not be aware that what she considers normal is risky.
- R Responsibility**—Stress that it is her responsibility to make the change.
- A Advice**—Give direct advice (not insistence) to change the behavior.
- M Menu**—Identify "risk situations" and offer options for coping.
- E Empathy**—Use a style of interaction that is understanding and involved.
- S Self-efficacy**—Elicit and reinforce self-motivating statements such as "I am confident that I can stop drinking." Help the patient to develop strategies, implement them, and commit to change.

## Key Techniques & Example Language

<b>Express Empathy</b>	<ul style="list-style-type: none"> <li>• <i>I can imagine that you might feel...</i></li> <li>• <i>I care about your health and want to understand your feelings about...</i></li> </ul>	
<b>Develop Discrepancy</b>	<b>Non-Pregnant Patients</b> <ul style="list-style-type: none"> <li>• <i>I'm curious, what do you like about drinking...what don't you like about drinking...</i></li> </ul>	<b>Pregnant Patients</b> <ul style="list-style-type: none"> <li>• <i>So, it sounds like drinking alcohol occasionally helps you to relax, but you're also concerned about your developing baby's health...</i></li> </ul>
<b>Roll with Resistance</b>	<b>Non-Pregnant Patients</b> <ul style="list-style-type: none"> <li>• <i>So, you don't think abstinence would work for you right now...</i></li> </ul>	<b>Pregnant Patients</b> <ul style="list-style-type: none"> <li>• <i>It sounds like you may have received conflicting advice and that is confusing to you...</i></li> </ul>
<b>Support Self-Efficacy</b>	<ul style="list-style-type: none"> <li>• <i>What would a realistic change look like for you?</i></li> <li>• <i>What changes have you tried that worked in the past?</i></li> <li>• <i>What would help make reducing your alcohol use possible?</i></li> </ul>	

## Readiness Ruler | On a scale from 1 to 10: How ready are you? How confident are you?

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>
<b>Not at all</b>			<b>Somewhat</b>				<b>Extremely</b>		

<sup>1</sup>Bien TH, Miller WR, Tonigan JS. Brief interventions for alcohol problems: a review. *Addiction* 1993;88:315-335.

# TREATMENT FOR ALCOHOL USE DISORDER (AUD) DURING PREGNANCY

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## Acute Detoxification (Inpatient)

- Long-acting benzodiazepine taper
  - OR Phenobarbital taper if co-occurring benzodiazepine use disorder

## Abstinence and Relapse Prevention

- Counseling/psychotherapy
- Residential rehabilitation
- Support groups
- Medications: naltrexone and acamprosate
  - Should be undertaken as a partnership between the addiction specialist/treatment provider and the obstetrician
  - OB should monitor the pregnancy during treatment

**There is little published evidence to support the safety of medications for AUD in pregnancy. The benefits/risks of medication should be weighed against the risks of alcohol exposure during pregnancy.**

# POSTPARTUM PERIOD: ALCOHOL USE WHEN BREASTFEEDING

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## Recommendations from the American Academy of Pediatrics and CDC:

- No alcohol = safest option
- Moderate alcohol consumption (up to 1 standard drink in a day) is not known to be harmful to the infant, especially if the mother waits at least 2 hours after a single drink before nursing or expressing milk to be fed to the infant.
- Consuming more than this amount is discouraged.

# LONG-TERM EFFECTS



**FASDs last a lifetime. There is no cure for FASDs, but research shows that early intervention treatment services can improve a child's development.**



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# REFERRAL TO TREATMENT AND SUPPORT

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- National Clinician Substance Use Consultation Center Warmline: Clinically supported advice on substance use management for healthcare providers <https://nccc.ucsf.edu/clinician-consultation/substance-use-management/> or call (855) 300-3595 Monday – Friday, 9 a.m. – 8 p.m. ET
- Substance Abuse and Mental Health Services Administration (SAMHSA) treatment locator: <https://www.findtreatment.gov/>
- FASD United and Circle of Hope: support group for women who used alcohol or other substances during pregnancy. Learn more at <https://fasdunited.org/>



# RESOURCES

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## **Centers for Disease Control and Prevention (CDC)**

Trainings, resources,  
brochures, posters, fact sheets

[www.cdc.gov/alcohol-  
pregnancy](http://www.cdc.gov/alcohol-pregnancy)

<http://www.cdc.gov/fasd>

## **American College of Obstetricians and Gynecologists**

Provider and patient education  
materials, videos

<http://www.acog.org/alcohol>

FASD  
NATIONAL  
PARTNER  
NETWORK



# CDC TRAININGS

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**CDC Website:** Fetal Alcohol Spectrum Disorders (FASD) Training And Resources:  
<https://www.cdc.gov/alcohol-pregnancy/hcp/communication-resources/>

## **FASD Training Courses**

- FASD Primer for Healthcare Professionals (continuing education credits available)
- Implementing Alcohol Screening and Brief Intervention in Clinical Practice
- Interprofessional Collaborative Practice as a Model for Prevention of AEPs

## **Supplemental Learnings**

- Get the Facts about Alcohol Use and Pregnancy
- How to Begin a Conversation about Alcohol Use
- How Much Alcohol Is Too Much?

# FASD E-MODULE (FREE)

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eModule

## Fetal Alcohol Spectrum Disorders: Ethical and Legal Perspectives

This presentation, created by the ACOG Workgroup on FASD Prevention, is eligible for two CME credits, and qualifies for the ethics CME credit required in some states. In addition, the American Board of Obstetricians and Gynecologists (ABOG) allows providers completing this unit to be given credit for Part IV of their Maintenance of Certification (MOC).

<https://www.acog.org/education-and-events/emodules/emod019>

Approved for MOC Part IV

# OTHER RESOURCES

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## Federal Government Sites

- Centers for Disease Control and Prevention (CDC):
  - <https://www.cdc.gov/alcohol-pregnancy/>
  - <https://www.cdc.gov/fasd/>
- National Institute on Alcohol Abuse and Alcoholism:  
<https://www.niaaa.nih.gov/>
- National Institute on Drug Abuse:  
<https://nida.nih.gov/>
- Substance Abuse and Mental Health Services Administration: <https://www.samhsa.gov/>

## Organization

- FASD United & Circle of Hope:  
<https://fasdunited.org/>

## SBIRT, including motivational interviewing

- Planning and Implementing Screening and Brief Intervention for Risky Alcohol Use:  
<https://stacks.cdc.gov/view/cdc/26542>
- Addressing Alcohol and Other Substance Use Practice Manual:  
[https://www.aafp.org/dam/AAFP/documents/patient\\_care/alcohol/alcohol%20practice%20manual%202023.pdf](https://www.aafp.org/dam/AAFP/documents/patient_care/alcohol/alcohol%20practice%20manual%202023.pdf)



# INTRODUCTION: CIRCLE OF HOPE SPEAKER





# FASD POST-TEST

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**Please re-open or refresh your browsers and complete the final portion of the survey.**

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