Alcohol Use and Pregnancy: The Importance of Screening and Brief Intervention

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Proof Alliance

Mission
To prevent fetal alcohol spectrum disorders and support all impacted

Proof Alliance acknowledges that not every person who can become pregnant identifies as a woman. We try to use gender-neutral language as often as possible, much of the current research refers only to “women” when discussing the ability to become pregnant. When citing this research, we refer to the language used in the study. In these cases, “woman” refers to someone who was assigned female at birth.
Objectives

During our discussion, we will:

• Recognize the need for prenatal alcohol exposure screening and brief intervention
• Learn about screening methods that address stigma and bias
• Learn about what to do next when there has been alcohol exposure during pregnancy

Setting the Stage: FASD

Fetal Alcohol Spectrum Disorders (FASD) are a range of conditions attributable to prenatal alcohol exposure (PAE) that include behavioral, learning, and physical problems

• Alcohol is a teratogen which adversely affects normal brain development throughout all gestational stages
• Permanent and the most common preventable developmental disability in the US

Health professional FASD knowledge and training is inadequate\(^1\)

1. FASD Regional Training Centers Consortium. Am J Health Ed. 2007
In the U.S., it is estimated that 1 in 20 children have an FASD.

Alcohol Use by Age in the Past Month


Alcohol Use and Unintended Pregnancies

Non-Pregnant Women of Reproductive Age
• 54% report alcohol use in previous 30 days
• 18% report binge drinking in previous 30 days

Unintended Pregnancies
• 49% of pregnancies are unplanned
• Pregnancy may not be known for up to 6 weeks into the pregnancy

~3.3 million women in the U.S. are at risk for an alcohol-exposed pregnancy

1 in 7 pregnancies are exposed to alcohol

In the United States, 14% of women drank alcohol during pregnancy and 5% engaged in binge drinking.


Every Pregnancy is Different

Alcohol is metabolized differently for each woman, fetus, and pregnancy, so the effects vary by each pregnancy

Variables leading to fetal damage are complex and interrelated

- Maternal and fetal genetics, maternal health and nutrition
- Alcohol dose, pattern, and timing of exposure
- Binge drinking (> 4 drinks/occasion) is associated with more severe effects

Not every child with prenatal alcohol exposure will have an FASD

- 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

Screening and Brief Intervention is Inadequate

CDC: Despite recommendations for universal alcohol screening, a recent CDC study found

- Approximately 20% of pregnant persons were not screened for alcohol use at their last visit to a primary health care provider
- Only 16% who were screened were advised by a health care provider to quit drinking or reduce their alcohol use

Prenatal Alcohol Exposure Screening Practices in Minnesota

In 2022, Proof Alliance commissioned ACET, Inc. to conduct an assessment of prenatal alcohol exposure screening practices in Minnesota.

This gap between screening and brief intervention indicates missed opportunities to reduce alcohol use during pregnancy.
Health Care Provider Barriers to Address FASD

A study identified a lack of appropriate communication skills among health care providers regarding FASD:

• Dismissive of mother’s experience and concerns
• Uncomfortable, avoid topic
• Don’t want to offend, cause anger, accuse, confront, cause guilt
• Concerned they will lose the patient or will get a low patient satisfaction survey
• Concern about not knowing appropriate follow-up actions to take if alcohol exposure is identified


Health Care Provider Barriers to Address FASD in Minnesota

Minnesota Community Measurement found similar barriers in a recent survey of medical groups in Minnesota.

What are the barriers that your organization has experienced related to screening for alcohol use during pregnancy? Select all that apply.
Health Care Provider Barriers to Address FASD in Minnesota

Minnesota Community Measurement found similar barriers in a recent survey of medical groups in Minnesota.

What are the barriers that your organization has experienced related to providing brief intervention for alcohol use during pregnancy? Select all that apply.

Stigma of Birth Mothers of Children with FASD

Research participants viewed mothers of children with FASD more negatively than women with serious mental illness, substance use disorder, and jail experience.

Implicit Bias: *Why would a someone drink alcohol while pregnant?*

1. Does not know is pregnant
   - Nearly half of pregnancies in the U.S. are unplanned

2. Not aware of the risks associated with prenatal alcohol exposure
   - Mixed messages from family, friends, media, and **even health care providers**
   - Alcohol is socially accepted, legal, and readily available
   - Public still misunderstands risk of alcohol exposed pregnancies and does not recognize the high prevalence of FASD

3. Untreated alcohol use disorder (AUD)
   - Even if it is not an AUD, possibly drinking to cope with external stressors

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Implicit Bias: *Who drinks alcohol when they are pregnant?*

- FASD is in all communities, races, ethnicities, socioeconomic groups, neighborhoods
- Consider who you are assuming *doesn’t* drink alcohol when they are pregnant
Social Determinants of Health

Can be protective OR harmful

- Economic stability
- Education access and quality
- Health care access and quality
- Neighborhood and built environment
- Social and community context
  - Racism
  - Poverty
  - Historical trauma
  - Normalization of alcohol use
  - Alcohol policies

Universal Screening

- Screening must be implemented universally, as we cannot know about drinking behavior from a person’s demographics or risk factors

- Explain to the patient that we ask these questions of everyone so that they do not feel singled out or judged

Endorse Universal Screening:
- American College of Obstetricians and Gynecologists (ACOG)
- Centers for Disease Control and Prevention (CDC)
- American Academy of Pediatrics (AAP)
Use Non-Stigmatizing Language

Avoid language that shames people who drank alcohol during pregnancy. We do not want to use language that perpetuates stigma and guilt.

“The patient admitted to alcohol use during pregnancy.”

“The patient confirmed prenatal alcohol exposure.”

“FASD is caused by a woman drinking alcohol while pregnant.”

“FASD is caused by prenatal alcohol exposure.”

“Child of a mother who drank during pregnancy.”

“Child exposed to alcohol prenatally.”

“An FASD kid.”

“A child with an FASD.”

Non-Stigmatizing Screening Prompts

Before asking screening questions, phrases like these may help ease any discomfort and prepare the patient for screening:

1. We ask everyone these questions. FASD is more common than people think.
2. It helps us to identify anything that could affect your child as early as possible.
3. Not all children exposed to alcohol during pregnancy have problems, and we cannot predict who will and who will not, so we want to follow those children closely.
4. Drinking alcohol at any time during pregnancy can have an impact on learning, mental health, behavior, or other health concerns. Many people drink alcohol before they even know they are pregnant.
5. Just because you may have consumed alcohol before you knew you were pregnant, it does not guarantee your child has an FASD. But if they do, there is a lot we can do to help.
**Patient Concerns**

Considerations of disclosure

- Will my child be taken away?
- What will happen if I am honest?
- Do I trust my healthcare provider?
- Historical trauma
- Cultural taboos
- Relationship with who is asking

Fear of judgement/bias can influence people’s willingness to disclose.

By being transparent, explaining why you are asking, what will happen with the information, and how you are there to support them, you can remove the fear of the unknown, and move from resistance to working together.

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**Stigma and Implicit Bias: Take-Home Points**

Your assumptions about who will drink when pregnant may not always be accurate.

Be aware of your own biases and consider how they may influence who and how you screen and manage care.

Practice using non-stigmatizing language in your next patient interactions.

Acknowledge the patient’s lived experience.
Screening and Brief Intervention (SBI) for Alcohol Use

Alcohol SBI is an evidence-based preventive service that helps identify individuals, including pregnant people, who are drinking more than the recommended amounts (i.e., none for pregnancy). It involves:

• A validated set of screening questions, which only take a few minutes to complete, to identify patients’ drinking patterns; and

• A short conversation with patients who are drinking more than the recommended amounts, as well as referral to treatment when appropriate.

Screening and brief counseling for risky drinking is considered one of the highest impact preventive services, second only to childhood immunization and tobacco use screening/counseling.

Screening for Alcohol Use During Pregnancy in Minnesota

The Minnesota Community Measurement survey revealed a large variety of screening measurements are being used in Minnesota to assess for prenatal alcohol exposure.

How does your organization screen for alcohol use among pregnant patients?

![Screening Methods Pie Chart]

Recommended Screening Questions for Pregnant People

- How far along were you before you found out you were pregnant?
- Before you knew you were pregnant, how much alcohol (beer, wine or liquor) did you drink?
- After you found out you were pregnant, how many times alcohol did you drink alcohol?
- During your pregnancy, how many times have you had 4 or more drinks in a day?


SBIRT: Screening, Brief Intervention, and Referral to Treatment

**Screening**
- Identify unhealthy alcohol use and assess severity of use (risky use versus AUD)

**Brief Intervention (Brief Negotiated Interview)**
- Discuss the screening results and increase intrinsic motivation to reduce or abstain from use

**Treat and/or Refer to Treatment**
- Specialized services, 4 FDA approved medications

**Brief Negotiated Interview (BNI): Definition**

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<tr>
<th>Brief</th>
<th>Negotiated</th>
<th>Interview</th>
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| • Based upon well researched brief interventions
  • Goals are different for at risk vs use disorder | • Recognizes patients as equal partners
  • Patient is decision maker, change involves ambivalence | • Elicit patient’s perception and reasons (or not) and ways to change |

**Brief Negotiated Interview (BNI): Steps**

**Six Steps:**
- Explore Pros and Cons
- Review Health Risks
- Summarize and Ask Key Question
- Explore Readiness
- Negotiate Goals
- Explore Confidence

**SBIRT Example Scenario Using Brief Negotiated Interview**

www.bit.ly/3zGN47Y
Referral To Treatment

- ACOG district directories: state specific resources for alcohol and drug treatment, FASD diagnosis, and other supportive services. Available at www.acog.org/alcohol and https://www.acog.org/programs/fasd/district-resources

- 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

- The Substance Abuse and Mental Health Services Administration (SAMHSA) treatment locator: https://www.findtreatment.gov/

Billing for SBI in Minnesota

A majority said they were either unaware of whether their clinics did get reimbursed, or whether it was possible. Results indicated interest in learning more about the possibility of SBI reimbursement.

Assessment of Prenatal Alcohol Exposure Screening Practices in Minnesota:
## Codes for Screening and Brief Intervention

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<thead>
<tr>
<th>Payer</th>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>Commercial Insurance</td>
<td>CPT 99408</td>
<td>Alcohol and/or substance abuse structured screening and brief intervention services; 15 to 30 minutes</td>
</tr>
<tr>
<td></td>
<td>CPT 99409</td>
<td>Alcohol and/or substance abuse structured screening and brief intervention services; greater than 30 minutes</td>
</tr>
<tr>
<td>Medicare</td>
<td>G0396</td>
<td>Alcohol and/or substance abuse structured screening and brief intervention services; 15 to 30 minutes</td>
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<tr>
<td></td>
<td>G0397</td>
<td>Alcohol and/or substance abuse structured screening and brief intervention services; greater than 30 minutes</td>
</tr>
<tr>
<td>Medicaid</td>
<td>H0049</td>
<td>Alcohol and/or drug screening</td>
</tr>
<tr>
<td></td>
<td>H0050</td>
<td>Alcohol and/or drug screening, brief intervention, per 15 minutes</td>
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SAMHSA: [https://www.samhsa.gov/sbirt/coding-reimbursement](https://www.samhsa.gov/sbirt/coding-reimbursement)


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## Community Support

- Building communities of support is paramount to success
- Check on current resources: Dead end? Warm handoff? Barriers to access?
- Identify resource gaps and seek out new referrals to help them build their village
Building Community Support: 4 Pillars

FASD Specific Support

- FASD specific support from Proof Alliance: [www.proofalliance.org](http://www.proofalliance.org)
  - Support groups
  - Service navigation
  - Retreats/camps
  - Social activities
  - Caregiver conference

- County Programs
  - Project Child, Mothers First, Plan of Safe Care
Community Connectors

Seek out community connectors/advocates/leaders

- Trusted Messengers
- Patient Navigators
- Perinatal Educators
- Recovery Coaches
- Home Visitors

**Trusted Messengers**
Respected community leaders, typically from same community
Example: Parent advocate

**Patient Navigators**
Someone who helps clients navigate a system
Example: Case Manager

**Perinatal Educators**
Someone trained in prenatal education and labor support
Example: Doulas

**Recovery Coaches**
Someone providing one-on-one support to the newly recovering
Example: Sober Companion

**Home Visitors**
Someone who provides support within the home
Example: Public Health Nurse
Parenting Support

Giving pregnant patients and new parents information, resources, and support that can also help with monitoring for delays.

- Maternal, Infant, and Early Childhood Home Visiting Program
- Healthy Start
- Follow Along Program, Help Me Grow
- School District: Early Childhood Special Education (ECSE) and Early Childhood Family Education (ECFE)

Culturally Specific Support

Culturally-specific support integrates values, beliefs, and customs that can be important to self-worth and sense of belonging.

Examples
- DIVA Moms
- Sober Squad
- Women of Traditional Birthing
- Bright Beginnings
- Family Spirit
- Club Mom, Club Dad
Educational Materials

• Proof Alliance offers free, ready-to-print facts sheets and strategy guides

• Topics include:
  • Fetal alcohol spectrum disorders
  • Alcohol-free pregnancies
  • Guides for professionals, families, and people with an FASD

https://www.proofalliance.org/article/fact-sheets-and-strategy-guides/
Improving Screening and Brief Intervention

What support does your organization need to help assess prenatal alcohol exposure and get people the help they need to stop drinking during pregnancy? Select all that apply.

- List of community resources in area (13 responses)
- Staff training on providing brief interventions (10 responses)
- Staff training on how to ask questions (8 responses)
- Guidance on effective question(s) to ask pregnant population (7 responses)
- Don’t know/Unsure (3 responses)
- Other (2 responses)

SAFEST Choice Learning Collaborative

Prevent FASD and care for children affected by it

HRSA funded, currently enrolling clinics to participate in 10 free virtual Prenatal and/or Pediatric ECHO® sessions

- **Pediatric ECHO** (September 2023-January 2024) aims to reduce prenatal alcohol exposure by teaching prenatal healthcare teams how to screen for and counsel patients about the risks of alcohol use during pregnancy

- **Prenatal ECHO** (February 2024-June 2024) aims to improve FASD outcomes by training pediatric healthcare teams how to identify and care for children and adolescents with suspected or diagnosed FASD

Free Continuing Education Credits

Interested? Contact: safestchoice@bmc.org
Link to Evaluation  
Certificate upon completion of evaluation  
Recording available on Stratis Health website
QUESTIONS?