

# PRoF Alliance

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

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## MN Health Plans Collaborative

BlueCross BlueShield Minnesota

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# Proof Alliance


## Mission

To prevent fetal alcohol spectrum disorders and support all impacted

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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.

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## 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

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## 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<sup>1</sup>

1. FASD Regional Training Centers Consortium. *Am J Health Ed.* 2007

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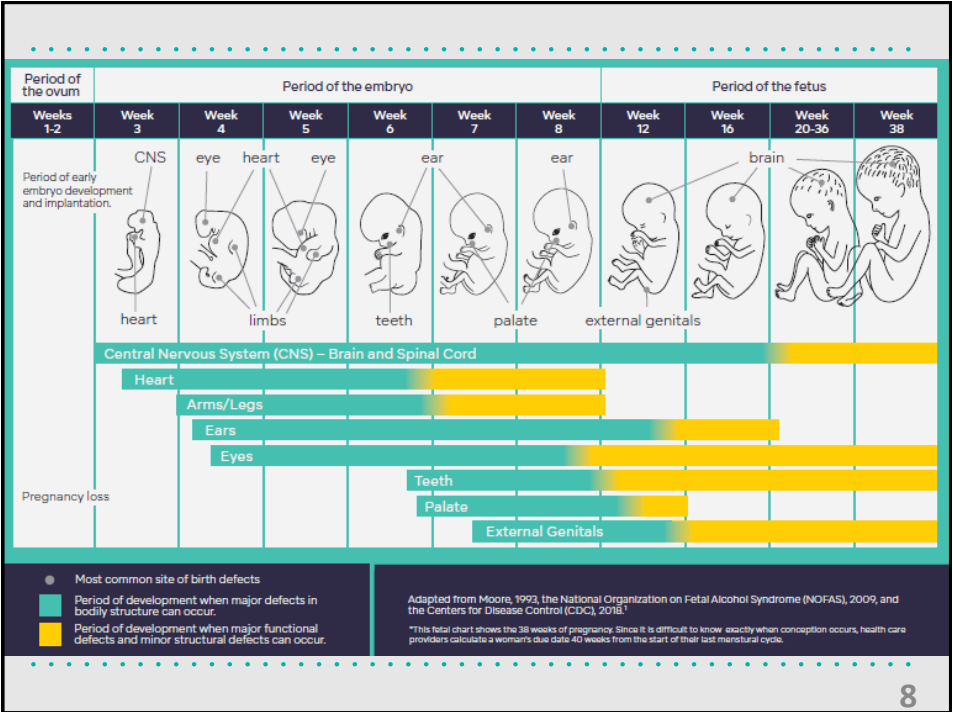
# Prevalence of FASD

# 1 in 20

In the U.S., it is estimated that 1 in 20 children have an FASD.

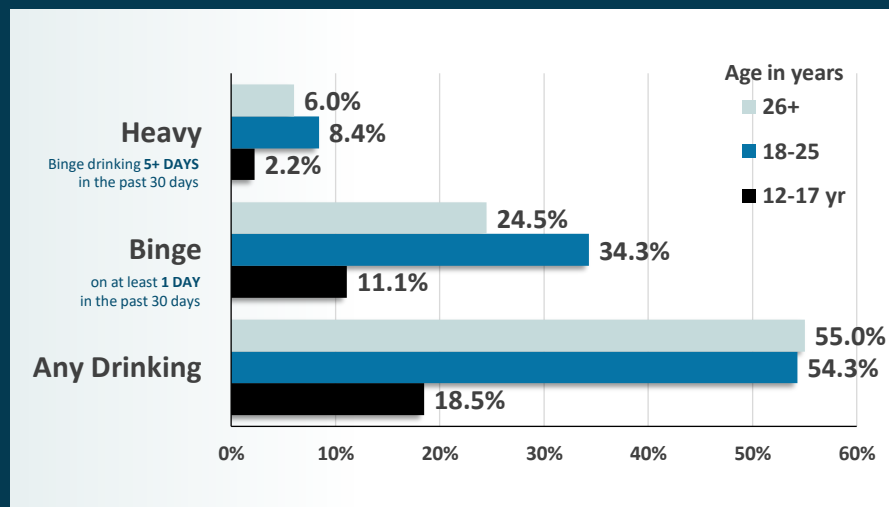
Source: May et al. Prevalence of fetal alcohol spectrum disorders in 4 US communities, JAMA. 2018;319 (5):474-482. 7

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## Alcohol Use by Age in the Past Month



SAMHSA. 2019 National Survey on Drug Use and Health. 2020.

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## Alcohol Use and Unintended Pregnancies

### Non-Pregnant Women of Reproductive Age

- 54% report alcohol use in previous 30 days<sup>1</sup>
- 18% report binge drinking in previous 30 days<sup>1</sup>

### Unintended Pregnancies

- 49% of pregnancies are unplanned<sup>1</sup>
- Pregnancy may not be known for up to 6 weeks into the pregnancy<sup>2</sup>

~3.3 million women in the U.S. are at risk for an alcohol-exposed pregnancy<sup>2</sup>

1. Tan CH, et al. *MMWR Morb Mortal Wkly Rep.* 2015.  
2. Green PP, et al. *MMWR Morb Mortal Wkly Rep.* 2016.

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**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.

Source: 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.

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## 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

Hemingway SJA, et al. *Adv Pediatr Res*. 2019.

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## Screening and Brief Intervention is Inadequate

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

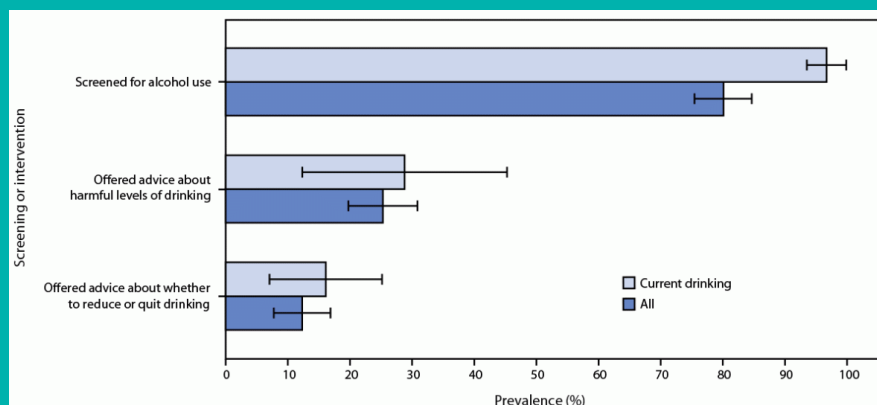
- Approximately 20% of pregnant persons were not screened for alcohol use at their last visit to a primary health care provider
- Only 16% who were screened were advised by a health care provider to quit drinking or reduce their alcohol use

Luong J, Board A, Gosdin L, et al. Alcohol Use, Screening, and Brief Intervention Among Pregnant Persons — 24 U.S. Jurisdictions, 2017 and 2019. MMWR Morb Mortal Wkly Rep 2023;72:55–62. DOI: <http://dx.doi.org/10.15585/mmwr.mm7203a2>.

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## Screening and Brief Intervention is Inadequate



Luong J, Board A, Gosdin L, et al. Alcohol Use, Screening, and Brief Intervention Among Pregnant Persons — 24 U.S. Jurisdictions, 2017 and 2019. MMWR Morb Mortal Wkly Rep 2023;72:55–62. DOI: <http://dx.doi.org/10.15585/mmwr.mm7203a2>.

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## 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.

### Groundwork for alcohol SBI



Nearly all participants (95%) felt that staff at their clinics shared the same knowledge about risky alcohol use.



Over three-quarters (81%) described leadership support and clear commitment for alcohol SBI.

### Alcohol SBI procedures



Nearly three-quarters (71%) had a plan in place for screening patients for alcohol.



Under half (43%) had an established system for brief interventions if patients disclosed alcohol use.

Assessment of Prenatal Alcohol Exposure Screening Practices in Minnesota:

<https://learn.proofalliance.org/courses/assessment-of-prenatal-alcohol-exposure-screening-practices-in-minnesota-clinics/>

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## Prenatal Alcohol Exposure Screening Practices in Minnesota

### Practices to support alcohol SBI



Few (14%) had training and onboarding procedures for alcohol SBIs.



Less than one-third (29%) had implementation measures for SBIs in place.



Very few (9%) received reimbursement by health insurance for alcohol SBI services.

This gap between screening and brief intervention indicates missed opportunities to reduce alcohol use during pregnancy.

Assessment of Prenatal Alcohol Exposure Screening Practices in Minnesota:

<https://learn.proofalliance.org/courses/assessment-of-prenatal-alcohol-exposure-screening-practices-in-minnesota-clinics/>

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## 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**

Corrigan PW, et al. *Addiction Research & Theory*. 2019.

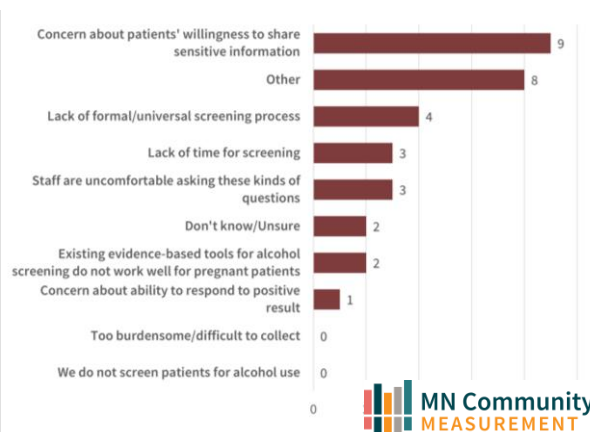
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## Health Care Provider Barriers to Address FASD in Minnesota

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.**



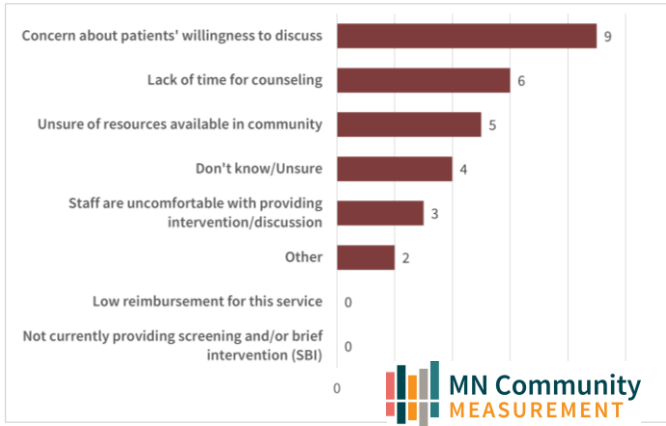
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## Health Care Provider Barriers to Address FASD in Minnesota

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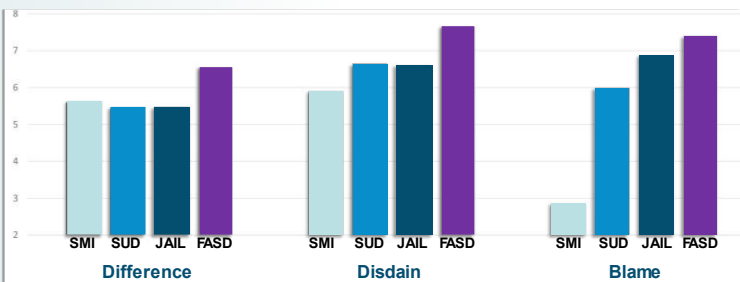
**What are the barriers that your organization has experienced related to providing brief intervention for alcohol use during pregnancy? Select all that apply.**



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## 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.

- SMI = Serious Mental Illness
- SUD = Substance Abuse Disorder
- JAIL = Jail experience
- FASD = Fetal Alcohol Syndrome

Corrigan PW, et al. *Alcohol Clin Exp Res*. 2017.

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## 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

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## 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

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## 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)

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## 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."**

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## 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.

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## 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.

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## 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.

USPSTF. *JAMA*. 2018.  
Maciosek MV, et al. *Ann Fam Med*. 2017  
McKnight-Eilly LR, et al. *MMWR Morb Mortal Wkly Rep* 2014.

American College of  
Obstetricians and  
Gynecologists (ACOG)

U.S. Surgeon General

Centers for Disease Control  
and Prevention (CDC)

U.S. Preventive Services  
Task Force (USPSTF)

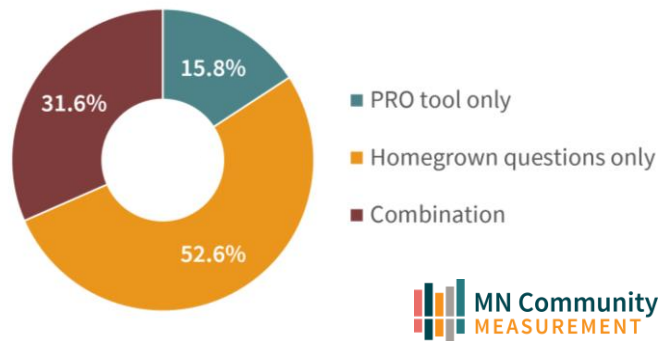
Definition source: CDC(2023). Alcohol Screening and Brief Intervention Efforts. Retrieved from: <https://www.cdc.gov/nchsddd/fasd/alcohol-screening.html>

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## 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?



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## 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?

Evidence informed, adapted from Bright Futures Guidelines: <https://www.aap.org/en/patient-care/fetal-alcohol-spectrum-disorders/screening-for-prenatal-alcohol-exposure/>

Implementation Guide for Screening for PAE: [https://downloads.aap.org/AAP/PDF/FASD/FASD\\_PAE\\_Implementation\\_Guide\\_FINAL.pdf?\\_ga=2.187540904.166618012.0.1687530545-322726831.1671144562](https://downloads.aap.org/AAP/PDF/FASD/FASD_PAE_Implementation_Guide_FINAL.pdf?_ga=2.187540904.166618012.0.1687530545-322726831.1671144562)

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# SBIRT: Screening, Brief Intervention, and Referral to Treatment

<b>Screening</b>	Identify unhealthy alcohol use and assess severity of use (risky use versus AUD)
<b>Brief Intervention</b> (Brief Negotiated Interview)	Discuss the screening results and increase intrinsic motivation to reduce or abstain from use
<b>Treat and/or Refer to Treatment</b>	Specialized services, 4 FDA approved medications

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## Brief Negotiated Interview (BNI): Definition

Brief	Negotiated	Interview
<ul style="list-style-type: none"><li>• Based upon well researched brief interventions</li><li>• Goals are different for at risk vs use disorder</li></ul>	<ul style="list-style-type: none"><li>• Recognizes patients as equal partners</li><li>• Patient is decision maker, change involves ambivalence</li></ul>	<ul style="list-style-type: none"><li>• Elicit patient’s perception and reasons (or not) and ways to change</li></ul>

Bernstein E, Bernstein J, Levenson S. *Annals Emerg Med.* 1997;30(2):181-9.

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## Brief Negotiated Interview (BNI): Steps

### Six Steps:

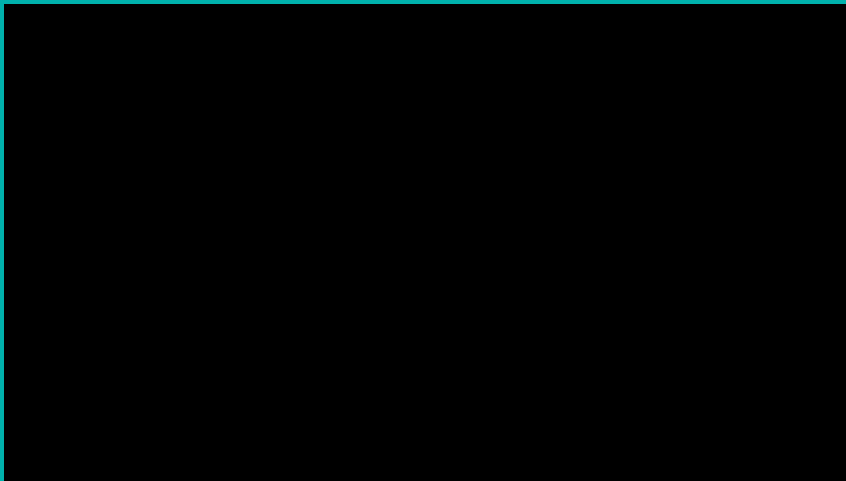
- ☐ Explore Pros and Cons
- ☐ Review Health Risks
- ☐ Summarize and Ask Key Question
- ☐ Explore Readiness
- ☐ Negotiate Goals
- ☐ Explore Confidence



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## SBIRT Example Scenario Using Brief Negotiated Interview



[www.bit.ly/3zGN47Y](http://www.bit.ly/3zGN47Y)

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## 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](http://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/>

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## Billing for SBI in Minnesota

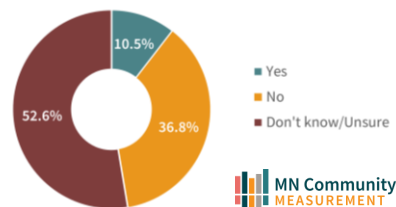
### Assessment of Prenatal Alcohol Exposure Screening Practices in Minnesota Clinics



Very few (9%) received reimbursement by health insurance for alcohol SBI services.

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.

Does your organization bill for screening/intervention services?



Assessment of Prenatal Alcohol Exposure Screening Practices in Minnesota:

<https://learn.proofalliance.org/courses/assessment-of-prenatal-alcohol-exposure-screening-practices-in-minnesota-clinics/>

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## Codes for Screening and Brief Intervention

Payer	Code	Description
Commercial Insurance	CPT 99408	Alcohol and/or substance abuse structured screening and brief intervention services; 15 to 30 minutes
	CPT 99409	Alcohol and/or substance abuse structured screening and brief intervention services; greater than 30 minutes
Medicare	G0396	Alcohol and/or substance abuse structured screening and brief intervention services; 15 to 30 minutes
	G0397	Alcohol and/or substance abuse structured screening and brief intervention services; greater than 30 minutes
Medicaid	H0049	Alcohol and/or drug screening
	H0050	Alcohol and/or drug screening, brief intervention, per 15 minutes

SAMHSA: <https://www.samhsa.gov/sbirt/coding-reimbursement>

ACOG list of codes: <https://www.acog.org/practice-management/coding/coding-library/prevention-of-fasd-coding-basics>

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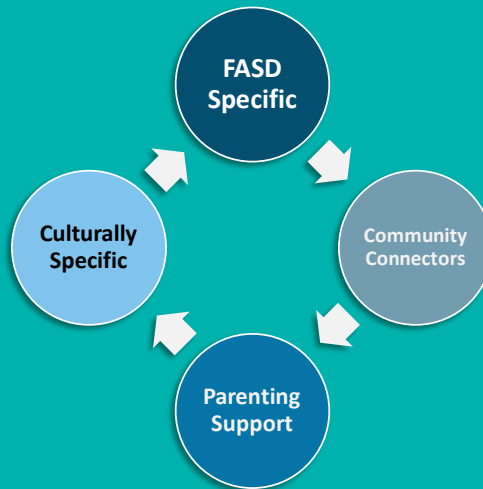
## Community Support

- 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

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## Building Community Support: 4 Pillars



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## 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




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## Community Connectors

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Seek out community connectors/advocates/leaders

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



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## Community Connectors

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**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- Doula

**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

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## 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)



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## 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








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## Our Children Are Sacred Phone App



The **Our Children Are Sacred** app is your resource for **FASD information** and **returning to culture**.

KAT& COMPANY DRAFT

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## 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/facts-sheets-and-strategy-guides/>

### Busting the Myths about Drinking During Pregnancy

Drinking alcohol during pregnancy can cause birth defects, brain injury, or alcohol spectrum disorders (FASD). There is no known amount of alcohol considered safe during pregnancy. All major health groups advise that if a pregnant or may become pregnant, they should abstain from alcohol.

There are many myths surrounding alcohol use during pregnancy.

MYTH	MYTH	MYTH
Wine is safe to drink during pregnancy. Wine is safe to drink especially if it's just one or two glasses here and there.	FASD is only common in certain communities.	It's safe to drink alcohol during pregnancy.
<b>FACT</b> All types of alcohol contain chemicals known as teratogens. These are harmful to a developing baby. Drinking any kind of alcohol can impact the baby's development. The safest choice is to not drink any alcohol during pregnancy.	<b>FACT</b> In the United States, 1 in 7 pregnancies are exposed to alcohol. As many as 1 in 20 children have an FASD. FASD affects people from all races, all ethnicities and all income levels.	<b>FACT</b> The baby's the entire time as pregnancy choice is to not drink.
<b>MYTH</b> Effects of drinking during pregnancy will go away as a child gets older.	<b>MYTH</b> Women in Europe drink while pregnant without issue.	<b>MYTH</b> People who don't drink are better off.
<b>FACT</b> Drinking when you're pregnant changes how the baby's brain develops. These changes are permanent. There is no cure for FASD. Getting the right help early on can help people with FASD be happy, healthy and successful.	<b>FACT</b> Some countries in Europe have very high rates of alcohol use during pregnancy. Because of this, 4 of the 5 countries with the highest rates of fetal alcohol syndrome are in Europe. These countries are Croatia, Ireland, Italy and Belarus.	<b>FACT</b> Many things can affect a baby's development. Not all are related to alcohol. Knowing pregnancy choices is to not drink.

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# 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.



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## 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](mailto:safestchoice@bmc.org)

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# PR%F Alliance

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**Phone:** 651.917.2370  
**Address:** 1876 Minnehaha Ave W  
St. Paul, MN 55104

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Link to Evaluation



Certificate upon completion of evaluation



[Recording available on Stratis Health website](#)

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