

# Preventing FASD: The role of health care providers



Prenatal alcohol exposure is a leading preventable cause of birth defects and developmental disabilities.<sup>1</sup> In-utero alcohol exposure can cause a wide range of effects known as fetal alcohol spectrum disorders (FASD), which can include physical, mental, behavioral and learning disabilities with lifelong implications.<sup>2</sup> Health care providers have an important role to play in preventing alcohol-exposed pregnancies and fetal alcohol spectrum disorders (FASD). Providing screening, information, and support is equally as important during the preconception stage as it is during prenatal care in order to support planned, alcohol-free pregnancies.

## Strategies for Preventing FASD

### Assist patients with reproductive planning.

Whether you are using a tool like One Key Question<sup>3</sup> or the Reproductive Life Plan,<sup>4</sup> it is recommended that providers routinely ask patients of childbearing age whether or not they want to become pregnant within the next year. If a patient does want to become pregnant, you can advise them on what choices they can make to start preparing for a healthy pregnancy; this may include things like taking a prenatal vitamin, ensuring they have the appropriate immunizations, and avoiding alcohol and other teratogens.<sup>5</sup>

If a patient does not want to become pregnant, you can provide contraceptive counseling. Not using contraceptives, using less effective methods, and incorrect and inconsistent use of methods are all linked with unintended pregnancy.<sup>6</sup> Helping your patients select an effective form of contraception that fits with their lifestyle will help them prevent unwanted pregnancy.

Proof Alliance supports the recommendation by the American College of Obstetricians and Gynecologists (ACOG) that providers should include information about long-acting, reversible contraception (LARC) like intrauterine devices (IUDs) and implants, which have higher efficacy, higher continuation rates, and higher satisfaction rates compared with short-acting contraceptives.<sup>7,8</sup>

Providers can offer the same contraception options to cisgender women\* and transgender men\*\*, both of whom could become pregnant. For more information on providing reproductive care for trans and nonbinary patients, review resources by the [UCSF Transgender Center for Excellence](#).<sup>9</sup>

\*cisgender woman=someone with a female gender identify and a female birth-assigned sex

\*\*transgender man=someone with a male gender identity and a female birth-assigned sex



## Utilize universal screening for alcohol use.

All adult patients should be screened for risky alcohol use, regardless of pregnancy status.<sup>10</sup> It is recommended that alcohol screening be done on at least an annual basis using a validated tool, such as the AUDIT or the T-ACE, the latter of which was specifically designed for patients that are pregnant.<sup>11</sup> If the patient screens negative for risky alcohol use, this is an opportunity to use positive reinforcement and encourage them to continue with positive health behaviors. If the result of the screen is positive, there is an opportunity for brief intervention, patient education, and/or a referral to treatment, as needed.<sup>12, 13</sup>

If a patient screens positive for risky alcohol use and has the ability to become pregnant, there is also an opportunity to provide counseling on contraceptive use and inform the patient of the risks associated with unplanned pregnancy and prenatal alcohol exposure. Even prenatal alcohol exposure that occurs in the first few weeks after conception is linked with adverse fetal outcomes, so preventing alcohol use before the confirmation of a pregnancy is important to reduce risk of birth defects and other negative outcomes.<sup>14</sup>

If the patient is pregnant and screens positive for alcohol use, intervention is especially crucial to protect both the patient's health and the well-being of their fetus. Providing a brief intervention using motivational interviewing and referrals for treatment when needed has been shown to be effective in helping patients stop drinking during pregnancy.<sup>15</sup> It is important to note that some states may have reporting requirements related to alcohol and drug abuse. ACOG encourages providers to be aware of these laws and to work with legislators to eliminate policies that punish people for substance use during pregnancy.<sup>16</sup> When pregnant patients worry about being punished for substance use, they delay entry into prenatal care, skip appointments, and withhold medically relevant information, all of which can endanger the patient and the fetus.<sup>17</sup>

## Provide evidence-based information.

Many health care providers are sharing no information or incorrect information about drinking during pregnancy with their patients. In Minnesota, nearly 1 in 5 women were told they could drink in moderation or did not receive any messages about alcohol use from their health care provider during their most recent pregnancy.<sup>18</sup> This may be due to lack of knowledge or skepticism regarding current evidence about the risks associated with prenatal alcohol exposure, concerns that these discussions will increase their patients' anxiety or guilt, concerns about the protection of their patients' privacy, and providers' own assumptions about which groups of patients are at risk.<sup>19</sup> It is vital that providers work through these concerns and any personal biases they may have so that they can provide evidence-based education to their patients.<sup>20</sup> In general, patients and their partners report wanting information on alcohol use during pregnancy, and health care providers must be ready and willing to provide it.<sup>21</sup>

Keeping up-to-date with medical research and attending trainings on FASD can help you and your team stay informed so that you can share high quality information with your patients. Because there is no known amount of alcohol that can be considered safe during pregnancy,<sup>22, 23, 24</sup> it is advised by all major medical associations, including the Centers for Disease Control (CDC),<sup>25</sup> the American Academy of Pediatrics,<sup>26</sup> the American College of Obstetricians and Gynecologists (ACOG),<sup>27</sup> and the U.S. Surgeon General,<sup>28</sup> that if a person is pregnant or may become pregnant, they should abstain from drinking alcohol, from conception through birth. Health care providers should share this message in a way that is honest, factual, and supportive of patients making informed choices about their behaviors during pregnancy.<sup>29</sup>

### **Offer judgement-free support.**

It is crucial that health care providers address alcohol use in a respectful, non-punitive manner.<sup>30</sup> Drinking during pregnancy is a complex public health issue, and many factors may lead to an alcohol-exposed pregnancy. These factors include (but are not limited to) unplanned pregnancy, being unaware of the risks, or having an alcohol use disorder.<sup>31</sup> If a patient confirms prenatal alcohol exposure, health care providers can provide brief intervention, referral to treatment, and other supports that both the provider and patient deem appropriate. Providers should acknowledge the strengths of their patients and include them in a partnered relationship in which patients feel empowered to make informed decisions.<sup>32</sup> Providers can remind patients that reducing their alcohol use at any point during the pregnancy can be beneficial to the fetus; quitting later in pregnancy is still a safer choice than continuing to drink throughout.<sup>33</sup> Providers should continue to offer non-judgmental support and positive reinforcement throughout the pregnancy.

## **Health care providers make a difference.**

Health care providers play a crucial role in preventing alcohol-exposed pregnancies and FASD. They are a trusted resource that are regularly accessed by people who can become pregnant or are pregnant. By providing universal screening, brief intervention and evidence-based patient education, health care providers can empower patients to choose planned, alcohol-free pregnancies. For more information on alcohol-free pregnancies and FASD, visit the [Proof Alliance website](#) and the additional resources below.

- American College of Obstetricians and Gynecologists (ACOG). Fetal alcohol spectrum disorders (FASD) prevention program. 2019.
- Centers for Disease Control and Prevention (CDC). FASDs: Information for health care providers. 2019.
- Substance Abuse and Mental Health Services Administration (SAMHSA). The impact of alcohol on women's health. 2018.
- World Health Organization. Guidelines for the identification and management of substance use and substance use disorders in pregnancy. 2014.



## Everyone plays a role in preventing FASD:

- If you can become pregnant, talk with your care provider about preventing an alcohol exposed pregnancy.
- If you are a health care provider, take every opportunity to have conversations with patients about alcohol use before and during pregnancy.
- Become an advocate for change as it relates to alcohol policies in your community and state.
- Learn more about FASD and how you can support those impacted by this disorder at [proofalliance.org](https://proofalliance.org).

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