

How to talk with your patients about alcohol use during pregnancy

Talking with patients about alcohol use -- especially during pregnancy -- can sometimes feel uncomfortable. However, research has found that most pregnant people want to talk with their doctor about alcohol -- especially those engaging in risky alcohol use.¹ Having these conversations in an open, non-judgmental way can help your patients:

- have safer pregnancies,
- access any resources they may need, and
- build stronger relationships with their healthcare team

These conversations are important and impactful: pregnant people who receive alcohol screening and brief counseling are twice as likely to abstain from alcohol throughout their pregnancy.² This guide will give recommendations on how to have these conversations in an effective and supportive way.

Recommendations:

Talk with all your patients about alcohol use during pregnancy.

Make this conversation a routine part of your prenatal care visits with every patient. Don't assume your patients are familiar with the risks of prenatal alcohol exposure; many have likely heard misinformation or no information at all.³ Ensure that all of your patients know that there's no safe time to drink during pregnancy and that there's no safe amount or type of alcohol while pregnant.⁴

Be prepared to address questions and misinformation. Some patients may bring in articles that say a little bit of alcohol is okay. Assure them that all major medical groups (including the World Health Organization,⁵ American Academy of Pediatrics,⁶ and American College of Obstetricians and Gynecologists⁷) recommend complete abstinence during pregnancy. This is because harmful effects from prenatal alcohol exposure have been well-documented by researchers for decades. While binge drinking has been found to be particularly harmful to the fetus, even drinking at low levels can affect fetal development.^{8,9}



Speak from a place of care and compassion.

How you approach this conversation is very important and can make the difference between receiving an honest response or not.

- Take the time to be aware of and examine your personal biases. Work through them so that they don't come through in your work. If your patient feels judged or stigmatized, they are less likely to open up to you.
- Develop a rapport with your patient before talking about alcohol use. When you do bring it up, let them know that you have this discussion with each of your patients: "I have this discussion with all my patients because I want to help them make healthy decisions during pregnancy."
- You may also encourage patients to bring a loved one with them to appointments, to help them process the information and offer ongoing support.

Celebrate healthy choices.

Ask patients about what changes they have made in their lives since becoming pregnant. Their list might include reducing their alcohol intake or abstaining completely; both choices can and should be celebrated. If a patient says that they were drinking a certain amount before and they've cut down, celebrate that! Reinforce the behavior change by saying something like, "How did you do that? Where did you find the strength to make such an important change?" A response like that is much more empowering than saying, "You shouldn't be drinking at all." Focus on the positive changes while also continuing to support your patient to make safer choices.

Address patients' concerns.

Talking about alcohol use can bring up fears for patients. They may worry that they will get in trouble or be reported to Child Protection if they confirm alcohol use.¹⁰

- Know your state's policies on mandated reporting and be prepared to explain the process of screening and what's reportable by law to your patients.
- When possible, assure patients that their conversations with you will only be used to determine how to best support their pregnancy.

Patients may also feel anxious that their child will be affected by prenatal alcohol exposure.

- Acknowledge and validate their concerns but focus on what is in their control. You can say something like, "I hear that you're concerned about the drinking. While we can't go back and change that, we can focus on what you can do from here to have a healthy pregnancy."
- Discuss protective factors that can support a healthy pregnancy, such as taking prenatal vitamins, eating nutritious meals, and abstaining from alcohol throughout the rest of the pregnancy.
- It can also be helpful to encourage your patient to tell their child's pediatrician about any alcohol exposure in the future so that they can closely monitor for any effects and recommend interventions as needed.

Offer additional resources.

Keep brochures and [fact sheets](#) in your office so that they're easily accessible to patients; providers in Minnesota can [order educational materials free of charge](#) from Proof Alliance. These materials can help facilitate conversations or address questions that patients have.

For patients who may need extra support to have an alcohol-free pregnancy, consider creating a list of [local treatment options](#) and support groups (such as [AA meetings](#)).

If possible, try to identify a "champion" on your team who is willing to follow-up with patients, answer their questions and offer recommendations if the main provider is unable. This person can act as your clinic's expert on alcohol-free pregnancies and provide trusted care to patients who need additional support and resources.

Non-stigmatizing phrases for screening

The American College of Obstetricians and Gynecologists (ACOG) recommends using the [AUDIT-C screening](#), which can be incorporated into the general patient information and history questionnaire used for patient intake and updates.¹¹ Try using one of these phrases to introduce the screening to your patients:

- We ask everyone these questions. FASD is more common than people think.
- Talking about alcohol use helps us to identify as early as possible anything that could affect your child.
- Not all children exposed to alcohol during pregnancy have problems. Since we cannot predict who will and who will not, we want to follow any child with exposure closely.
- Drinking alcohol at any time during pregnancy can have an impact on learning, behavior, or other health concerns. Many people drink alcohol before they even know they are pregnant.
- Just because you had alcohol before you knew you were pregnant does not guarantee your child has an FASD -- but if they do, there is a lot we can do to help.

What to do if there's a positive screen

It is important for each health care organization to have a plan in place when the screening results indicate that there has been prenatal alcohol exposure. These plans will be unique to each distinct place of care, depending on their local resources and sources for support. However, there are some approaches that are applicable to all settings.

SBIRT: Screening, Brief Intervention, and Referral to Treatment

SBIRT is an evidence-based method used to deliver early intervention and services for people with risky alcohol use and/or alcohol use disorders.¹² It is an important part of prenatal care, identified as being "key to reducing continued alcohol use during pregnancy."¹³

If the screening indicates that an alcohol use disorder is likely, connect the patient to substance use treatment providers. Most treatment centers prioritize pregnant women for intake, and they will likely be able to quickly access services. Keep in mind that women are more likely to enter treatment, stay in the program, and maintain abstinence if their children can reside with them during treatment.¹⁴

If the screening indicates alcohol use but not an alcohol use disorder, you can proceed with a brief intervention to inform and guide the patient in making safe choices. One helpful framework for this is the Brief Negotiated Interview (BNI).

BNI: Brief Negotiated Interview

The BNI consists of five steps to guide health providers through the conversation with their patient:¹⁵

1. Build rapport with the patient.
2. Discuss the pros and cons of the behavior (in this case, drinking alcohol).
3. Review health risks associated with the behavior.
4. Determine readiness for change.
5. Create an action plan together.

This video provides an example of how the Brief Negotiated Interview can be used when addressing alcohol use during pregnancy: www.bit.ly/3zGN47Y

Additional Resources

There are many resources available to help health care professionals support alcohol-free pregnancies. In addition to these online tools, you may be able to find additional resources in your community, such as trainings and workshops.

[ACOG FASD Prevention: Tools and Videos for Providers](#)

[CDC FASD Information for Healthcare Providers](#)

[Language Guidelines](#)

[Preventing FASD: The Role of Health Care Providers](#)



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