KNOW THE RISK

FASDs are completely preventable if a woman does not drink alcohol during pregnancy and yet...

- 1 in 13 women report drinking during pregnancy
- At least 38 million adults in the U.S. drink too much and most are not alcoholics
- Only 1 in 6 adults talk with their doctor, nurse, or other health professional about their drinking
- Nearly half of all pregnancies in the United States are unplanned. Most women will not know they are pregnant for up to 4 to 6 weeks

Alcohol screening and brief counseling can reduce the amount of alcohol consumed on an occasion by 25% in those who drink too much. The Affordable Care Act requires new health insurance plans to cover this service without a co-payment.

FASDs are completely preventable if a woman does not drink alcohol during pregnancy, so

Why take the risk?

HELPFUL RESOURCES

Our Moment of Truth Campaign
www.ourmomentoftruth.com/Preparing-for-Pregnancy

The Arc’s FASD Prevention Project
www.thearc.org/FASD-Prevention-Project

Screening Tools:

T-ACE (Tolerance, Annoyance, Cut-Down, Eye-Opener)
www.mirecc.va.gov/visn22/T-ACE_alcohol_screen.pdf

NIH List of Screening Tools (CAGE, T-ACE, AUDIT)

Cultural-specific audiences:

Native American Motivational Interviewing:
fasdprevention.wordpress.com/2014/05/08/native-american-motivational-interviewing-weaving-native-american-and-western-practices/

The Native Resource Kit
fasdcenter.samhsa.gov/Products/NativeKit.aspx

Alcohol & Pregnancy
it’s just not worth the risk

A Pocket Guide for Nurse Midwives
The hallmark of midwifery care is “listen to women,” but are we asking the right questions when it comes to Fetal Alcohol Spectrum Disorder (FASD) prevention? Asking the right questions about alcohol consumption during pregnancy and preconception is vital, and can prevent miscarriage, stillbirth, and a range of physical, behavioral, and intellectual disabilities for the baby that can last a lifetime.

HOW TO START TALKING ABOUT IT

When asked about alcohol usage, many women respond by saying that they don’t drink. In order to get more honest responses, midwives can use a technique called motivational interviewing when addressing the topic of alcohol. Motivational interviewing works well because it is a client-centered approach that helps patients explore their feelings, beliefs or knowledge about drinking during pregnancy in a non-threatening way.

Consider raising the topic by saying, “I would like to take a few minutes during this visit to discuss your alcohol use.”

Assess the women’s readiness to change and provide motivation for change by discussing the effects of alcohol on the fetus. The T-ACE is one example of a validated screening tool for women of reproductive age that midwives can use.

Midwives can also help their patients by working with them to develop a strategy to quit drinking. It is often difficult to refuse alcohol when in a social situation, so it’s important to give patients specific tips for how to refuse a drink such as:

“No thanks, I’m pregnant and I’ll pass” or “I’ll have a club soda with lime.”

Advise patients that it helps to primarily associate with people who are supportive of their decision not to drink, and to avoid places, situations or people that promote their drinking (for example, not going to clubs and bars).

As midwives, we must screen patients annually and in early pregnancy, and provide follow up and referral as indicated. As major stakeholders in the provision of care for women, we must make sure we are doing everything possible to prevent FASDs.

GIVE CONSISTENT MESSAGING

Alcohol poses a real threat to all babies whose mothers drink during pregnancy, and once the fetus is affected, the damage is done—there is no cure for FASD.

- There is no safe amount of alcohol use during pregnancy. All types of alcohol are equally harmful, including all wines and beer
- There is no safe time during pregnancy to drink (not even during the third trimester). When a mother drinks, so does her baby.
- If you are using drugs and/or alcohol, use long-acting contraceptives to ensure a healthy pregnancy.