

## POSITION STATEMENT

### **Screening and Brief Intervention to Prevent Alcohol-Exposed Pregnancy**

Nearly half of pregnancies in the United States are unintended, and alcohol use at any stage of pregnancy, including before the individual knows they are pregnant, can be harmful to the developing embryo and fetus.<sup>1-3</sup> Therefore, the American College of Nurse-Midwives (ACNM) affirms the use of screening for unhealthy alcohol use and the provision of brief behavioral counseling intervention to prevent alcohol-exposed pregnancy. Certified nurse-midwives (CNMs), certified midwives (CMs), and other perinatal health care providers have the responsibility to:

- Inform individuals, their partners, and their families of the risks associated with alcohol consumption during pregnancy.
- Provide clear, evidence-based information regarding the risks of alcohol consumption during pregnancy as part of preconception and prenatal care.
- Identify individuals who are at risk for alcohol-exposed pregnancy and provide brief interventions and appropriate referrals as needed.

ACNM joins numerous nursing and medical organizations to highlight this issue and the need for increased effort from ACNM members to use preventive measures to address the risk of alcohol-exposed pregnancy.<sup>4-6</sup>

#### **Background**

Alcohol consumption during pregnancy is a leading cause of preventable developmental disabilities collectively known as fetal alcohol spectrum disorders (FASDs).<sup>7-10</sup> The health costs and negative social outcomes of FASDs are significant, lifelong, and affect all sectors of society. Alcohol, a known teratogen, readily crosses the placenta<sup>11</sup> and persists in amniotic fluid after the serum alcohol level metabolizes to zero. Toxicity is dose related, and alcohol at higher levels is a strong risk factor for FASDs.<sup>9,11</sup> In addition to FASDs, alcohol use during pregnancy is associated with increased risk of spontaneous abortion, intrauterine growth restriction, stillbirth, preterm birth, and sudden infant death syndrome.<sup>9</sup> Currently, any alcohol use in pregnancy is considered unhealthy, and there is no known safe amount or type of alcohol that can be used at any time during pregnancy.<sup>12</sup>

Only 1 in 6 U.S. adults has ever talked with a health care professional about drinking,<sup>13</sup> so many individuals of reproductive age may be unaware of the potential risks of alcohol use to their own health or to the health of the developing fetus. Fear of stigma may also prevent individuals from disclosing alcohol use, particularly during pregnancy. Thus, an empathic and non-judgmental conversational approach by the provider about alcohol use can increase the

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potential for optimal care.

Alcohol screening and brief intervention in adults 18 years or older, including pregnant individuals, have been recommended for use by the U.S. Preventive Services Task Force since 2004.<sup>14</sup> and have been shown to be effective to reduce unhealthy alcohol use among adults.<sup>15</sup> The process involves the use of a validated screening tool to identify drinking patterns, potential negative effects to self or others, and the presence of symptoms of dependency. After a positive screen, the health care provider follows up with a brief intervention focused on risk reduction. The primary goal of the intervention is to help the individual make informed decisions about alcohol use by increasing their awareness of personal alcohol consumption patterns, the associated risk, and options for reducing or eliminating the risk. Referral to a specialty care provider is made as indicated if an individual has significant indications of dependence or is unable to manage their alcohol use.

### **Implications for Practice**

ACNM encourages CNMs, CMs, and other professionals who provide care for reproductive-aged individuals to routinely use evidence-based strategies to prevent alcohol exposed pregnancy:

- Conduct universal alcohol screening using instruments recommended by U.S. Preventive Services Task Force and appropriate follow-up at least annually for all adults. For pregnant individuals, screen at the initial prenatal visit and during each trimester thereafter.<sup>5</sup>
- Be aware of state reporting laws and potential practice implications regarding the use of ICD codes to indicate alcohol use during pregnancy if recording alcohol exposure in the prenatal problem list.
- Provide education about the potentially harmful effects of alcohol on a developing fetus for all sexually active individuals who consume alcohol and could become pregnant or are currently pregnant.
- Advise use of effective contraception to prevent pregnancy; if the individual is not using contraception consistently, advise them to consider abstaining from alcohol use.
- Encourage individuals who are attempting to become pregnant to abstain from alcohol.
- Provide a brief behavioral intervention and appropriate follow-up plan for those who screen positive for symptoms or dependency, including a referral to specialty services as needed.

### **Recommendations**

CNMs and CMs should seek information and training to enhance their knowledge and build the clinical skills needed to address alcohol use with their patients, especially those of reproductive age. Many local and national resources exist to assist midwives in addressing this issue with the individuals and families they serve.<sup>16,17</sup>

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*Note.* Midwifery as used throughout this document refers to the education and practice of certified nurse-midwives (CNMs) and certified midwives (CMs) who have been certified by the American College of Nurse-Midwives (ACNM) or the American Midwifery Certification Board, Inc. (AMCB)

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