



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 woman knows she is pregnant, can be harmful to the developing embryo and fetus.¹⁻⁴ Therefore, the American College of Nurse-Midwives (ACNM) affirms the use of alcohol screening and brief intervention to prevent alcohol-exposed pregnancy. Certified nurse-midwives (CNMs), certified midwives (CMs), and other maternity health care providers have the responsibility to

- Inform women, 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 women who are at risk for alcohol-exposed pregnancy and provide brief interventions and appropriate referrals as needed.

ACNM joins numerous other 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.⁵⁻⁷

Background

Alcohol consumption during pregnancy is a leading cause of preventable birth defects and developmental disabilities known collectively as fetal alcohol spectrum disorders (FASDs).⁵ 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 placenta⁸ and persists in amniotic fluid after a woman's serum alcohol level metabolizes to zero. Toxicity is dose related, and alcohol at higher levels is a strong risk factor for FASDs.^{9,10} 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.¹¹ Currently, there is no known safe amount or type of alcohol that can be used at any time during pregnancy.

Only 1 in 6 U.S. adults has ever talked with a health care professional about drinking,¹² so many women of reproductive age may be unaware of the potential risks of alcohol use to their own health or to the health of a developing embryo or fetus. Fear of stigma may also prevent women from disclosing alcohol use, particularly during pregnancy. Thus, an empathic and non-judgmental conversational approach by the provider about alcohol use can increase the potential for optimal care.

Alcohol screening and brief intervention have been recommended for use by the U.S. Preventive Services Task Force since 2004¹³ and have been shown to be effective to reduce alcohol use among adults who drink too much.¹⁴ 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 woman make informed decisions about alcohol use by increasing her 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 a woman has significant indications of dependence or is unable to manage her alcohol use.

Implications for Practice

ACNM encourages CNMs, CMs, and other professionals who provide care for reproductive-aged women 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 women, screen at the initial prenatal visit and during each trimester thereafter.⁸ Be aware of state reporting laws and potential practice implications regarding the use of ICD-10 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 women who consume alcohol and could become pregnant or are currently pregnant.
- Advise use of effective contraception to prevent pregnancy; if the woman is not using contraception consistently, advise her to consider abstaining from alcohol use.
- Encourage women 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 women, especially those of reproductive age. Many local and national resources exist to assist them in addressing this issue with the women and families they serve.¹⁵

REFERENCES

1. Tan CH, Denny CH, Cheal NE, et al. Alcohol use and binge drinking among women of childbearing age - United States, 2011-2013. *MMWR*. 2015;64(37):1042-1046. <https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6437a3.htm>. Accessed April 7, 2017.
2. Tough S, Tofflemire K, Clarke M, Newburn-Cook C. Do women change their drinking behaviors while trying to conceive? An opportunity for preconception counseling. *Clin Med Res*. 2006;4(2):97-105.
3. Lum KJ, Sundaram R, Buck Louis GM. Women's lifestyle behaviors while trying to become pregnant: evidence supporting preconception guidance. *Am J Ob Gyn*. 2011;205(3):203.e201-203.e207. doi:10.1016/j.ajog.2011.04.030.
4. Finer LB, Zolna MR. Unintended pregnancy in the United States: incidence and disparities, 2006. *Contraception*. 2011;84(5):478-485. doi: <https://dx.doi.org/10.1016%2Fj.contraception.2011.07.013>

5. Williams JF, Smith VC, Committee on Substance Abuse. Fetal alcohol spectrum disorders. *Pediatrics*. 2015;136(5):e1395-e1406. doi:10.1542/peds.2015-3113.
6. American College of Obstetricians and Gynecologists. Committee opinion number 496: at-risk drinking and alcohol dependence: obstetric and gynecologic implications. *Obstet Gynecol*. 2011;118(2 pt 1):383-388. doi: 10.1097/AOG.0b013e31822c9906.
7. Nurse Practitioners in Women's Health. Position statement: prevention of alcohol-exposed pregnancies. <https://npwomenshealthcare.com/prevention-alcohol-exposed-pregnancies/>. Published November 2016. Accessed April 7, 2017.
8. Nocon JJ. Substance use disorders. In: Mattison DR, ed. *Clinical Pharmacology During Pregnancy*. Amsterdam: Elsevier; 2013:217-247.
9. Andersen AM, Andersen PK, Olsen J, Grønbaek M, Strandberg-Larsen K. Moderate alcohol intake during pregnancy and risk of fetal death. *Int J Epidemiol*. 2012; 41(2):405-413. doi: <https://doi.org/10.1093/ije/dyr189>.
10. May PA, Blankenship J, Marais AS, et al. Maternal alcohol consumption producing fetal alcohol spectrum disorder (FASD): quantity, frequency, and timing of drinking. *Drug Alcohol Depend*. 2013;133(2):502-512. doi: <http://dx.doi.org/10.1016/j.drugalcdep.2013.07.013>.
11. Bailey BA, Sokol RJ. Prenatal alcohol exposure and miscarriage, stillbirth, preterm delivery, and sudden infant death syndrome. *Alcohol Res Health*. 2011;34(1):86-91.
12. Green PP, McKnight-Eily LR, Tan CH, Mejia R, Denny CH. Vital signs: alcohol-exposed pregnancies—United States, 2011-2013. *MMWR*. 2016;65(4):91-97. <https://www.cdc.gov/mmwr/volumes/65/wr/mm6504a6.htm>. Accessed April 7, 2017.
13. Moyer, VA, U.S. Preventive Services Task Force. Screening and behavioral counseling interventions in primary care to reduce alcohol misuse: U.S. Preventive Services Task Force recommendation statement. *Ann Intern Med*. 2013;159(3):210-218. doi: 10.7326/0003-4819-159-3-201308060-00652.
14. Jonas DE, Garbutt JC, Amick HR, et al. Behavioral counseling after screening for alcohol misuse in primary care: a systematic review and meta-analysis for the U.S. Preventive Services Task Force. *Ann Intern Med*. 2012;157(9):645-654.
15. Centers for Disease Control and Prevention. Planning and implementing screening and brief intervention for risky alcohol use: a step-by-step guide for primary care practices. cdc.gov/ncbddd/fasd/documents/alcoholsbiimplementationguide.pdf. Published June, 2014. Accessed April 7, 2017.

Source: Collaborative for Alcohol-Free Pregnancy: Partnering for Practice Change, supported by Centers for Disease Control and Prevention Cooperative Agreement #6 NU01DD001143-03-03.

Approved by the Board of Directors: May 2017