

A Program for Women About Choosing Healthy Behaviors

Understanding Risk for Alcohol-Exposed Pregnancies (AEPs)

Alcohol use by pregnant women is a major public health problem that affects about 1% of the 4 million annual live births in the U.S.

Fetal alcohol spectrum disorders (FASDs) are a group of conditions that can affect a person whose mother drank alcohol during pregnancy. These effects can include alcohol-related birth defects, alcohol-related neurodevelopmental disorder, fetal alcohol syndrome, and death.

Among nonpregnant women aged 18-44 years:

- 52% reported drinking alcohol and
- 15% reported binge drinking, (defined as four or more drinks on at least one occasion in the past 30 days).

Almost 50% of all pregnancies in the US are unplanned. Alcohol consumption that produces high blood alcohol concentrations, such as binge drinking, has also been associated with unintended pregnancy.

Among pregnant women aged 18-44 years:

- · 8% reported drinking alcohol and
- 1% reported binge drinking

FASDs are among the leading, preventable causes of developmental disorders in the United States.

Reducing Risk through CHOICES

CHOICES is an evidence-based intervention that increases motivation and commitment to reduce or stop drinking and/or use contraception effectively. It includes two to four counseling sessions plus a contraceptive counseling session.

A randomized controlled trial was conducted in 3 cities in a variety of community settings including suburban primary care practices, drug/alcohol treatment centers, jails, and a hospital-based gynecology clinic. The CHOICES intervention was compared to usual medical care among 830 women, aged 18-44 years, who were at risk for an AEP, defined as:

- Drinking alcohol at risky levels (more than 4 drinks per occasion or more than 7 drinks per week)*
- · Able to become pregnant
- Not hoping to get pregnant soon
- Not using contraception in a way that effectively prevents pregnancy

At the 9-month follow-up evaluation, 69% of women in the CHOICES intervention reported reducing their risk of AEP compared with 54% of women in usual care.

*Risky drinking is now defined as 4 or more drinks per occasion or 8 or more drinks per week.

Translating CHOICES into Practice

CDC is currently studying implementation of CHOICES in:

- · STD clinics in Baltimore and Denver
- Family planning clinics in New York City and Los Angeles
- American Indian women through the Oglala Sioux Tribe Early results in the STD clinics show that 6 months after enrolling in the program almost 70% of women had reduced their risk for an AEP. This is comparable to results of the CHOICES randomized controlled trial.

Improving Public Health Practice

In addition to reducing women's risk for an AEP, CHOICES:

- Promotes healthy lifestyle behaviors
- Can be adapted and used in a variety of health settings
- Develops clinic staff counseling skills which can be applied to a variety of other health topics
- Provides an in-house resource for referral of high-risk women



CHOICES

A Program for Women About Choosing Healthy Behaviors to Avoid Alcohol-Exposed Pregnancies

Frequently Asked Questions

What makes CHOICES unique?

CHOICES works with women before they become pregnant to reduce their risk for an AEP. Many women do not know they are pregnant until well in to their first trimester when damage may have already occurred. Because it uses a harm reduction approach it does not require women to stop drinking completely, increasing the likelihood they will be successful at reducing their risk for an AEP.

Can CHOICES be used with women who are pregnant or trying to become pregnant?

CHOICES works by encouraging effective contraception and/or drinking below risky levels in non-pregnant women. Women who are pregnant or trying to get pregnant are advised that there is no known safe level of drinking during pregnancy. There are other interventions to help pregnant women stop drinking.

Is the family planning visit essential?

The program gives women a choice between reducing or stopping drinking and/or using effective contraception to reduce their risk for an AEP. It is essential that contraceptive services be made available for the women participating in the program. Clinics without on-site services can link with external providers for contraceptive care.

Can CHOICES be used with teens?

Although it was not tested with teens younger than age 18, some programs are doing so. Some key considerations are:

- Your program's guidelines about discussing alcohol use with underage women
- Contraceptive methods available for this age group (younger women may not be eligible for all types of birth control)

In addition, sexual relations between underage teens and older boys or men may be a reportable crime in some states. You need to:

- Know your reporting responsibilities
- Inform clients of your need to report sexual or drinking behavior



What resources are available?

The CHOICES curriculum includes a Facilitator Guide for trainers, a Counselor Manual and Client Workbook. A data tracking and monitoring system allows clinics to follow a client's progress and evaluate their success in reducing risks for an AEP. Additional resources can be found at www.cdc.gov/fasd.

Related Publications

- Project CHOICES Research Group. Alcohol-exposed pregnancy: characteristics associated with risk. *Am J Prev Med.* 2002 Oct; 23(3):166-73.
- Ingersoll K, Floyd L, Sobell M, Velasquez MM; Project CHOICES Intervention Research Group. Pediatrics. *Reducing the risk of alcohol-exposed pregnancies: a study of a motivational intervention in community settings.* 2003 May;111 (5 Part 2):1131-5.
- Floyd RL, Sobell M, Velasquez MM, Ingersoll K, Nettleman M, Sobell L, et al. Preventing alcohol-exposed pregnancies: a randomized controlled trial. *Am J Prev Med*. 2007 Jan; 32(1):1-10.
- Velasquez MM, Ingersoll KS, Sobell MB, Floyd RL, Sobell LC, von Sternberg K. A dual-focus motivational intervention to reduce the risk of alcohol-exposed pregnancy. *Cogn Behav Pract*. 2010 May;17(2):203-12.
- Centers for Disease Control and Prevention (CDC). Alcohol use and binge drinking among women of childbearing age
 United States, 2006-2010. MMWR Morb Mortal Wkly Rep. 2012 Jul;61:534-8.