



Fetal Alcohol Spectrum Disorders (FASDs)

About 1 in 13 pregnant women reported drinking alcohol in the past 30 days. Drinking alcohol during pregnancy can cause miscarriage, stillbirth, and a range of lifelong disorders known as fetal alcohol spectrum disorders (FASDs). FASDs are a group of conditions that can occur in a person whose mother drank alcohol during pregnancy. These effects can include physical, behavioral, and learning problems. Often, a person with an FASD has a mix of these problems. FASDs are 100% preventable if a woman does not drink alcohol during pregnancy.

NCBDDD's Division of Birth Defects and Developmental Disabilities helps prevent alcohol-exposed pregnancies among reproductive age women to reduce the occurrence of FASDs.

2012 Accomplishments

- Partnered with the American College of Obstetricians and Gynecologists and the National Organization on Fetal Alcohol Syndrome to host a meeting of key stakeholders in business, insurance, and health care to explore their role in increasing the use of alcohol screening and brief intervention to reduce excessive alcohol consumption.
- Expanded the focus of three FASD Regional Training Centers to pilot alcohol screening and brief intervention in primary care systems, identifying implementation facilitators, barriers, and potential solutions.
- Published new estimates of alcohol use and binge drinking among pregnant and nonpregnant women of reproductive age using data from the Behavioral Risk Factor Surveillance System (BRFSS). In collaboration with CDC's National Center for Chronic Disease Prevention and Health Promotion, we also finalized an optional module for the 2014 BRFSS survey that assesses the delivery of services related to alcohol screening and brief intervention.
- Collaborated with Danish researchers on the release of several publications that examined specific neurodevelopmental outcomes in five-year-old children whose mothers reported drinking low to moderate amounts of alcohol during pregnancy. For these initial analyses, no effect was found. However, since alcohol is known to cause birth defects and developmental disabilities and other adverse pregnancy outcomes, advice continues to be that women should refrain from drinking alcohol during pregnancy.

2012 Accomplishments (continued)

- Hosted a meeting of multiple professional medical group organizations to identify potential strategies and collaborative activities to improve health care provider messages about alcohol use during pregnancy and FASDs.
- Tested messages about alcohol use during pregnancy and FASDs among women of reproductive age in order to inform the development of new health communication materials.
- Continued to support the implementation of CHOICES in various settings, including clinics for sexually transmitted diseases and family planning, community health centers, and American Indian communities. CHOICES is an evidence-based intervention for nonpregnant women to reduce their risk for an alcohol-exposed pregnancy by reducing drinking, using effective contraception, or both. In 2012, CDC initiated development of a Training of Trainers CHOICES curriculum to be piloted in 2013.

Looking to the Future

NCBDDD's Division of Birth Defects and Developmental Disabilities will continue to monitor alcohol use among women of childbearing age in the United States; work to prevent alcohol use during pregnancy by implementing and disseminating evidence-based interventions, including CHOICES and alcohol screening and brief intervention; and support education and training activities for families, professionals, and the public.

NCBDDD's Division of Birth Defects and Developmental Disabilities will continue to support implementation projects conducted through the FASD Regional Training Centers, and will evaluate an alcohol screening and brief intervention implementation guide for primary care settings. These activities will improve future alcohol screening and brief intervention implementation efforts. NCBDDD's Division of Birth Defects and Developmental Disabilities will identify opportunities with private sector partners for demonstration projects to explore their role in increasing the use of alcohol screening and brief intervention to reduce excessive alcohol consumption. We will also launch new health communication materials and resources related to the risks of alcohol use during pregnancy and FASDs.

Melissa's Story



This is the story of Melissa's experience with alcohol use during pregnancy and her journey to find the best possible care for her son.

To read Melissa's story, visit:
www.cdc.gov/ncbddd/Fasd/Stories.html

Notable Scientific Publications

Centers for Disease Control and Prevention. Alcohol use and binge drinking among women of childbearing age – United States, 2006–2010. *MMWR Morbidity and Mortality Weekly Report* 2012;61(28):534-538.

Kesmodel, U., Bertrand, J., Støvring, H., Skarpness, B., Denny, C., Mortensen, E. and the Lifestyle During Pregnancy Study Group (2012). The effect of different alcohol drinking patterns in early to mid pregnancy on the child's intelligence, attention, and executive function. *BJOG: An International Journal of Obstetrics & Gynaecology*, 119: 1180–1190.

Falgreen Eriksen, H.-L., Mortensen, E., Kilburn, T., Underbjerg, M., Bertrand, J., Støvring, H., Wimberley, T., Grove, J. and Kesmodel, U. (2012). The effects of low to moderate prenatal alcohol exposure in early pregnancy on IQ in 5-year-old children. *BJOG: An International Journal of Obstetrics & Gynaecology*, 119: 1191–1200.

Skogerbø, Å., Kesmodel, U., Wimberley, T., Støvring, H., Bertrand, J., Landrø, N. and Mortensen, E. (2012). The effects of low to moderate alcohol consumption and binge drinking in early pregnancy on executive function in 5-year-old children. *BJOG: An International Journal of Obstetrics & Gynaecology*, 119: 1201–1210.

Denny CH, Floyd RL, Green PP, Hayes DK. Racial and ethnic disparities in preconception risk factors and preconception care. *J Womens Health (Larchmt)*. 2012 Jul;21(7):720-9.

Cannon MJ, Dominique Y, O'Leary LA, Sniezek JE, Floyd RL; FASSNet Team. Characteristics and behaviors of mothers who have a child with fetal alcohol syndrome. *Neurotoxicol Teratol*. 2012 Jan-Feb;34(1):90-5.

Bertrand J, Dang EP. Fetal Alcohol Spectrum Disorders: Review of Teratogenicity, Diagnosis and Treatment Issues. In D. Hollar (Ed.), *Handbook of Children with Special Health Care Needs*. New York, NY: Springer; 2012: 231-258.

Did You Know?

- About 1 in 13 pregnant women report drinking alcohol in the past 30 days.
- 1 in 71 pregnant women report binge drinking (4 or more drinks on one occasion) in the past 30 days.
- In 2002, the lifetime cost of care for a person with fetal alcohol syndrome was estimated at \$2 million. It is estimated that the cost to the nation for FAS alone is over \$4 billion annually.

To view the annual report online, visit:
www.cdc.gov/ncbddd/2012AnnualReport

For more information about FASDs, visit:
www.cdc.gov/fasd