

Welcome

The Office for State, Tribal, Local and Territorial Support
presents . . .

CDC Vital Signs

Partnering to Prevent Alcohol Use During Pregnancy: A Call to Action

February 9, 2016

2:00–3:00 pm (EST)



Agenda

2:00 pm	Welcome & Introductions	Steve Reynolds, MPH Deputy Director, Office for State, Tribal, Local and Territorial Support, CDC
2:04 pm	Presentations	Anne Schuchat, MD (RADM, USPHS) Principal Deputy Director, Centers for Disease Control and Prevention Patricia P. Green, MSPH Epidemiologist, Fetal Alcohol Syndrome Prevention Team, Prevention Research Branch, Division of Congenital and Developmental Disabilities, National Center on Birth Defects and Developmental Disabilities, CDC Alicia Kowalchuk, DO Assistant Professor, Baylor College of Medicine Mary DeJoseph, DO Adjunct Instructor and Program Facilitator, New Jersey/Northeast FASD Education and Research Center, Rutgers Center for Alcohol Studies; Research Advisor, Philadelphia College of Osteopathic Medicine
2:40 pm	Q&A and Discussion	Steve Reynolds, MPH
2:55 pm	Wrap-up	
3:00 pm	End of Call	



CDC *Vital*signs™ Teleconference

to support STLT efforts and build momentum around the monthly release of CDC *Vital Signs*





***Vital Signs* Town Hall Teleconference**

Alcohol-Exposed Pregnancies—United States, 2011–2013

Patricia P. Green, MSPH
Fetal Alcohol Syndrome Prevention Team



What is Drinking Too Much?

- ❑ **2015–2020 Dietary Guidelines for Americans¹—Alcohol**
 - Adults of legal drinking age: Moderation, if alcohol is consumed
 - Women: Up to 1 drink/day
 - Men: Up to 2 drinks/day
 - Excessive Drinking
 - Women: 8 or more drinks/week; 4 or more drinks within about 2 hours
 - Men: 15 or more drinks/week; 5 or more drinks within about 2 hours
 - Those who should not consume alcohol
 - Pregnant women
 - Persons under the legal drinking age of 21 years
 - Others*

*Other groups that should not consume alcohol include individuals taking certain over-the-counter or prescription medications or who have certain medical conditions, those recovering from alcoholism or who are unable to control the amount they drink. Individuals should not drink if they are driving, planning to drive, or are participating in other activities requiring skill, coordination, and alertness.

1. US Department of Health and Human Services and US Department of Agriculture. 2015–2020 Dietary Guidelines for Americans. 8th ed. Washington, DC: US Department of Health and Human Services and US Department of Agriculture; 2015.

Public Health Burden of Alcohol-Exposed Pregnancies

- ❑ Fetal Alcohol Spectrum Disorders (FASDs)
 - Physical problems
 - Behavioral and intellectual disabilities
 - Lifelong conditions
- ❑ Estimated prevalence of FASDs
 - 2% to 5% in community study¹
- ❑ Economic Cost of Alcohol Use
 - \$5.5 billion related to drinking while pregnant²
 - Fetal alcohol syndrome – \$2 million lifetime cost³

1. May PA, Baete A, Russo J, et al. Prevalence and characteristics of fetal alcohol spectrum disorders. *Pediatrics* 2014;134:855–66. <http://dx.doi.org/10.1542/peds.2013-3319>.

2. Sacks JJ, Gonzales KR, Bouchery EE, Tomedi LE, Brewer RD. 2010 National and state costs of excessive alcohol consumption. *Am J Prev Med* 2015;49:e73–9. <http://dx.doi.org/10.1016/j.amepre.2015.05.031>.

3. Lupton C, Burd L, Harwood R. Cost of fetal alcohol spectrum disorders. *Am J Med Genet C Semin Med Genet* 2004;127C:42–50. <http://dx.doi.org/10.1002/ajmg.c.30015>.

Study Aims

- ❑ To estimate the national prevalence of alcohol-exposed pregnancy (AEP) risk among nonpregnant, nonsterile women in the United States
- ❑ To identify characteristics of women at risk for an alcohol-exposed pregnancy

Methods

- ❑ Data source: National Survey of Family Growth, 2011–2013
- ❑ Nationally representative sample of the household population aged 15–44 years
- ❑ AEP risk definition*
 - Vaginal sex with a male
 - Drank alcohol in any amount
 - Did not (and partner did not with her) use contraception
 - Not sterile and partner(s) not known to be sterile
- ❑ Analysis:
 - Prevalence estimates of AEP risk for 4,303 nonpregnant, nonsterile women overall and by select demographic and behavioral factors
 - Alcohol consumption by pregnancy desire, sexual activity, and contraception status

*During past month

Main Findings

- ❑ 7.3% (3.3 million) of women aged 15–44 years who were not pregnant and not sterile were at risk for an alcohol-exposed pregnancy
- ❑ 3 in 4 women who wanted to get pregnant as soon as possible reported drinking alcohol
- ❑ Prevalence of alcohol use was similar (65.9% to 74.3%) among sexually active women and did not differ by pregnancy desire

What is Alcohol Screening and Brief Counseling?

- ❑ Alcohol screening to determine patients who drink too much
- ❑ Brief counseling intervention(s) for patients who screen positive
 - Short sessions with a health professional
 - Plan for reducing drinking given health, legal, social concerns if patient wants
 - Patient follow-up
 - Patients who are alcohol dependent (or have a severe alcohol use disorder) referred for specialized treatment

Alcohol Screening and Brief Counseling: Effective but Underused

- ❑ Only 1 in 6 adults talk with their health provider about their drinking¹
- ❑ Ranked as one of the five most effective clinical preventive services²
- ❑ Recommended by the US Preventive Services Task Force (2004 and 2013)³
- ❑ Covered without co-pay by the Affordable Care Act, new plans⁴



1. McKnight-Eily LR, Liu Y, Brewer RD, et al. Vital signs: communication between health professionals and their patients about alcohol use—44 states and the District of Columbia, 2011. MMWR Morb Mortal Wkly Rep 2014;63:16–22.

2. Maciosek MV, Coffield AB, Edwards NM, Flottemesch TJ, Solberg LI. Prioritizing clinical preventive services: a review and framework with implications for community preventive services. Annu Rev Public Health 2009;30:341–55.

3. Moyer VA. US Preventive Services Task Force. Screening and behavioral counseling interventions in primary care to reduce alcohol misuse: US Preventive Services Task Force recommendation statement. Ann Intern Med 2013;159:210–8.

4. Information available at <http://www.gpo.gov/fdsys/pkg/PLAW-111publ148/html/PLAW-111publ148.htm>

What Can Women Do?

- ❑ Talk with a health care provider about any pregnancy plans, alcohol use, and if appropriate, ways to prevent pregnancy if not immediately planning pregnancy
- ❑ If pregnant or might be pregnant
 - Avoid drinking alcohol
- ❑ If not pregnant
 - Be informed of the risks of alcohol use, including during pregnancy
- ❑ Ask health care provider or friend about resources for help if unable to stop drinking on her own

What Can Health Care Providers Do?

- ❑ Screen all adults for alcohol use at least annually
- ❑ Assess a woman's contraceptive needs, if any
- ❑ Discuss the range of contraceptive methods available, if needed, including the use of condoms to protect against sexually transmitted infections
- ❑ Advise women not to drink if pregnant or might be pregnant
- ❑ Counsel, refer, and follow up with patients who need help to stop drinking
- ❑ Use correct billing codes so alcohol screening and counseling is reimbursable

What Can State and Local Government Do?

- ❑ Work with their Medicaid programs to make sure alcohol screening and counseling services are reimbursable
- ❑ Encourage health insurance plans and provider organizations to support alcohol screening and counseling
- ❑ Monitor how many adults are receiving these services in communities
- ❑ Support proven policies and programs that work to prevent drinking too much

Contact Information

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Thank you!

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The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.



Alcohol-Exposed Pregnancy (AEP) Prevention

Alicia Kowalchuk, DO
Assistant Professor
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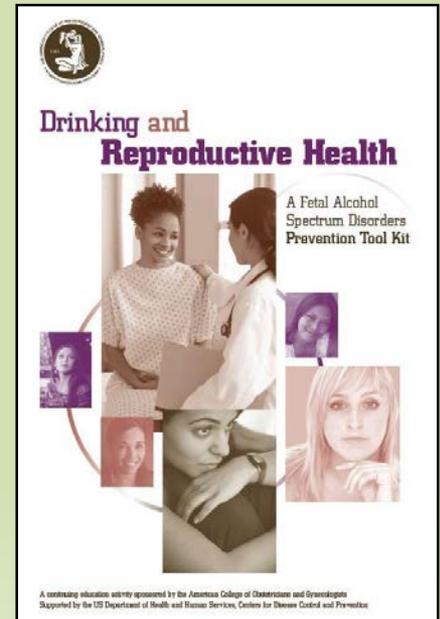


Paths to AEP Prevention

- Primary prevention
 - Women aged 14–44: assess pregnancy risk AND discuss effective contraception when appropriate
 - Alcohol Screening and Brief Intervention (SBI) yearly with all adults
- Secondary prevention
 - Alcohol SBI with ALL pregnant women
 - Counsel no known safe limit, safe time or type of alcohol while pregnant
- Tertiary prevention
 - Screen women with children for prior AEPs and provide counseling and referral as needed

Incorporating AEP Prevention into Preconception Care

- Think TERATOGEN screen
- Equivalent to assessing med list for potential teratogens or occupational exposures
- Two ways to address risk if patient is using a known teratogen:
 - Eliminate or reduce use of teratogen
 - Use birth control methods effectively





Discussing AEP Prevention: Empowering Women to Make Healthier Choices

Elicit

- What do you know already about alcohol use and your health?
- What birth control methods would you like more information about?

Provide

- You already know quite a bit about how alcohol affects health. What we also know about alcohol use is...
- To avoid an AEP, you could choose to use effective birth control methods, stop drinking or both.
- Other women I've talked with who share your concerns about that method have found...

Elicit

- What do you think about that?
- What do you see fitting best with your life right now?
- What else would you like to know about that?

Summarize

- ✓ Today we've talked about pregnancy prevention and alcohol use. You learned about _____.
- ✓ Let's talk about the plan you've made.
- ✓ What questions do you have?



What Is Alcohol SBI?

- Screen all adult patients for problematic use of alcohol
- Provide Brief Intervention to patients at-risk of developing an alcohol use disorder (risky-drinkers)



What Is a Standard Drink?

12 oz. of beer or cooler	8-9 oz. of malt liquor 8.5 oz. shown in a 12-oz. glass that, if full, would hold about 1.5 standard drinks of malt liquor	5 oz. of table wine	3-4 oz. of fortified wine (such as sherry or port) 3.5 oz. shown	2-3 oz. of cordial, liqueur, or aperitif 2.5 oz. shown	1.5 oz. of brandy (a single jigger)	1.5 oz. of spirits (a single jigger of 80-proof gin, vodka, whiskey, etc.) Shown straight and in a highball glass with ice to show level before adding mixer*
						
12 oz.	8.5 oz.	5 oz.	3.5 oz.	2.5 oz.	1.5 oz.	1.5 oz.

About 38 million adults in the US drink too much

Only 1 in 6 has talked about it with a health professional



For men, binge drinking is **5 or more drinks** consumed on one occasion*



For women, binge drinking is **4 or more drinks** consumed on one occasion*

*One occasion = within 2 to 3 hours



For men – **15 or more drinks** on average per week
One Drink = 5-ounces of wine, 12-ounces of beer, or 1 ½-ounces of 80-proof distilled spirits or liquor



For women – **8 or more drinks** on average per week

Drinking too much includes



Any alcohol use by pregnant women



Any alcohol use by those **under age 21**

SOURCE: CDC Vital Signs. January 2014. www.cdc.gov/vitalsigns.
American Journal of Preventive Medicine, 2011; Volume 41.



SBI Alcohol Screening: 3 Steps

Set the stage:

Non-pregnant adults: Normalize

- “Alcohol use can affect health so I ask all my patients yearly about their use of alcohol.”
- Pregnant adults: Address Stigma
“My pregnant patients often have questions or concerns about drinking alcohol during pregnancy or before realizing they were pregnant. How about you? ”

Use evidence-based screening tools:

- Non pregnant adults: Single Question (SQAS), AUDIT, AUDIT-C
- Pregnant adults: T-ACE

Provide feedback:

- Non-drinker or low risk: Reinforce healthy choices
- At risk: Express concern, link risk to current health and healthy drinking limits and seek patient’s perspective and their permission to discuss more

The Brief Intervention

Based on principles of Motivational Interviewing and Transtheoretical Model

- **Perform a decisional balance**

“What do you like about drinking?” then

“What are some not so good things about your drinking?”

“So on the one hand, you like drinking because...; on the other hand, your drinking has led to...”

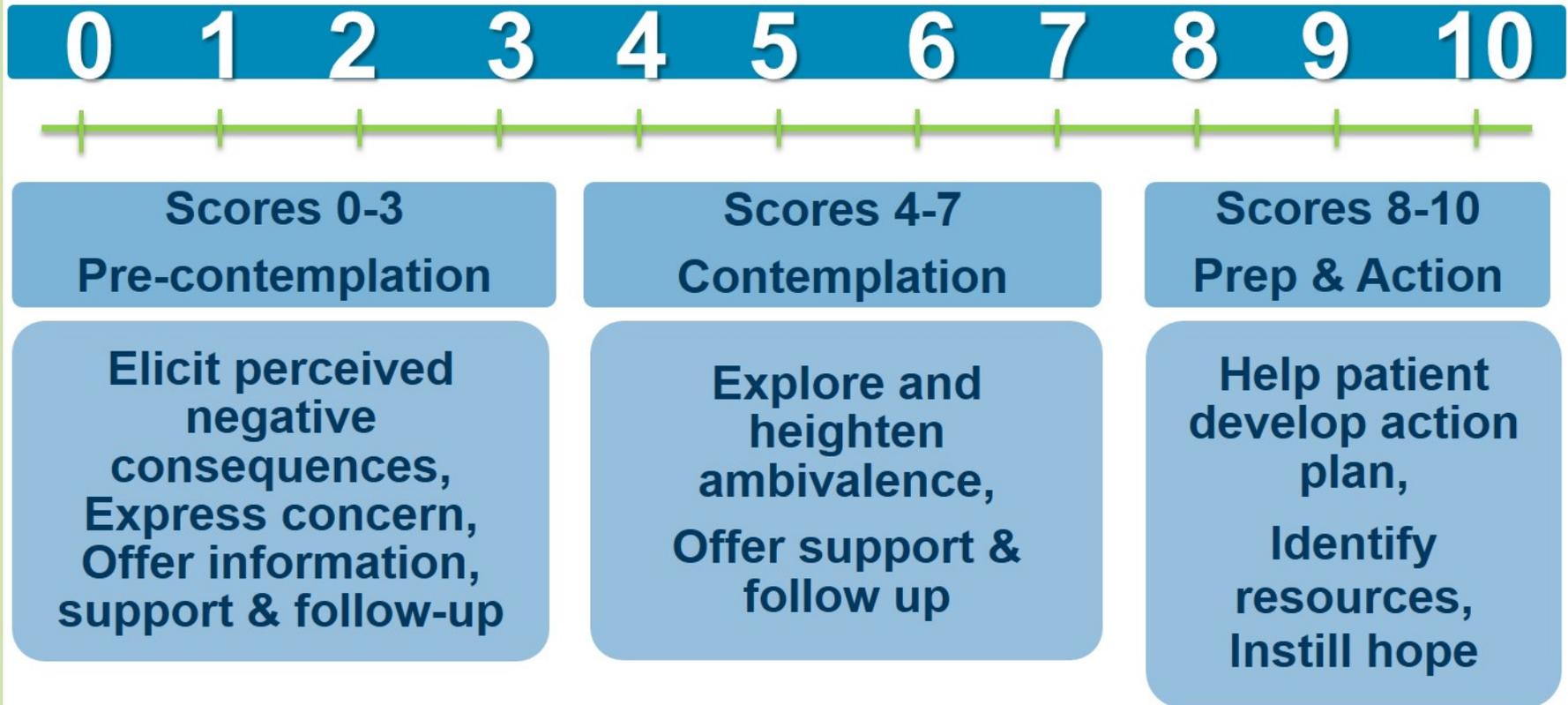
- **Assess patient’s readiness for change**

“So where does that leave you: on a scale of 0 to 10, with 0 being not at all ready to cut back or stop drinking and 10 being ready to make a change today, where are you with that?”

- **Match appropriate brief intervention based on readiness for change**

Score	Readiness	Stage of Change
0-3	Not Ready	Pre-contemplation; Early contemplation
4-7	Unsure	Contemplation
8-10	Ready	Preparation; Action

Readiness to Change & Intervention





Keys to AEP prevention

- PREconception care
- Non-judgmental: reduce STIGMA
- Women with prior AEP at greatest risk for current/future AEP
- “Keep It Simple”:
 - FASDs are 100% preventable
 - There is no known safe amount of alcohol in pregnancy
 - There is no safe time during pregnancy to drink alcohol
 - There is no safe type of alcohol in pregnancy



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How to Partner with Families of Reproductive Age

Mary DeJoseph, DO

Rutgers Center for Alcohol Studies

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Today's Discussion

- My own professional and personal experiences
 - Examples of supportive vs. stigmatizing messages
 - Impact on outcomes for families affected by alcohol and pregnancy
- Role of the healthcare provider
 - Support healthy pregnancy for the entire family, including the developing baby
 - Empower women and their partners to either stop drinking before pregnancy or learn ways to prevent pregnancy
 - Can influence multiple generations of a family
- Messages from providers that foster partnership and hope



Birth Parent Barriers to Partnership

“If someone had screened you, would you have told the truth?”

Medical-Surgical Convention, UT



Needs and Support for Birth Parents

“If you want to die drinking, feel free, but you’re not doing it here. The boys and I are not going through that again.”

—Birth father’s response to relapse



Effective Partnering Changes Outcomes

“Yes, you have a very high-risk pregnancy. But if you don’t drink, the risk will be less. I’ll make a deal with you. I’ll worry about the pregnancy and you worry about the sobriety.”

—First meeting with high-risk OB



Convincing Doctors: A Significant Challenge

- Current practice
 - 1 in 6 patients has talked to a healthcare provider about their drinking (CDC, 2014)
 - Need for clear diagnosis, prevalence, interventions, billing codes
 - Lack of time or resources
- Preconceived notions about alcohol use
 - Denial about own patients' drinking
 - Patients won't tell the truth about their drinking
- Unspoken values
 - Don't want to upset patients
 - Drug addicts, alcoholics cause the damage, not social drinker



Getting the Message Out

“Mary, you have no idea how much time I spend every day talking about tuna fish.”

—OB at Massachusetts Conference, 2013

- Imbed screening with other routine health and social and family questions.
- **Maybe we are asking the wrong question.**
Maybe it’s not “How can we get docs on board?” but “Who in a healthcare practice delivers this message most effectively to motivate families?”



Stigma and Resistance in Society

- *“And what were your patients doing when you were running around getting pregnant and drinking?”*
 - Legislator, Baltimore Town Hall Meeting
- *“You should be in jail with the rest of the women who abuse and neglect their children.”*
 - Parent Support Group, Pennsylvania
- *“You have some nerve, sitting up there talking about forgiveness!”*
 - Staff member at treatment center



Prevention and the Next Generation

“What do you think he needs? Listen to him, he’s smarter than I am.”

—Psychiatrist for young man with FASD

Focus on challenges, needs, and supports for children and young adults with FASD in both birth and adoptive families is greatly needed.



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Vital Signs Town Hall Teleconference

March 8, 2016

2:00–3:00 pm (EST)

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