

Alcohol use and binge drinking among women of childbearing age – United States, 2011-2013

Friends of NCBDDD telebriefing

Wednesday, September 30, 2015, 2:00-3:00pm EST

Toll Free Phone: **877-916-4518**

Conference ID: **67317348**

CDC Participants:

Cynthia Moore, MD, PhD

Cheryl Tan, MPH

Other Presenters:

Tom Donaldson, President of National Organization on Fetal Alcohol Syndrome

Yasmin Senturias, MD, FAAP, Medical Director, Developmental-Behavioral Pediatrics of the Carolinas
UNC/Carolinas Medical Center

Alicia Kowalchuk, Family Practice Physician, Baylor College of Medicine

CDC Facilitator:

Melody Stevens

Briefing Introduction – Melody Stevens introduces herself, CDC Representatives, Dr. Donaldson, Dr. Senturias, and Dr. Kowalchuk

Cynthia Moore, MD, PhD, is the Director of the Division of Birth Defects and Developmental Disabilities at NCBDDD where she oversees efforts to promote healthy birth and optimal development for all children. Dr. Moore's contributions during her 24-year career at CDC have included identifying risk factors for birth defects, preventing adverse birth outcomes due to teratogens, and decreasing poor health outcomes in vulnerable populations such as children with birth defects and developmental disabilities.

Cheryl Tan, MPH, is an epidemiologist with the Fetal Alcohol Syndrome (FAS) Prevention Team in CDC's National Center on Birth Defects and Developmental Disabilities. She is involved in several of the team's research efforts around monitoring alcohol consumption among women of childbearing age, including serving as the lead author on this recently published MMWR – "Alcohol use and binge drinking among women of childbearing age – United States, 2011-2013." Cheryl graduated from Emory University in 2007 with a BS in Chemistry and Economics and from Emory University's School of Public Health in 2014 with an MPH in Epidemiology.

Tom Donaldson is the President of the National Organization on Fetal Alcohol Syndrome (NOFAS). He has been associated with NOFAS for twenty years and has served as the NOFAS Chief Executive Officer since 1998. He is responsible for formulating and carrying out the organization's strategic and business plans, and programmatic, development, and policy initiatives. He has extensive experience in non-profit governance, public policy, government affairs, media relations, social marketing, grassroots organizing, coalition building, and public

health. Under his leadership, NOFAS has established a network of over 40 affiliated organizations, expanded resource referrals to all 50 states, and ensured a four-fold increase in federal investment in FASD-related research, public health, and services, among numerous other achievements.

Yasmin Senturias, MD, is the Academic Division Director of the Developmental and Behavioral Pediatrics at the Carolinas Health Care System and the Medical Director of the Developmental and Behavioral Pediatrics of the Carolina-Charlotte Clinic. She is also Adjunct Associate Professor of Pediatrics at University of North Carolina at Chapel Hill. She is a developmental-behavioral pediatrician and an investigator for the CDC FASD South Practice Implementation Center. She speaks nationally and internationally on the topic of FASD. She has also published several articles on FASD as well as an FASD guidebook for families. She is the North Carolina FASD Collaborative Steering Committee Co-Chair. She was founder of the University of Louisville FASD clinic and was clinic director there before moving to North Carolina in 2012.

Alicia Kowalchuk, DO, is an associate professor with Baylor College of Medicine's (BCM) Department of Family and Community Medicine and board certified in both family medicine and addiction medicine. She is medical director of InSight, the SBIRT program for the Harris Health System, which is the county-funded health care system for the greater Houston area's over one million uninsured residents. She serves as medical director at Santa Maria Hostel (SMH) which provides state-funded residential drug treatment to women and their children in the greater Houston community, and the Houston Recovery Center which operates a Sobering Center in partnership with the City of Houston and the Houston Police Department. As core faculty of the CDC-funded Southern States FASD PIC, she focuses on SBI curricular development. Her passion is caring for families affected by addiction and educating other healthcare professionals and students about effectively delivering that care.

Dr. Moore

Thank you Melody and *Friends* for the opportunity to discuss this important topic today. We appreciate you joining us for this conversation.

As you know, alcohol use during pregnancy can cause birth defects and developmental disabilities in exposed babies, and is associated with other pregnancy problems, such as miscarriage, stillbirth, and prematurity. However, CDC found that 1 in 10 or 10% of pregnant women in the United States reports drinking alcohol. Furthermore, just over 3 percent of pregnant women report binge drinking - consuming 4 or more alcoholic beverages on one occasion. That means about a third of pregnant women who consume alcohol engage in binge drinking.

Given the knowledge that there is no known safe level of alcohol use at any time during pregnancy or when trying to get pregnant, all alcohol should be avoided, including red or white wine, beer, and liquor. Fetal alcohol spectrum disorders (referred to as FASDs) are a group of conditions that can occur in a person who was exposed to alcohol before birth. FASDs are completely preventable: if a woman does not drink alcohol during pregnancy, her child has zero risk of an FASD.

These findings are an important reminder to healthcare providers to talk to their patients – both pregnant women and women of childbearing age – informing women that there is no known safe level of alcohol consumption when they are pregnant or might be pregnant. It’s just not worth the risk.

CDC is working to prevent alcohol-exposed pregnancies through a number of activities.

- CDC tracks alcohol use among women of reproductive age in the United States.
- CDC supports the implementation of evidence-based interventions to reduce risky alcohol use and alcohol-exposed pregnancies, including [alcohol screening and brief intervention](#) and [CHOICES](#).
- CDC collaborates with FASD Practice and Implementation Centers and National Partners to promote systems level practice changes among healthcare providers in the prevention, identification, and management of FASDs.
- CDC promotes effective interventions to improve the lives of children, adolescents, and young adults living with FASDs and their families.
- CDC offers FASD-related educational information and [materials](#) for women of reproductive age, healthcare providers, and the general public.

Now I’ll turn it over to Cheryl Tan, who is the principal investigator for the study, to share more about these findings.

Ms. Tan

Thank you.

As Cindy mentioned, we researchers found that 1 in 10 pregnant women aged 18-44 years reported consuming alcohol in the past 30 days and about 1 in 33 reported binge drinking – defined as 4 or more alcoholic beverages on one occasion.

- We conducted the study using data collected from the Behavioral Risk Factor Surveillance System, a state-based, landline and cellphone survey of the U.S. population.
- To estimate alcohol use and binge drinking for women aged 18-44 years, survey data from 2011-2013 were analyzed for all 50 states and the District of Columbia.
- Among binge drinkers, the frequency (defined as the number of binge drinking episodes in the past 30 days) and intensity (defined as the largest number of drinks consumed per episode) was also estimated.

We found:

- Among pregnant women aged 18-44, 1 in 10 reported any alcohol use and 1 in 33 reported binge drinking in the past 30 days. This finding was surprising because this means that **a third** of the pregnant women who drank alcohol, engaged in binge drinking.
- Among pregnant women, the prevalence of any alcohol use was highest among those who were
 - aged 35-44 years
 - college graduates

- not married
- Among nonpregnant women, about half reported any alcohol use and about 1 in 5 reported binge drinking in the past 30 days.

For our analysis among women who reported binge drinking in the past 30 days, we found that:

- Pregnant women reported an average of 4.6 binge drinking episodes, which was higher than the average of 3.1 episodes reported in the past month by nonpregnant women.
- Among the nonpregnant women who reported binge drinking, those aged 18-20 years reported the highest number of binge drinking episodes and largest number of drinks consumed during any binge drinking episode in the past 30 days.

Today's findings shed more light on the need to inform women of childbearing age that there is no known safe level of alcohol consumption when they are pregnant or might be pregnant. CDC's partners will continue to review why the findings from this study are so important and what more can be done.

Mr. Donaldson

Why this issue is important

- Thank you, Melody. Good afternoon, I'm happy to be speaking with you today about the findings of this latest research and why this issue continues to be of such public health importance.
- The findings help to illustrate that the prevention of prenatal alcohol exposure and fetal alcohol spectrum disorders (or FASDs) must remain a top priority. Thirty-four years after the Surgeon General's first advisory on the risk of alcohol and pregnancy, it is just not acceptable that 1 in 10 pregnancies are still being exposed to a known teratogen, a substance known to cause birth defects.
- NOFAS is very concerned—and we all should be—that 3.1% of pregnant women binge drinking translates to perhaps as many as 120,000 babies born in the U.S. each year at a high risk for FASDs.
- We know that women don't consume alcohol during pregnancy to intentionally harm their developing babies. They either don't know they're pregnant, don't know about the risks associated with prenatal alcohol use, or they need help to stop drinking. That means clinical intervention and possibly referral to therapeutic rehabilitation services.
- One prevention challenge is that there is still a lot of mixed information about this issue that women might receive from friends and family, from the media, and even from their healthcare providers. I want to be clear that all reliable, informed sources agree that women should abstain from alcohol when pregnant or if they might be pregnant. So, eliminating misinformation and misunderstanding about the risk is a very important public health aim.
- We all must do a better job of reinforcing the message that there is no known safe amount, no safe time, and no safe type of alcohol use during pregnancy. It's just not worth the risk.
- We need healthcare providers to consistently inform their patients that there is no known safe level of alcohol consumption when a woman is pregnant or might be pregnant. I look forward to hearing from our other speakers today about how we can help healthcare providers do this.
- We need to do all this while not losing sight of the needs of the children and adults living with an FASD.
- At NOFAS, we founded the Circle of Hope, a network for women who have consumed alcohol during pregnancy and who may have a child with a fetal alcohol spectrum disorder. The Circle of Hope provides support for women and believes in approaching FASD prevention with balance and a lack of stigma toward women.

- This fall, NOFAS launched a campaign to stamp out stigma. We encourage all of our partners to use language that helps reduce stigma of women. For example, rather than saying that FASDs are caused from a woman drinking alcohol during pregnancy, we can say they are associated with prenatal alcohol exposure. It's a subtle difference, but one we believe can go a long way toward lifting the shame surrounding FASDs.
- We encourage you, if you have not done so already, to sign up for the NOFAS Weekly Roundup, featuring the latest information, updates, research, and learning opportunities about this important topic, and to visit the NOFAS Information Clearinghouse and FASD Resource Directory. From our website at www.nofas.org you can sign up for the Roundup, access the Clearinghouse and Resource Directory, and learn more about the Circle of Hope and Stamp out Stigma Campaigns.
- We hope you'll share this information with your partners and your constituents.
- Thank you for having me. I look forward to the discussion.

Dr. Senturias

FASD/End Result

- Good afternoon, I'm so happy to be here with you all today.
- For about the past 8 years, I've had the pleasure of being part of the CDC-funded Southeast FASD Regional Training Center where we were able to provide trainings to medical and allied health students and practitioners about the prevention, identification, and treatment of FASDs.
- Now I'm happy to be part of CDC's current initiative working with the FASD Practice and Implementation Centers and National Partners through which my efforts are targeting pediatricians and family medicine providers. In this role, I'm happy to work with our other speakers today, Tom Donaldson and Alicia Kowalchuk, among others.
- In my role every day, I get to work with families who are living with FASDs. I diagnose children with various conditions along the FASD spectrum – from more subtle effects to the most involved cases of full fetal alcohol syndrome. I work with both biological and adoptive families and appreciate their different perspectives and the need to often communicate in different ways depending on these perspectives.
- A lot of healthcare providers who care for women before and during pregnancy might not get to see the effects of teratogens such as alcohol. But I can tell you because I see these children all the time – these are very serious, lifelong effects that need to be identified early in order to be cared for appropriately.
- Based on community studies using physical examinations, experts estimate that the full range of FASDs in the United States and some Western European countries might number as high as 2 to 5 per 100 school children (or 2% to 5% of the population).
- This makes it the leading preventable cause of developmental and intellectual disabilities in the U.S. We need your help in raising awareness of this very important issue.
- Effects of FASDs can include physical effects but more importantly, they include neurocognitive/neurobehavioral effects that affect the person's daily functioning, school, and social life. These include things like problems with attention, specific learning disabilities, poor memory, and poor reasoning and judgment skills. These primary disabilities carry over into secondary conditions such as problems in school (especially with math), problems with social skills, problems living independently, and problems maintaining employment.
- When children with FASDs are identified early, there are certain interventions that we can use that can help improve outcomes.
- With the knowledge of what prenatal alcohol exposure can do the developing brain and when the diagnosis of an FASD is made or suspected, a pediatric clinician can refer to developmental therapists and school systems for further assessment of developmental and educational challenges with corresponding interventions. In addition, the family that often has struggled with the child's behaviors

and learning problems for a long time, would be able to find relief that they can find an explanation of the child's behaviors. IN addition, there are research-based interventions such as parent education, family support, social skills help, and learning interventions. Medications can be used for appropriate purposes and not to mask the problems related to the prenatal alcohol exposure that actually require supportive intervention and not medication management.

- If you are not aware of it already, I'd like to let you know about the American Academy of Pediatrics' FASD Toolkit. It was developed to raise awareness, promote surveillance and screening, and ensure that all affected children receive appropriate and timely interventions. It has an algorithm for evaluating FASDs in the medical home, information on case management and care coordination, how to talk with families of children with FASDs (including breaking the news of a diagnosis), resources for additional provider training, and more. The toolkit is available at www.aap.org/fasd.
- I would like to reiterate what others have said today. There is no known safe amount, no safe time, and no safe type of alcohol use during pregnancy. It is crucial that we continue our collective work in the prevention, identification, and treatment of FASDs. I look forward to our discussion today.

Dr. Kowalchuk

Partner Call to Action/What More Can be Done – Importance of SBI

- Hello, thank you for having me here today.
- I have worked extensively in the area of alcohol screening, brief intervention, and referral to treatment, commonly referred to as SBIRT. I'm happy to have recently joined CDC's newly funded FASD Practice and Implementation Centers and National Partners in their efforts to reach various provider types in promoting practice and systems level change, particularly around the promotion of alcohol screening and brief intervention. Through my role at Baylor College of Medicine, I am part of the South Practice and Implementation Center working with family medicine providers and social workers.
- As Tom Donaldson noted, the findings from this study illustrate the continued work we have to do, as healthcare providers, in helping women to avoid alcohol-exposed pregnancies. We know that women who are pregnant or who might be pregnant should avoid drinking alcohol because alcohol is known to cause birth defects, developmental disabilities, and is associated with an increased risk for other negative pregnancy outcomes. And again, we know that there is no known safe amount, no safe time, and no safe type of alcohol to drink during pregnancy.
- Alcohol screening and brief intervention (or alcohol SBI) is an effective strategy for reducing alcohol consumption. The U.S. Preventive Services Task Force recommends that healthcare providers implement it in their primary care practices for all adults, including pregnant women. I'm going to tell you more about how healthcare providers can help promote this clinical preventive service universally.
- About half of all pregnancies in the U.S. are unplanned and most women do not know they are pregnant until up to four to six weeks. This means a woman might be drinking and exposing the developing baby to alcohol. Messages about the risks of alcohol use during pregnancy should be routinely discussed with women and their partners before they realize they are pregnant and throughout pregnancy.
- Healthcare providers should inform women that there is no known safe level of alcohol consumption when they are pregnant or might be pregnant.
- Doctors and other health professionals can use alcohol screening and brief intervention to help people who are drinking too much to drink less.
- Alcohol screening and brief intervention is effective, inexpensive, and can be done in as little as 5 minutes. There are validated instruments that are available such as the AUDIT and its shorter version, the AUDIT-C, to effectively assess someone's alcohol use. If they are drinking at risk levels, which is any

amount for a woman who is pregnant or might be pregnant, they can be counseled about how to lower or eliminate their risk. If a woman does not want to get pregnant, she can be counseled about use of effective contraception/birth control. If a woman needs help to stop drinking, she can be referred for more in-depth treatment.

- Here is an example of how I do this in my practice...
 - when the medical assistant rooms the patient, they ask patient the validated single question alcohol screen
 - if positive, they alert the provider who then does AUDIT and brief intervention as needed
 - if the patient needs referral to treatment (i.e., scores in the alcohol use disorders (AUD) range on the AUDIT) then refer to onsite masters-level counselor for further assessment and treatment/referral
- There are a lot of resources where healthcare providers can learn more about how to properly conduct alcohol SBI. Some of the ones I recommend are...
 - www.samhsa.gov/sbirt and the SBIRT training website, www.sbirtraining.com which was developed through NIDA funding.
- Last year, CDC released a step-by-step guide for implementing alcohol SBI in primary care. The guide provides 10 detailed steps plus resources to help staff in any primary care practice implement alcohol SBI. It includes information on risky alcohol use, its effects on health, and how it can be addressed through alcohol SBI. You can find more about CDC's alcohol SBI efforts and can download the guide from their website at www.cdc.gov/fasd.
- The bottom line is that healthcare providers can and should advise women not to drink at all if there is any chance they could be pregnant. We believe broad promotion of alcohol screening and brief intervention is the way to get us to successful prevention of alcohol-exposed pregnancies and FASDs.
- I look forward to our discussion today and to our joint efforts in scaling up alcohol screening and brief intervention as an effective way to reduce alcohol-related harms, including alcohol-exposed pregnancies and FASDs.

Melody (moderator)

Thank you, to our panel. I would now like to open the call for questions. Please unmute your line, speak clearly, and let us know which speaker you are posing your question to.

Moderated Q&A – Melody Stevens

Add Q&A

Melody

- On behalf of CDC, I would like to thank you for joining today's telebriefing on this important topic. Thank you also to our speakers today. For more information about these study findings or to find out how to partner with us to make an impact through preventing alcohol use during pregnancy, please visit <http://www.cdc.gov/ncbddd/fasd/alcohol-use.html>.
- For more information about fetal alcohol spectrum disorders and CDC's activities in this area, please visit www.cdc.gov/fasd.

- To learn more about alcohol screening and brief intervention and how it can be implemented in primary medical care, please visit <http://www.cdc.gov/ncbddd/fasd/alcohol-screening.html>.