

LET'S TALK

A GUIDE FOR HEALTHCARE PROVIDERS

ABOUT DISCUSSING
ALCOHOL AND PREGNANCY
WITH YOUR PATIENTS



ALCOHOL USE DURING PREGNANCY CAN CAUSE BIRTH DEFECTS AND DEVELOPMENTAL DISABILITIES KNOWN AS FETAL ALCOHOL SPECTRUM DISORDERS (FASDs). Not all babies will be affected by prenatal alcohol exposure. However, it is impossible to know which babies will be affected! Therefore, CDC and major medical associations that provide guidance to healthcare providers advise people who are pregnant to avoid alcohol completely. **THERE IS NO KNOWN SAFE AMOUNT, NO SAFE TIME, AND NO SAFE TYPE OF ALCOHOL USE DURING PREGNANCY.**

5 TIPS FOR TALKING WITH PATIENTS WHO CAN BECOME PREGNANT

1 OPEN THE CONVERSATION

Using a patient-centered approach, ask patients about issues related to their health, and take their input seriously. Listen without judgment and ask open-ended questions.

“To provide the best quality health care, we talk to all patients about issues that may affect their health, such as smoking, exercise, diet, and alcohol use. Is it okay if we take just a few minutes for that now?”

OR

“I’m going to ask you some routine questions about a number of things that can affect your health. Some questions may seem personal, but I ask all my patients about these things.”

2 USE A VALIDATED SCREENING TOOL AS PART OF THE CONVERSATION

- CDC’s planning and implementing alcohol SBI guide includes multiple validated screening tools (<https://www.cdc.gov/ncbddd/fasd/documents/AlcoholSBIImplementationGuide-P.pdf>)
- Clinical decision support tools (<https://www.cdc.gov/ncbddd/fasd/clinical-decision-support.html>)

WHILE IT IS IMPORTANT TO SCREEN ALL YOUR PATIENTS FOR ALCOHOL USE,

THE DATA SHOW THAT UNMARRIED WOMEN, AGES 35+, WITH HIGHER LEVELS OF EDUCATION ARE MORE LIKELY TO DRINK WHILE PREGNANT THAN OTHERS.²

THE DATA INDICATE THAT OVER 90% OF PATIENTS SAY THEY ARE COMFORTABLE ANSWERING ALCOHOL SCREENING QUESTIONS FROM HEALTHCARE PROVIDERS.³



3 REVIEW SCREENING RESULTS TOGETHER

- Let patients know that you appreciate their honesty.
- Summarize and reflect back what they say throughout the conversation while inviting their reactions.

“Thank you for answering those questions. You said you drink about X number of drinks once or twice a week? Is that right? Is there anything else you want to add?”

Brief counseling and referral to treatment when appropriate **CAN BE DONE IN 2–10 MINUTES, AND IT MAY BE REIMBURSABLE** (<https://www.samhsa.gov/sbirt/coding-reimbursement>).

4 ASK ABOUT PLANS FOR PREGNANCY

- If your patient is not planning to get pregnant in the next year, talk to them about ways they can stay healthy, including counseling on safe and highly effective methods of birth control.
- If they are planning to get pregnant, talk to them about how to have a healthy start, including avoiding alcohol.

5 ASK IF THEY HAVE ANY QUESTIONS

If they do not have any questions, consider discussing common patient questions:

“Is it okay to drink every now and then during pregnancy?”

“... every pregnancy is different. Some babies may not be affected by alcohol exposure during pregnancy while others may have lifelong effects. The safest thing to do to protect your baby is to avoid any type of alcohol use throughout your pregnancy. All types of alcohol can be harmful, including red or white wine, beer, and liquor.”

“What are the health risks associated with alcohol?”

“... alcohol consumption increases the risk of cancers of the mouth, throat, esophagus, liver, and colon. Alcohol use is also associated with breast cancer, even at low levels of consumption. For pregnant patients, it can result in miscarriage, stillbirth, and fetal alcohol spectrum disorders.”

THERE IS NO KNOWN SAFE AMOUNT, NO SAFE TIME, AND NO SAFE TYPE OF ALCOHOL USE DURING PREGNANCY.

FOR MORE INFORMATION

Visit the CDC website for more information on alcohol SBI and FASDs (www.cdc.gov/fasd)

Download patient education materials (www.cdc.gov/ncbddd/fasd/materials.html)