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Alcohol Use and Pregnancy: The Importance of Screening and Brief Intervention

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Proof Alliance

Mission

To prevent prenatal alcohol exposure and support all impacted by fetal alcohol spectrum disorders (FASD).



Proof Alliance acknowledges that not every person who can become pregnant identifies as a woman. We try to use gender-neutral language as often as possible, much of the current research refers only to “women” when discussing the ability to become pregnant. When citing this research, we refer to the language used in the study. In these cases, “woman” refers to someone who was assigned female at birth.





Objectives

- Based on the latest local data, understand the opportunities around Screening and Brief Intervention (SBI).
- Learn about screening methods that address stigma and disparate outcomes.
- Learn about what to do next when there has been alcohol exposure during pregnancy.
- Discover programs and resources through Proof Alliance that can help you prevent prenatal alcohol exposure and care for those impacted.

Fetal Alcohol Spectrum Disorders (FASD)

- Common, yet less known, brain-based disability caused by prenatal alcohol exposure.
 - **Alcohol is a teratogen** which adversely affects normal brain development throughout all gestational stages.
 - Prenatal alcohol exposure is the leading cause of preventable birth defects and developmental disorders in the United States.
 - **Permanent** and the most common **preventable** developmental disability in the U.S.
 - People with an FASD typically require life-long assistance and are at higher risk for:
 - *difficulty in school*
 - *involvement in the justice system*
 - *high health care utilization*
 - *homelessness*
 - *substance use*
 - *inconsistent employment*
 - *mental health challenges*
 - With appropriate diagnosis and treatment, community support and specialized care, people affected by an FASD can reach their full potential.
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Setting the Stage: FASD

Multiple studies have shown that health professional FASD knowledge and training is inadequate.

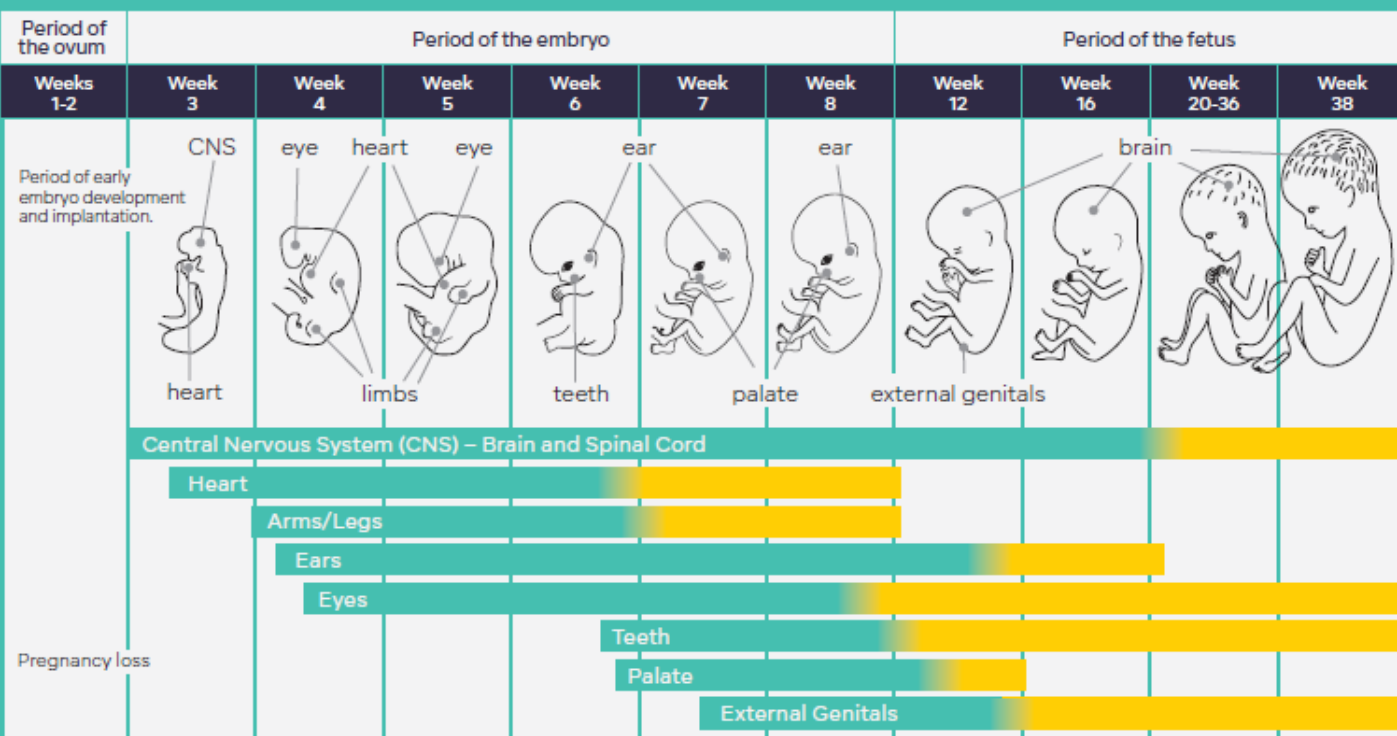
Talem Health Rural Medical Education surveyed health care providers serving largely rural and underserved communities throughout the U.S. in 2024.

- Only 36% were confident/very confident in screening for alcohol use in prenatal patients.

FASD Regional Training Centers Consortium. *Am J Health Ed.* 2007

Smith, V. C. *et al.* Caring for Patients with Prenatal Alcohol Exposure: A Needs Assessment. *JPTCP* 24, (2017).

RME Collaborative (a division of Talem Health). Fetal Alcohol Spectrum Disorder (FASD) - Educational Survey. (April 2024).



- Most common site of birth defects
- Period of development when major defects in bodily structure can occur.
- Period of development when major functional defects and minor structural defects can occur.

Adapted from Moore, 1993, the National Organization on Fetal Alcohol Syndrome (NOFAS), 2009, and the Centers for Disease Control (CDC), 2018.¹

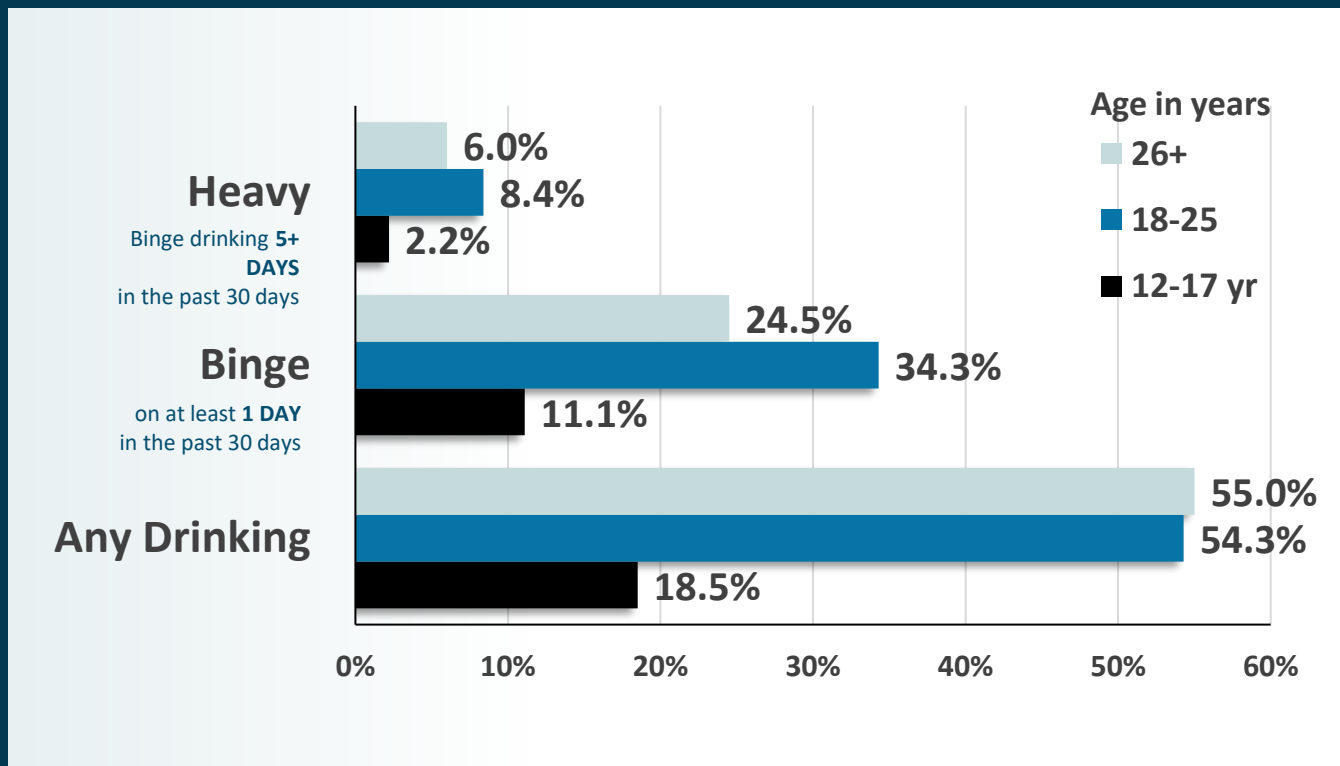
¹This fetal chart shows the 38 weeks of pregnancy. Since it is difficult to know exactly when conception occurs, health care providers calculate a woman's due date 40 weeks from the start of their last menstrual cycle.



Factors That Impact Fetal Vulnerability:

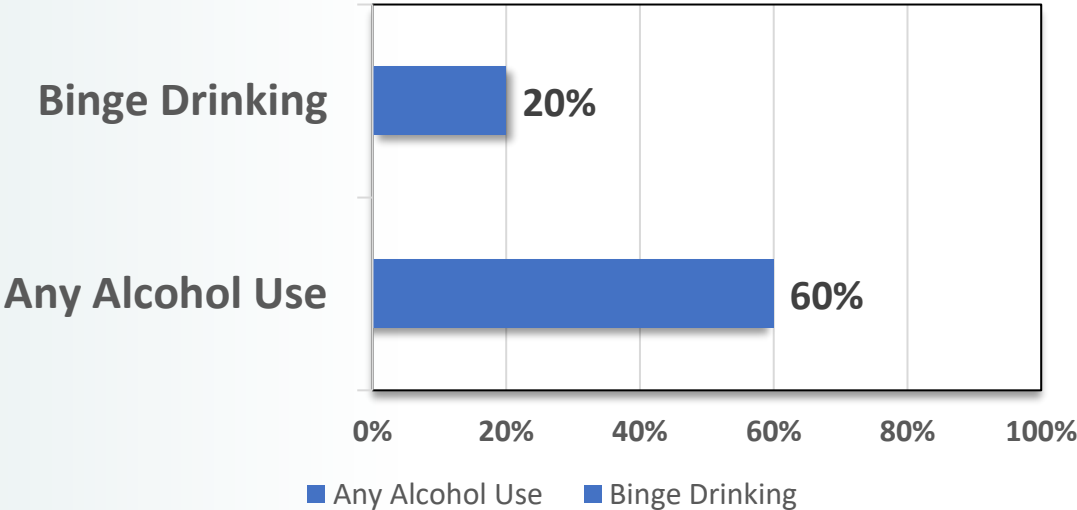
- > Amount of alcohol consumed
- > Genetics
- > Mother's diet
- > Mother's age
- > Other substance exposure
- > Timing of the exposure
- > Resiliency of the fetus

U.S.: Alcohol Use by Age in the Past Month



Minnesota: Alcohol Use in the Past Month

People who can become pregnant
Ages 18 - 44



Ruprecht A, Gloppen K. Alcohol use among people who can become pregnant: Minnesota 2020-2022. Saint Paul, MN: Minnesota Department of Health, January 2024.



1 in 7 pregnancies are exposed to alcohol

In the United States, 14% of women drank alcohol during pregnancy and 5% engaged in binge drinking.

Source: Gosdin LK, Deputy NP, Kim SY, Dang EP, Denny CH. Alcohol consumption and binge drinking during pregnancy among adults aged 18–49 years – United States, 2018–2020. MMWR Morb Mortal Wkly Rep. 2022;71(1):10–13.

Prevalence of FASD

1 in 20

In the U.S., it is estimated that 1 in 20 children have an FASD.

Screening and Brief Intervention is Inadequate

CDC: Despite recommendations for universal alcohol screening, a recent CDC study found

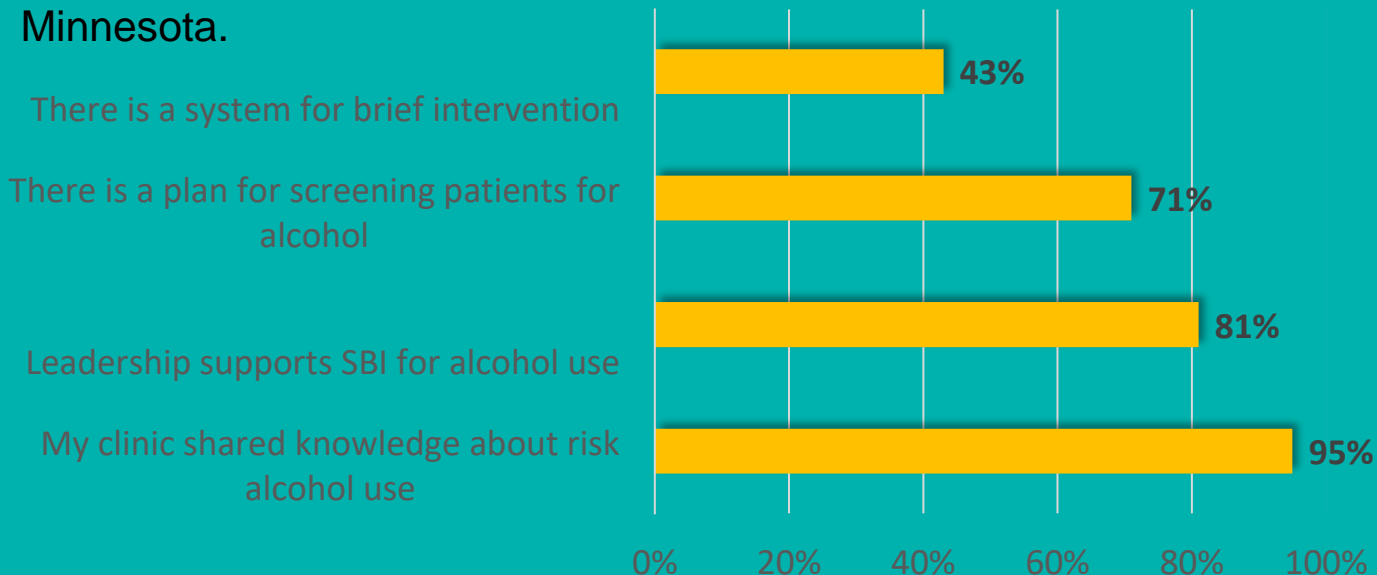
- Approximately **20%** of pregnant persons were **not screened** for alcohol use at their last visit to a primary health care provider
- Only **16%** who were screened **were advised** by a health care provider to quit drinking or reduce their alcohol use

Luong J, Board A, Gosdin L, et al. Alcohol Use, Screening, and Brief Intervention Among Pregnant Persons — 24 U.S. Jurisdictions, 2017 and 2019. MMWR Morb Mortal Wkly Rep 2023;72:55–62.

DOI: <http://dx.doi.org/10.15585/mmwr.mm7203a2>.

Prenatal Alcohol Exposure Screening Practices in Minnesota

In 2022, Proof Alliance commissioned ACET, Inc. to conduct an assessment of prenatal alcohol exposure screening practices in Minnesota.



Assessment of Prenatal Alcohol Exposure Screening Practices in Minnesota:

<https://learn.proofalliance.org/courses/assessment-of-prenatal-alcohol-exposure-screening-practices-in-minnesota-clinics/>

Prenatal Alcohol Exposure Screening Practices in Minnesota

Practices to support alcohol SBI



Few (14%) had training and onboarding procedures for alcohol SBIs.



Less than one-third (29%) had implementation measures for SBIs in place.



Very few (9%) received reimbursement by health insurance for alcohol SBI services.

This gap between screening and brief intervention indicates missed opportunities to reduce alcohol use during pregnancy.

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Health Care Provider Barriers to Address FASD

- Dismissive of mother's experience and concerns
- Uncomfortable, avoid topic
- Don't want to offend, cause anger, accuse, confront, cause guilt
- Concerned they will lose the patient or will get a low patient satisfaction survey
- **Concern about not knowing appropriate follow-up actions to take if alcohol exposure is identified**



Minnesota: Health Care Provider Barriers to Address FASD

Barriers in screening for alcohol use:

- Concern about patient's willingness to disclose
- Lack of formal/universal screening process
- Existing evidence-based tools for alcohol screening do not work well for pregnant patients
- Lack of time for screening
- Clinicians uncomfortable asking questions

Barriers in providing brief intervention:

- Concern about patient's willingness to discuss
- Lack of time for counseling/education
- Unsure of resources in the community
- Lack of comfort providing intervention/discussion



Assessment of Prenatal Alcohol Exposure Screening Practices in Minnesota:

<https://learn.proofalliance.org/courses/assessment-of-prenatal-alcohol-exposure-screening-practices-in-minnesota-clinics/>

Where do we go from here?

Individual change:

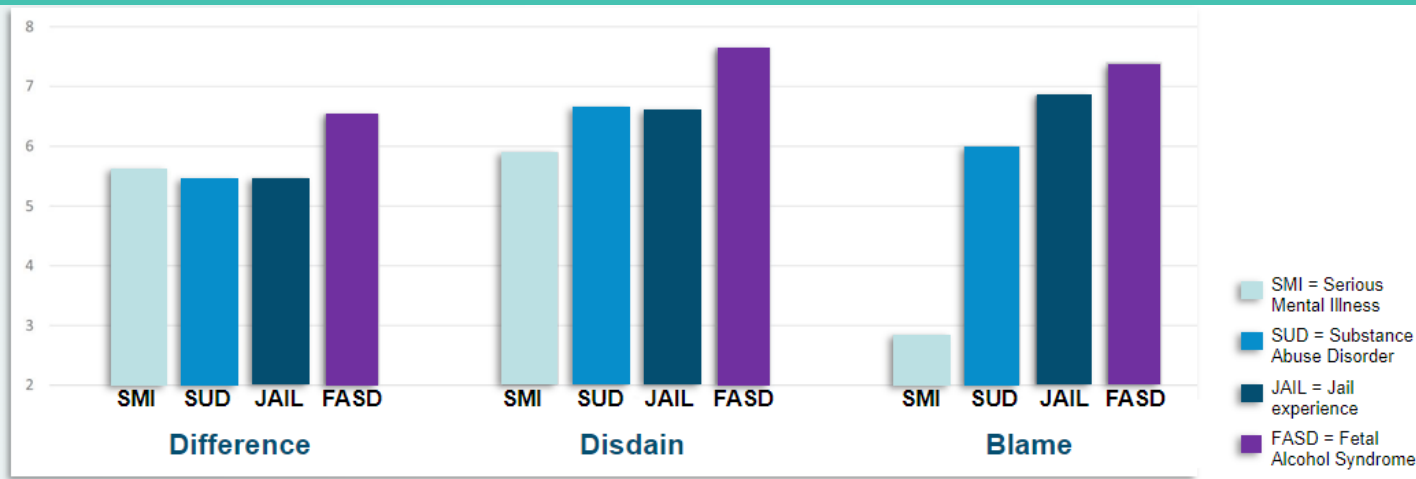
- Reflect on personal bias
- Use non-stigmatizing language
- Build a knowledge of resources

Health system practice change:

- Universal screening for prenatal alcohol use
 - Protocol for positive screening results
 - Resources to support provider knowledge, skills and implementation
-

Addressing Stigma

Stigma of Birth Mothers of Children with an FASD



Research participants viewed mothers of children with an FASD more negatively than women with serious mental illness, substance use disorder and jail experience.

Addressing Stigma



Why Would Someone Drink
Alcohol During Pregnancy?

Addressing Stigma

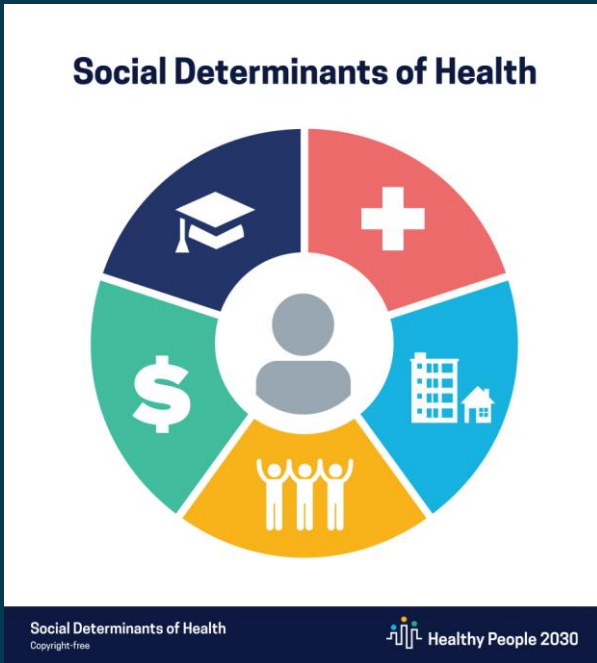
- Pregnancy status is unknown.
- Not aware of/underestimate the risks associated with prenatal alcohol exposure.
- Untreated alcohol use disorder (AUD)

Addressing Stigma

Who Would Drink Alcohol While Pregnant?

- > FASD is in all communities, races, ethnicities, socioeconomic groups, and neighborhoods.
- > Consider assumptions about who *doesn't* consume alcohol when they are pregnant.

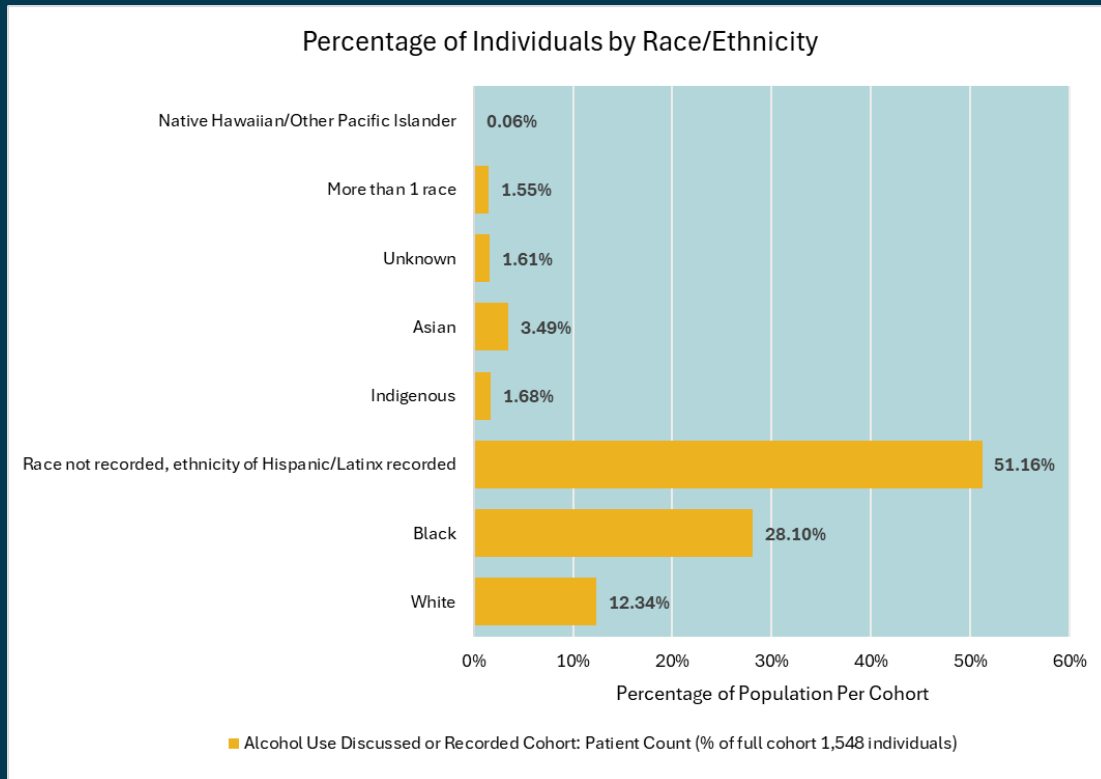
Social Determinants of Health



Can be protective OR harmful

- Economic stability
- Education access and quality
- Health care access and quality
- Neighborhood and built environment
- Social and community context
 - Racism
 - Poverty
 - Historical trauma
 - Normalization of alcohol use
 - Alcohol policies

Potential Bias in Screening



Minnesota Community Measurement, Mahon, R., Xiong, M., & Cinqueonce, L. (2024). *Assessing data completeness and quality for alcohol screening during pregnancy*. Minnesota Community Measurement.

FASD- Informed Conversation Strategies



Universal Screening

- We cannot know about drinking behavior from a person's demographics.
 - Explain to the patient that we ask these questions of everyone so that they do not feel singled out or judged.
-

Use Non-Stigmatizing Language

- Avoid language that shames people who drank alcohol during pregnancy. We do not want to use language that perpetuates stigma and guilt.
- Always use person-first language which emphasizes the person first, not the disability or condition.

Non-stigmatizing Language



Instead of:

“The individual admitted to alcohol use during pregnancy.”



Consider:

“The individual confirmed prenatal alcohol exposure.”

“FASD is caused by a woman drinking alcohol while pregnant.”



“FASD is caused by prenatal alcohol exposure.”

“Child of a mother who drank during pregnancy.”



“Child exposed to alcohol prenatally.”

“An FASD kid.”



“A child with an FASD.”

Non-stigmatizing Language



Before asking screening questions, phrases like these may help ease any discomfort and prepare the individual for screening:

“We ask everyone these questions. FASDs are more common than people think.”

“It helps us to identify anything that could affect your child as early as possible.”

“Not all children exposed to alcohol during pregnancy have problems, and we cannot predict who will and who will not, so we want to follow those children closely.”

“Drinking alcohol at any time during pregnancy can have an impact on learning, mental health, behavior, or other health concerns. Many people drink alcohol before they even know they are pregnant.”

“Just because you may have consumed alcohol before you knew you were pregnant, it does not guarantee your child has an FASD. But if they do, there is a lot we can do to help.”

Conversation Strategies

When prenatal alcohol exposure is known or suspected:

- **Reduce isolation**
 - FASD is common
 - Mixed messages
 - Connecting to others on the same journey

- **Celebrate wins**
 - Reduction in alcohol use
 - Showing up today

- **Reinforce the behavior change**
 - "What changes have you made in your life since becoming pregnant?"
 - "How did you do that? Where did you find the strength to make such an important change?"



Patient Concerns

- Will my child be taken away?
- What will happen if I am honest?
- Do I trust my healthcare provider?
- Historical trauma
- Relationship with who is asking

Fear of judgement/bias can influence people's willingness to disclose.

By being transparent, explaining why you are asking, what will happen with the information, and how you are there to support them, you can remove the fear of the unknown, and move from resistance to working together.

Stigma and Implicit Bias: Take-Home Points

Your assumptions about who will drink when pregnant may not always be accurate.

Be aware of your own biases and consider how they may influence who and how you screen and manage care.

Practice using non-stigmatizing language in your next patient interactions.

Acknowledge the patient's lived experience.

Screening and Brief Intervention



Screening and Brief Intervention (SBI) for Alcohol Use

Alcohol SBI

- A validated set of screening questions, which only take a few minutes to complete, to identify patients' drinking patterns; **and**
- A short conversation with patients who are drinking more than the recommended amounts, as well as referral to treatment when appropriate.

Screening and brief counseling for risky drinking is considered one of the highest impact preventive services, second only to childhood immunization and tobacco use screening/counseling.

USPSTF. *JAMA*. 2018.

Maciosek MV, et al. *Ann Fam Med*. 2017

McKnight-Eily LR, et al. *MMWR Morb Mortal Wkly Rep* 2014.

American College of
Obstetricians and
Gynecologists (ACOG)

U.S. Surgeon
General

Centers for Disease Control
and Prevention (CDC)

U.S. Preventive
Services Task Force
(USPSTF)

Definition source: CDC(2023). Alcohol Screening and Brief Intervention Efforts. Retrieved from:

<https://www.cdc.gov/ncbddd/fasd/alcohol-screening.html>

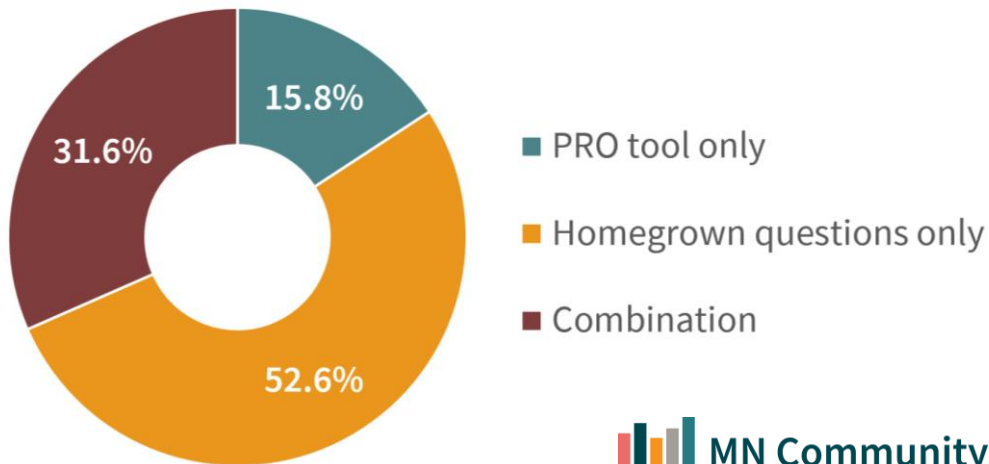
SBIRT: Screening, Brief Intervention, and Referral to Treatment

Screening	Identify unhealthy alcohol use and assess severity of use (risky use versus AUD)
Brief Intervention (Brief Negotiated Interview)	Discuss the screening results and increase intrinsic motivation to reduce or abstain from use
Treat and/or Refer to Treatment	Specialized services, 4 FDA approved medications

Screening for Alcohol Use During Pregnancy in Minnesota

The Minnesota Community Measurement survey revealed a large variety of screening measurements are being used in Minnesota to assess for prenatal alcohol exposure.

How does your organization screen for alcohol use among pregnant patients?



Brief Negotiated Interview (BNI): Definition

Brief

- Based upon well researched brief interventions
- Goals are different for at risk vs use disorder

Negotiated

- Recognizes patients as equal partners
- Patient is decision maker

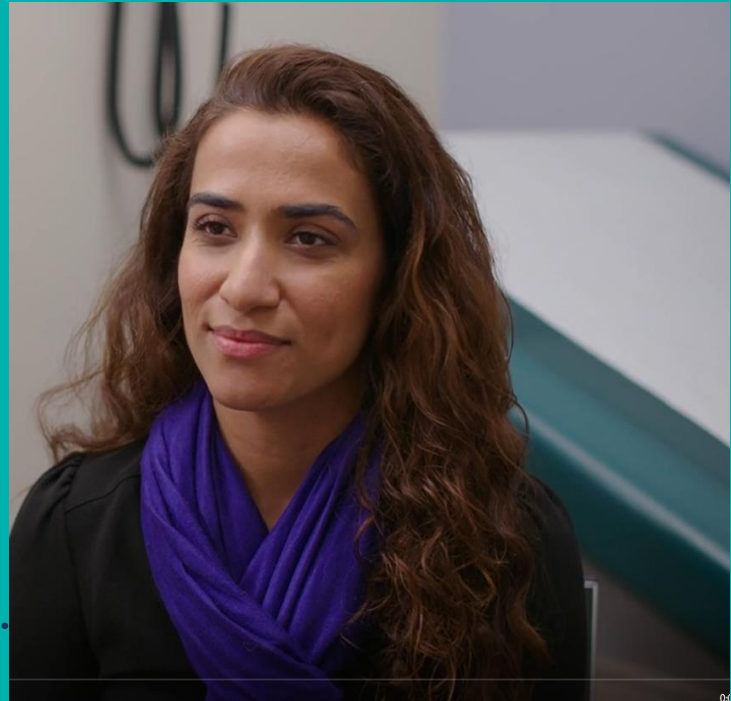
Interview

- Elicit patient's perception and reasons (or not) and ways to change

Brief Negotiated Interview (BNI): Steps

Six Steps:

- Explore Pros and Cons
 - Review Health Risks
 - Summarize and Ask Key Question
 - Explore Readiness
 - Negotiate Goals
 - Explore Confidence
-



Referral To Treatment

- ACOG district directories: state specific resources for alcohol and drug treatment, FASD diagnosis, and other supportive services. Available at www.acog.org/alcohol and <https://www.acog.org/programs/fasd/district-resources>
 - National Clinician Substance Use Consultation Center Warmline: Clinically supported advice on substance use management for healthcare providers <https://nccc.ucsf.edu/clinician-consultation/substance-use-management/> or call (855) 300-3595 Monday – Friday, 9 a.m. – 8 p.m. ET
 - The Substance Abuse and Mental Health Services Administration (SAMHSA) treatment locator: <https://www.findtreatment.gov/>
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Billing for SBI in Minnesota

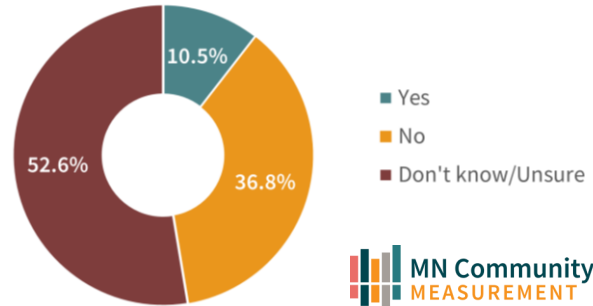
Assessment of Prenatal Alcohol Exposure Screening Practices in Minnesota Clinics



Very few (9%) received reimbursement by health insurance for alcohol SBI services.

A majority said they were either unaware of whether their clinics did get reimbursed, or whether it was possible. Results indicated interest in learning more about the possibility of SBI reimbursement.

Does your organization bill for screening/intervention services?



Assessment of Prenatal Alcohol Exposure Screening Practices in Minnesota:

<https://learn.profalliance.org/courses/assessment-of-prenatal-alcohol-exposure-screening-practices-in-minnesota-clinics/>

Codes for Alcohol Screening and Brief Intervention

Payer	Code	Description
Commercial Insurance	CPT 99408	Alcohol and/or substance abuse structured screening and brief intervention services; 15 to 30 minutes
	CPT 99409	Alcohol and/or substance abuse structured screening and brief intervention services; greater than 30 minutes
Medicare	G0396	Alcohol and/or substance abuse structured screening and brief intervention services; 15 to 30 minutes
	G0397	Alcohol and/or substance abuse structured screening and brief intervention services; greater than 30 minutes
Medicaid	H0049	Alcohol and/or drug screening
	H0050	Alcohol and/or drug screening, brief intervention, per 15 minutes

SAMHSA: <https://www.samhsa.gov/sbirt/coding-reimbursement>

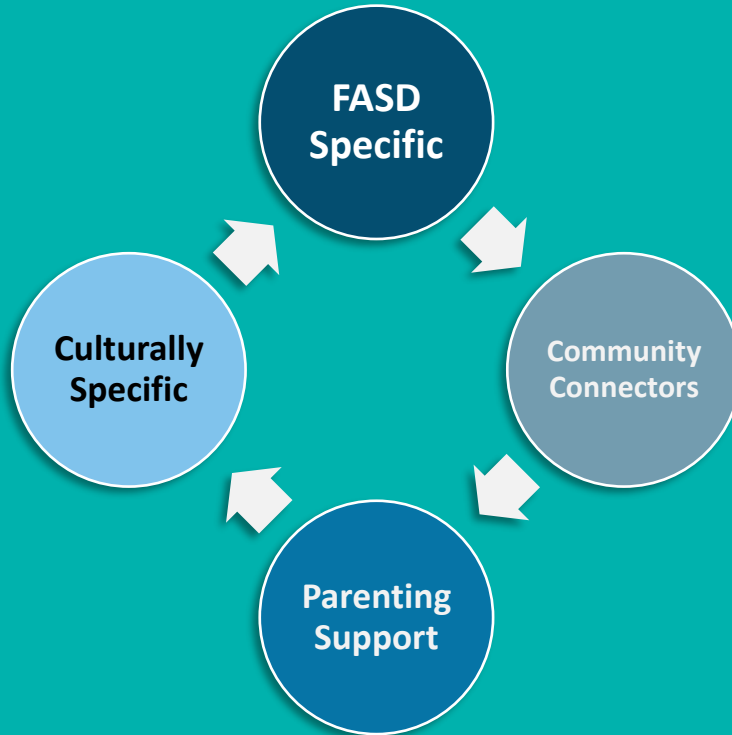
ACOG list of codes: <https://www.acog.org/practice-management/coding/coding-library/prevention-of-fasd-coding-basics>



Community Support

- Building communities of support is paramount to success
 - Check on current resources: Dead end? Warm handoff? Barriers to access?
 - Identify resource gaps and seek out new referrals to help them build their village
-

Building Community Support: 4 Pillars



FASD Specific Support

- FASD specific support from Proof Alliance:
www.proofalliance.org
 - Support groups
 - Service navigation
 - Retreats/camps
 - Social activities
 - Caregiver conference
 - County Programs
 - Project Child, Mothers First, Plan of Safe Care
-



Community Connectors

Seek out community connectors/advocates/leaders

- Trusted Messengers
- Patient Navigators
- Doulas, Perinatal Educators
- Home Visitors
- Recovery Coaches



Parenting Support

Giving pregnant patients and new parents information, resources, and support that can also help with monitoring for delays.

- Maternal, Infant, and Early Childhood Home Visiting Program
 - Healthy Start
 - Follow Along Program, Help Me Grow
 - School District: Early Childhood Special Education (ECSE) and Early Childhood Family Education (ECFE)
-



Culturally Specific Support

Culturally-specific support integrates values, beliefs, and customs that can be important to self-worth and sense of belonging.

Examples

- DIVA Moms
 - Sober Squad
 - Women of Traditional Birthing
 - Bright Beginnings
 - Family Spirit
 - Club Mom, Club Dad
-





TRAINING

- Certified trainers
- Lived experience panelists
- Annual conferences
- Virtual on-demand and in-person trainings for professional and caregivers

FAMILY SUPPORT

- Youth support and skill-building
- Caregiver education and peer-led support
- Family events
- Service and resource navigation



PR%F Alliance

Preventing prenatal alcohol exposure and providing support for people impacted by fetal alcohol spectrum disorders (FASD).

SCREENING/DIAGNOSIS

- Training for healthcare professionals
- On-site diagnostic clinic
- Health systems practice change
- Diagnostic consortium



PREVENTION/PUBLIC AWARENESS

- Multi-channel public awareness campaigns
- Strategic partnerships
- Community events
- Social media influencers



OUR CHILDREN ARE SACRED

- Program created by and for Native communities
- Mobile app available for download
- Community partnerships
- Culturally-informed support and resources



OUR CHILDREN
..... Are Sacred

PUBLIC POLICY

- Legislative action
- Annual FASD Advocacy Day at the Minnesota State Capitol
- Collaboration with advocacy coalitions
- Participation on state and local committees



Call to Action: Get FASD Informed



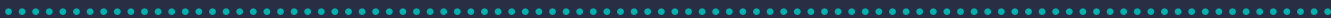
www.proofalliance.org

Call to Action: Carry the Message of Prevention



Call to Action: Enroll in the Safest Choice Learning Collaborative

- **Prenatal ECHO** aims to reduce prenatal alcohol exposure by teaching prenatal healthcare teams how to screen for and counsel patients about the risks of alcohol use during pregnancy
- **Pediatric ECHO** aims to improve FASD outcomes by training pediatric healthcare teams how to identify and care for children and adolescents with suspected or diagnosed FASD
- Free CEUs!
- Interested? Visit safestchoice.org or contact: safestchoice@bmc.org



Call to Action: Become a Proof Alliance Certified Trainer (PACT)

As a volunteer trainer you will:

- **Present** Proof Alliance training materials to different groups of people.
- **Sign up** to deliver training events hosted by Proof Alliance that match your availability. New sessions monthly!
- **Enjoy** flexible training hours and choose between virtual and in-person training sessions.

Scan to join our PACT and learn more!

Have questions? Email Ashlie McGuire
ashlie.mcguire@proofalliance.org

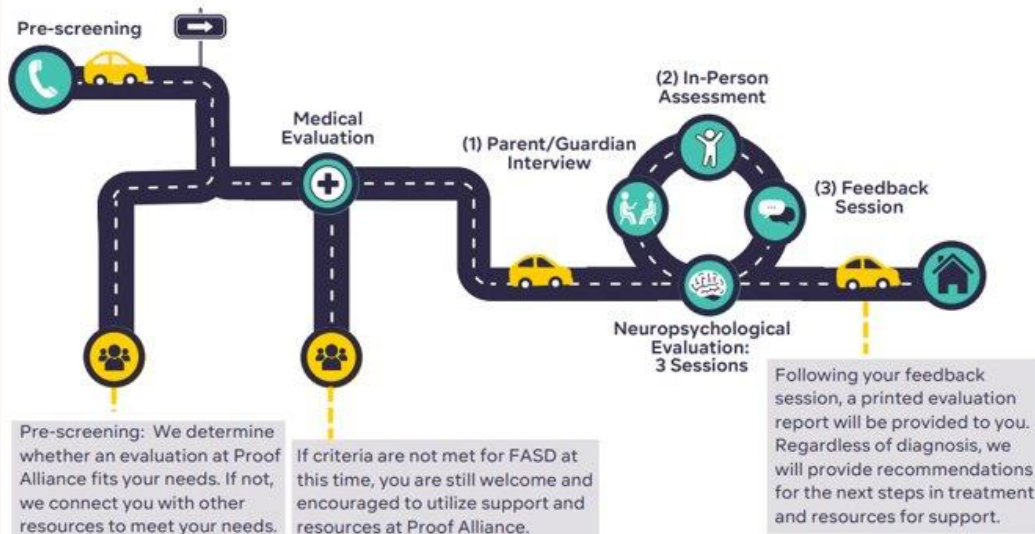


Call to Action: Refer Families for Diagnosis

The FASD Diagnostic Roadmap

What to expect when evaluating a child or teen for fetal alcohol spectrum disorders (FASD).

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Questions? Contact Proof Alliance: (651) 917-2370

Call to Action: Refer Families for Support

- Support groups
- Social events
- Retreats
- Resource navigation
- Life skills
- Advocacy
- Caregiver conference
- Online support spaces
- Lived experience panel presentations



Call to Action: Tell Patients to Download the App



The ***Our Children Are Sacred*** app
is your resource for ***FASD information***.



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Powered by *Native*
REACH™



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SCAN
ME!

