

SESSION SUMMARY

This presentation allowed listeners to explore recommendations that help prevent alcohol exposure during pregnancy, including screening for alcohol use during pregnancy and identifying ways to support families in discontinuing or minimizing alcohol use. Participants learned how to best support families affected by prenatal alcohol exposure (PAE) by understanding Fetal Alcohol Spectrum Disorders (FASD), the diagnostic process, and approaches to supporting children and families impacted by the diagnosis.

About Alcohol Use in Pregnancy

10% Of women drink during pregnancy worldwide.

- ✓ **Reasons for use** may include social pressure, limited awareness of risks, coping with stress, perceived benefits, or cultural traditions.
- ✓ **Higher-risk groups may include** first-time parents, individuals with partners who drink alcohol, those who are single, or those with more than 10 years of formal education.

No safe dose of alcohol during pregnancy has been verified by research.

Sources: Popova, S. Drug and Alcohol Review May 2022 | Characteristics associated with alcohol drinking in pregnancy: a cross-sectional study. Saxov, K et al. Nature 2023.

WHAT IS KNOWN ABOUT PAE?

Alcohol is a teratogen, an agent that can cause irregularities following fetal exposure during pregnancy.

The alcohol crosses into the placenta and is distributed into the amniotic fluid, which is then swallowed by the fetus, which may put the fetus at risk for stillbirth, miscarriage, growth restriction, premature birth, and FASD

WHAT IS FASD?

FASD is an umbrella term, **not** a specific diagnosis. The different diagnoses within FASD are classified based on the criteria an individual meets rather than the severity of the condition.

This includes 1) **FAS**: Fetal Alcohol Syndrome, 2) **PFAS**: Partial FAS, 3) **ARND**: Alcohol-Related Neurodevelopmental Disorder, 4) **ARBD**: Alcohol-Related Birth Defects, 5) **ND-PAE**: Neurobehavioral Disorder associated with Prenatal Alcohol Exposure in DSM-5

KEY RECOMMENDATIONS:

1

Screening for PAE:

Use screening as a proactive strategy before, during, and after pregnancy. **Screening should be universal** and include a clear process of **screening, brief interventions, and referrals to treatment (SBIRT)**. These conversations provide an opportunity for education, support, and questions in a nonjudgmental environment.

2

Patient & Family Education

- Providers and caregivers should **watch for potential signs of FASD**, including feeding, sleep, or soothing difficulties, delayed growth and development, and developmental, cognitive, behavioral, or learning concerns as children grow.
- Empower and encourage families by following Proof Alliance's [Language Guidelines](#).
- **Not all individuals with PAE will show visible signs or symptoms**. Therefore, providers and caregivers need to track and document exposure once identified, using clinical, non-stigmatizing language that avoids blame-based terminology.

3

Refer to Resources

When families are seeking support or waiting for referral appointments, providers should connect them with patient-centered resources, such as [Proof Alliance](#). Proof Alliance is a nonprofit organization dedicated to preventing PAE and supporting individuals and families impacted by FASD.

RESOURCES SHARED:

- **Are you looking for a caregiver support meeting?** Starting in July 2026, Proof Alliance will host a weekly virtual *All FASD Caregivers Welcome* support group. To learn more, visit the [Proof Alliance Event Page](#).
- **Our Children Are Sacred Initiative** at Proof Alliance: Developed in partnership with Proof Alliance and Native American communities in Minnesota, this initiative helps to address PAE and FASD, offering various resources and a mobile app.
- Find training opportunities for professionals, advocates, and families from Proof Alliance [here](#).
- **Enroll in free ECHO opportunities for Providers** from the Safest Choice National Learning Collaborative:
 - **Prenatal ECHO: Available September 2026 - January 2027** to reduce PAE with education for prenatal healthcare teams on screening and counseling for patients at risk of alcohol use during pregnancy.
 - **Pediatric ECHO: Available February 2027** and aims to improve PASD outcomes by training pediatric healthcare teams how to identify and care for children and adolescents with suspected or diagnosed FASD.
 - **Interested?** Contact safestchoice@bmc.org or visit safestchoice.org.
- **Help Me Grow:** Refer a child using the Help Me Grow program through the Minnesota Department of Health, which connects families to resources that will help young children develop, learn, and grow.
- **Family Home Visiting Programs:** Learn about the different programs in Minnesota. Family Home Visiting programs are voluntary, home-based programs that provide parental and child development support and resources.

PRESENTER CONTACTS

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ADDITIONAL DETAILS

If you have **questions about this session snapshot or would like to request access to the session slides**, please contact the QI Team: QI@minnesotaperinatal.org.

Learn more about this ECHO Series. [Visit our ECHO webpage](#).

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