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Purpose of This Presentation

This presentation will provide the framework for understanding the public health significance of FASD and evidence-based strategies for its *prevention*.

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Objectives for This Presentation

- Discuss why current trends in alcohol use by women suggest the need for universal alcohol screening for all women
- Describe the alcohol screening process using evidence-based strategies to prevent alcohol-exposed pregnancies
- List 3 common neurobehavioral problems experienced by individuals with FASD

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Substance Use: A Public Health Issue



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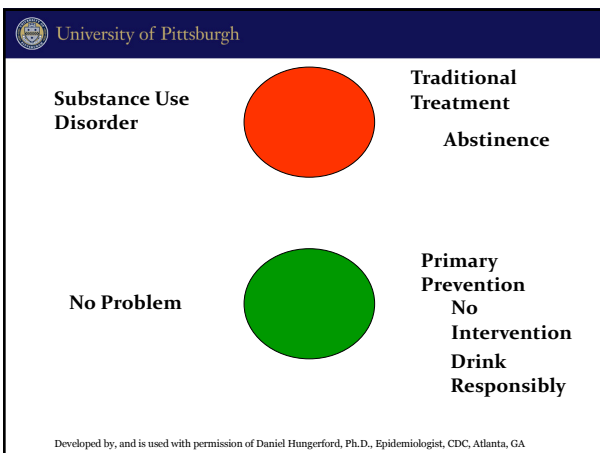
Learning from Public Health

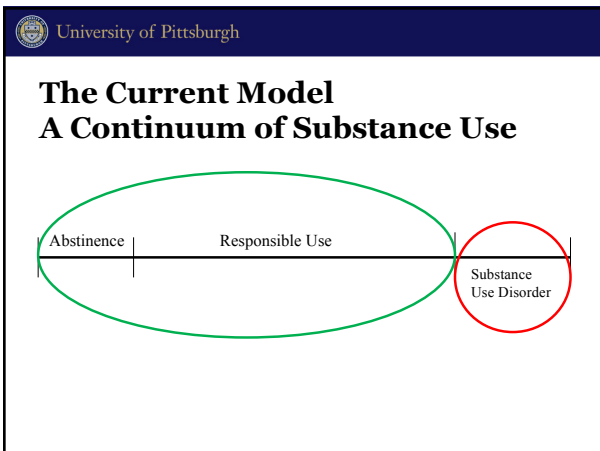
- The public health system of care routinely screens for potential medical problems (cancer, diabetes, hypertension, tuberculosis, vitamin deficiencies, renal function), provides preventative services prior to the onset of acute symptoms, and delays or precludes the development of chronic conditions.

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Historically

- Substance Use Services have been bifurcated, focusing on two areas only:
 - Primary Prevention – Precluding or delaying the onset of substance use
 - Tertiary Treatment – Providing time, cost, and labor intensive care to patients who are acutely or chronically ill with a substance use disorder






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An Outdated Model


- This model (paradigm) of substance use:
 - Fails to recognize a full continuum of substance use behavior.
 - Fails to recognize a full continuum of substance use problems.
 - Fails to provide a full continuum of substance use interventions.

WHY?


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The current model identifies a substance use problem as...





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By defining the problem as addiction or dependence this outdated model fails to:


recognize full continuum of substance use *behavior*, a full continuum of substance use *problems*, and does not provide a full continuum of substance use *interventions*.

As a result the outdated model has failed to provide resources in the area of greatest need.


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The SBIRT model identifies a substance use problem as...








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By **defining** the problem as excessive use the SBIRT model:


recognizes full continuum of substance use *behavior*, a full continuum of substance use *problems*, and provides a full continuum of substance use *interventions*.

As a result the SBIRT model **can** provide resources in the area of greatest need.


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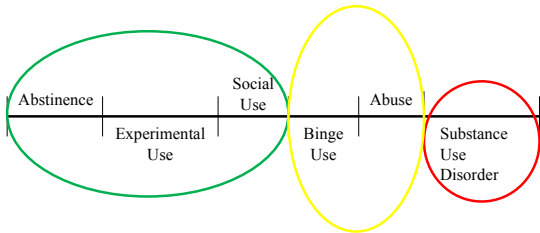
Substance Use Disorder		Traditional Treatment Abstinence
Excessive Use		Brief Intervention Brief Treatment
No Problem		Primary Prevention Screening and Feedback Drink Responsibly

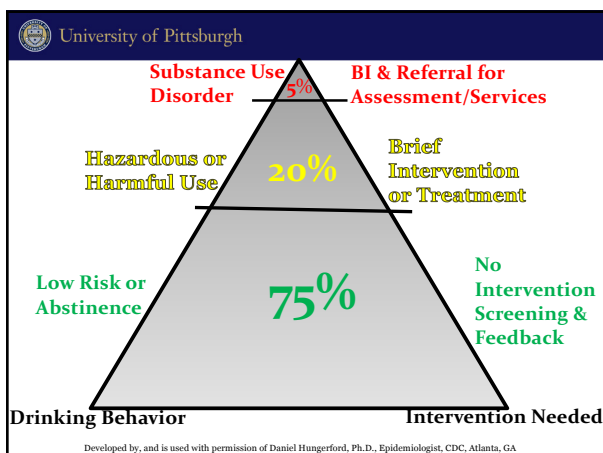
Developed by, and is used with permission of Daniel Hungerford, Ph.D., Epidemiologist, CDC, Atlanta, GA


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The SBIRT Model

A Continuum of Substance Use





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The SBIRT Model A Continuum of Interventions


- Primary Prevention – Precluding or delaying the onset of substance use
- Secondary Prevention and Intervention – Providing time, cost, and labor sensitive care to patients who are at risk for psycho-social or healthcare problems related to their substance use choices
- Tertiary Treatment – Providing time, cost, and labor intensive care to patients who are acutely or chronically ill with a substance use disorder

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Primary Goal


- The primary goal of SBIRT is not to identify those who have a substance use disorder and need further assessment
- The primary goal of SBIRT is to identify those who are at moderate or high risk for psycho-social or health care problems related to their substance use choices

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Rankings of Preventive Services for the U.S. Population ¹				
Rank	Clinical Preventive Services	CPB	CE	Total Score
1	Discuss daily aspirin use—men 40+, women 50+	5	5	10
2	Childhood immunizations	5	5	
3	Smoking cessation advice and help to quit—adults	5	5	
4	Alcohol screening and brief counseling—adults	4	5	9
5	Colorectal cancer screening—adults 50+	4	4	8
6	Hypertension screening and treatment—adults 18+	5	3	
7	Influenza immunization—adults 50+	4	4	
8	Vision screening—adults 65+	3	5	
9	Cervical cancer screening—women	4	3	7
10	Cholesterol screening and treatment—men 35+, women 45+	5	2	
11	Pneumococcal immunizations—adults 65+	3	4	
12	Breast cancer screening—women 40+	4	2	6


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Thoughts, questions or reflections?




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Fetal Alcohol Spectrum Disorders


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Background




**PREGNANCY AND ALCOHOL
DON'T MIX.**

FOR MORE INFORMATION, VISIT WWW.CDC.GOV/FASD OR CALL 800-CDC-INFO.

WHEN A PREGNANT WOMAN DRINKS ALCOHOL,
SO DOES HER BABY. WHY TAKE THE RISK?


Despite years of research linking alcohol-exposed pregnancies (AEPs) and birth defects, alcohol use by pregnant women continues as a major public health issue


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What are FASDs?


- Umbrella term for the range of brain injuries (organic brain damage) that can result from prenatal exposure to alcohol
- #1 known preventable cause of intellectual and behavioral impairment and disability

Unless otherwise noted, content information contained in this PowerPoint presentation is referenced in the Fetal Alcohol Spectrum Disorders Competency-Based Curriculum Development Guide for Medical and Allied Health Education and Practice, Centers for Disease Control and Prevention, 2015 available at www.cdc.gov


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Fetal Alcohol Spectrum Disorders (FASDs)

Alcohol is a potent **physical and behavioral teratogen** that is influenced by many variables that **cannot be reliably predicted** for any given mother/baby pair...


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Highest Rates of Alcohol Use Among Pregnant Women

- Aged 35-44 years (14.3%)
- White (8.3%)
- College graduates (10.0%)
- Employed (9.6%)



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FASD Terminology

- Prenatal Alcohol Exposure (PAE)
- Fetal Alcohol Syndrome (FAS): the most recognizable diagnosis
- Partial FAS (PFAS)
- Alcohol Related Birth Defects (ARBD)
- Alcohol Related Neurodevelopmental Disorders (ARND)
- Neurodevelopmental Disorders-Prenatal Alcohol Exposure (ND-PAE): new category in DSM-5 defines more precisely developmental and behavioral manifestations

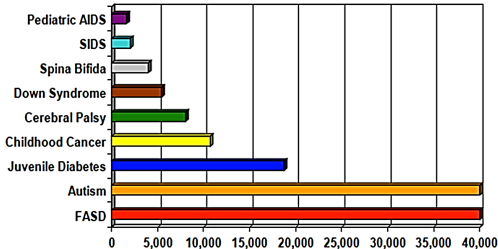


<http://i.boston.com/a/05/a-frog-with-an-umbrella>



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FASD is the nation's leading known preventable cause of intellectual disabilities and birth defects.


Estimated Annual New Cases in the United States



Condition	Estimated Annual New Cases (approx.)
Pediatric AIDS	2,000
SIDS	3,000
Spina Bifida	4,000
Down Syndrome	5,000
Cerebral Palsy	10,000
Childhood Cancer	12,000
Juvenile Diabetes	20,000
Autism	40,000
FASD	40,000

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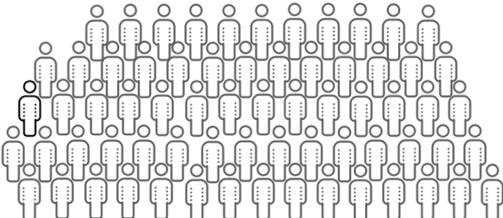
FASD: 1 in 20




JAMA. 2018;319(5):474-482

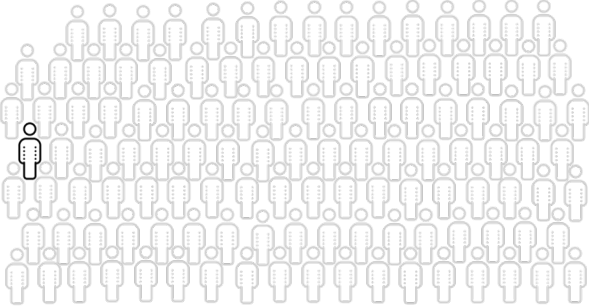
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Autism: 1 in 68



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ADHD: 1 in 110




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FASD: 1 in 20





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FASDs Present Along a Continuum


- Behavioral, cognitive, neurological, and physical symptoms
- Fetal alcohol syndrome (FAS)
- Partial fetal alcohol syndrome (pFAS)
- Alcohol related neurodevelopmental disorder (ARND)
- Alcohol related birth defects (ARBD)
- Neurobehavioral disorder associated with prenatal alcohol exposure (ND-PAE)




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Prevalence Estimates

- Fetal Alcohol Syndrome:
 - 6 - 9 per 1000 births
- Full spectrum of disorders may be as high as 24 to 48 per 1000 births (2.4 - 4.8%)
 - ~96-192 thousand children per year in the U.S.
 - Children in foster care system - 10x higher
 - Youth in the juvenile justice system higher
 - (<https://depts.washington.edu/fasdpn/pdfs/screen.pdf>)





Contributing Factors

- 45% of pregnancies are unplanned
- Unaware of pregnancy until 8 or more weeks
- Lack of knowledge and misconceptions about alcohol use while pregnant
- May not think of beer or wine as 'alcohol'.
- May not be aware of or are in denial of the amount they drink
- Mixed messages

*Clarren SK, Lutke J. Building clinical capacity for fetal alcohol spectrum disorder diagnoses in western and northern Canada. Can J Clin Pharmacol. 2008 Summer;15(2):e223-37



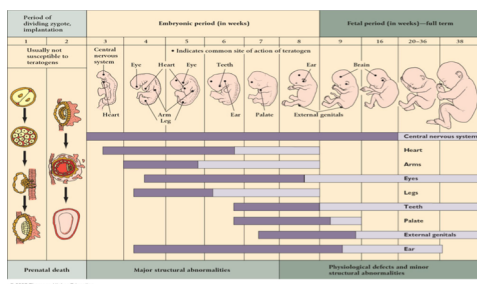
Reasons Women/Girls May Drink During Pregnancy

- **Unaware** they are pregnant
- **In denial** because they do not want to be pregnant
- Uninformed about the risks for an embryo/fetus
- **Underestimate the risk** because they know someone who drank during pregnancy and "their children are fine"
- Alcohol use is the norm in their social group & **abstaining may be difficult**
- **Using it to cope** with violence, depression, poverty, or isolation
- May be struggling with **addiction**

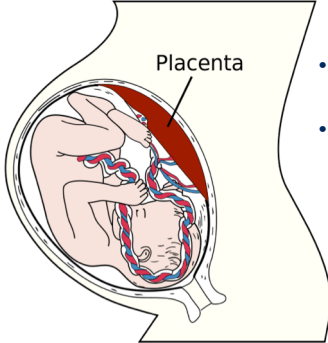


Effects of Alcohol are Highly Individualized

- Genetic differences
- Windows of development
- Timing of exposure
- Dose
- Co-factors



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Placenta

Facts

- Alcohol is a teratogen
- Alcohol readily crosses the placenta and the blood-brain barrier

Drawing: <http://www.mayoclinic.com/health/medical/DM03117>

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What is the Evidence that PAE is Harmful?

- Abundant evidence from:
 - Human clinical studies
 - Animal studies in several species
 - In vitro studies
- These confirm alcohol's many roles in disrupting embryonic and fetal development of the central nervous system and other organs and structures


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Risk of Adverse Effects

- No predictable correlation exists between the amount of alcohol exposure and the likelihood of development of an FASD
 - a woman cannot predict the likelihood that her level of drinking will not be a problem for her baby. What is light or moderate for one woman may be heavy for another ...
- During pregnancy:





there is no safe time, no safe amount, no safe type of alcohol

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Criteria for Fetal Alcohol Syndrome

- Growth deficits
- Specific facial abnormalities
- Central Nervous System Abnormalities
 - Structural
 - Neurological
 - Functional

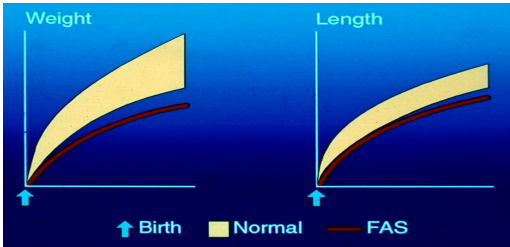


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Growth Deficiency

Weight

Length



↑ Birth ■ Normal — FAS

Documented Height and/or Weight at $\leq 10\%$

- at any one point pre- or postnatal
- adjusted for age, sex, gestational age, race, ethnicity

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Criteria for Fetal Alcohol Syndrome

- Growth Deficits
- **Specific facial abnormalities**
- Central Nervous System Abnormalities
 - Structural
 - Neurological
 - Functional



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Facial Dysmorphia

Microcephaly

Low nasal bridge

Epicanthal folds

Minor ear anomalies

Micrognathia

Thin upper lip

Smooth philtrum

Small palpebral fissures

www.aap.org

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Faces of FAS

www.aafp.org

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Criteria for Fetal Alcohol Syndrome

- Growth deficits
- Specific facial abnormalities
- **Central Nervous System Abnormalities**
 - **Structural**
 - **Neurological**
 - **Functional**

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CNS Structural Abnormalities: Microcephaly

- Head circumference \leq 10th percentile



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CNS: Neurological abnormalities


- Impaired fine and/or gross motor skills
- Neurosensory hearing loss
- Speech impairment
- Poor gait
- Clumsiness
- Poor eye-hand coordination
- Seizure disorder

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Functional Abnormalities: Neurobehavioral Disability related to Prenatal Alcohol Exposure (ND-PAE)


- Included in the DSM-5 to facilitate identification by health care providers
- Describes deficits in:
 - Neurocognitive function
 - Self regulation
 - Adaptive function health

In the context of confirmed prenatal alcohol exposure, regardless of the presence or absence of any physical characteristics or congenital anomalies



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Behavioral Effects

- Impairment in neurocognitive functioning
 - Intellect, executive function, learning, memory
- Impairment in self-regulation
 - Mood, attention, impulse control
- Impairment in adaptive functioning
 - Communication, social interaction, daily living skills, motor skills


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FASD prevention requires: interprofessional action




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Alcohol SBI: A Response to Alcohol and Women of Childbearing Age

- 7.6% of pregnant women reported drinking alcohol in the past 30 days.
- 1.4% of pregnant women reported binge drinking in the past 30 days.
- 12% of women continue drinking during pregnancy

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The interprofessional team with educated nurse leaders can...



Reduce the impact of at-risk use through screening and intervention

Empower any patient to reduce their risk of alcohol-related harm especially to eliminate FASD

Help manage alcohol-related health problems

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Alcohol SBI – Can Make A Difference

- **Effective in primary care, ED, and other settings**
(e.g., Academic Ed Research Collaborative, 2007, 2010; Babor et al., 2007; Fleming et al., 2002)
- **SBIRT implemented by nurses is effective**
(Desy, Howard, & Perhats, 2010; Lane et al., 2008)
- **Results in reductions in mortality, alcohol use, health care costs, criminal justice involvement, and societal costs**
(Cuijpers, 2004; Academic, 2010; Gentilello, 1999; Wells-Parker, 2002)

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Remember Alcohol SBI is a Clinical Preventive Service

Like hypertension or tobacco screening, alcohol screening and brief intervention (alcohol SBI) is a clinical preventive service. It identifies drinking misuse to prevent health related issues and involves:

- A validated set of screening questions to identify patients' drinking problems
- A short conversation specific to the patient based upon the screen results

The entire service takes only a few minutes, is inexpensive, and may be reimbursable. It begins with an evidence-based screen...

(CDC, 2014)

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Prevention of Alcohol-Exposed Pregnancies

- 100% preventable if women who are pregnant, trying to get pregnant, or at risk of becoming pregnancy abstain from alcohol
- Discuss and provide information about FASD
- Provide universal alcohol screening and brief intervention (Alcohol SBI)
- Discuss contraception
- Provide or refer for targeted alcohol treatment and/or promote contraception use for women at highest risk


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4 Steps to Screening and Brief Intervention




TOM FRIEDEN, MD, MPH
DIRECTOR, CENTERS FOR DISEASE CONTROL AND PREVENTION

What are the 4 steps that comprise a clinical approach to addressing patients who drink too much? (2014, January 1). Retrieved February 24, 2015, from <http://www.thedoctorschannel.com/view/what-are-the-4-steps-that-comprise-a-clinical-approach-to-addressing-patients-who-drink-too-much/>


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Thoughts, questions or reflections?




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SBIRT SCREENING & FASD


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Alcohol SBI and SBIRT: Key differences

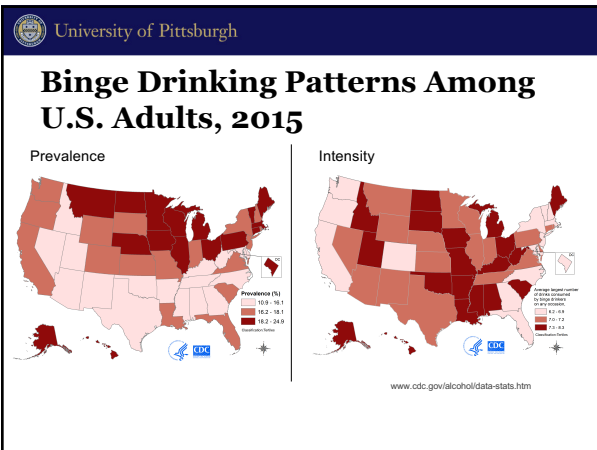
- SBI originally referred to screening and brief intervention research
- Recommended by the U.S. Preventative Services Task Force
- Late 2003: SAMHSA grantees began SBI implementation
 - “and referral to treatment” added to program title
 - SBIRT acronym emphasized treatment service agency roles
- “RT” can be mistaken as every person who screens positive is referred

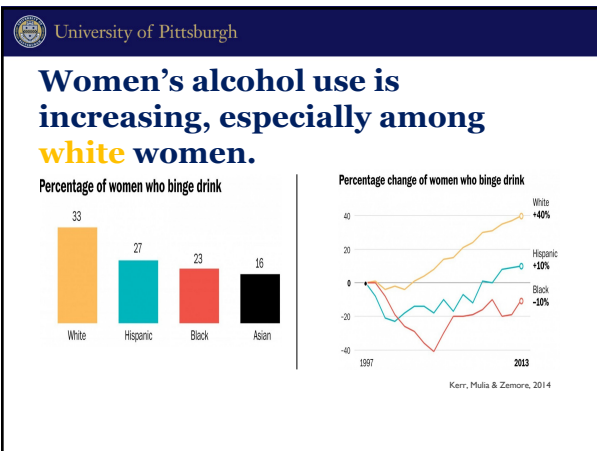

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Alcohol is a large part of American (& world) culture!



- Significant role in American history
- It is the ‘social glue’ we use for:
 - Celebrations
 - Sports & social events
 - Memorials
 - “Nights out” to relax & socialize with our friends
 - Teen ‘rites of passage’
 - Self-medication when it is too difficult or expensive to access mental health services






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Concerning Trends

- High unintended pregnancy rates
- +
- High numbers of binge drinking and continued drinking in pregnancy
- +
- Providers missing opportunities to discuss risks
- =
- Increased risk of rising numbers of fetal alcohol spectrum disorders (FASDs) in the U.S.

Photos courtesy of the University of Louisville FASD Clinic-Washington Center, Child Evaluation Center and the FASD Southeast Regional Training Center www.FASDsoutheast.org


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Two Levels of Screening

Universal:

- Provided to all adult patients
- Serves to rule-out patients who are at low or no-risk
- Can (should) be done at intake or triage
- Positive universal screen = proceed with full screen


Targeted:

- Provided to specific patients (alcohol on breath, positive BAL, suspected alcohol/drug related health problems)
- Provided to patients who score positive on the universal screen



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Screening Does Provide

- Immediate rule-out of low/no risk users.
- Immediate identification of level of risk.
- A context for a discussion of substance use.
- Information on the level of involvement in substance use.
- Insight into areas where substance use may be problematic.
- Identification of patients who are most likely to benefit from brief intervention.
- Identification of patients who are most likely in need of referral for further assessment.


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What Does “At-Risk” Mean?






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How Will the Screening be Performed and Where?

Some suggestions are:

- Via computer before the patients arrives
- Via questionnaire in the practice setting






(CDC, 2014)


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Standard Drink Sizes

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



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Recommended alcohol consumption limits


	Single Occasion*	Single Day	Single Week
Healthy women (ages 21+ years, no medication)	No more than 3 drinks	No more than 1 drink	No more than 7 drinks
Women who are pregnant or may become pregnant	No amount or type is considered safe to consume at any time		

Alcohol limits can be affected by prescriptions, over-the-counter medications, and some existing medical conditions. A single occasion is estimated as a 2 hour period.



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Suggested Drinking Limits for Women

- 3 or less standard drinks per occasion
- 7 or less standard drinks per week
- ***O if pregnant, breastfeeding, planning to become pregnant, or if sexually active and not using reliable contraception***
- **Remember, during pregnancy:**
there is no safe time, no safe amount, no safe type of alcohol



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Screen	Target Population	# Items	Assessment	Setting (Most Common)	URL
ASSIST (WHO)	-Adults -Validated in many cultures and languages	8	Hazardous, harmful, or dependent drug use (including injection drug use) [Interview]	Primary Care	http://www.who.int/substance_abuse/activities/assist_test/index.html
AUDIT (WHO)	-Adults and adolescents -Validated in many cultures and languages	10	Identifies alcohol problem use. Can be used as a pre-screen to identify patients in need of full screen/brief intervention [Self-admin, interview, or computerized]	-Different Settings -AUDIT C- Primary Care (3 questions)	http://whqlibdoc.who.int/hq/2001/who_msd_msb_01.6a.pdf
DAST-10	Adults	10	To identify drug-use problems in past year [Self-admin or interview]	Different Settings	http://www.integration.samhsa.gov/clinical-practice/screening-tools
CRAFT	Adolescents	6	To identify alcohol and drug abuse, risky behavior, & consequences of use [Self-admin or interview]	Different Settings	http://www.ceasars-boston.org/CRAFT/
CAGE	Adults and Youth >16	4	-Signs of tolerance, not risky use [Self-admin or interview]	Primary Care	http://www.integration.samhsa.gov/clinical-practice/sbri/CAGE_questionnaire.pdf
TWEAK	Pregnant Women	5	-Risky drinking during pregnancy. Based on CAGE. -Asks about number of drinks one can tolerate, & related problems [Self-admin, interview, or computerized]	Primary Care, Women's Organizations, etc.	http://www.sbirtraining.com/sites/sbirtraining.com/files/TWEAK.pdf


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Validated screening tool: AUDIT (U.S.)


- Global “gold standard” of alcohol screening instruments
- 10 questions (initial screen uses only 3 of them)
 - Items 1-3 measure quantity
 - 4-10 measure alcohol-related harm and dependency symptoms
- 2-3 minute administration
- Sensitive to a broad spectrum of alcohol problems across multiple populations
- Validated for age 12 and above

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AUDIT (U.S.): Alcohol Use Disorders Identification Test


Instructions: Alcohol can affect your health, medications, and treatments, so we ask patients the following questions. Your answers will remain confidential. Please an X in one box to answer each question. Think about your drinking in the past year. A drink = one beer, one small glass of wine (5 oz.), or one mixed drink that contains one shot (1.5 oz.) of spirits.

Questions	0	1	2	3	4	5	6	Score
1. How often do you have a drink containing alcohol?	Never	Less than monthly	Monthly	Weekly	2-3 times a week	4-6 times a week	Daily	
2. How many drinks containing alcohol do you have on a typical day when you are drinking?	1	2	3	4	5-6	7-9	10 or more	
3. How often do you have X or more drinks on one occasion? (5 for men under age 65; 4 men aged 65 or older and all women)	Never	Less than monthly	Monthly	Weekly	2-3 times a week	4-6 times a week	Daily	
								TOTAL (1-3)
4. How often during the last year have you found that you were not able to stop drinking once you started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily			
5. How often during the last year have you failed to do what was normally expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily			
6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily			
7. How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily			
8. How often during the last year have you been unable to remember what happened the night before because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily			
9. Have you or someone else been injured because of your drinking?	No		Yes, but not in the last year	Yes, but not in the last year	Yes, during the last year			
10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?	No		Yes, but not in the last year	Yes, but not in the last year	Yes, during the last year			
								TOTAL (4-10)

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AUDIT (U.S.) Cutoff Scores

Score	Zone	Definition	Action
0-7	I Low Risk	Abstainer, or drinking below guidelines	Positive reinforcement including alcohol education
8-15	II At Risk	May be drinking in excess of guidelines	Brief intervention including alcohol education
16-19	III High Risk	May be drinking above guidelines and have experienced alcohol-related harm	Brief intervention; continued monitoring or follow-up
20-40	IV Possible Alcohol Use Disorder	May need specialized assessment or treatment	Brief intervention; referral to specialist for diagnostic evaluation and care

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BRIEF INTERVENTION



Four Types of Intervention

- Feedback only
- Brief Intervention
- Extended Brief Intervention or Brief Treatment
- Referral for further assessment



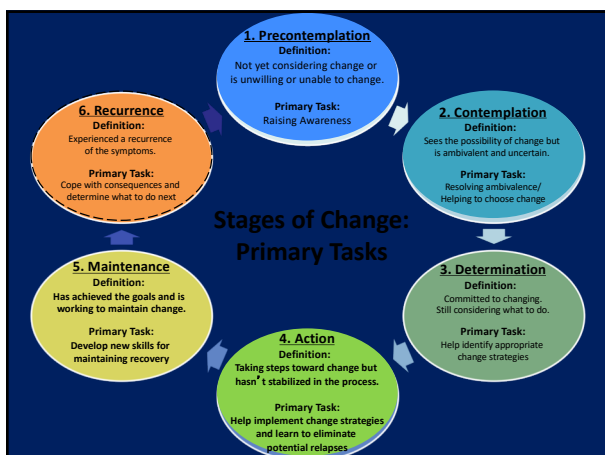
Results of Screening Make it Easy to do a Brief Intervention....

- Step 1: Raise the Subject
- Step 2: Provide Feedback
- Step 3: Enhance Motivation
- Step 4: Negotiate and Advise



Basics of a Brief Intervention

- Identify a real or potential alcohol use problem and to motivate an individual to do something about it
- Provide education about alcohol use especially related to pregnancy, including potential risks – health education approach
- Match patient's Stage of Change – no arguing, pushing, or dragging



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Discuss the Pros and Cons of Use—Applying MI

Using open-ended questions—

- Enables the patient to convey more information
- Encourages engagement
- Opens the door for exploration

Using reflections

- Reflective listening
- Thinking reflectively



(SAMHSA, 2015)


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REFERRAL TO TREATMENT


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Referral to Treatment






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Establish Referral Procedures

Three Available Resources:

1. The Substance Abuse and Mental Health Services Administration (SAMHSA.gov)
2. Your practice's contacts
3. Alcoholics Anonymous (AA)/ Narcotics Anonymous
4. SMART Recovery
5. Faith-based Organizations




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Treatment Challenges for Women

- Stigma of substance use
- Fear of loss of child custody
- Few resources for women with children
- Lack of collaboration among social service systems
- Lack of culturally responsive programming
- Limited options for pregnant women



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Moving forward with Alcohol SBI


- I. Laying the Groundwork**
 1. Familiarize the planning team with alcohol SBI – why it is an important medical service and how it works
 2. Ensure that practice leaders are committed to implementing alcohol SBI
- II. Adapting Alcohol SBI to Your Practice**
 3. Plan Screening procedures
 4. Plan brief intervention procedures
 5. Establish procedures to refer patients with severe problems
- III. Implementing Alcohol SBI in Your Practice**
 6. Train staff for their specific roles
 7. Pilot test and refine your plan
 8. Manage initial full implementation so it succeeds
- IV. Refining and Promoting**
 9. Monitor and improve your alcohol SBI plan over time
 10. Publicize your efforts so that others can learn from your experiences




(CDC, 2014)
 Picture via:
<http://www.kinshipenterprise.com/blog/2014/08/20/2014-08-20-how-social-australian-business-adapt-to-survive/#VV86iRoYhRe>


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Intervention Considerations: One Key Question




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She is currently pregnant.... How to respond?

- “I am continuing to have a glass of wine a few nights a week, that’s okay right?”
- “I want to drink champagne at my best friend’s wedding ... that should not be a problem since I’ll be in the third trimester.”
- “I’m really miss going out with my friends for our ‘end of the work week’ drinks. Can I go just once a month or so?”


- **No type is safe** - beer, wine, liquor, wine coolers, homebrew, etc.
- **No way to predict** if she would be the mother/baby pair with more or less impact from the alcohol...
- **Fetal brain is the main target** - for the entire nine months
- Potential for multigenerational impacts due to **epigenetic influence**

[illegible]

- **If she screened 'at-risk':** explore ideas to reduce volume when drinking
- **If she is attempting to get pregnant,** not using birth control and does not choose to stop drinking: **track her cycle & time her alcohol use**
- **If she is pregnant and wants to drink:** suggest alternatives



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CASE STUDIES


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Case Study: JD

JD, a 20-year-old female college student, presents at a student health center for emergency contraception. She reports that she had unprotected sex two nights previously. JD had discontinued her oral contraceptive (OC) 3 months previously because she believed that it was causing her to gain weight. She occasionally uses condoms. JD does not desire a pregnancy at this time. Upon further review of JD’s health history, the nurse practitioner (NP) learns that the patient drinks one or two beers on most weekends and that she has four or five beers at parties about once a month.


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Case Study: LS

LS, a 29-year-old female, presents at the clinic, asking that her intrauterine contraceptive (IUC) be removed because she wants to become pregnant. As part of preconception counseling, the NP asks LS about alcohol use. LS becomes defensive, saying that she occasionally drank a glass of wine during her last pregnancy, that her healthcare provider (HCP) told her it was *no big deal*, and that her child is just fine. In each of these two cases, the NP took the first step in implementing alcohol screening and brief intervention (SBI) by asking about alcohol use.

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Case Study: MB

MB, a 26-year-old female with a first-time unplanned but desired pregnancy, presents at the office for her first prenatal visit. MB tells the NP that she drank alcoholic beverages a couple of times during the first 4 weeks of gestation, before she knew she was pregnant. She stopped drinking when she had a positive pregnancy test result. She asks the NP whether her baby could have birth defects caused by drinking. She is now 10 weeks pregnant.

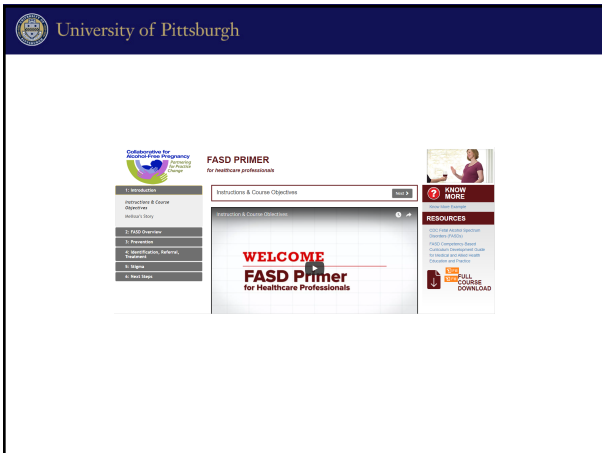
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Resources

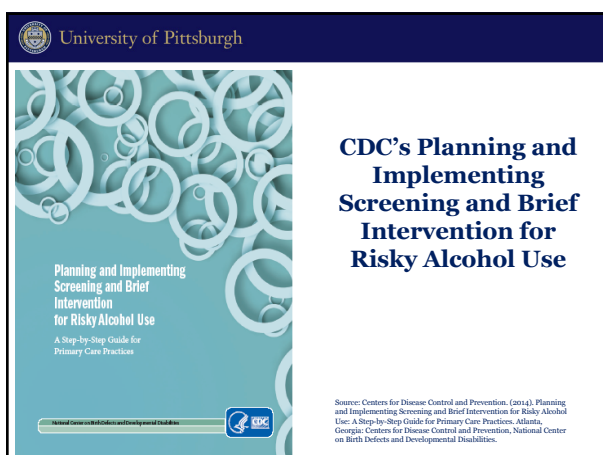
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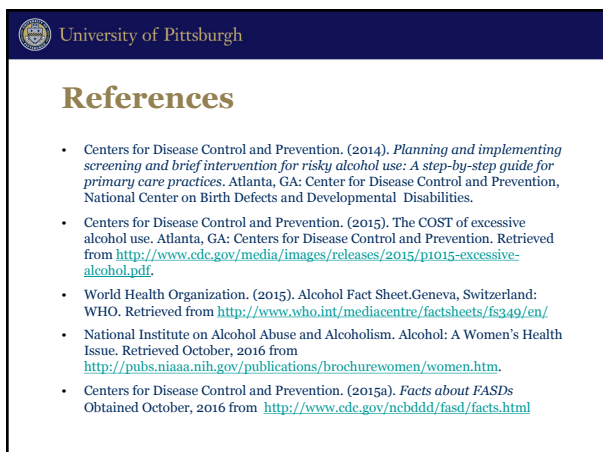














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Thoughts, questions or reflections?




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