



National Organization on Fetal Alcohol Syndrome

Helping Children & Families Through Education and Advocacy
to Prevent Fetal Alcohol Spectrum Disorders

Alcohol Use During Pregnancy: What OB-GYNs Should Know

Practitioners are instrumental in influencing prenatal choices.

Many women do not fully understand the risks associated with drinking while pregnant.



- ♦ One in five women continue to drink alcohol while pregnant.
- ♦ Annually there are about 125,000 women that carry their pregnancies to term while drinking heavily or binge drinking.
- ♦ Research is proving maternal alcohol abuse to be a useful risk marker for increased risk of fetal and infant death.

Unplanned pregnancies pose one of the greatest challenges for Fetal Alcohol Spectrum Disorder (FASD) prevention.

- ♦ An estimated 40% of the 60 million U.S. women in their childbearing years (15-44) do not practice contraception.
- ♦ Half of all pregnancies in the U.S. are unplanned.

Many women do not seek treatment for alcohol and other drug addictions:

- ♦ It is estimated that women make up 30% (4.6 million) of alcohol-dependent individuals in the U.S. but only 24.5% of clients in treatment centers.
- ♦ Evidence from health care providers suggests that fear of prosecution and loss of their children to child protective services may deter women from seeking prenatal care and substance abuse treatment.
- ♦ Data from CDC's Behavioral Risk Factor Surveillance System shows that while 70% of smokers had been advised to quit by their healthcare provider, only 23% of binge drinkers had been spoken to about their alcohol use.

OB-GYN practitioners can help prevent FASD by:

- ♦ Encouraging and/or providing contraception for sexually active women who drink;
- ♦ Screening all women of childbearing age for alcohol use disorders to identify those at risk, and then use appropriate counseling techniques, such as motivational interviewing, to discourage drinking during pregnancy; and referring to addiction treatment when necessary;
- ♦ Discussing the patient's alcohol use using a non-judgmental tone and asking open-ended questions (e.g., How many drinks do you consume per week?).
- ♦ Providing in-service training on FASD for providers and staff; and
- ♦ Making FASD materials (brochure, posters and videos) available in office waiting room and clinics.

Brief interventions using motivational interviewing can be effective in reducing alcohol-exposed pregnancies (AEP). A study conducted by the CDC found that 68.5% percent of high risk women were no longer at-risk for AEP at 6 month follow-up, due to a reduction in drinking, the use of effective contraception, or both.

