How serious are the effects of drinking on a fetus?

Prenatal exposure to alcohol is one of the leading preventable causes of birth defects. Heavy exposure can lead to spontaneous miscarriage, stillbirth, anatomic congenital anomalies, and abnormal neurobehavioral development, including lowered IQ, mental retardation and behavioral problems.

What do I say to a woman who is practicing risky drinking behavior but has no intention of getting pregnant?

Tell her that research has established that women experience more medical consequences from alcohol over a shorter period of drinking compared with men who drink at the same level. Reinforce that having more than seven drinks per week or more than three drinks on any one occasion is considered risky drinking. Reiterate the potential for injury, sexually transmitted diseases, un-wanted pregnancy and other health risks. Also reiterate that 35 percent of pregnancies in Vermont are unintended; when a woman isn't trying to become pregnant, she may unknowingly damage her unborn baby by drinking even before she finds out that she is pregnant. Encourage her to use effective birth control.

What do I say to my patients who drank alcohol throughout other pregnancies and had babies without symptoms of FASD?

Every pregnancy is different. Drinking alcohol may hurt one baby more than another. Tell her she could have one child who is born healthy and another child who is born with problems. Also tell her that as she gets older, her drinking is more likely to hurt her baby.

I see many women who had a few drinks in early pregnancy and are now very worried that they have seriously damaged their babies. What should I tell them?

Stopping drinking at any point in her pregnancy is best for her and her baby. From this point of her pregnancy on, she should abstain from drinking. Consider talking to the pediatrician about the patient's concerns after the child is born. In some instances, it may be reassuring to the patient to have her child evaluated by a developmental psychologist.

How do I respond when the patient tells me that other clinicians have not determined that her drinking is a problem?

Tell the patient that you specialize in caring for women and babies. Other physicians specialize in other kinds of care and might not have asked the same kinds of questions or discussed plans for pregnancy with her. Also, some physicians may not be aware of the effects of alcohol on women and their children. Tell her that you're particularly concerned because drinking that wouldn't be risky for non-pregnant women can cause complications for pregnant women and their babies.

Occasionally I see a patient who appears to have alcohol dependence. What should I do?

Acknowledge that reducing or quitting drinking is hard, and tell her that many people find the best way to quit is with help. Describe the kinds of help she can get, including care from a treatment specialist and support from mutual help groups. Involve the patient in making referral decisions and, if possible, help her schedule a referral appointment while she is in your office.

How do I avoid affecting my patients' insurability when we discuss alcohol use?

Obstetrician/gynecologists are not trained to offer a formal diagnosis of substance abuse and therefore should not code for it in communication with insurers.

From a risk management perspective, what are the strategies that decrease my risk if my patient's baby is eventually diagnosed with FASD?

Include documentation in the patient's chart that you have performed risk screening and, when applicable, brief intervention and follow-up.

Adapted from "Drinking and Reproductive Health A Fetal Alcohol Spectrum Disorders Prevention Tool Kit" sponsored by the American College of Obstetricians and Gynecologists and supported by the US Dept. of Health and Human Services, Centers for Disease Control and Prevention

Additional Resources

American College of Obstetricians & Gynecologists (ACOG)
www.womenandalcohol.org
Tools developed by ACOG help women's health care providers in identifying women who drink too much and in providing brief educational counseling to reduce or eliminate alcohol use. Resources include a cell phone app, downloadable patient information sheets, current news articles, treatment referral information, frequently asked questions and more.

Centers for Disease Control & Prevention (CDC)
www.cdc.gov/ncbddd/fasd/index.html
The CDC provides Information for healthcare providers, women, families and educators. The site includes facts, data and statistics, research & tracking, training & education, articles, free materials, multimedia & tools, links to other websites.

National Institute on Alcohol Abuse & Alcoholism (NIAAA)
www.niaaa.nih.gov/guide
This section of the NIAAA website provides professional support resources for health care workers. "Helping Patients Who Drink Too Much: A Clinician's Guide" includes information on screening and brief intervention.