Preventing Alcohol-Exposed Pregnancies

1: Introduction

Instructions & Course Objectives

Audio Script

Welcome to the *Preventing Alcohol-Exposed Pregnancies* course, provided as part of the *Collaborative for Alcohol-Free Pregnancy: Partnering for Practice Change*.

In this self-paced course, there are several ways to access the training materials.

You can select a specific chapter or chapter section by clicking on a title. You can view the course in its entirety by clicking on the "play" button in the video window and then clicking "next" to proceed to the next video. Click "back" to view the previous video.

You can access more information by clicking on the links or resources in the “Know More” section. Let’s try it out. Pause the video and click on the “Know More Example.”

In addition to the “Know More” links and resources, a full-course download is available that contains all course content in this training.

The goal of the *Preventing Alcohol-Exposed Pregnancies* course is to educate participants on the risks of alcohol-exposed pregnancies and how to implement two evidence-based prevention approaches.

After completing this course, participants will be able to achieve the following learning objectives:

- Discuss the importance of preventing alcohol-exposed pregnancies;
- Identify two ways alcohol-exposed pregnancies can be prevented;
- Describe alcohol screening and its use in clinical practice;
- Describe brief intervention and its use in clinical practice; and
- Describe the CHOICES intervention and its use in clinical practice.

Know More

Know More Example

You have successfully opened a “Know More” pop-up for more information. You will see the “Know

More" resources change to reflect the current video.

Resources

CDC Fetal Alcohol Spectrum Disorders (FASDs)
http://www.cdc.gov/ncbddd/fasd/

FASD Competency-Based Curriculum Development Guide for Medical and Allied Health Education and Practice

https://www.cdc.gov/ncbddd/fasd/curriculum/index.html

2: Alcohol-Exposed Pregnancy (AEP)

Impact of AEPs

Audio Script

Alcohol use during pregnancy can cause a range of lifelong physical, behavioral, and intellectual disabilities. These disabilities are known as fetal alcohol spectrum disorders, or FASDs. Alcohol use during pregnancy can also increase the risk of miscarriage, stillbirth, prematurity, and sudden infant death syndrome (also known as SIDS).

FASD is not a clinical diagnosis, but a term used to describe the spectrum of disorders that can result from prenatal alcohol exposure, including fetal alcohol syndrome, or FAS. Effects due to alcohol-exposed pregnancies range from intellectual and behavioral issues to profound disabilities or death. FASDs have a known cause and they are 100% preventable.

There is no known safe amount, no safe time, and no safe type of alcohol to drink during pregnancy. Thus, healthcare providers are urged to advise women to not drink at all if there is any chance they could be pregnant or are trying to get pregnant.

Alcohol use not only causes FASDs but has been found to increase the risk of an unintended pregnancy.

Approximately 45% of all pregnancies in the United States each year are unintended. The majority of these unintended pregnancies occur in women who do not use contraception or use it incorrectly or inconsistently. Even among women who are planning a pregnancy, most do not know they are pregnant until they are 4 to 6 weeks into their pregnancy.

A recent study by the CDC found the prevalence of the risk for an alcohol-exposed pregnancy, or AEP, to be 7.3% among U.S. women of reproductive age, which is 15 to 44 years. This means that more than 3 million reproductive-age women in the United States are at risk for AEP because they are not sterile,

having sex with a male partner who is not sterile, are drinking and not using birth control to prevent pregnancy.

The risk for alcohol-exposed pregnancy was highest among the following groups of women:

- aged 25 to 29 years (10.4%);
- married (11.7%) or cohabitating (13.6%);
- previously had one live birth (10.7%); and
- current smokers (10.7%).

A 2015 report found that among pregnant women, 10.2% reported any alcohol use in the previous 30 days, and 3.1% reported drinking four or more standard drinks on any one occasion, also known as binge drinking. Among pregnant women, the highest prevalence of alcohol use was in unmarried college graduates (13%) and women aged 35 to 44 years (18.6%).

Alcohol-exposed pregnancies can occur in every demographic and socio-economic group. All fertile women of reproductive age who are sexually active with a nonsterile male partner, not using contraception correctly and consistently, and who consume alcohol, are at risk for an alcohol-exposed pregnancy.

Healthcare professionals should counsel women to avoid alcohol if they are pregnant, want to get pregnant, or if there is any chance they might become pregnant.

Know More

FASD Spectrum

- **Fetal alcohol syndrome (FAS)** is the disorder that most people have heard about. The term is used when both physical and neurobehavioral features are present. People with FAS might have distinct facial features, growth problems, and central nervous system (CNS) problems. People with FAS can have intellectual disability and problems with learning, memory, attention span, communication, vision, or hearing. They might have a mix of these problems. People with FAS often have a hard time in school and trouble getting along with others.

- **Partial fetal alcohol syndrome (pFAS)** - involves prenatal alcohol exposure, and includes some, but not all, of the characteristics of full FAS.

- **Alcohol-related birth defects (ARBD)** - People with ARBD might have problems with the heart, kidneys, or bones, or with hearing. They might have a combination of these.

- **Alcohol-related neurodevelopmental disorder (ARND)** - People with ARND might have

intellectual disabilities and problems with behavior and learning. They might do poorly in school and have difficulties with math, memory, attention, judgment, and poor impulse control.

- **Neurobehavioral disorder associated with prenatal alcohol exposure (ND-PAE)** – This diagnosis requires evidence of both prenatal alcohol exposure and central nervous system (CNS) involvement, as indicated by impairments in the following three areas: cognition, self-regulation, and adaptive functioning.

Binge Drinking

- **Women:** consuming 4 or more standard drinks on an occasion (approximately 2 hours)
- **Men:** consuming 5 or more standard drinks on an occasion (approximately 2 hours)

Among non-pregnant women who report binge drinking, those aged 18-20 years report the highest frequency and intensity of binge drinking. Teens aged 15-19 years have the highest proportion of unintended pregnancies, with ages 15-17 years being the highest. Women aged 20-24 years have the highest rate of unintended pregnancies per 1000 women.

Resources

CDC Fetal Alcohol Spectrum Disorders (FASDs)
http://www.cdc.gov/ncbddd/fasd/

CDC Vital Signs: Alcohol and Pregnancy
http://www.cdc.gov/vitalsigns/fasd/index.html

CDC MMWR Vital Signs: Alcohol-Exposed Pregnancies — United States, 2011–2013
http://www.cdc.gov/mmwr/volumes/65/wr/mm6504a6.htm

CDC Trends in Alcohol Use Among Pregnant Women in the U.S., 2011–2018

https://www.cdc.gov/ncbddd/fasd/data.html#learnMore

CDC Vital Signs: Binge Drinking among Women and Girls
http://www.cdc.gov/vitalsigns/BingeDrinkingfemale/index.html

CDC Alcohol Use and Co-Use of Other Substances Among Pregnant Females Aged 12–44 Years—United States, 2015–2018

https://www.cdc.gov/mmwr/volumes/69/wr/mm6931a1.htm?s_cid=mm6931a1_w&deliveryName=USCDC_1054-DM34819

CDC Unintended Pregnancy Prevention

https://www.cdc.gov/reproductivehealth/contraception/unintendedpregnancy/index.htm

Alcohol Effects on a Fetus

Audio Script

Alcohol is a teratogen—a substance that can affect fetal development and cause birth defects. Although the placenta acts as a barrier for many toxins, alcohol is water-soluble and easily passes from maternal to fetal blood. Once alcohol is absorbed into the fetal circulation system, it is distributed throughout the fetal tissues and cells, and it reaches concentrations similar to that in the pregnant woman. The fetus lacks the ability to metabolize the ethanol in alcohol, and can only eliminate it by moving it back into maternal circulation. The easy movement of alcohol from the pregnant woman to fetus, its concentration, the length of time it stays in the fetus, and when it occurs during pregnancy, help explain why the effects on the fetus are so varied.

Prenatal alcohol exposure is also associated with placental dysfunction, decreased placental size, impaired blood flow and nutrient transport, and endocrine changes, any of which can contribute to stillbirth and preterm birth. Alcohol use and binge drinking early in pregnancy are also associated with a significantly increased risk of sudden infant death syndrome, or SIDS.

The effects of alcohol on the fetus are irreversible. However, because the effects of alcohol can increase with greater dose and duration, it is never too late for a pregnant woman to stop drinking. The effects of alcohol on a fetus also depend on other factors, such as genetics, underlying maternal nutrition, and health status.

FASDs are completely preventable by avoiding alcohol use during pregnancy.

Know More

Fetal Development Chart

This fetal development chart shows vulnerability of the fetus to defects throughout pregnancy. Alcohol in the mother's blood passes to the baby through the umbilical cord. Drinking alcohol during pregnancy can cause miscarriage, stillbirth, and a range of lifelong physical, behavioral, and intellectual disabilities. You can view CDC's Fetal Development Chart here:
https://www.cdc.gov/ncbddd/fasd/documents/fasdbrochure_final.pdf

Resources

U.S. Surgeon General Warning
http://www.cdc.gov/ncbddd/fasd/documents/sg-advisory.pdf

Contraception

Audio Script

Besides avoiding alcohol, the other method to prevent AEPs is to use contraception consistently and correctly.

Approximately 62% of all U.S. women of reproductive age are currently using contraception. The 38% of women who report not using contraception includes women who are not fertile, trying to get pregnant, are already pregnant or postpartum, or are not sexually active. This group also includes sexually active women who are not using contraception.

Contraceptives are very effective at preventing pregnancy when used consistently and correctly. Only 5% of unintended pregnancies occur in women who use contraception consistently and correctly.

Women who use contraception inconsistently account for 41% of all unintended pregnancies. Women who do not use contraception at all or have a gap of one month or more, account for 54% of unintended pregnancies.

To help prevent adverse effects of alcohol-exposed pregnancy, women of reproductive age should be informed of the risks of alcohol use during pregnancy. Assessing pregnancy intention by asking, “would you like to become pregnant in the next year?” provides an opportunity to share this information.

Women who are planning a pregnancy should be advised to stop drinking as they are trying to conceive.

Healthcare professionals can discuss and recommend the full range of contraceptive methods to women who are not trying to get pregnant, are sexually active with a male partner and who drink alcohol.

Know More

Contraceptive Guidance for Health Care Providers

U.S. Medical Eligibility Criteria for Contraceptive Use (US MEC), U.S. Selected Practice Recommendations for Contraceptive Use (US SPR) and Providing Quality Family Services (QFP) can assist health care providers when they counsel women, men, and couples about contraceptive method choice and family planning services. For more information, visit:
https://www.cdc.gov/reproductivehealth/contraception/contraception_guidance.htm

Resources

CDC Contraception
http://www.cdc.gov/reproductivehealth/unintendedpregnancy/contraception.htm

CDC Effectiveness of Family Planning Methods
http://www.cdc.gov/reproductivehealth/contraception/unintendedpregnancy/pdf/family-planning- methods-2014.pdf

Guttmacher Institute Unintended Pregnancy in the United States.
www.guttmacher.org/pubs/FB-Unintended-Pregnancy-US.html

One Key Question

https://powertodecide.org/one-key-question

How to Prevent AEPs

Audio Script

Two clinical interventions have been shown to reduce the risk of an alcohol-exposed pregnancy: alcohol screening and brief intervention and CHOICES.

Alcohol screening and brief intervention, or alcohol SBI, is an effective, cost-efficient clinical preventive service designed to identify patients who may be drinking too much. It involves a validated set of screening questions to identify drinking patterns, and a short conversation with patients who drink too much. For patients with severe risk, a referral to specialized treatment is warranted.

Alcohol SBI also helps identify alcohol use disorders, and it can be used to facilitate referral to treatment services. Conversations and education related to contraceptive options can be easily integrated into brief interventions for alcohol use.

In addition, the U.S. Preventive Services Task Force recommends that alcohol SBI be provided for all adults in primary care settings, including pregnant women.

CDC published a 10-step guide called *Planning and Implementing Screening and Brief Intervention for Risky Alcohol Use: A Step-by-Step Guide for Primary Care Practices* that outlines ways clinical settings can implement alcohol SBI.

CHOICES is an evidence-based intervention that is similar to alcohol SBI. It screens for risky alcohol use among non-pregnant women and offers an extended intervention for women at risk of an alcohol-exposed pregnancy. While alcohol SBI can be used for both women and men, CHOICES is for women capable of becoming pregnant, and it empowers them to decrease their risk of AEP by using contraception correctly and consistently, decreasing their alcohol use, or both. CDC's 10-step alcohol SBI guide mentioned earlier is also a resource for implementing CHOICES, as is CDC's website.

These interventions are described in more detail in this training.

Know More

CDC's Alcohol SBI Initiative

CDC's alcohol SBI initiative includes efforts to support alcohol SBI implementation in medical and other settings, improve tracking of alcohol SBI implementation, and identify and partner with healthcare providers, health systems, and insurers to develop and implement system-level strategies that foster implementation of alcohol SBI and CHOICES.

Resources

CDC Alcohol SBI Efforts
https://www.cdc.gov/ncbddd/fasd/alcohol-screening.html

CDC Planning and Implementing Screening and Brief Intervention for Risky Alcohol Use
https://www.cdc.gov/ncbddd/fasd/documents/alcoholsbiimplementationguide.pdf

USPSTF Alcohol Misuse: Screening and Behavioral Counseling Interventions in Primary Care
http://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/alcohol-misuse-screening-and-behavioral-counseling-interventions-in-primary-care

CDC CHOICES

https://www.cdc.gov/ncbddd/fasd/choices-program-prevent-alcohol-exposed-pregnancies.html

CDC CHOICES Fact Sheet
https://www.cdc.gov/ncbddd/fasd/documents/choices_onepager_-april2013.pdf

3: Alcohol Screening and Brief Intervention (Alcohol SBI)

Risky Drinking Levels

Audio Script

Alcohol use is very common in the United States; however, only one in six adults reports ever talking with their healthcare professional about their drinking. Alcohol SBI is a clinical preventive service that identifies patients who may be at risk for health problems, including an alcohol-exposed pregnancy. Screening for risk is done through validated tools.

A key to reducing the health and social costs associated with risky drinking is educating physicians, nurses, social workers, medical assistants and other healthcare professionals on

- Using validated screening questions to ask all patients about their use of alcohol;

- Informing patients of what constitutes risky drinking levels;
- Counseling patients about the health consequences of drinking too much; and
- Referral to substance use disorder treatment providers or providing treatment within their current treatment setting for patients with alcohol use disorders.

In addition to the health benefits of talking with all patients about their alcohol use, counseling women who are pregnant or who may become pregnant is crucial to reducing and preventing alcohol-exposed pregnancies.

The Dietary Guidelines for Americans recommend that adults who choose to drink should do so in moderation. Moderate alcohol consumption is defined as up to one drink per day for women, age 21 and older, and up to two drinks per day for men, age 21 and older.

For all healthy women age 21 and older, and healthy men over age 65, risky drinking is defined as four or more drinks on any occasion, and eight or more drinks per week. Four or more drinks consumed within 2 hours is considered binge drinking for a woman.

For healthy men age 21 to 65, risky drinking is defined as five or more drinks on any occasion, and more than 15 drinks per week. Five or more drinks consumed within 2 hours is considered binge drinking for a man.

Each drink is measured in terms of a standard drink.

The definition of risky alcohol use may be less than the recommended limits, depending on a person's other health problems, such as liver disease, diabetes, or medications used. Many medications have interactions with or are less effective when combined with alcohol. The definition of risky drinking might also apply during certain activities, such as driving, working at heights, and operating heavy machinery.

For some people, any alcohol use is risky. This includes individuals with alcohol use disorders, women who are or may be pregnant, and individuals under the legal drinking age of 21 years. It also includes individuals taking certain over-the-counter or prescription medications or who have certain medical conditions. Individuals should also not drink if they are planning to drive or participate in other activities requiring skill, coordination, and alertness.

Know More

Standard Drinks By Container

The National Institute on Alcohol Abuse and Alcoholism defines a standard drink as "any drink that contains approximately 14 grams (which is about 0.6 fluid ounces) of pure alcohol." This is approximately the amount contained in:

- One 12-ounce beer or wine cooler (5% alc/vol)
- One 8-9-ounce malt liquor (7% alc/vol)
- One 5-ounce glass of wine (12% alc/vol)
- One 1.5 ounce shot of hard liquor (80-Proof Distilled Spirits)

These figures are estimates since the actual amount of alcohol varies based on the brand and type of beverage, as well as the volume in the beverage container.

Source: Centers for Disease Control and Prevention. Planning and Implementing Screening and Brief Intervention for Risky Alcohol Use: A Step-by-Step Guide for Primary Care Practices. Atlanta, Georgia: Centers for Disease Control and Prevention, National Center on Birth Defects and Developmental Disabilities, 2014.

Resources

CDC Planning and Implementing Screening and Brief Intervention for Risky Alcohol Use
http://www.cdc.gov/ncbddd/fasd/documents/alcoholsbiimplementationguide.pdf

CDC Screening for Alcohol Use and Brief Counseling of Adults — 13 States and the District of Columbia, 2017

https://www.cdc.gov/mmwr/volumes/69/wr/mm6910a3.htm?s_cid=mm6910a3_w&deliveryName=USCDC_1054

CDC Vital Signs: Alcohol Screening and Counseling
http://www.cdc.gov/vitalsigns/alcohol-screening-counseling/index.html

CDC Deaths and Years of Potential Life Lost From Excessive Alcohol Use — United States, 2011–2015

https://www.cdc.gov/mmwr/volumes/69/wr/mm6939a6.htm?s_cid=mm6939a6_w

NIAAA What is a Standard Drink?

http://www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/what-standard-drink

Screening and Follow-Up for Unhealthy Alcohol Use

https://www.ncqa.org/wp-content/uploads/2020/09/20200914_NCQA_Change_Package_2020.pdf

Validated Screening Instruments

Audio Script

Screening for alcohol use involves three steps:

Step 1: Setting the stage for screening.

- Address confidentiality issues
    - Remind and assure patients that your conversation with them is confidential. Patients in healthcare settings are protected by the Health Insurance Portability and Accountability Act (or HIPAA) in addition to any state regulations on privacy.
- Establish good rapport
    - Make eye contact, be respectful and not rushed or distracted.
- Avoid stigmatizing language about alcohol use
    - Use person-centered language, i.e. language that focuses on the individual and not their illness or disability. Say, “Mary has a disability” vs. “Mary is disabled.” And don’t use terms such as “drunk” or “alcoholic.”
- Use a non-judgmental, warm, open tone
    - Speak with a calm voice.
- Normalize asking about alcohol use information in your clinical setting
    - Ask all patients about their alcohol use as a routine practice in clinical settings.
    - Inform patients that asking about their alcohol use is part of routine care.

Step 2: Using validated screening measures.

There are many reliable and readily available methods appropriate for screening reproductive-age women for alcohol consumption. Here are several simple ways to assess alcohol use:

The National Institute on Alcohol Abuse and Alcoholism, or NIAAA, *Single Question Alcohol Screen* is short, quick to administer, easy to remember, and easy to screen: “How many times in the past year have you had X or more drinks in a day?” where X is 5 for men and 4 for women.

The *Alcohol Use Disorders Identification Test*, or AUDIT, is also used to screen for excessive drinking. The

U.S. AUDIT 1-3, uses the first three questions of the AUDIT modified for the U.S. standard drink. These three questions can be used to identify patients who consume more than the recommended limits, both on one occasion (or day), as well as on a weekly basis. This screen can be administered in about a minute. The questions are:

1. How often do you have a drink containing alcohol?
2. How many drinks containing alcohol do you have on a typical day you are drinking?

3. How often do you have X or more drinks on one occasion? (where X is 5 for men or 4 for women and men over age 65)

The answers to these brief screening questions allow the clinician to quickly assess whether the patient's alcohol use is below risky drinking levels. The target population for brief interventions is nondependent, risky drinkers, which is about 25% of the general population. Clinicians can use an additional validated measure (like the *U.S. AUDIT*) to determine if the patient's alcohol use is above the risky level, and therefore may need specialized treatment services.

After the single question screen or *U.S. AUDIT 1-3*, patients who screen positive are given the full 10-item AUDIT, which determines the need for a brief intervention or a referral to treatment. The full AUDIT takes about 2 to 3 minutes for patients to complete, and it includes seven additional questions following the first three questions previously listed. These questions focus on symptoms of alcohol dependence and alcohol-related problems or harms. The questions are:

4. How often during the last year have you found that you were not able to stop drinking once you had started?

5. How often during the past year have you failed to do what was expected of you because of drinking? How often during the past year have you needed a drink first thing in the morning to get yourself going after a heavy drinking session? How often during the past year have you had a feeling of guilt or remorse after drinking? How often during the past year have you been unable to remember what happened the night before because you had been drinking? Have you or someone else been injured because of your drinking? Has a relative, friend, doctor, or other healthcare worker been concerned about your drinking and suggested you cut down?

The resources for this course include guidance for scoring patients' responses. And the last step…

Step 3: Providing screening results.

- Use non-judgmental, warm tones.
- Give results in the context of "norms" by explaining what "at-risk" drinking levels are for that patient.
- For patients drinking below risky levels or not drinking at all, reinforce their healthy choices around alcohol use.
- For patients drinking at or above risky levels, link drinking levels to current health concerns when possible, and finally
- Ask the patient what he or she thinks about the feedback just provided.

Alcohol SBI should be a routine part of care and patients should be screened at least yearly.

Know More

Alcohol Screening Tools

Examples of validated alcohol screening tools include:

- Single Question Alcohol Screen
- AUDIT 1-3 (US)
- AUDIT (US)

Single Question Alcohol Screen

"How many times in the past year have you had X or more drinks in a day?" where X is 5 for men and 4 for women.

Source: Smith PC, Schmidt SM, Allensworth-Davies D, Saitz R. Primary care validation of a single-question alcohol screening test. J Gen Intern Med. 2009 Jul; 24(7):783-8.

AUDIT 1-3(US)

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 you are drinking?	1 drink	2 drinks	3 drinks	4 drinks	5 – 6 drinks	7 – 9 drinks	10 or more drinks	
3. How often do you have X (5 for men; 4 for women & men over age 65) or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	2 – 3 times a week	4 – 6 a week	Daily	

Resources

CDC Planning and Implementing Screening and Brief Intervention for Risky Alcohol Use
http://www.cdc.gov/ncbddd/fasd/documents/alcoholsbiimplementationguide.pdf

NIAAA Pocket Guide for Alcohol Screening and Brief Intervention

https://pubs.niaaa.nih.gov/publications/practitioner/PocketGuide/pocket_guide.htm

US Preventive Services Task Force Alcohol Misuse: Screening and Behavioral Counseling Interventions in Primary Care
http://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/alcohol-misuse-screening-and-behavioral-counseling-interventions-in-primary-care

USAUDIT Adapted for the United States: A Guide for Primary Care Practitioners
http://my.ireta.org/sites/ireta.org/files/USAUDIT-Guide_2016_final.pdf

WHO The AUDIT

http://apps.who.int/iris/bitstream/10665/67205/1/WHO_MSD_MSB_01.6a.pdf

Brief Intervention

Audio Script

The brief intervention is a conversation with patients who drink at risky levels or higher that aims to help patients make healthier choices about their alcohol use.

Often, simply providing feedback is enough to encourage those at risk to reduce their alcohol intake. However, the brief intervention goes further in helping patients explore their internal motivations to cut back or stop their use of alcohol.

Six elements characterize key ingredients of a brief intervention, summarized by the FRAMES model. These include:

- Feedback of personal risk;
- Responsibility for personal control;
- Advice to change;
- Menu of ways to reduce or stop drinking;
- Empathetic counseling style; and

- Self-efficacy or optimism about cutting down or stopping drinking.

Although screening does not yield a diagnosis of alcohol dependence, the screening results and information collected during the brief intervention will indicate that a small percentage of patients are likely to be dependent.

Dependent patients are less likely to change their drinking patterns in response to a single brief intervention than patients who are not dependent.

Refer patients who are likely to be dependent on alcohol for further assessment and possible specialty treatment.

Know More

Women and At-Risk Alcohol Use: Screening and Intervention

ACOG provides guidance on how a brief intervention can be conducted: https://www.acog.org/-/media/project/acog/acogorg/files/pdfs/brochures-flyers/alcohol-use-card-guide.pdf

Brief Intervention Example

See video of Jill for an example of a doctor providing a brief intervention: http://www.sbirtoregon.org/video-demonstrations/

Resources

CDC Planning and Implementing Screening and Brief Intervention for Risky Alcohol Use
http://www.cdc.gov/ncbddd/fasd/documents/alcoholsbiimplementationguide.pdf

Alcohol Screening, Brief Intervention, and Referral to Treatment (SBIRT) for Girls and Women

https://www.arcr.niaaa.nih.gov/arcr402/article07.pdf

Alcohol Screening and Brief Intervention in Emergency Departments

https://www.sciencedirect.com/science/article/abs/pii/S0740547220303524?dgcid=author

NIAAA Pocket Guide for Alcohol Screening and Brief Intervention

https://pubs.niaaa.nih.gov/publications/practitioner/PocketGuide/pocket_guide.htm

4: The CHOICES Intervention

What is CHOICES? How does it Work?

Audio Script

Similar to alcohol SBI, with CHOICES, women are also screened about their use of alcohol. If they drink at risky levels, they are asked additional questions to determine if they are at risk for an alcohol-exposed pregnancy.

From there, CHOICES is a 4-session intervention that provides education, explores ambivalence, and provides tools to help women make healthy choices to prevent AEPs.

It is designed for use with non-pregnant, reproductive-age women who are sexually active with a male partner, drinking above recommended levels, and not using contraception or using it incorrectly or inconsistently. It also includes a visit with a contraception services provider either on or offsite depending on their availability.

CHOICES resources are available at no cost, and successful adaptations of CHOICES from 2 to 4 sessions have been implemented in various settings, such as sexually transmitted disease clinics, family planning centers, and community health centers.

Know More

The Evidence Base

The initial research and development leading to CHOICES began more than 20 years ago. Over the past two decades, the intervention has been tested for feasibility and efficacy in pilot studies and clinical trials, adapted, and implemented in a variety of clinical settings. CHOICES was developed by the CDC in partnership with investigators from the University of Texas, Virginia Commonwealth University, and NOVA Southeastern University. Having met a set of rigorous peer-review criteria, CHOICES was selected for the National Registry of Evidence-Based Programs and Practices (or NREPP).

The original CHOICES intervention, consisting of 4 sessions, was developed and tested against an informational intervention in a randomized controlled trial with 830 at-risk women in six different settings. The settings included jails, primary medical care, substance use disorder treatment centers, and a media-recruited sample.

The four-session model of CHOICES provided the scientific evidence for its efficacy. For that reason, the 4-session model is encouraged in settings where it is feasible. In many instances, however, it is necessary to implement a 2-session version rather than the 4-session model. Some common reasons for choosing the 2-session version are:

- Limited clinic resources, including time and office space;
- Limited availability of the client; and

- Clinical characteristics of the client population.

In the original CHOICES study, researchers found that women who attended only 2 sessions had similar outcomes to women who attended all 4 sessions. In addition, two urban sexually transmitted disease clinics that implemented the 2-session model also found similar outcomes to the research study.

Research results on the CHOICES efficacy study were published in the American Journal of Preventive Medicine. See this link for a summary: http://www.ncbi.nlm.nih.gov/pubmed/17218187?log$=activity

Special Considerations

Although CHOICES has not been tested with women younger than age 18, the following issues should be considered when using CHOICES with teens:

- Use your program's or agency's guidelines when discussing alcohol use with underage women;
- Know your reporting responsibilities, and inform your patients of your requirement to report underage sexual or drinking behavior if applicable.

Resources

CDC CHOICES

https://www.cdc.gov/ncbddd/fasd/choices-program-prevent-alcohol-exposed-pregnancies.html

CDC CHOICES Fact Sheet
https://www.cdc.gov/ncbddd/fasd/documents/choices_onepager_-april2013.pdf

Providing Quality Family Planning Services, Recommendations of the CDC and U.S. Office of Population Services

https://www.cdc.gov/reproductivehealth/contraception/qfp.htm

CDC Contraceptive Guidance for Health Care Providers
https://www.cdc.gov/reproductivehealth/contraception/contraception_guidance.htm

A Teen-Friendly Reproductive Health Visit

https://www.cdc.gov/teenpregnancy/health-care-providers/teen-friendly-health-visit.htm

Rationale/Conceptual Framework

Audio Script

The core premise of the CHOICES intervention is that women are provided with the choice to change

one or both target behaviors – alcohol consumption or correct and consistent use of contraception – to prevent an alcohol-exposed pregnancy. Regardless of how it is achieved, the important outcome is the prevention of an AEP.

The rationale for providing women the choice of which behavior to change (or both) is that many either do not want to change or do not see a need to change both behaviors to prevent an AEP.

Because the majority of women screened as being at risk for an AEP are not seeking help, and they also may not think they are at risk, a key component of the CHOICES intervention is motivational interviewing (also known as MI).

MI is a set of communication skills that are goal oriented, client-centered counseling techniques designed to create a climate in which patients feel comfortable talking about their risky behaviors.

During MI, the interaction is designed to be collaborative, nonjudgmental, non-confrontational, and supportive. The objective of a motivational approach is to engage people in an open dialogue about their behavior.

MI was first developed for individuals who felt ambivalent or uncertain about changing, making the approach well suited for the prevention of AEPs. Motivational interactions are also intended to help people understand their mixed feelings, or "ambivalence" about changing. Helping people understand why they are ambivalent about changing often involves having them look at both the positive and negative aspects of continuing as well as changing their current behavior. Often clinicians use a decisional balance exercise that helps people sort out their feelings, which in turn often helps them feel more prepared to make a decision about changing.

The CHOICES intervention uses MI skills to provide women with personalized feedback about their drinking and how it places them at risk of an AEP if they become pregnant. It also looks at how their current contraceptive practices place them at risk of getting pregnant. This feedback is designed to encourage an ongoing dialogue about behavioral change. In this case, it involves two behaviors (risky drinking or incorrect and inconsistent use of contraception) that place a woman at risk of an AEP.

When a client chooses her own change process, it reduces resistance to change that may result from being told what to do by the clinician.

For women who are not ready or are uncertain about the need to change their behaviors to prevent an AEP, the conversation is designed to address ambivalence while minimizing resistance.

CHOICES also uses cognitive behavioral strategies to help women overcome barriers and develop plans for change that fit into their particular circumstances and lifestyles.

Know More

Appropriate Practice Settings

Integrated healthcare settings – an increasingly common model of health care in which both medical and behavioral health professionals are on staff and work together in teams – are particularly well suited to the CHOICES approach.

Before implementing a CHOICES intervention, agencies or programs should consider the appropriateness of the intervention for their target population and program staff. To be successful, CHOICES should be acceptable to the program staff, service providers, and patients. Agencies considering adopting a CHOICES or a CHOICES-like intervention should consider whether their agency's message and mission are congruent with the fundamental premise of CHOICES women who are not pregnant have the right to use contraception and to choose if and how much alcohol to drink.

CHOICES has been successfully implemented in a variety of settings and proven feasible for primary care. Key staff include, at minimum, a trained clinician or behavioral health specialist who is competent in use of motivational interviewing, as well as staff members to conduct initial screening to identify women at risk of AEP.

There also needs to be processes in place for contraceptive referrals or access to services, and a commitment to provide ongoing skills-based training and coaching so that staff can maintain and improve MI skills. Effectiveness of CHOICES is tied to clinician skill level in use of motivational interviewing.

The sustainability of CHOICES programming is another important consideration. Agencies can build the sustainability of CHOICES programming by gaining a commitment from high-level administrators, and by developing agency-specific plans to sustain the CHOICES program. We encourage you to use the CHOICES information and intervention in ways that best suit your practice and setting.

Women and Drinking: Preventing Alcohol-Exposed Pregnancies

Series: Advances in Psychotherapy – Evidence-Based Practice – Vol. 34; 2016

M. M. Velasquez, K. Ingersoll, M. B. Sobell, L. Carter Sobell

This book is written to help health care providers identify and make referrals for women who might be at risk of an alcohol-exposed pregnancy (AEP), and to describe evidence-based interventions that are designed to prevent AEPs. For more information, visit: http://nsuworks.nova.edu/cps_facbooks/192/

Resources

CDC CHOICES

https://www.cdc.gov/ncbddd/fasd/choices-program-prevent-alcohol-exposed-pregnancies.html

CDC CHOICES Fact Sheet
https://www.cdc.gov/ncbddd/fasd/documents/choices_onepager_-april2013.pdf

Motivational Interviewing Network of Trainers (MINT)
http://motivationalinterviewing.org/

Intervention Components

Audio Script

During the CHOICES intervention, an interventionist or counselor skilled in motivational interviewing presents the client with assessments and exercises. These set the stage for feedback and MI-informed, open-ended discussions that lead to client-driven goal setting.

Assessment of each woman's readiness to change her drinking and/or contraceptive use informs dialogue between the CHOICES clinician and the woman. Open-ended questions and reflective listening are used to elicit and reinforce "change talk," which is key in facilitating behavior change.

Decisional balance exercises help women sort out their feelings, which in turn often helps them feel more prepared to make a decision about changing.

Personalized feedback is provided to each woman about her drinking and how it places her at risk of an AEP if she becomes pregnant, and also about how her current contraceptive practices place her at risk of getting pregnant. This feedback is educational, and it also encourages a continued dialogue about behavioral change.

A daily journal is used to record drinking, sexual activity, and use of contraception. It provides a systematic and structured opportunity for women to talk about any drinking and birth control use since the last session. This also allows practitioners to give supportive feedback for changes in one or both behaviors that occurred since the previous session.

The CHOICES intervention allows the client to set her own goals. Having women choose their own goals and develop their own change plans is consistent with a cognitive social learning theory that suggests people will be more committed to goals that they set for themselves. Choice, for many people, can be empowering. When a client sets her own goals this means she can decide to use contraception correctly and consistently, as well as reduce her drinking.

During the sessions, women obtain advice on choosing birth control strategies, as well as discuss ways to reduce or stop drinking. However, the choice of whether to change and how to change, is left with each woman.

Know More

CHOICES Training

The CDC will train potential CHOICES counselors from your setting. The training is a 4-6 week, blended learning course that will enable learners to become more familiar with the structure and tools of the CHOICES programs, as well as opportunities to practice MI skills.

The materials used in the 4-session version of CHOICES are available at no cost from the CDC. The CHOICES curriculum includes (a) Facilitator Guide for Trainers, (b) Counselor Manual, and (c) Client Workbook.

To begin implementing CHOICES in your setting, visit the CDC website to learn more about the intervention and training. https://www.cdc.gov/ncbddd/fasd/choices-program-prevent-alcohol-exposed-pregnancies.html

CHOICES Adaptations

While the original CHOICES intervention consisted of four counseling sessions targeted to alcohol use and contraception use, the intervention subsequently has been adapted or tailored to specific settings, populations, or different or bundled behaviors.

A study called CHOICES Plus tested the efficacy and feasibility of a two-session, bundled intervention that added tobacco use as a targeted behavior. In a randomized clinical trial, it was proven to significantly reduce the risk of substance-exposed pregnancy.

The CHOICES intervention has also been implemented with college women, Native American women, and Spanish-speaking women. In addition, it has been implemented in diverse settings, such as sexually transmitted disease clinics, community health centers, and alcohol rehabilitation programs.

Several “CHOICES-Like” interventions targeting college and university students appear to have high success rates in reducing risk, primarily as a result of college women choosing to use birth control effectively rather than changing their drinking.

CHOICES-Like Randomized Controlled Trials

- Project BALANCE: Designed for college students 18-24 years of age, single session.
- Project CHOICES and Healthy Mom: Two sessions, some participating by phone rather than in-person.
- CHOICES Plus: In addition to alcohol and contraception, also addressed tobacco use, two sessions.

- Project EARLY: Single session.
- Project Healthy CHOICES: Two sessions, both conducted through mailing of materials.

Resources

CDC CHOICES

https://www.cdc.gov/ncbddd/fasd/choices-program-prevent-alcohol-exposed-pregnancies.html

CDC CHOICES Fact Sheet
https://www.cdc.gov/ncbddd/fasd/documents/choices_onepager_-april2013.pdf

CDC CHOICES Training Materials
http://www.cdc.gov/ncbddd/fasd/freematerials.html

5: Next Steps

What Should I Do Next?

Audio Script

You should now be able to:

- Discuss the importance of preventing alcohol-exposed pregnancies;
- Identify two ways alcohol-exposed pregnancies can be prevented;
- Describe alcohol screening and its use in clinical practice;
- Describe brief intervention and its use in clinical practice; and
- Describe the CHOICES intervention and its use in clinical practice.

The steps you can take to prevent alcohol-exposed pregnancies are:

- Provide alcohol screening and brief intervention to all adult patients at least yearly;
- Advise women to not drink at all if they could be pregnant or are trying to get pregnant;
- Offer women at risk of an alcohol-exposed pregnancy who do not desire pregnancy the choice to use contraception correctly and consistently; and
- Counsel, refer, and follow up with patients who need more help.

CDC, along with FASD Practice and Implementation Centers and national partners, work to provide

education, training, and tools for those who care for women at risk for an alcohol-exposed pregnancy and those who work with individuals living with FASDs.

Visit cdc.gov/fasd for additional trainings and resources, and encourage other staff members to learn more about this issue.

Thank you for taking the *Preventing Alcohol-Exposed Pregnancies* course. If you have taken this course for continuing education credits, please click in the "Know More" section to proceed.

Know More

Full Course Download

All topics and links that appear in the Know More section throughout this course can also be found in the "Full Course Download" document provided in the Resources section.

Resources

CDC Alcohol SBI

http://www.cdc.gov/ncbddd/fasd/alcohol-screening.html

CDC FASD Training & Education
http://www.cdc.gov/ncbddd/fasd/training.html

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