

CDC's Activities: Reducing Fetal Alcohol Spectrum Disorders

Alcohol use during pregnancy can cause fetal alcohol spectrum disorders (FASDs), which are physical, behavioral, and intellectual disabilities that last a lifetime. **FASDs are completely preventable if a woman does not drink alcohol during pregnancy.** CDC works to prevent FASDs and also works to improve the lives of children and families living with FASDs. CDC has been involved in this work since 1991.



The Problem

- One in 10 pregnant women in the United States report drinking alcohol in the past 30 days.¹
- One in 33 pregnant women report binge drinking (having four or more drinks at one time) in the past 30 days.¹
- 3 in 4 women who want to get pregnant as soon as possible report drinking alcohol.²
- Up to 1 in 20 U.S. school children might have FASDs.³
- The lifetime estimated cost for one person with fetal alcohol syndrome is \$2 million.⁴
- Drinking while pregnant costs the U.S. \$5.5 billion (2010).⁵

Reducing FASDs

CDC has two strategies to reduce the number of alcohol-exposed pregnancies

Alcohol screening and brief intervention (SBI) is an effective but underused preventive health service recommended by the U.S. Preventive Services Task Force and covered under the Affordable Care Act. Similar to hypertension or cholesterol screening, alcohol SBI can occur as part of a patient's wellness visit. It involves

- A validated set of screening questions to identify a patient's drinking patterns, which takes only a few minutes.
- A short conversation with patients who are drinking too much, and referral to specialized treatment as appropriate.
- CDC has developed an Alcohol SBI Implementation Guide to help staff in primary care practices plan and implement alcohol SBI to reduce alcohol use. The guide also presents information on risky alcohol use and how it can be addressed through alcohol SBI.



CHOICES is an evidence-based counseling intervention for non-pregnant women that helps them reduce or stop their drinking, use contraception effectively, or both. CDC funds two training and technical assistance centers that work with primary care clinics to implement alcohol SBI and CHOICES in American Indian communities.

Strengthening Partnerships

CDC works with partners to enhance provider education and advance prevention of FASDs, including

- Funding 11 academic and professional health organizations to promote these effective strategies. The main goal of this effort is to change medical practice by improving knowledge and skills of healthcare professionals in the prevention, identification, and management of FASDs. Grantees are developing targeted strategies to reach family medicine physicians, medical assistants, nurses, obstetricians-gynecologists, pediatricians, and social workers.

- Building strong relationships with provider groups such as the **American Academy of Pediatrics** and the **American College of Obstetricians and Gynecologists**.
- Fostering new relationships with other professional organizations including the **American Academy of Family Physicians, American Association of Medical Assistants, National Association of Social Workers, American College of Nurse Midwives, and National Association of Chronic Disease Directors**.
- Working closely with the **National Organization on Fetal Alcohol Syndrome** (NOFAS). NOFAS works to help individuals with FASDs and their families and connect them to services and supports.
- Collaborating with **federal partners** including the Health Resources and Services Administration, the National Institute on Drug Abuse, the Substance Abuse and Mental Health Services Administration, and the National Institute on Alcohol Abuse and Alcoholism. CDC also works with the Administration for Children and Families to help identify children with prenatal exposure to drugs, alcohol, or other substances in the child welfare system by designing materials for and providing training to workers in the field.
- Actively participating on the **Interagency Coordinating Committee on Fetal Alcohol Spectrum Disorders** to improve communication, cooperation, and collaboration among federal agencies.



Using Data to Drive Action

CDC is using existing national datasets to learn more about alcohol attitudes and drinking patterns among women of childbearing age, and alcohol screening and brief intervention (SBI) practices among healthcare providers. Examples of these data systems include

- **Behavioral Risk Factor Surveillance System (BRFSS)** – This telephone survey tracks national and state-specific health risk behaviors of adults, aged 18 years and older, in the United States. Using the BRFSS, CDC has been monitoring alcohol use among women of childbearing age since the 1990s. In 2014, a new module on alcohol SBI was added; data were collected in 19 states.
- **National Survey of Family Growth (NSFG)** – This survey of adults aged 15–44 years includes questions on family planning, contraception (birth control), and related issues, including alcohol use, which allows CDC to estimate the number of alcohol-exposed pregnancies.
- **National Ambulatory Medical Care Survey (NAMCS)** – Based on a sample of visits to outpatient medical care services, this survey provides information on patient, provider, and visit characteristics. A set of alcohol SBI questions was added to the survey to further assess provider practices related to alcohol SBI.
- **DocStyles** – This is a web-based survey of healthcare providers that includes 1,000 primary care providers, 250 obstetricians/gynecologists, 250 pediatricians, and 250 nurse practitioners. It measures their knowledge, attitudes, and practices on many issues. Questions on alcohol SBI practices are asked annually.

www.cdc.gov/fasd

References: 1. CDC. Morbidity and Mortality Weekly Report (MMWR) Alcohol use and binge drinking among women of childbearing age – United States, 2011–2013; 2015;64(37): 1042–1046. 2. Morbidity and Mortality Weekly Report (MMWR) Vital Signs: Alcohol-Exposed Pregnancies — United States, 2011–2013 / 65(4):91–97. 3. May PA, Baete A, Russo J, Elliott AJ, et al. Prevalence and characteristics of fetal alcohol spectrum disorders. *Pediatrics*. 2014;134:855–66. 4. Lupton C., Burd L, Harwood R. Cost of fetal alcohol spectrum disorders. *American Journal of Medical Genetics Part C: Seminars in Medical Genetics*. 2004 May 15;127C(1):42–50. 5. Sacks, J, Gonzales, K, et al. 2010 National and State Costs of Excessive Alcohol Consumption. *American Journal of Preventive Medicine*, 2015;49(5): e73–e79.