COLORADO CLINICAL GUIDELINES COLLABORATIVE
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Fetal Alcohol Spectrum Disorder (FASD) Supplement: *Screening*

SBIRT COLORADO

Who to screen? *All women of childbearing age.*

1) preconception; 2) during pregnancy; 3) at the time of delivery; 4) in postnatal period - especially if breastfeeding; 5) at all GYN and health visits. Rescreen every year or following life changes or increase in stressors. Parental screening by pediatric providers is recommended by the American Academy of Pediatrics.

Why screen?

- Fetal Alcohol Spectrum Disorders (FASD) are completely preventable.
- Fetal Alcohol Syndrome (FAS) is the leading preventable cause of mental retardation.
- FASD occurs in approx. 10/1,000 births: in Colorado that equals ~700 cases/yr. This outranks Down syndrome and autism in prevalence.
- 50% of pregnancies are unplanned.
- A woman can expose a pregnancy to alcohol even before she knows she is pregnant.
- **There is no known time or amount of alcohol that is safe during pregnancy.**

Definition/Problem:

Fetal Alcohol Spectrum Disorders (FASD) is an umbrella term that describes the range of effects that can occur to an individual whose mother drank during pregnancy. These include physical, mental, behavioral, and learning disabilities. Fetal Alcohol Syndrome (FAS) is on the severe end of the spectrum and characterized by facial dysmorphia, growth restriction, and CNS abnormalities. However, most individuals affected by prenatal exposure do not display the facial dysmorphia or growth deficits of FAS.

- **Alcohol is a teratogen**. Adverse effects of alcohol on the fetus may be exacerbated by other teratogens.
- Maternal factors such as nutrition and mental illness may mitigate or exacerbate effects of alcohol.

1. Assess alcohol use +

Use SBIRT Guideline at www.healthteamworks.org.

Brief Screen for Alcohol:

1. When was the last time you had more than 3 drinks in one day?
   Positive *= in past 3 months*

2. How many drinks do you have per week?
   Positive *= more than 7*
   Recommendation*: verify quantity and frequency of usual alcohol intake - do the math!*

Any alcohol use is a positive screen for a pregnant woman, a woman trying to become pregnant, or an adolescent.

For positive Brief Screen, do further screening using a Brief Assessment Instrument such as the AUDIT.

2. Assess risk for pregnancy =

- Able to get pregnant? (no = hysterectomy or permanent sterilization)
- Sexually active with a male or planning pregnancy by other method?
- Non-use or incorrect use of contraception?
- Use of non-effective method of contraception?

Ask (can be self-administered):

- Are you pregnant? ❒ Yes ❒ No ❒ Don't Know
- Are you able to get pregnant?
  ❒ Yes ❒ No ❒ Don't Know
- In the last year have you had sex with a male?
  ❒ Yes ❒ No
- When you have sex do you use something to prevent pregnancy:
  ❒ all the time
  ❒ most of the time
  ❒ sometimes
  ❒ not at all
- What method(s) do you use to prevent pregnancy?

3. Alcohol Exposed Pregnancy (AEP) Risk

- Did the patient use an effective method of pregnancy prevention? ❒ Yes ❒ No
- Was the method used 100% correctly? ❒ Yes ❒ No
  » If no, was a backup method used every time? ❒ Yes ❒ No
- Is the patient planning to become pregnant in the next year?
  ❒ Yes ❒ No
- Is the patient at risk for unintended sexual contact due to alcohol and/or drug use? ❒ Yes ❒ No

Negative AEP Risk:

- *Correctly using an effective contraceptive method, not planning a pregnancy in the next year and not at risk for unintended sex* ***-or-*** *Unable to get pregnant*
  -and-
- *Negative alcohol screen* ***-or-*** *No alcohol use in a pregnant woman*

Do a brief intervention to:

- Address hazardous or harmful use of alcohol and refer to treatment, if indicated.
- Address pregnancy prevention.

COUNSEL: ***No amount of alcohol is considered safe during pregnancy. Pregnancy should be delayed until individuals are alcohol free.***

Myths about alcohol and pregnancy

- **Science is unclear about the effects of alcohol on the developing fetus: FALSE.**
  3,000+ research studies since 1973 describe the risks of alcohol during pregnancy. The conclusion is overwhelming and clear. Since 1982 the United States Surgeon General has advised women to abstain from alcohol during pregnancy to prevent birth defects. (NOFAS, 2010)
- **Only heavy or binge drinking can harm the fetus: FALSE.**
  Effects of prenatal alcohol exposure occur on a continuum. Rather than a threshold, there is a dose-response effect. Also, harm may occur at all stages of pregnancy. (NOFAS, 2010)
- **Only hard liquor is harmful. Beer and wine are okay: FALSE.**
  All alcohol acts as teratogen. Since some individuals and cultures do not view beer as alcohol, it is important to specify all forms of alcoholic drinks when screening patients. (NOFAS, 2010)
- **Health professionals infrequently see patients with Fetal Alcohol Syndrome and FASD is no longer a significant health issue: FALSE.**
  Individuals with FASD are in every system of care. As of 2008, only ~6 medical schools offered training on FASD. Many practitioners have not been educated on addiction medicine or trained to diagnose FASD in children or adults. (NOFAS, 2010)

This supplement is designed to assist clinicians in alcohol screening and management. It is not intended to replace a clinician's judgment or establish a protocol for all patients with a particular condition.
For references, important updates and copies of the supplement go to www.healthteamworks.org or call 720-297-1681 or 1-866-401-2092. Funding for this supplement was provided by SAMHSA. Completed on August 26, 2010.

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Fetal Alcohol Spectrum Disorder (FASD) Supplement: *Intervention*

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GOAL:
To encourage behavior change(s) to decrease risk of alcohol exposed pregnancy.

- » ***Ask permission before providing feedback.***
- » ***Remain neutral and factual.***
- » ***Elicit reaction before and after each step.***

A. Provide feedback about screening results

Alcohol Use +
Review moderate and risky drinking levels.

Feedback (2002 BRFSS):
- ~47% of women 18-44 yrs drink at moderate levels
- ~ 13% of women 18-44 yrs drink at risky levels

Pregnancy Risk =
Review effectiveness of current contraception and effectiveness of use.

Feedback, in the United States:
- 50% of all pregnancies in the are unplanned
- 82% of pregnancies in the 15-19 yr. old age group are unplanned

Risk for an Alcohol Exposed Pregnancy (AEP)
Feedback:
- Because you are at risk for pregnancy and using alcohol you are at risk of an AEP
- Many women do not find out they are pregnant until the 6th-8th week
- No known safe time /no known safe amount of alcohol during pregnancy

Offer brochures/fact sheets on AEP and FASD.

B. Discuss options to decrease risk; Patient chooses behavior(s)

***Decrease risk of AEP by changing alcohol use, increasing effective contraception used correctly, or both.**

Options: Pregnant patient
- *Stop drinking*
- Improve nutrition
- Decrease stress
- Stop other drug use
- Stop tobacco use
- Maintain pre-natal care

Options: Not pregnant/not wanting pregnancy
- *Use effective contraception correctly*
- Drink below risk levels
- Stop other drug use
- Stop tobacco use

Options: Not pregnant/wanting pregnancy
- *Stop drinking*
- Stop tobacco
- Stop other drug use
- Improve nutrition
- Decrease stress
- *Use effective contraception correctly until pre-conceptual health achieved*

C. Assess motivation; Set goals and plan

1. **Assess Motivation to change**: use 0-10 ruler to assess Importance, Readiness for identified targeted behavior(s), and Confidence. (If pregnant, choose a behavior other than birth control.)
   > Ask patient "Why this number and not a lower or higher number?"
   > Listen for change talk:
   D *(desire)* **A** *(ability)* **R** *(reason)* **N** *(need)* **C** *(commitment)* **A** *(activation)* **T** *(taking steps).*
   > Respond to change talk:
   E *(elaborate)* **A** *(affirm)* **R** *(reflect)* **S** *(summarize)*. Probe for anything else.

2. **Set Goals and Develop a Plan**
   Consider referral to treatment if patient is motivated or having difficulty setting/achieving goals.

D. Follow up at every visit for women at risk for an AEP

All patients:
- Assess urges, cravings, high risk situations, and alcohol use
- Develop and review emergency plan for high risk situations.
- Monitor stressful life events and significant life changes
- Assess motivation for treatment or engagement in treatment
- Designate support person

Pregnant patient:
- Monitor need to add other behaviors to the plan
- Engage in activities and information to increase bond with the baby
- Consider need for more frequent visits

Not pregnant/not wanting pregnancy:
- Encourage contraception compatible with lifestyle
- Monitor for correct use, side effects, difficulty in use
- Include back up plan
- Consider whether alcohol/drugs are interfering with plan
- Monitor contraception use monthly until stable

Not pregnant/wanting pregnancy:
- Evaluate importance, readiness, confidence for healthy pregnancy
- Encourage contraception compatible with life style until pre-conceptual health achieved, and alcohol/drug free
- Monitor for correct use, side effects, difficulty in use
- Include back-up plan

Substance Abuse Services for Women

1. **Regional Managed Service Organizations (MSOs)**: Can assist with locating an appropriate treatment agency or with referral to a Division of Behavioral Health (DBH) accredited treatment program:
   - Region 1: Northeast region of the state: Signal Behavioral Health Network, Inc. 1-888-607-4462
   - Region 2: Denver Metropolitan Area: Signal Behavioral Health Network, Inc. 1-888-607-4462
   - Region 2: Boulder County: Boulder County Health Department 303-441-1292
   - Region 3: Colorado Springs Service Area: Connect Care 1-719-572-6133 or 1-888-845-2881
   - Region 5 & 6: Central Mountain and Western Slope Services: West Slope CASA 1-800-804-5008

2. **Personal DECISIONS**: Resource for providers and women in the community who are drinking and want to change their behavior. A woman who calls will be assessed for AEP risk and other concerns and then sent a packet of information with resources, referral information, and self-guided change information. Once the woman completes the packet she may share it with her provider for a more focused brief intervention. 1-888-724-3273. The message is in both English and Spanish.

3. **Specialized Women's Services (SWS)**: To learn about funding and services set aside for women in CO who use or abuse substances:
   http://www.cdhs.state.co.us/adad/PDFs/ItemsfortheWomenstreatmentWebsite.pdf

Legal and Confidentiality Considerations

1. Pregnant women have priority status for treatment in Colorado.
2. Confidentiality regulations for substance use/abuse are different than HIPAA, know the law.
3. Drinking during pregnancy in and of itself is not a violation of the law. Women need treatment for substance abuse.
4. Separate and specific release of information is required for alcohol and drugs.

Assessment and Diagnosis of FASD

Colorado FASD Diagnostic Clinics:
- Sewall Child Development Center: Diagnostic & Evaluation (up to age 10): 303-399-1800
- The Children's Hospital Child Development Unit: 720-777-6630

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