



# PREVENTING FASD: HEALTHY WOMEN, HEALTHY BABIES

Alcohol abuse is a serious public health concern. Did you know that alcohol can harm a fetus at any point in its development, often before a woman knows she's pregnant?

“Fetal alcohol spectrum disorders” (FASD) is an umbrella term describing the range of effects that can occur in an individual whose mother drank alcohol during pregnancy. These effects may include physical, mental, behavioral, and/or learning disabilities with lifelong implications. The term FASD is not intended for use as a clinical diagnosis. It refers to conditions such as fetal alcohol syndrome (FAS), alcohol-related neurodevelopmental disorder (ARND), and alcohol-related birth defects (ARBD).

**If women do not drink alcohol during pregnancy, FASD is 100 percent preventable.** The Surgeon General issued an advisory in February 2005 to help share this important message and to urge health professionals to identify and assist women who are drinking or at risk of drinking during pregnancy.

## WHO IS AT RISK?

Any pregnant woman who drinks alcohol is at risk of having a child with an FASD, regardless of her education, income, or ethnicity. Women who are at particularly high risk of drinking during pregnancy and having a child with an FASD include:

- Women with substance abuse or mental health problems
- Women who have already had a child with an FASD<sup>1,2</sup>
- Recent drug users
- Smokers
- Women who have multiple sex partners
- Recent victims of abuse and violence

Alcohol is a potent teratogen, a substance that can damage a developing fetus. There is no known safe level of alcohol use during pregnancy, so pregnant women or women who may become pregnant should not drink any alcohol from conception to birth.

## TREATMENT FOR WOMEN

Many women who need alcohol treatment may not receive it due to lack of money or child care, fear of losing custody of their children, or other barriers. For successful recovery, women often need a continuum of care for an extended period of time, including:

- Comprehensive inpatient or outpatient treatment for alcohol and other drugs
- Case management
- Counseling and other mental health treatment

## Surgeon General's Advisory on Alcohol Use in Pregnancy

- A pregnant woman should not drink alcohol during pregnancy.
- A pregnant woman who has already consumed alcohol during her pregnancy should stop in order to minimize further risk.
- A woman who is considering becoming pregnant should abstain from alcohol.
- Recognizing that nearly half of all births in the United States are unplanned, women of childbearing age should consult their physician and take steps to reduce the possibility of prenatal alcohol exposure.
- Health professionals should inquire routinely about alcohol consumption by women of childbearing age, inform them of the risks of alcohol consumption during pregnancy, and advise them not to drink alcoholic beverages during pregnancy.

—Surgeon General Richard Carmona,  
February 2005

- Medical and prenatal care
- Child care
- Transportation
- Followup pediatric and early intervention services for children
- Services that respond to women's needs regarding reproductive health, sexuality, relationships, and victimization



- Other support services, such as housing, education and job training, financial support services, parenting education, legal services, and aftercare<sup>3</sup>

Research shows that residential substance abuse treatment designed specifically for pregnant women and women with children can have substantial benefits in terms of recovery, pregnancy outcomes, parenting skills, and women's ability to maintain or regain custody of their children.<sup>4</sup>

### THREE WAYS TO PREVENT FASD

There are three main approaches to preventing FASD:<sup>5</sup>

- Increase public knowledge about FASD through general education, public service announcements, media attention, alcohol warning labels, posters, pamphlets, and billboards.
- Target women at risk by screening pregnant women and women of childbearing age for alcohol use, and by providing interventions with pregnant women who drink and with women who drink and do not use birth control. Brief interventions such as motivational interviewing may be effective at reducing risk.<sup>6</sup>
- Target women at highest risk through treatment of alcohol problems and strategies to encourage pregnancy prevention. Women at risk include those who abuse alcohol while pregnant or who are at risk of becoming pregnant, particularly women who have already given birth to a child with an FASD.

All three strategies are important, but targeting women at increased or highest risk may be more effective in reducing

alcohol use during pregnancy. Primary care providers, such as obstetricians/gynecologists and family doctors, play a key role in preventing FASD. They should:

- Talk to their patients about the dangers of drinking alcohol during pregnancy
- Identify women who are at risk by using screening tools such as T-ACE and TWEAK, which ask specific questions about drinking habits<sup>7,8</sup>
- Refer to treatment and other support services women with drinking problems, pregnant women who drink, and women who are at risk of an alcohol-exposed pregnancy

A woman's partner, other family members, and friends can also help prevent FASD by:

- Sharing information with her about FASD and the importance of not drinking during pregnancy
- Modeling safe behavior by not drinking themselves
- Encouraging her to talk about problems in her life that may lead her to drink
- Helping her find treatment if she cannot stop drinking

### CONCLUSION

Drinking during pregnancy can cause permanent damage to a fetus. However, FASD is 100 percent preventable. The only cause of FASD is prenatal exposure to alcohol. If a woman does not drink alcohol while she is pregnant, her baby will not have an FASD. Health care providers, families, friends, and other community members all have a role in addressing FASD.

### REFERENCES

1. Project CHOICES Research Group. 2002. Alcohol-exposed pregnancy: Characteristics associated with risk. *American Journal of Preventive Medicine* 23(3):166–173.
2. Astley, S.J.; Bailey, D.; Talbot, C.; et al. 2000. Fetal alcohol syndrome (FAS) primary prevention through FAS diagnosis: I. Identification of high-risk birth mothers through the diagnosis of their children. *Alcohol and Alcoholism* 35(5):499–508. <http://alcalc.oxfordjournals.org/cgi/content/full/35/5/499?ijkey=c42ab8b64760a79a7445ab6ef918dc01a3c78acb>
3. Astley, S.J.; Bailey, D.; Talbot, C.; et al. 2000. Fetal alcohol syndrome (FAS) primary prevention through FAS diagnosis: II. A comprehensive profile of 80 birth mothers of children with FAS. *Alcohol & Alcoholism*, 35(5):509–519.
4. Center for Substance Abuse Treatment. 2001. *Benefits of Residential Substance Abuse Treatment for Pregnant and Parenting Women: Highlights from a Study of 50 Demonstration Programs of the Center for Substance Abuse Treatment*. Rockville, MD: SAMHSA.
5. Stratton, K.; Howe, C.; and Battaglia, F., eds. *Fetal Alcohol Syndrome: Diagnosis, Prevention, and Treatment*. Washington, DC: National Academy Press, 1996.
6. Handmaker, N.S.; Miller, W.R.; and Manicke, M. 1999. Findings of a pilot study of motivational interviewing with pregnant drinkers. *Journal of Studies on Alcohol* 60(2):285–287.
7. Alvik, A.; Haldorsen, T.; and Lindemann, R. 2005. Consistency of reported alcohol use by pregnant women: Anonymous versus confidential questionnaires with item nonresponse differences. *Alcoholism: Clinical and Experimental Research* 29(8):1444–1449.
8. Moraes, C.L.; Viellas, E.F.; and Reichenheim, M.E. 2005. Assessing alcohol misuse during pregnancy: Evaluating psychometric properties of the CAGE, T-ACE and TWEAK in a Brazilian setting. *Journal of Studies on Alcohol* 66(2):165–173.

**Stop and think. If you're pregnant, don't drink.**

For more information, visit [fasdcenter.samhsa.gov](http://fasdcenter.samhsa.gov) or call 866-STOPFAS.

[www.stopalcoholabuse.gov](http://www.stopalcoholabuse.gov)



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