

Prenatal Screening for Alcohol Use:

Substance Use Risk Profile- Pregnancy Scale



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Why Screen?

What does a woman who uses alcohol or drugs during pregnancy look like?



Women and Alcohol

- 6 of 10 women of child-bearing age (18-44) use alcohol
- Slightly less than 1/3 who drink alcohol in this age group **binge drink**.
- About 1 of 20 pregnant women drank **excessively** before finding out they were pregnant
- In 2008, about 7.2% of pregnant women used alcohol (15%)

**How much
is too much?**

CDC Guidelines

- A standard drink is...
 - 12-ounces of beer
 - 8-ounces of malt liquor
 - 5-ounces of wine
 - 1.5-ounces (“shot”) of 80-proof distilled spirits or liquor
 - E.g gin, rum, vodka, or whiskey



CDC Guidelines for Women & Alcohol

- “**Heavy drinking**” = consuming an average of *more than 1 drink* a day
- “**Binge drinking**” = consuming *4 or more drinks* on a single occasion, generally within about 2 hours (BAC 0.08%)



Alcohol Use During Pregnancy

- Increases risk of FASD
 - FASD completely preventable
 - Stopping asap may lower risk of physical, mental, or emotional problems.
- Increases risk of SIDS
 - Risk substantially increases with binge drinking during first trimester
- Excessive drinking during first trimester increases risk of miscarriage



Alcohol Use During Pregnancy

Excessive drinking may disrupt menstrual cycling and increase the risk of infertility, miscarriage, stillbirth, and premature delivery.

**No amount of alcohol
is safe to drink during
pregnancy.**



Medical Complications of Substance Use During Pregnancy

- Ammenorrhea
- Spontaneous Abortion
- Stillbirth
- IUGR/SGA
- Celluitis
- Hepatitis B & C
- HIV
- Amnionitis
- Placental Insufficiency
- Placenta Previa
- Placental Abruption
- Preterm Labor
- Intrauterine Withdrawal

Postnatal Environment



Compromised parenting, which is linked to substance use, has as great, if not greater, negative effects on child development than prenatal substance exposure

-Lester, Andreozzi, & Appiah, 2004

Past Behaviors

- Past use of marijuana
- Use of alcohol in the month before knowing about pregnancy
- Feeling the need to cut down on use



Stages of Change

1. Pre-contemplation
2. Contemplation
3. Preparation
4. Action
5. Relapse



Prenatal Screening

Asking the right questions
in the right way
at the right time.

Substance Use Risk Profile-Pregnancy Scale

- Self-report* screening questionnaire for hazardous substance use in pregnant women
- Developed from TWEAK, 4 Ps Plus, Addiction Severity Index, DV questions
- Examined sensitivity and specificity
- Additional validation studies in process

Screening Questions

1. Have you ever smoked marijuana?
2. In the month before you knew you were pregnant, how many beers, how much wine, or how much liquor did you drink?*
3. Have you ever felt the need to cut down on your drug or alcohol use?

When to ask?



- Enrolled at Pregnancy
 - Intake*
 - 36 weeks
- Enrolled after Pregnancy
 - Intake*
 - Child's age 12 months

How to Ask?

- Verbal Interview
- Universal
- Nonjudgmental
- Context / Format



Scoring

- Review responses

1. Have you ever smoked marijuana? **Yes** **No**
2. In the month before you knew you were pregnant, how many beers, how much wine, or how much liquor did you drink?
5 glasses of wine
3. Have you ever felt the need to cut down on your drug or alcohol use?
No

- Add up Points

- **Yes = 1** (any drinks before pregnancy is a “Yes”)
- **No = 0**

Assessing Risk

3. Assess Level of Risk

- 0 points = Low Risk
- 1 point = Moderate Risk
- 2-3 points = High Risk (positive screen)



Scoring Exercise

Response and Referral

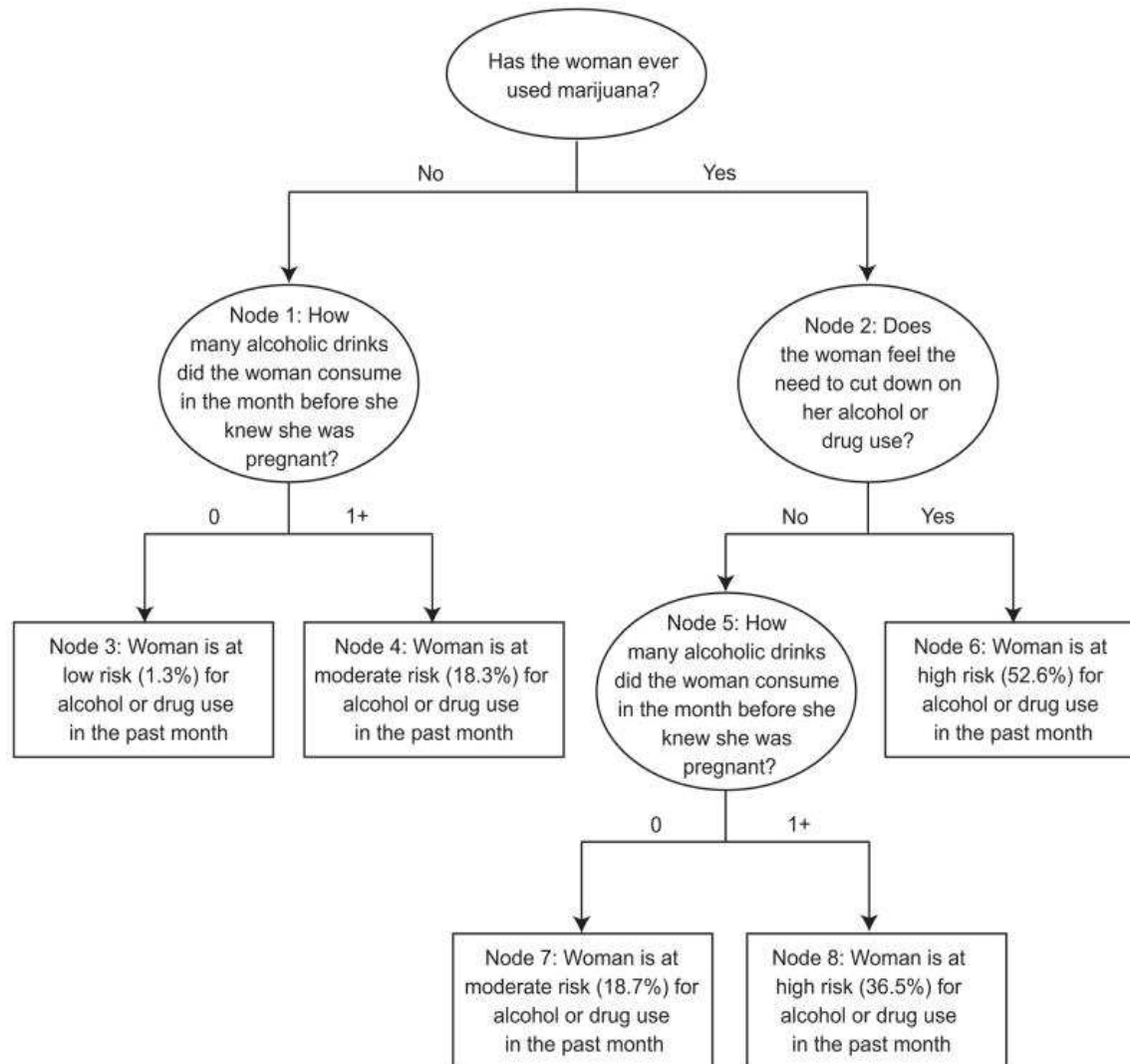
Linking the right person
with the right support

Response Considerations

- Limits of screening
- “False Positives”
 - Sensitivity vs. Specificity
 - 2 or more points = positive screen
- Reporting mandates
- Identification of other drugs



Substance Use Risk Profile-Pregnancy Scale



**How do you respond to
a positive screen?**

Response and Referral

- Brief Intervention (all risk levels)
- Education (all risk levels)
 - <http://eip.uoregon.edu/projects/feat/index.html>
- Referral (positive screen)



Brief Intervention: Low Risk

- “You’re doing the best thing for your baby by not using alcohol during pregnancy...”



Brief Intervention:

Moderate / High Risk

1. Express concern about substance use:

- “I’m glad you let me know you’ve had some alcohol, because it can have a harmful impact on your baby.”

2. Advise woman to stop use:

- “Since I know you want a healthy baby, it’s important you don’t use any alcohol while pregnant because...”

Brief Intervention:

Moderate / High Risk

3. **Assess/validate** woman's reaction and discuss her feelings & thoughts.
 - Use motivational interviewing skills, DARN model...
4. **Ask:** “Would you like some help to stop drinking, during your pregnancy?”
5. **Assist or Refer**



Referral

- Medical / Primary Care
- Clinical Assessment (MH, CADDC)
- Recovery Support (AA, ACOA, NA)
- Treatment (Inpatient, Outpatient)
- Community Agencies

Referral Considerations

- Discuss benefits of additional assessment and treatment
- Initiate “warm handoff”
- If woman isn’t ready to seek help, provide written referral information
- Follow-up



Role Play

THANKS and Good Luck!

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