

Preventing alcohol-related concerns for the pregnant person-infant dyad

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and

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2024 Colorado Perinatal & SUD Care Integration Conference

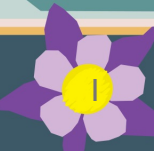


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Learning Objectives

1. Describe why unhealthy alcohol use is an urgent health concern in people who may become pregnant.
2. Explore prevention of alcohol-exposed pregnancy (informed by SBIRT).
3. Examine treatment of alcohol and nicotine use disorders during pregnancy and lactation, including pharmacology.

Unhealthy alcohol use in people who may become pregnant

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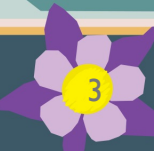


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A note about terminology

- Females/women/girls
- Males/men/boys
- Biological sex (sometimes referred to as “sex assigned at birth”/“sex at birth”)
 - People with female biology or physiology experience differences in alcohol metabolism and are at increased risk for alcohol-related harms
- Gender/Gender identity
 - Trans and nonbinary individuals may be at higher risk for alcohol-related harms and receive mixed messages about alcohol

Biology matters!

- Increased alcohol-related health problems in females.
- Females experience alcohol-related health problems earlier & at lower levels of drinking than males.
 - Hepatitis (may eventually lead to cirrhosis)
 - Heart disease
 - Brain disease (cognitive impairment)
 - Breast cancer
 - More likely to experience hangovers and blackouts



https://www.google.com/search?q=trends+alcohol+consumption+women+us&rlz=1C1GC EA_enUS829US829&oq=trends+alcohol+consumption+women+us&gs_lcrp=EgZjaHJvbWUyBggAEEUYOdIBCDg3ODFqMGo3qAIAAsAIA&sourceid=chrome&ie=UTF-8

Preconception health

- Almost 40% of pregnancies in the U.S. are unintended*.
- Ideally, we will help a person enter pregnancy as healthy as possible!
- When providing healthcare to people who could become pregnant:
 - **ASK:** *“Are you hoping to become pregnant in the next year?”*
 - **NEXT:**
 - Address unhealthy substance use (and other health concerns)
 - Provide anticipatory guidance
 - **And** address family planning needs

*2017-2019: https://www.cdc.gov/nchs/data/series/sr_02/sr02-201.pdf
https://www.cdc.gov/nchs/nsfg/key_statistics/i-keystat.htm#intendbirthbywomen

What is one drink?



12 ounces
5% ABV beer



8 ounces
7% ABV malt liquor



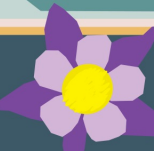
5 ounces
12% ABV wine



1.5 ounces
40% (80 proof) ABV
distilled spirits | (examples:
gin, rum,
vodka, whiskey)

ABV = Alcohol by Volume

Each contains 14g of alcohol



Lower-Risk Drink Limits

Why lower limits for women?

No amount of alcohol is recommended for health.

Red wine "health halo" has been debunked.

No alcohol is the safest choice for all people to prevent health harms.

*There is **no** lower-risk amount during pregnancy.*

	Per Day No more than...		Per Week No more than...
WOMEN	3	and	7
MEN	4	and	14
OVER 65	3	and	7
LESS IS BETTER			

Adapted from the Centers for Disease Control and Prevention (CDC)



Mommy alcohol culture

[https://www.parents.com/thmb/cmG8BjmTcskVWn4Fd4SpeL0xVg=/750x0/filters:no_upscale\(\):max_bytes\(150000\):strip_icc\(\):format\(webp\)/PAR0818_ALCOH_PARENTS_WINE_0101_0-e25fb4a634ae4fc0a902413039e2c63d.jpg](https://www.parents.com/thmb/cmG8BjmTcskVWn4Fd4SpeL0xVg=/750x0/filters:no_upscale():max_bytes(150000):strip_icc():format(webp)/PAR0818_ALCOH_PARENTS_WINE_0101_0-e25fb4a634ae4fc0a902413039e2c63d.jpg)

Alcohol use during pregnancy

- Almost 20% reported past 30-day drinking during the first trimester; almost 5% during the second or third trimesters
- 10.5% reported binge drinking (4+ drinks on an occasion) in the first trimester; 1.4% in the second or third trimesters
- 38% of those who reported alcohol use also reported using another substance
- Only 16% of pregnant persons that reported past 30-day alcohol consumption were advised by a health care provider to quit or reduce use.

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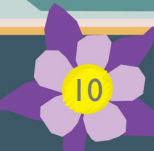


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Why Ask All Patients About Alcohol Use?

Risks

Unintended pregnancy
Sexually transmitted infections
Poor Pregnancy Outcomes
Suicide
Interpersonal violence
Cancers of breast, colon, liver, head and neck
Stroke

Causes

Fetal Alcohol Spectrum Disorders
Medication interactions
Alcohol use disorder
Fatty liver
Cirrhosis and cardiomyopathy
Pancreatitis

Worsens

Hypertension
Diabetes
Depression and Anxiety
Insomnia
Gastrointestinal conditions
Atrial Fibrillation
Weight gain/metabolic and hormonal balance



Fetal Alcohol Spectrum Disorders (FASD)

Fetal Alcohol Syndrome (FAS)

- Central nervous system (CNS) problems, abnormal facial features, growth problems
- Problems with learning, memory, attention span, communication, vision, or hearing
- Often struggle in school and with building relationships

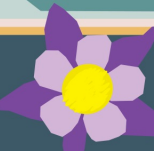
Alcohol-Related Neurodevelopmental Disorder (ARND)

- Intellectual disabilities; problems with behavior

Alcohol-Related Birth Defects (ARBD)

- Problems with the heart, kidneys, bones, hearing

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Screening – Brief Intervention – Referral to Treatment SBIRT

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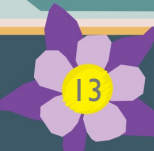


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Screening: Ask validated questions to identify alcohol or other substance use.



Brief Intervention: A short conversation to provide feedback and enhance motivation to change.



Referral to Treatment: Further assessment and initiate services for substance use disorder and related needs.

Brief Screening for Alcohol

1. “How many times in the past year have you had X or more drinks in one day?”

Positive Response	Men < 65 years	Women & Anyone ≥ 65 years
(1 or more times)	5 or more drinks/day	4 or more drinks/day


2. “How many drinks do you have on average each week?”

Positive Response	Men < 65 years	Women & Anyone ≥ 65 years
	15+ drinks/week	8+ drinks/week

***Any alcohol use by pregnant women or < age 21 = positive screen**

Further Screening for Alcohol: AUDIT

- Alcohol Use Disorders Identification Test
- Developed for primary care
- Identifies low, moderate and high-risk use including possible alcohol use disorder (AUD)
- Self-administer or staff administered


Screening, Brief Intervention, Referral to Treatment: Alcohol Use Disorders Identification Test (AUDIT)

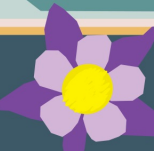
page 1 of 2

PATIENT: Because alcohol use can affect your health and can interfere with certain medications and treatments, it is important that we ask some questions about your use of alcohol. Your answers will remain confidential so please be honest.
 Place an **X** in one box that best describes your answer to each question.
Note: Alcohol is inclusive of beer, wine, liquor or any other alcoholic beverage. One drink = 12 oz. beer, 5 oz. wine, or 1.5 oz. liquor.

AUDIT-C and AUDIT

Questions	0	1	2	3	4
1. How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times a month	2-3 times a week	4 or more times a week
2. How many drinks containing alcohol do you have on a typical day when you are drinking?	1 or 2	3 or 4	5 or 6	7 to 9	10 or more
3. How often do you have four or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
AUDIT-C Score (add items 1-3)					
(+) screen = 4 for men/3 for women and men >65 years old. If positive, ask the next 7 question to administer the full AUDIT.					
4. How often during the last year have you found that you were unable to stop drinking once you started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
5. How often during the last year have you failed to do what was normally expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
7. How often during the last year have you felt guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
8. How often during the last year have you been unable to remember what happened the night before because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
9. Have you or someone else been injured as a result of your drinking?	No		Yes, but not in the last year		Yes, during the last year
10. Has a friend, relative, or doctor or other health worker been concerned about your drinking or suggested you cut down?	No		Yes, but not in the last year		Yes, during the last year
Total AUDIT Score:					

Saunders JB, Aasland OG, Babor TF, De La Fuente JR, Grant M. 1993. Development of the Alcohol Use Disorders Identification Test (AUDIT): WHO collaborative project on early detection of persons with harmful alcohol consumption-11.



5Ps+

5Ps Prenatal Substance Abuse Screen for Alcohol, Drugs and Tobacco

Develop a comfortable rapport with the client. Advise the client that the responses she provides are confidential and may only be used for her evaluation and treatment. Let her know that if she has discomfort with any topic on the questionnaire "No Answer" is an acceptable response. We recommend this so that women don't feel pressured and will return for further prenatal care

1. Did any of your *parents* have a problem with using alcohol or drugs?
 - a. Yes
 - b. No
 - c. No Response
2. Do any of your friends (*peers*) have problems with drug or alcohol use?
 - a. Yes
 - b. No
 - c. No Response
3. Does your *partner* have a problem with drug or alcohol use?
 - a. Yes
 - b. No
 - c. No Response
4. Before you knew you were *pregnant*, how often did you drink beer, wine, wine coolers or liquor or use any kind of drug?
 - a. Not at all
 - b. Rarely
 - c. Sometimes
 - d. Frequently
 - e. No Response
5. In the *past* month, how often did you drink beer, wine, wine coolers or liquor or use any kind of drug?
 - a. Not at all
 - b. Rarely
 - c. Sometimes
 - d. Frequently
 - e. No Response
6. How much did you *smoke* before you knew you were pregnant?
 - a. Don't smoke
 - b. 1/2 pack/day
 - c. 1 pack/day
 - d. 1-2 packs
 - e. No response

CRAFFT 2.1 +N: Adolescent screening

The CRAFFT 2.1+N Interview

To be verbally administered by the clinician

Begin: "I'm going to ask you a few questions that I ask all my patients. Please be honest. I will keep your answers confidential."

Part A

During the PAST 12 MONTHS, on how many days did you:

1. Drink more than a few sips of beer, wine, or any drink containing alcohol? Say "0" if none. # of days
2. Use any marijuana (cannabis, weed, oil, wax, or hash by smoking, vaping, dabbing, or in edibles) or "synthetic marijuana" (like "K2," "Spice")? Say "0" if none. # of days
3. Use anything else to get high (like other illegal drugs, pills, prescription or over-the-counter medications, and things that you sniff, huff, vape, or inject)? Say "0" if none. # of days
4. Use a vaping device* containing nicotine and/or flavors, or use any tobacco products? Say "0" if none. # of days
*Such as e-cigs, mods, pod devices like JUUL, disposable vapes like Puff Bar, vape pens, or e-hookahs. †Cigarettes, cigars, cigarillos, hookahs, chewing tobacco, snuff, snus, dissolvables, or nicotine pouches.

If the patient answered...

<p>"0" for all questions in Part A</p> <p>↓</p> <p>Ask 1st question only in Part B below, then STOP</p>	<p>"1" or more for Q. 1, 2, or 3</p> <p>↓</p> <p>Ask all 6 questions in Part B below</p>	<p>"1" or more for Q. 4</p> <p>↓</p> <p>Ask all 10 questions in Part C on next page</p>
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Part B Circle one

C Have you ever ridden in a CAR driven by someone (including yourself) who was "high" or had been using alcohol or drugs?	No	Yes
R Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in?	No	Yes
A Do you ever use alcohol or drugs while you are by yourself, or ALONE?	No	Yes
F Do you ever FORGET things you did while using alcohol or drugs?	No	Yes
F Do your FAMILY or FRIENDS ever tell you that you should cut down on your drinking or drug use?	No	Yes
T Have you ever gotten into TROUBLE while you were using alcohol or drugs?	No	Yes

Two or more YES answers in Part B suggests a serious problem that needs further assessment. See Page 3 for further instructions. →

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The information on this page is protected by special federal confidentiality rules (42 CFR Part 2), which prohibit disclosure of this information unless authorized by specific written consent.

Part C

"The following questions ask about your use of any vaping devices containing nicotine and/or flavors, or use of any tobacco products.*"

	Yes	No
1. Have you ever tried to QUIT using, but couldn't?	Yes	No
2. Do you vape or use tobacco NOW because it is really hard to quit?	Yes	No
3. Have you ever felt like you were ADDICTED to vaping or tobacco?	Yes	No
4. Do you ever have strong CRAVINGS to vape or use tobacco?	Yes	No
5. Have you ever felt like you really NEEDED to vape or use tobacco?	Yes	No
6. Is it hard to keep from vaping or using tobacco in PLACES where you are not supposed to, like school?	Yes	No
7. When you HAVEN'T vaped or used tobacco in a while (or when you tried to stop using)...		
a. did you find it hard to CONCENTRATE because you couldn't vape or use tobacco?	Yes	No
b. did you feel more IRRITABLE because you couldn't vape or use tobacco?	Yes	No
c. did you feel a strong NEED or urge to vape or use tobacco?	Yes	No
d. did you feel NERVOUS, restless, or anxious because you couldn't vape or use tobacco?	Yes	No

One or more YES answers in Part C suggests a serious problem with nicotine that needs further assessment. See Page 3 for further instructions. →

*References:
Wheeler, K. C., Fletcher, K. E., Wellman, R. J., & DiFranza, J. R. (2004). Screening adolescents for nicotine dependence: the Hooked On Nicotine Checklist. *J Adolesc Health*, 35(3), 225-230.
McKelvey, K., Baiocchi, M., & Halpern-Felsher, B. (2018). Adolescents' and Young Adults' Use and Perceptions of Pod-Based Electronic Cigarettes. *JAMA Network Open*, 1(6), e183535.

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Brief Negotiated Interview



**Raise the
subject**



**Provide
feedback**

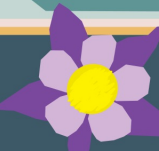


**Enhance
motivation**



**Negotiate
next steps**

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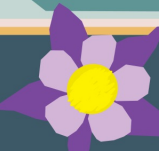


Step 1: Raise the Subject

“We ask all patients questions about alcohol and other substance use. Would it be ok to discuss your screening results?”



Ask permission to have the conversation



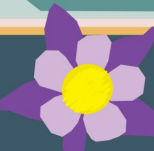
Step 2: Provide Feedback



- Review reported alcohol or other substance use.
- Ask what they know about substance use during pregnancy and lactation.
- Note that there is no safe time or amount of alcohol use during pregnancy.
- Discuss any questions or concerns about their use.
- Advise to cease alcohol use during pregnancy.

Don't give too much information.

Always ask the patient what they think about the information.



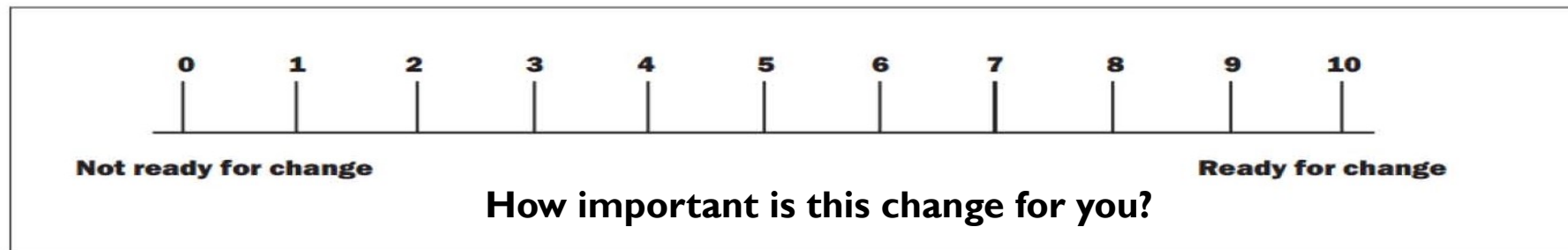
Step 3: Enhance Motivation

Assess Importance

“On a scale of 0 -10, how important is it to you to stop drinking during your pregnancy, where 0 is not at all and 10 is very important?”

Then ask:

“What made you choose X and not a **lower** number?”



Step 3: Enhance Motivation

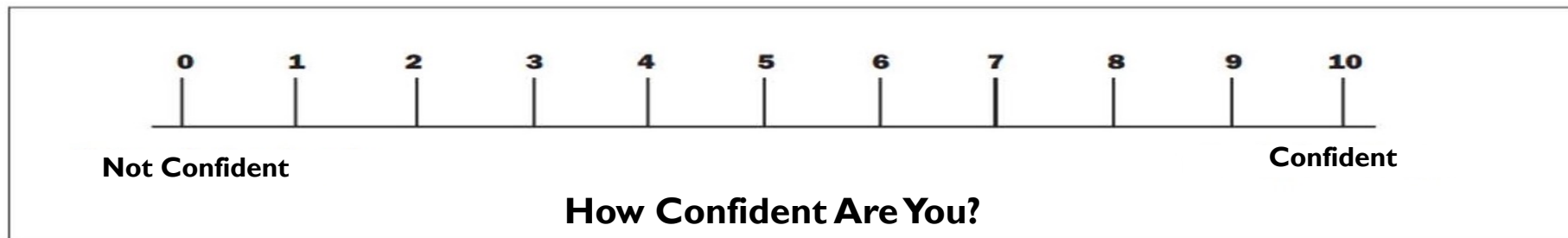
Assess Confidence

“On a scale of 0 -10, how confident are you that you will be able to change your alcohol use if you decide to?”

Then Ask:

“What made you choose X?”

“What could help you feel more confident?”



Step 3: Enhance Motivation: Other open-ended questions

1. “Why might you want to consider stopping alcohol use while you’re pregnant?”
2. “Let’s say you decide it’s a good idea to quit, how would you do it in order to be successful?”
3. “What are some of the best reasons to stop drinking during your pregnancy?”
4. “How does your alcohol use fit with what matters most to you at this time in your life?”



Step 4: Negotiate Next Steps

- 1. Affirm autonomy:** “It is your decision to make a change or to decide you are not ready for a change.”
- 2. Explore the patients’ ideas first:** “What next steps make sense for you?”
 - Negotiate a goal with the patient.
- 3. Discuss detailed next steps. Then ask:**
 - “What will be challenging?”
 - “How could you handle these challenges?”
 - “Who can support you in making this change”?”
- 4. Summarize and arrange next steps and follow-up.**
- 5. Thank the patient!**

Coordinating Treatment

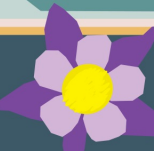
Care plan may include:

- Referral to behavioral health
- Medications
- Peer support groups
 - Not just AA (although AA helps many people)
 - LifeRing
 - SMART Recovery
 - Women for Sobriety
- Home visitation/ doula support
- Resources for self-management
- Other?

Key points:

- Shared decision-making with the patient
- Ongoing care coordination essential
- Options for managing barriers to treatment

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Medications for Alcohol Use

- Naltrexone
 - Reduces neurochemical reward of alcohol, may reduce cravings
 - PO: 50mg tablet daily
 - IM: Vivitrol (monthly)
- Acamprosate
 - Craving reduction via gaba system
 - PO, 333mg TID x 5 days, then increase to 666mg TID
- Disulfiram
 - "Antabuse" aka Fear Factor
 - Inhibits hepatic aldehyde dehydrogenase
 - PO, 250mg daily or 500mg 3x per week
 - Use with caution!
 - Check baseline TSH and monitor at least yearly
- Gabapentin
 - Off-label
 - May help reduce withdrawal symptoms, cravings
 - Can help reduce Post-Acute Withdrawal Symptoms (PAWS)
 - May help reduce anxiety
- Topiramate
 - Off-label
 - May reduce cravings, enhance mood stability
 - Appetite reduction, which may help reduce rebound sugar cravings
 - May also help with neuropathic pain
- Baclofen
 - Off-label
 - May reduce cravings
 - May help with chronic pain

Medications for Nicotine Use

- NRT
 - Patches, gum, lozenges
 - OTC pouches
 - Vape, esp nicotine free?
- Bupropion
 - SR (BID) dosing may be more effective for nicotine cessation
 - Also approved for depression, ADHD
- Varenicline (Chantix)
 - Very limited (but no harm) data in pregnancy
 - Partial agonist at nicotinic receptor
 - May be most effective for those who desire cessation

Harm Reduction

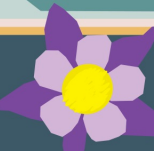
Most people try several times before they can change substance use

Explore harm reduction especially when reluctant or low confidence

Encourage continuation of prenatal/postpartum care.

Strategies:

- Track use: triggers, frequency, quantity
- Set limits when using a substance
- Address less risky use
- Avoid depressants while alone
- Develop a parenting plan
- Offer options for social support and stress management
- Focus on overall wellness:
 - Prenatal vitamins
 - Regular prenatal care
 - Hydration, sleep, diet, exercise
 - Meditation, coping skills building



Thank you very much!

QUESTIONS?

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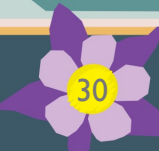


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Up Next - Workshops

Riverside (Back to Main Room)

Planning for Sustainability: Grants, Funding Sources, and Medicaid Services



**Dr. JK Costello,
M.D., M.P.H**
*The Steadman
Group*



**Anoushka
Milllear**
*Colorado Dept. of
Healthcare Policy
and Financing*



Jose Esquibel
*Colorado
Consortium for
Prescription Drug
Abuse*

Gondola (Here)

Perinatal and Adolescent Clinical Best Practices: Early Childhood Attachment Considerations and Substance Use Disorder Treatment Interventions in Sensitive Periods



**Dr. Sukhmeet
Sandhu, MD**
*University of
Colorado School of
Medicine*



**Dr. Aviva
Olsavsky, MD**
*University of
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