# Protecting Women and Babies from Alcohol- and Drug-Affected Births: Executive Summary

**Why screen for alcohol and/or drug use among women of childbearing age?**

**Alcohol and/or drugs have important effects on the health of the mother and child.**
Fetal Alcohol Spectrum Disorder (FASD) describes the range of effects that can occur in an individual whose mother drank alcohol during pregnancy. These effects may include physical, behavioral, mental, and/or learning disabilities with possible lifelong implications.[1] Based on estimated rates per live births, FASD affects nearly 40,000 newborns in the US each year.[2] The National Institute on Drug Abuse reports, "various drugs of abuse may result in premature birth, miscarriage, low birth weight, and a variety of behavioral and cognitive problems." More information is available at www.drugabuse.gov/publications/medical-consequences-drug-abuse/prenatal-effects.

**Remember:** Alcohol- and Drug-Affected Births are Preventable.

**Alcohol use is common among Massachusetts women of childbearing age.**
Research has shown that Massachusetts is in the upper range of all states regarding the prevalence of alcohol use among women aged 18-44 years.[3] Because 50% of all pregnancies are "unplanned" and the use of alcohol can be so harmful early in pregnancy, it is crucial that practitioners talk to patients about alcohol and drug use before pregnancy occurs.[4] Office visits are an opportune time to have this discussion and to offer advice and information to all women of childbearing age.

- Screening and brief intervention can help. A number of associations, such as the American Medical Association (AMA) and the American College of Obstetrician and Gynecologists (ACOG), have endorsed universal substance abuse screening for all women of childbearing age.[5] Providers report that patients often welcome such screening, and one emergency room director reported, "[Despite] doubts whether patients would volunteer information about drug and alcohol use, we found that the opposite was true."[6]
- Brief physician advice can be a powerful tool. In a study of nearly 6,000 women of childbearing age who were screened for problem drinking, those who screened positive and received a brief intervention had a significant reduction in 7-day alcohol use compared to the control group over the 48-month follow-up period. Women who became pregnant showed the most dramatic decrease in alcohol use.[7]
- While data do not clearly show that a brief intervention for unhealthy *drug* use in general medical settings results in reduced use, there is a need for more data about the effectiveness among women who are pregnant or may become pregnant. At the very least, screening women of reproductive age for drug use may improve the quality of their medical care (for example, by alerting providers of potential comorbidities or pregnancy complications a woman might experience), and help providers initiate important conversations about drug use and pregnancy. Importantly, studies show that women who use drugs are particularly eager to obtain treatment once they find out they are pregnant.[8,9]

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**Validated screening instruments can be easy to implement.**
Screening women of childbearing age can be quick and relatively straightforward. This folder provides guidelines for screening and intervention, information on alcohol and other drug treatment, and sample materials you can give to your patients. We have included examples of a validated screening tool, the T-ACE, and a supplementary Behavioral Risk Screening Protocol. These tools take only a few minutes to administer.

**The MA Department of Public Health gives pregnant women priority for treatment.**
If you think your patient may need treatment, refer to the Treatment Resources sheet and the Central Access Line for pregnant women (9-5, Mon-Fri) at 1-617-661-3991 or 1-866-705-2807, TTY 1-617-661-9051, or our Helpline at www.helpline-online.com. If you refer a patient to a specialty treatment program for alcohol or other drugs, it is helpful to ask the patient to sign a special release of information with 42 CFR Part 2 language (see included sample) to allow the program to communicate with you.

For more ideas, visit www.cdc.gov/ncbddd/fasd/documents/alcoholsbiimplementationguide.pdf.

Multiple copies of this Toolkit, the enclosed materials, and other resources can be ordered free of charge through www.mass.gov/maclearinghouse or by calling 1-800-952-6637, TTY: Use MassRelay at 711 or 1-800-720-3480.

### References


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