



FASD Prevention in Practice: Equipping Champions for Women's Health

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Acknowledgements

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Disclaimer

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Objectives

- Define fetal alcohol spectrum disorders (FASDs)
- Describe the role and purpose of a champion for FASD prevention and awareness
- List resources available to FASD champions and nursing and midwifery professionals to help raise awareness about FASDs and FASD prevention strategies

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Today we will answer the following questions:

- What is an FASD champion for prevention and awareness?
- Why do we need champions?
- Are you already an FASD champion (and you just don't know it)?
- What can you do next?

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What are FASDs?



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Fetal alcohol spectrum disorders (FASDs) are a group of diagnosable medical conditions that can occur in a person who was exposed to alcohol before birth.

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The effects are life-long and can include mental health conditions, learning disabilities, sensory issues, and physical manifestations such as heart defects, hearing and visual impairments, and more.

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The term FASDs is not intended for use as a clinical diagnosis

It is an umbrella term that encompasses the conditions associated with prenatal alcohol exposure.

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1 in 20
school age
children in U.S.
are estimated to
have FASD

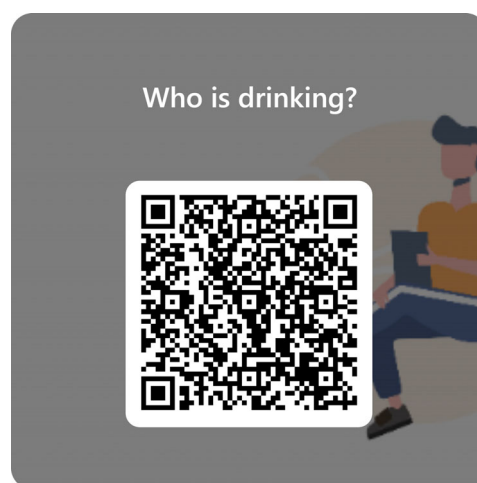
Source: May, et al., 2018

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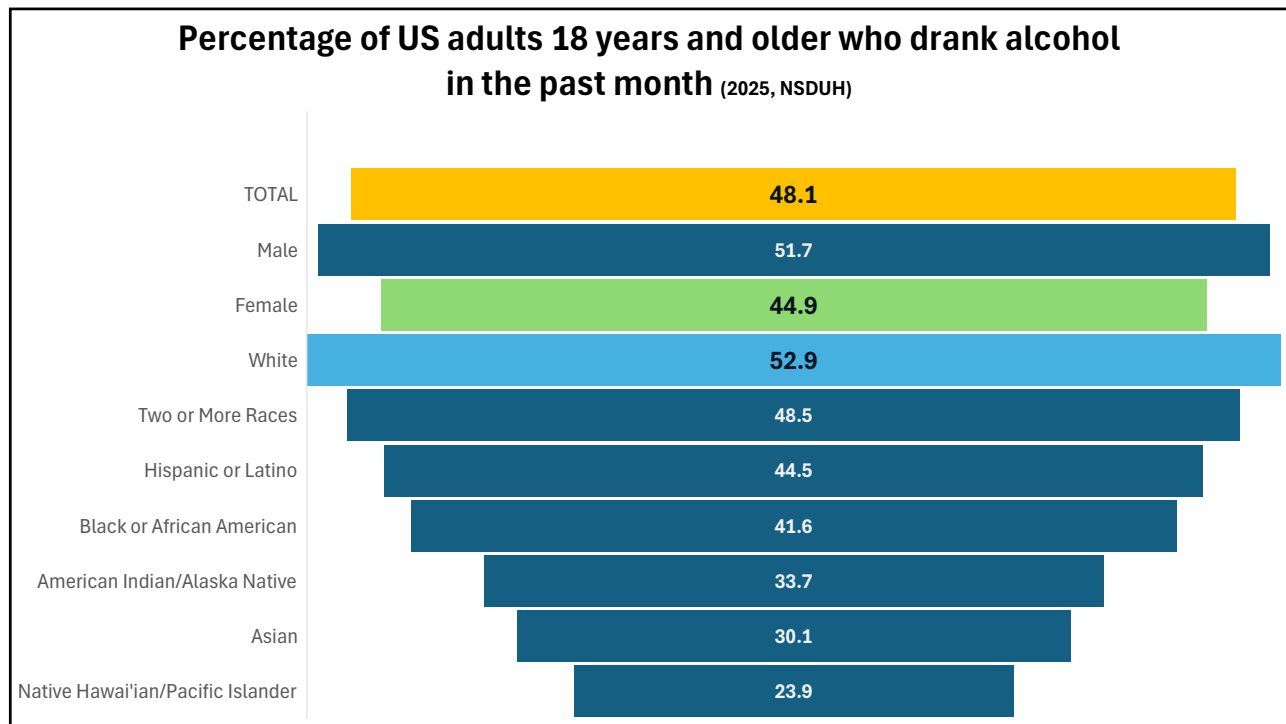
Preventing fetal alcohol spectrum disorders (FASDs)

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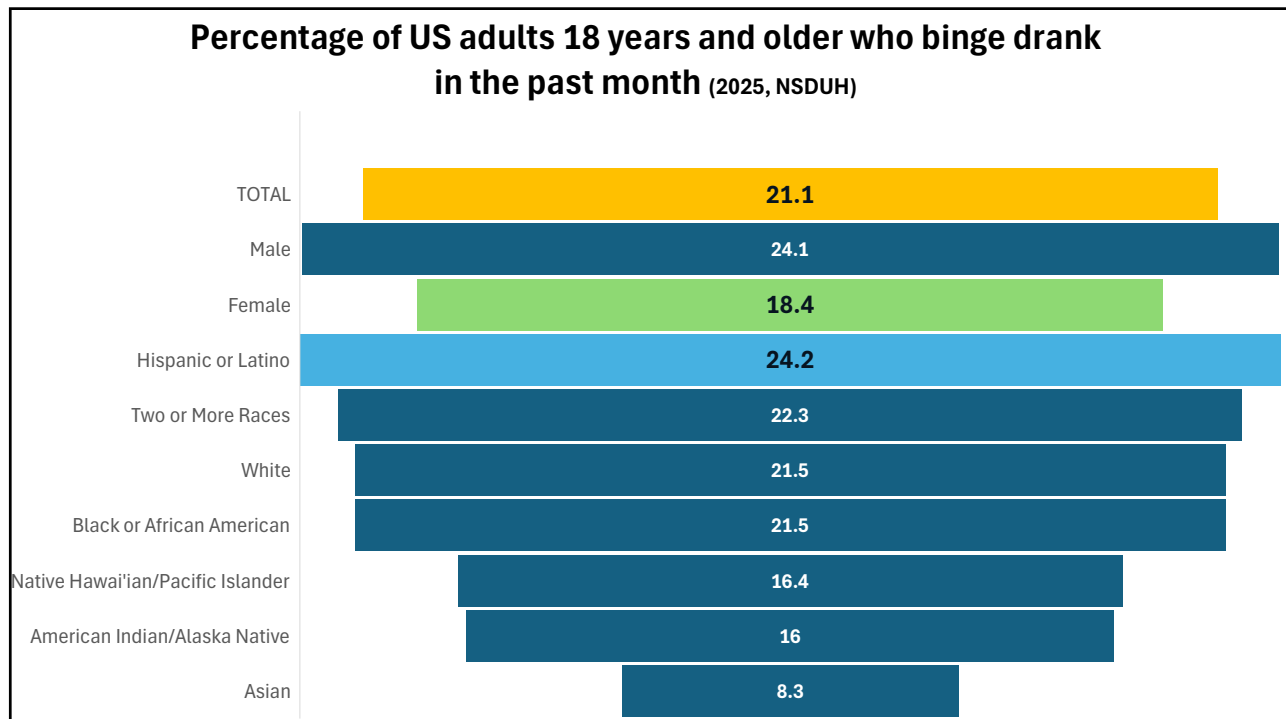
Who is drinking?



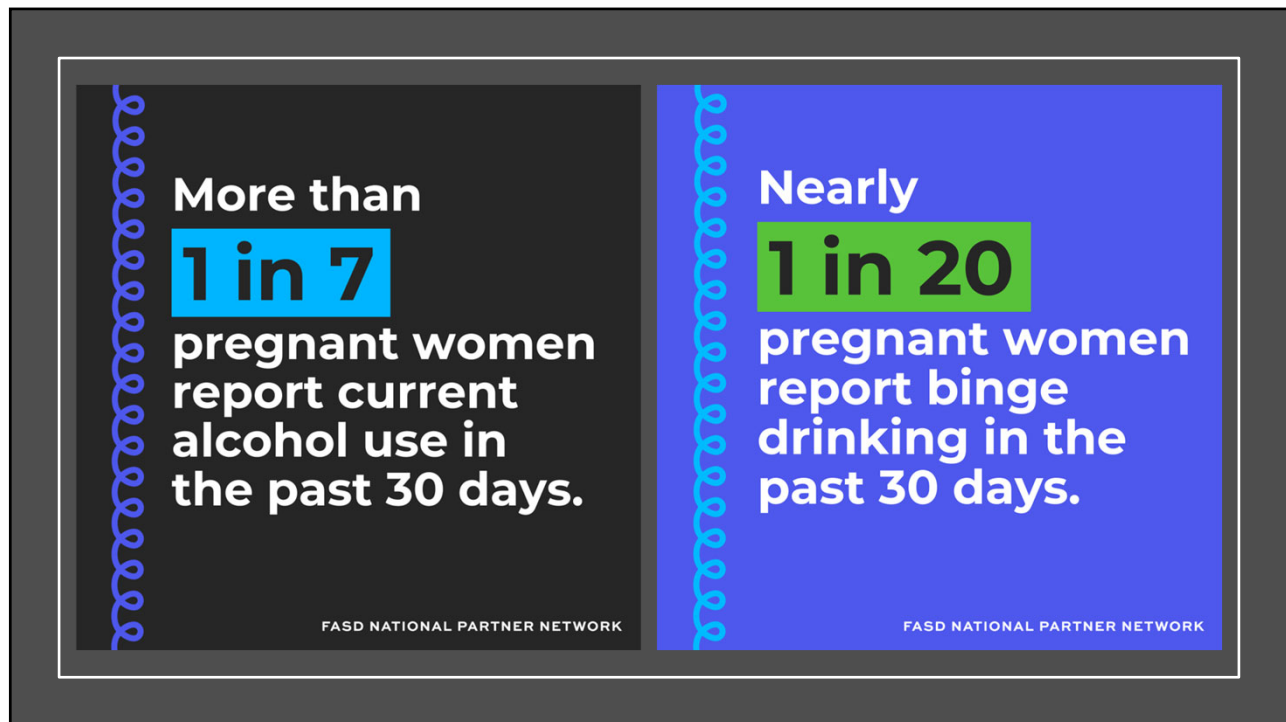
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Alcohol during pregnancy



No known
safe amount



No safe time



No safe type

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It's not just alcohol-exposed pregnancies....

Excessive alcohol use can increase the risk for premature death due to cancer, accidental injury, interpersonal violence, cardiovascular disease, cirrhosis of the liver, and other health conditions.

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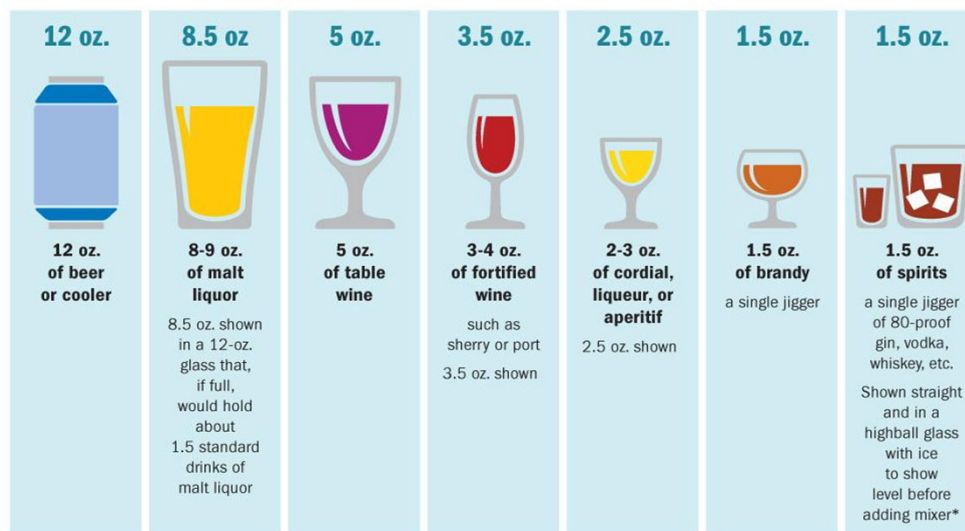
Excessive alcohol use includes heavy drinking and binge drinking

For women:

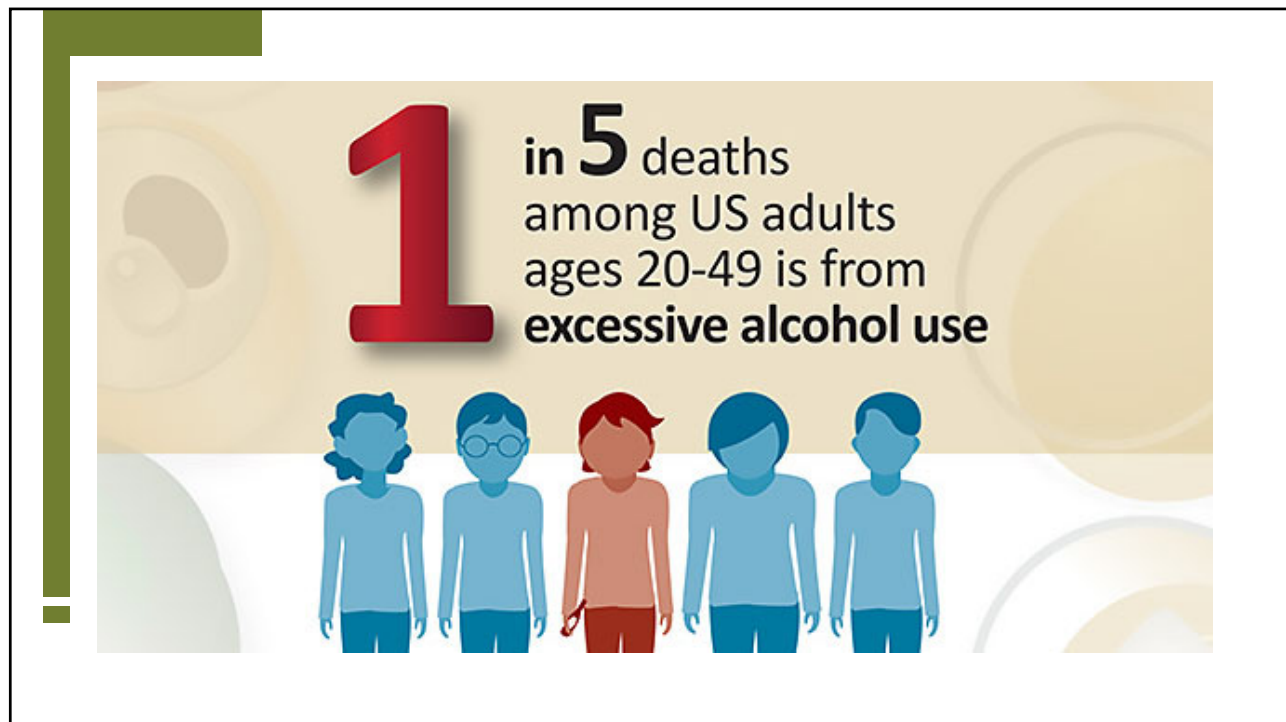
- Heavy alcohol use is consuming more than 1 standard drink per day or more than 7 standard drinks per week
- Binge drinking is consuming 4 or more standard drinks on a single occasion

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Standard drink sizes



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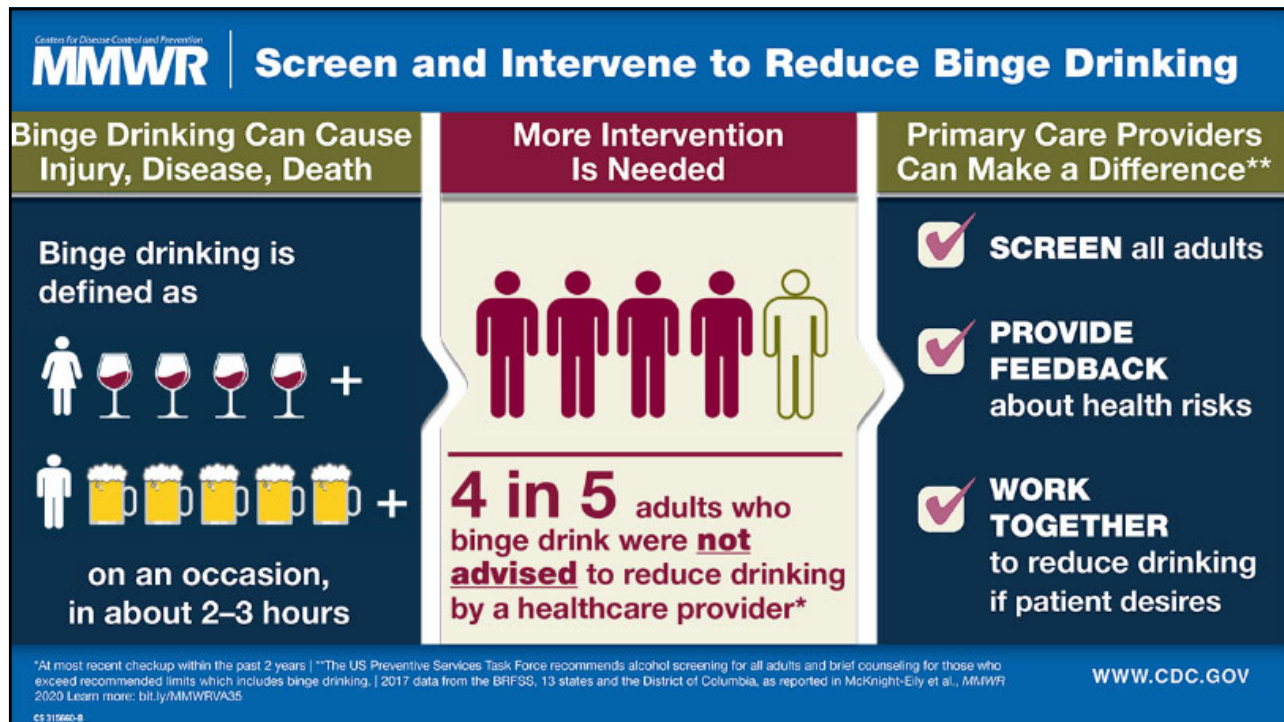


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Prevention and risk reduction

- Prevention starts with routinely and universally asking about alcohol use – i.e., asking all patients regularly and frequently
- Use effective, evidence-based screening tools
- Brief interventions can contribute to prevention
- Asking about pregnancy intention or desire for pregnancy, e.g., “Do you want to be pregnant in the next 12 months?”

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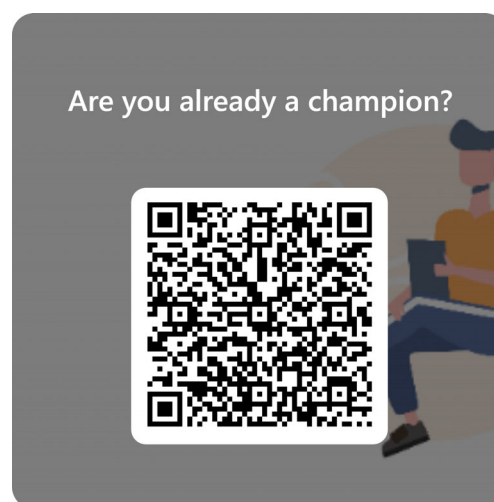
We need more health care professionals to ask their patients about their alcohol use

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We need more nursing and midwifery professionals to champion evidence-based strategies to prevent alcohol-related harms

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Are you already a champion?



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Who is a champion?

A health care professional who is actively engaged in promoting awareness of FASDs and FASD prevention strategies



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Who is a champion?

A health care professional who is actively learning more about FASDs and FASD prevention strategies



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Who is a champion?

A health care professional who shares resources and information to their colleagues and patients about FASDs and reducing excessive alcohol use



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Who is a champion?



A health care professional who works with their clinic leadership to implement alcohol screening and brief intervention into their clinical systems and practices

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Who is a champion?



A health care professional who works with policy makers to raise awareness of FASDs, FASD prevention, and help make alcohol screening and brief intervention/SBIRT implementation easier and more cost-effective

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Which best fits your role or goals?



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Clinical Leader Champion

- Supports the principles of FASD prevention
- Promotes knowledge and skill development
- Facilitates dissemination of FASD awareness and prevention tools and resources



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Student Champion



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- Proponents and cheerleaders of FASD prevention and awareness cause
- Facilitate dissemination of FASD awareness and prevention tools and resources to fellow students

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Executive Champion

- Administrative nurses who advocate and/or influence other nurses and organizations about FASD prevention
- Encourage the dissemination of information about FASDs
- Instrumental in the adoption of evidence-based prevention practices such as alcohol screening and brief intervention/SBIRT



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Meet our champions



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Linda Locke, CNM MPH LSW FACNM



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**Become an FASD
Awareness Champion**

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Members of the Champion Network can receive:

- Technical assistance
- A pre-developed, short PowerPoint to present to colleagues
- Access to a support network
 - Quarterly calls
 - Mailing list
 - Sharing of ideas for champion activities
 - Access to new resources as they are developed, with opportunity to provide input

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Download a copy of the Champion Toolkit



sites.google.com/view/nursesmidwivespreventfasds/toolkits

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Fetal alcohol spectrum disorders

A toolkit for champions for FASD awareness and prevention

Collaborative for Alcohol-Free Pregnancy
Partnering for Practice Change

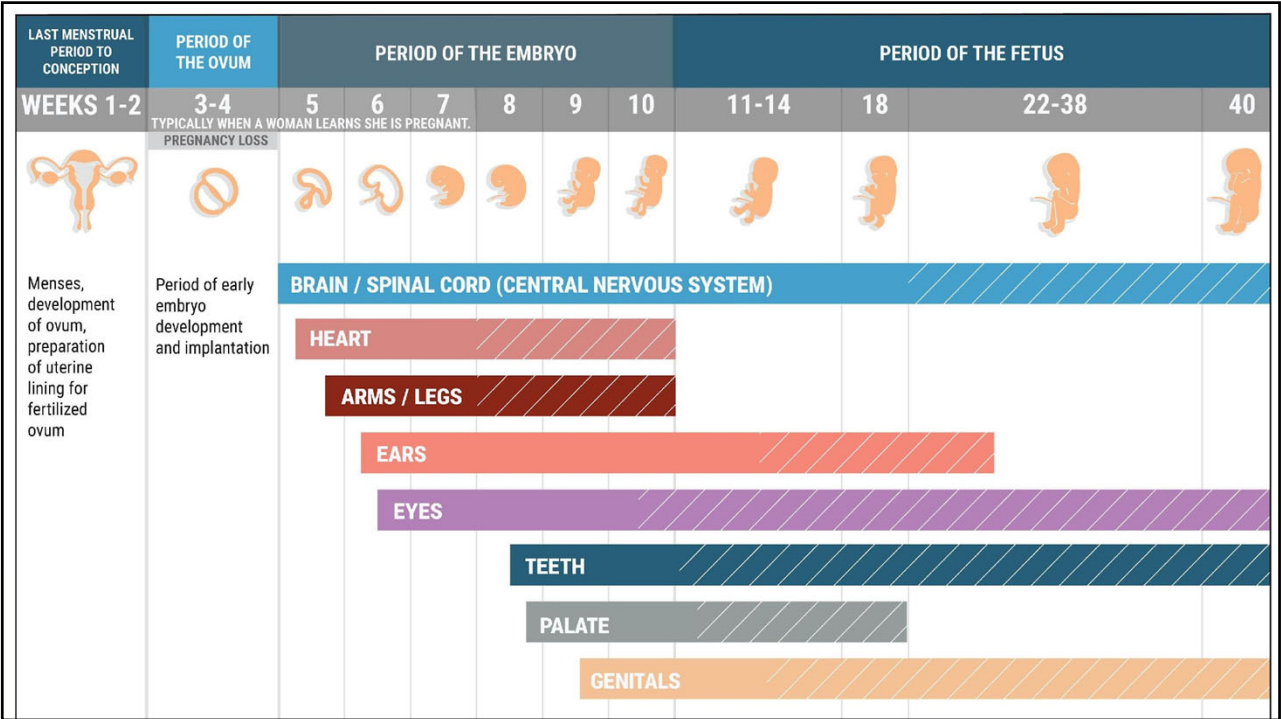
AWHONN

NPH The National Association of Nurse Practitioners in Women's Health

UAA Center for Behavioral Health Research and Services
UNIVERSITY of ALASKA ANCHORAGE

FASD NATIONAL PARTNER NETWORK

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Resources

LET'S TALK
OPENING A CONVERSATION & BRIEF INTERVENTION TIPS

Healthcare Providers Can Reduce the Negative Health Risks Associated with Alcohol Use

- Screen all adults to determine if patients are drinking at excessive levels.
- Provide feedback about health risks.
- Work together to reduce drinking if patient desires.

Tips for Opening a Discussion About Alcohol with Patients

- Be prepared with a validated screener and resources for further referral.
- Remember to listen without judgment and ask open-ended questions.
- Try starting with: "To provide the best quality care, I'd like to ask about issues that affect your health, like smoking, exercise, diet, and alcohol use. Would it be okay if we chat about these for a few minutes?"

For more information: Planning and Implementing Screening and Brief Intervention for Risky Alcohol Use: A Step-by-Step Guide for Primary Care Practices
<https://www.cdc.gov/nchsddd/fasdd/documents/AlcoholSBIImplementationGuide-P.pdf>

Brief Intervention Tips for Patients Who Screen Positive for Excessive Alcohol Use

Offer feedback:

- Provide the typical range of scores for all patients screened.
- State what score represents low-risk drinking.
- Tell the patient their score, and that it puts them at risk for health problems.
- Ask their reaction, "How does this make you feel?"

Listen:

- Listen for change talk (patient concerns, problem recognition).
- Summarize patient's pros and cons for their current drinking behavior.
- Ask "On a scale of 0 to 10, how ready are you to change your drinking behavior?"
- "Why did you choose that number?" or
- "What would it take to raise that number?"
- Reflect and summarize throughout.

Identify:

- "Do you want to quit, cut down, or make no change?"
- "How will you do that? What might help you get in the way?"
- If you give advice, ask permission to do so before, and ask their reaction after.

Summarize statements in favor of change, emphasize patient strengths, and restate any agreement reached. Ask, "Can we follow up about this at your next visit?" and thank the patient for talking with you.

LET'S TALK
HELP YOUR PATIENTS ACCURATELY DISCUSS THEIR ALCOHOL CONSUMPTION WITH YOU

WHAT IS ONE DRINK?

BEER	SHOT	WINE
A SINGLE BEER	A SINGLE SHOT	A SINGLE GLASS OF WINE
12 FL. OZ.	1.5 FL. OZ.	5 FL. OZ.
ABOUT 5% ALCOHOL	ABOUT 40% ALCOHOL	ABOUT 12% ALCOHOL

FOR MORE INFORMATION:
Visit the CDC website for information on alcohol SBI and FASDe
<https://www.cdc.gov/nchsddd/fasdd/>
<https://www.cdc.gov/nchsddd/fasdd/alcohol-screening.html>

SHARE WHAT LEVELS OF DRINKING ARE ASSOCIATED WITH A VARIETY OF HEALTH RISKS

EXCESSIVE ALCOHOL LEVELS FOR HEALTHY ADULTS	BINGE DRINKING DEFINITIONS
MEN More than 2 drinks per day	MEN 5 or more drinks on a single occasion
WOMEN More than 1 drink per day	WOMEN 4 or more drinks on a single occasion

Certain people should avoid alcohol completely, including those who:

- Plan to drive or operate machinery, or participate in activities that require skill, coordination, and alertness.
- Take certain over-the-counter or prescription medications.
- Have certain medical conditions.
- Are recovering from alcohol use disorder or are unable to control the amount that they drink.
- Are younger than age 21.
- Are pregnant or might be pregnant.

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Resources

Impacts of Prenatal Substance Use

Substance	Potential Newborn Outcomes	Potential Long-Term Outcomes
Nicotine	• Impaired orientation and autonomic regulation • Abnormal muscle tone • Risk for low birth weight/growth restriction	• Impulsivity • Attention problems and hyperactivity • Learning and memory problems • Poor language development
Alcohol	• Poor habituation** • Low levels of arousal*** • Risk for a variety of congenital anomalies • Risk for low birth weight/growth restriction	• Attention and adaptive behavior problems spanning through childhood into adulthood • Poor memory and executive function skills • Problems with development and use of language, social skills
Marijuana	• Increased startle response • Tremors	• Deficits in problem-solving skills • Learning difficulties • Inattention and impulsivity
Opiates	• Withdrawal symptoms/ Neonatal Abstinence Syndrome • Risk for low birth weight/growth restriction	• Hyperactivity, short attention span in toddlers • Memory and perceptual problems in school-aged children
Cocaine	• Irritability, labile (rapidly changing) state/emotions • Decreased behavioral and autonomic regulation • Poor alertness and orientation • Risk for low birth weight/growth restriction	• Increased risk of learning disabilities • Executive functioning issues, including visual motor ability • Attention and working memory challenges • Subtle language delays
Meth	• Poor movement quality • Decreased arousal • Increased stress • Risk for low birth weight/growth restriction	• Outcomes for prenatal methamphetamine exposure are still being studied.

*Poly-substance use (such as the combination of alcohol and nicotine or marijuana) can result in a variety of the outcomes listed.
Habituation is where a person grows accustomed to a situation or a stimulus. *A person with low arousal reacts less to stimuli.
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Q O Q O Q FASD NATIONAL PARTNER NETWORK

ALCOHOL USE & PREGNANCY

Brief Intervention Techniques

Practice scenarios & suggestions for how best to convey the core message: **there is no known safe amount, no safe time, & no safe type of alcohol use during pregnancy.**

A patient tells you they want to start trying to become pregnant

"Congratulations in reaching a decision to start a family! There is information you should know about alcohol & pregnancy. Fetal development is a complicated process. Alcohol is a known teratogen, meaning it alters and kills cells in a developing embryo or fetus, which can lead to birth defects. This can happen even before a person knows they are pregnant. As your provider, I advise you and your partner to stop drinking now while you are trying to conceive. If you do choose to drink, do it in a lower risk way (only one drink/occasion)."

"My mother drank when she was pregnant with me, and I turned out fine."

"I'm glad to hear that you are fine. In the past, it was pretty common for health professionals to tell women it was okay to drink while pregnant. However, we can't be sure how a teratogen - a substance that can cause birth defects - like alcohol might impact any mother/baby pair and evidence shows it is potentially dangerous to fetal development. Because everyone is different and we can't predict if your drinking might be harmful for your baby, I advise you not to drink during the pregnancy."

"What if I can't stop drinking?"

"Alcohol use disorder can be a very difficult thing. I recognize that every person has a story behind how or why they began to use and continue to use alcohol. I want you to know that stopping drinking at any time in the pregnancy can be helpful for you and your baby. Alcohol is a teratogen that can kill and alter the baby's developing cells. I would like to work with and support you and will refer you for treatment if you are ready."

"I only drink 1 glass of wine or 1-2 beers a night. Will that hurt my baby?"

"Research tells us that blood alcohol content for the pregnant parent and baby are the same. Alcohol is a known teratogen, which means it alters and kills cells in a developing fetus. I'd advise you to put another special beverage like sparkling water or juice in a special glass while you are pregnant. The 'special glass' can be the reminder that you are making this lifestyle change for the benefit of you and your baby."

SEE QR CODE ON THE BACK FOR MORE INFORMATION

Q O Q O Q FASD NATIONAL PARTNER NETWORK

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Resources

PREGNANCY AND OPIOIDS

- Most people don't know they're pregnant until halfway through the first trimester!
- About 7% of individuals report using prescription opioid pain relievers during pregnancy.¹
- Opioid exposure during pregnancy has been linked to poor health for both mothers and babies and increased chances of maternal death.

EFFECTS DURING PREGNANCY & EARLY DEVELOPMENT

The effects of prenatal opioid exposure on children over time are largely unknown, including among those with or without neonatal abstinence syndrome (NAS). Not all babies exposed to opioids during pregnancy experience or exhibit signs of NAS, but there could be long-term effects on development that aren't obvious at birth. More research is needed to better understand the spectrum of possible outcomes related to opioid exposure during pregnancy.

- In addition to NAS, opioid use disorder has been linked to:
- Poor fetal growth
 - Preterm birth
 - Stillbirth
 - Specific birth defects¹

From 2010 to 2017,⁴
babies born with NAS
in the U.S. increased by

82%

Additionally, there can be legal ramifications of use during pregnancy. The Child Abuse and Prevention Treatment Act requires providers to have a reporting system in place for when infants are born exhibiting signs of neonatal abstinence syndrome.² Reporting mandates vary by states, but providers should always try to prioritize patient autonomy and confidentiality.

EFFECTS OF PRENATAL EXPOSURE ON ADULTS

Prenatal exposure to opioids has been shown to have possible lasting effects on adults, including impairment in:

- Vision
- Motor skills
- Bone structure and connectivity
- Cognition
- Decreased language skills
- Challenges with social-emotional development.⁴

Those struggling with opioid use disorder or abuse, can get help and resources through SAMHSA's helpline: **1-800-662-HELP**

GET MORE OPIOID FACTS



<http://bit.ly/3m1e0vm>



PREGNANCY AND CANNABIS

No amount of cannabis, also known as marijuana, has been proven safe to use during pregnancy or while breastfeeding. In 2018, the American Academy of Pediatrics released its first official guidelines, advising patients who are pregnant or nursing to avoid cannabis use because it is not safe for them or their children. Additionally, there is no evidence suggesting that cannabis (THC or CBD) is an effective treatment to reduce nausea, morning sickness, or other pregnancy symptoms.

EFFECTS DURING PREGNANCY AND EARLY DEVELOPMENT

Studies show that cannabis use during pregnancy may be harmful to a baby's health and cause a variety of problems, including:

- Fetal growth restriction (when a baby doesn't gain the appropriate amount of weight before birth)
- A greater risk of stillbirth
- Preterm birth (being born before 37 weeks of gestation)

- Low birth weight
- Long-term brain development issues affecting memory, learning, and behavior
- Marijuana use while breastfeeding also comes with risk of harms to the baby
- THC and other chemicals in marijuana can be passed to a baby through breast milk, increasing the baby's risk for problems with brain development.¹

RATES OF USE DURING PREGNANCY

- Self-reported rates of use in pregnancy are 2% to 5%; however, these likely represent an underestimate.
- 14% of women reported heavy use of cannabis (i.e., smoking 1 or more joints per day) during the first trimester, compared with 5.3% and 5.0% during the second and third trimesters of pregnancy, respectively.¹
- 5.5% of women reported cannabis use after pregnancy.
- The most common method of cannabis use was smoking. The most common reason was to relieve stress or anxiety, nausea or vomiting, and pain.²

EFFECTS OF PRENATAL EXPOSURE ON ADULTS

Prenatal exposure to cannabis has been shown to have possible lasting effects on adults, including deficits in:

- Managing everyday tasks like planning, working memory, attention, and organization
- Impulse control
- Analytic skills
- Visual problem solving¹

Prenatal cannabis exposure can affect a child's brain development, potentially leading to attention, behavioral, and social problems, and may also increase the risk of certain mental health disorders later in life. It can have long-lasting impacts on the mental processes of being able to think, learn, and react to the world around you.

GET MORE CANNABIS FACTS



<http://bit.ly/3m1e0vm>



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Champion activities

- Provide a presentation to your colleagues, community, or professional organization
- Disseminate resources to your colleagues, community, or professional organization
- Access pre-developed social media posts



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Become a Collaborative for Alcohol-Free Pregnancy FASD Awareness Champion



Join our Champions!



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Check out our YouTube channel for additional informative videos on FASDs and aSBI



Visit our website to download resources and be linked to other continuing education opportunities



Join our mailing list to be kept up to date with future trainings and new resources

NPs, Midwives, and Nurses: Partnering to Prevent FASDs
tinyurl.com/askaboutalcohol

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Resources

- AWHONN www.awhonn.org/resources-and-information/alcohol-and-fasd-awareness-resources/
- NPWH: npwh.org/page/Position-Statements
- CDC www.cdc.gov/fasd/
- FASD United: fasdunited.org/
- ACOG www.acog.org/programs/fasd
- AAP www.aap.org/en/patient-care/fetal-alcohol-spectrum-disorders/

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Acknowledgements



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Slide 49

ae1 Tammy - I think these might be better or more useful listed on a handout than on a slide? What do you think?

aeedwards, 2026-07-24T21:02:00.592

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