



**Introduction to Fetal Alcohol
Spectrum Disorders:
The Medical Assistant's Role**



Funding for this presentation was made possible by the Centers for Disease Control and Prevention. The views expressed in written materials and by speakers do not necessarily reflect the official policies of the Department of Health and Human Services, nor does the mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

OVERALL LEARNING OBJECTIVES

By the end of this training, you will be able to:

1 Discuss the lifelong effects of FASDs.

2 Become familiar with how FASDs are diagnosed and why early intervention is important.

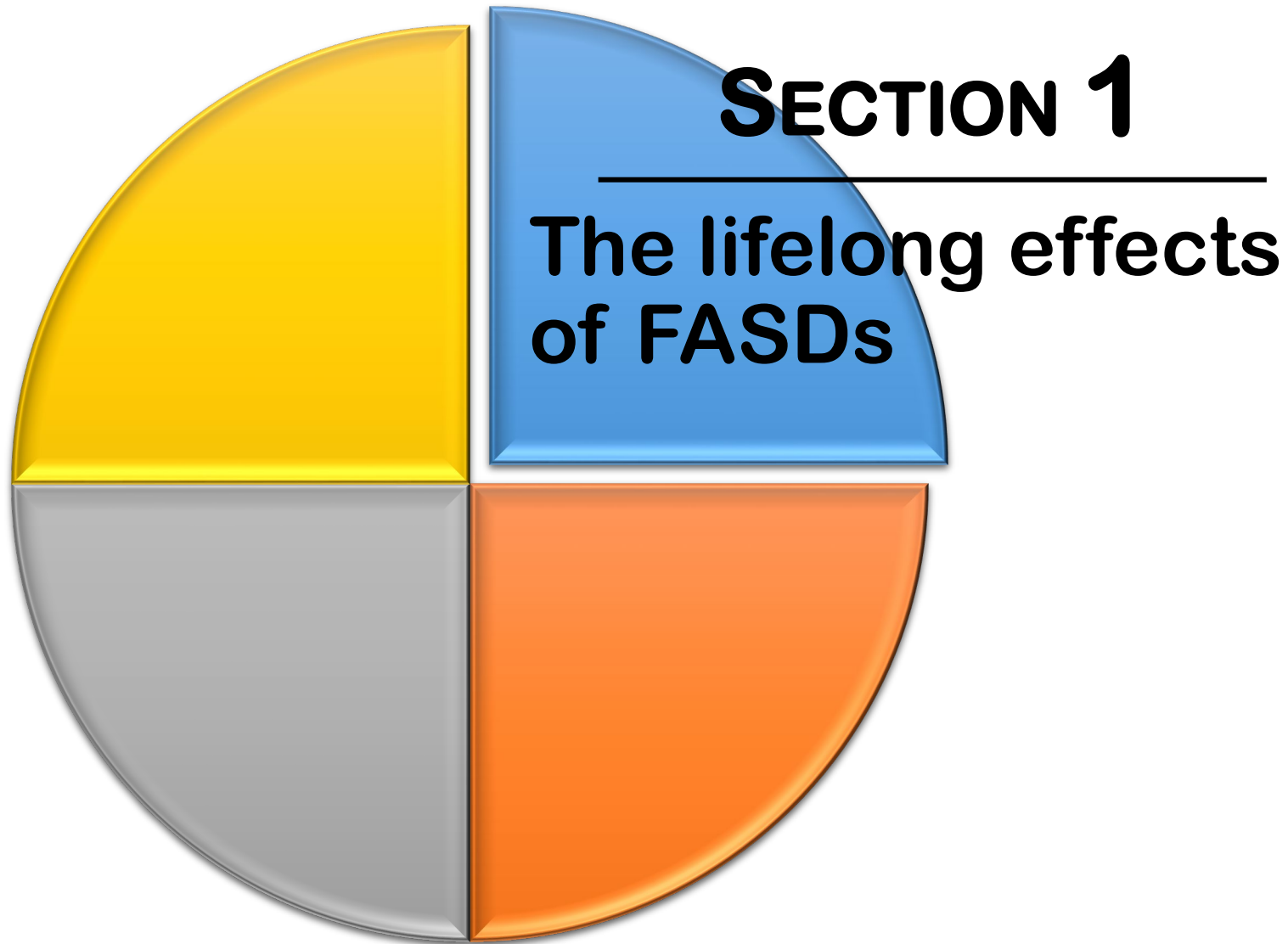
3 Describe screening techniques used to determine who is at risk for an alcohol-exposed pregnancy.

4 Identify ways to improve communication with patients about their alcohol use.



The MA Scope of Work

Always refer to your state and/or employer's scope of practice regulations for the role of the MA.



Fetal Alcohol Spectrum Disorders (FASDs)

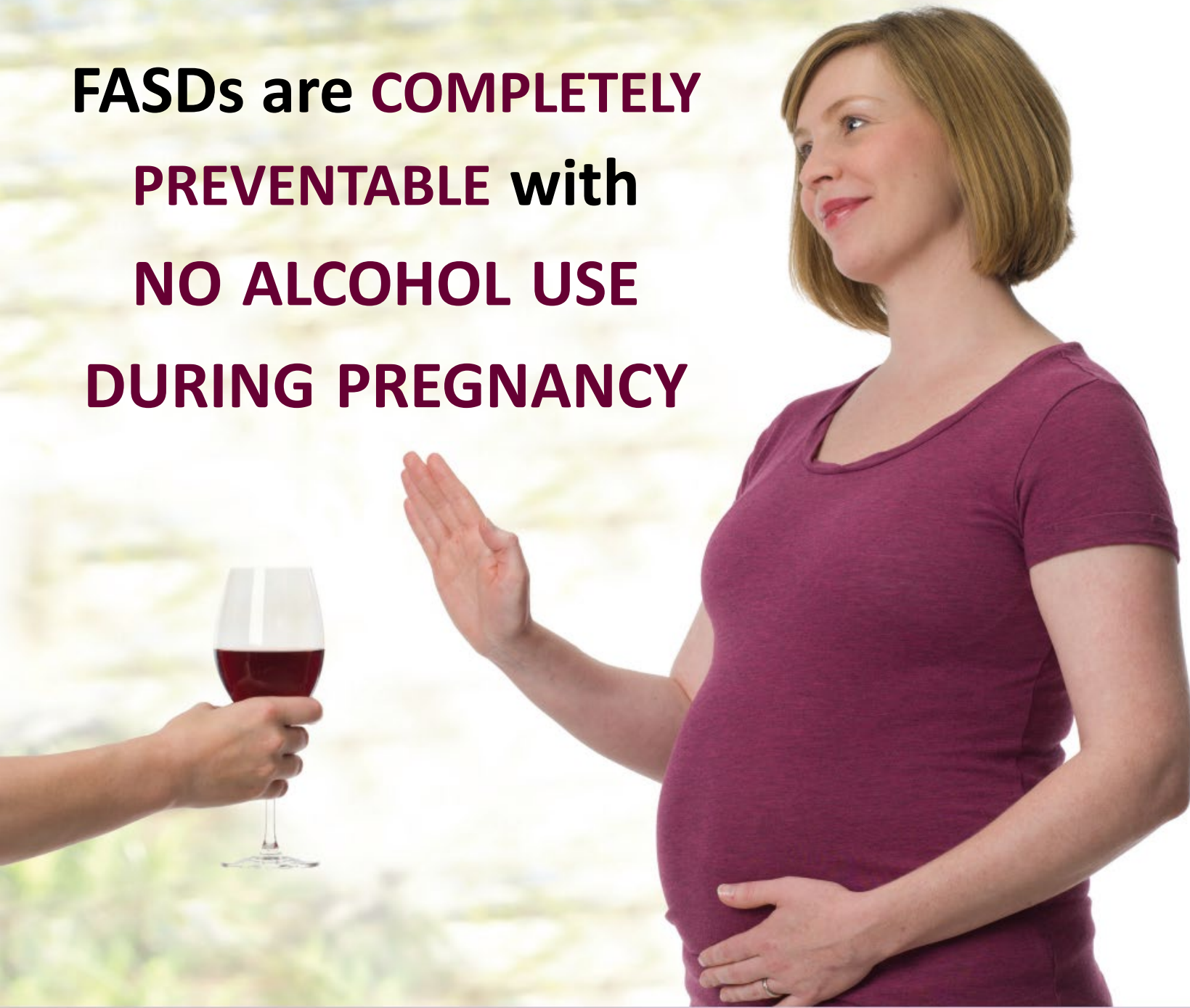
- a continuum of disorders ranging from mild intellectual & behavioral issues to extreme issues that may lead to profound disabilities or premature death
- caused solely by prenatal alcohol exposure and are NOT hereditary
- last a lifetime, but there are benefits from early diagnosis, support, & services



not a clinical diagnosis

**Not all prenatal alcohol-related conditions show the
*identifying physical characteristics***

**FASDs are COMPLETELY
PREVENTABLE with
NO ALCOHOL USE
DURING PREGNANCY**



A pregnant woman in a white dress is shown from the waist down, holding a glass of red wine. The background is plain white. The text is overlaid on the left side of the image.

10.2% of pregnant women
aged 18 to 44 years report
current alcohol use

(CDC, 2015a)

ALCOHOL IS A TERATOGEN

(a substance that causes malformation to the developing baby)

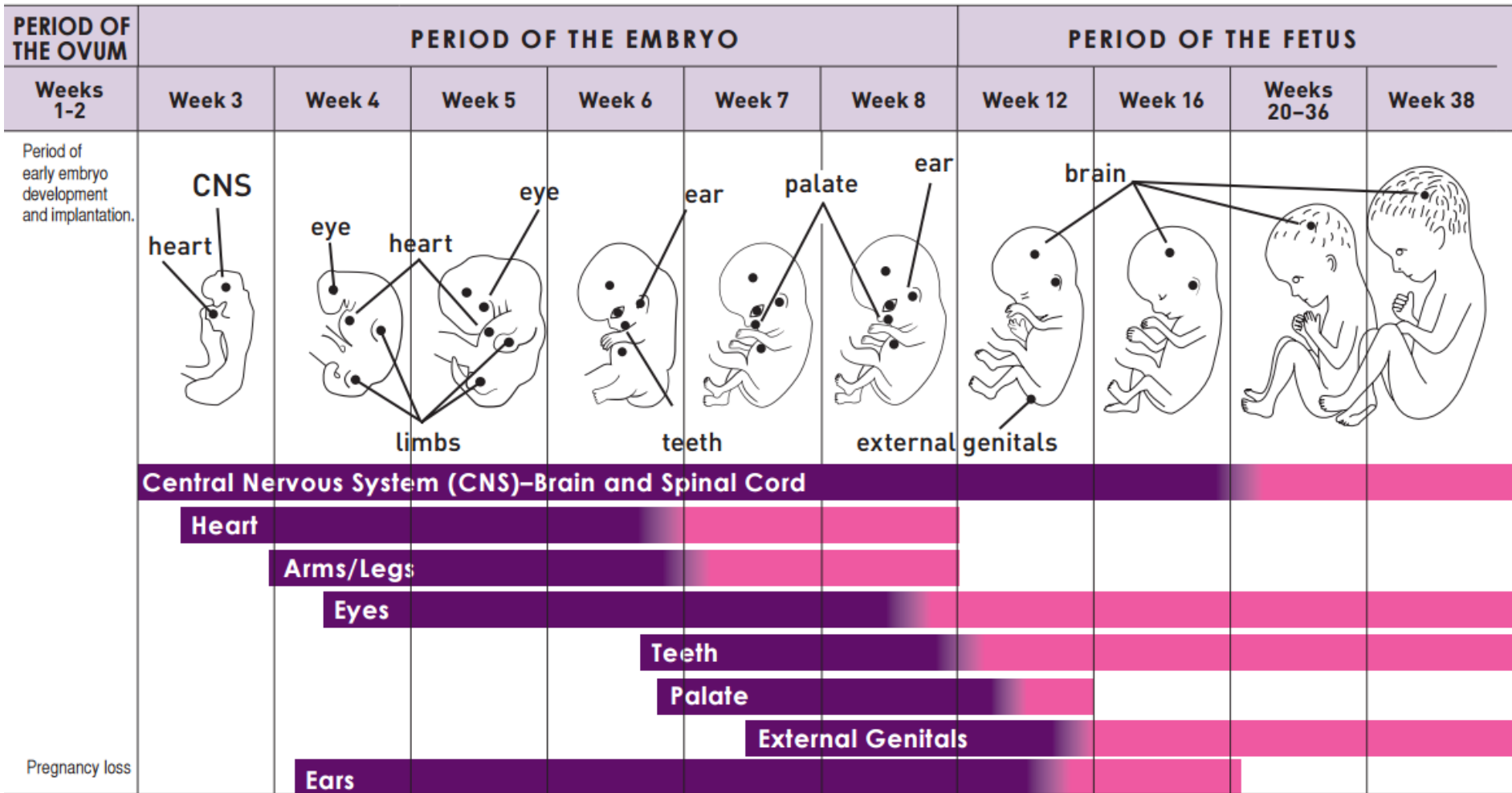


The impact of alcohol on the developing baby is **NOT** reversible.



FETAL DEVELOPMENT CHART

This chart shows vulnerability of the fetus to defects throughout 38 weeks of pregnancy.*
 • = Most common site of birth defects



Period of development when major defects in bodily structure can occur.
 Period of development when major functional defects and minor structural defects can occur.

Adapted from Moore, 1993 and the National Organization on Fetal Alcohol Syndrome (NOFAS) 2009
 *This fetal chart shows the 38 weeks of pregnancy. Since it is difficult to know exactly when conception occurs, health care providers calculate a woman's due date 40 weeks from the start of her last menstrual cycle.

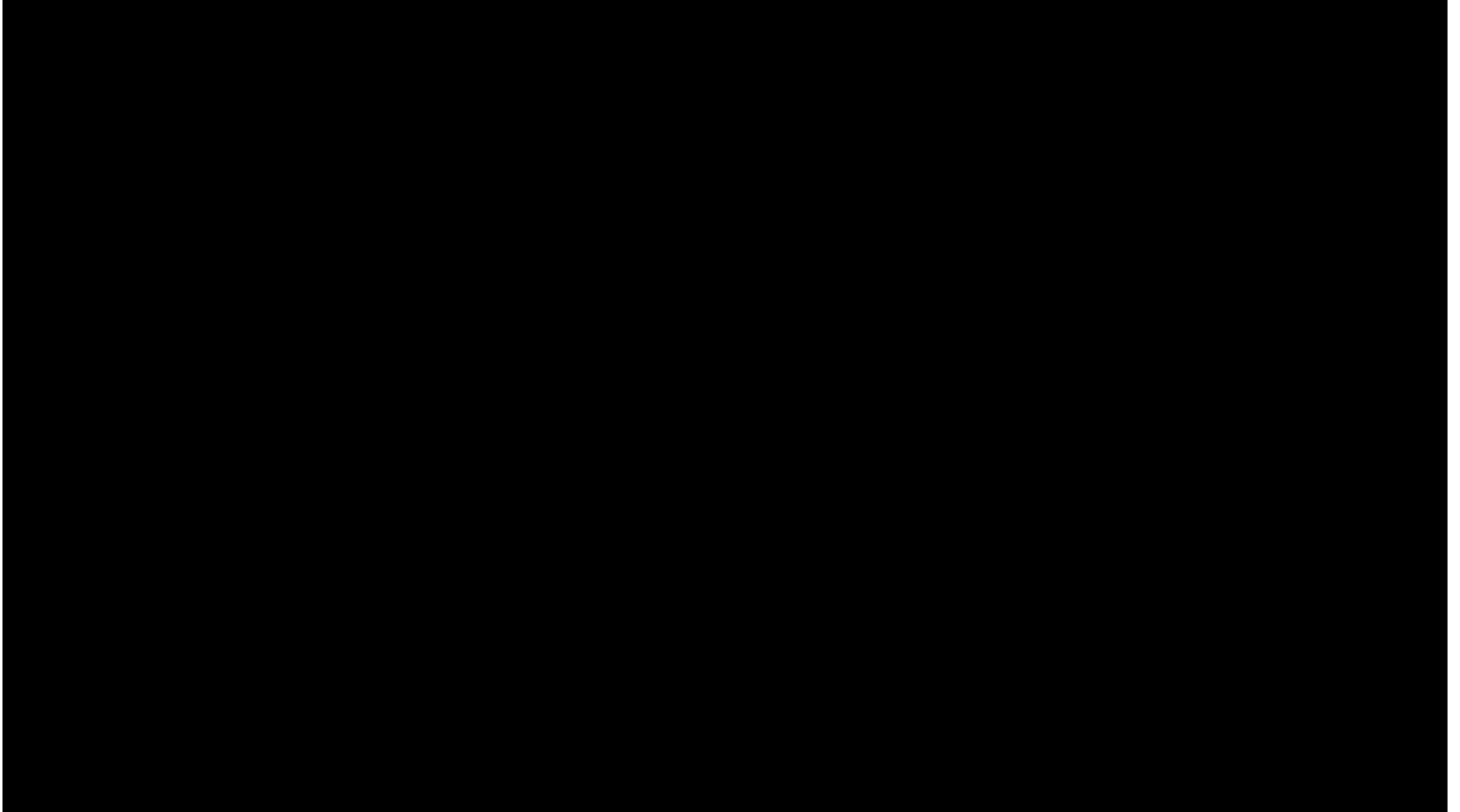
The prevalence of FASDs in the United States is estimated to be as high as 2-5% of school-age children, a rate similar to that of autism spectrum disorders.

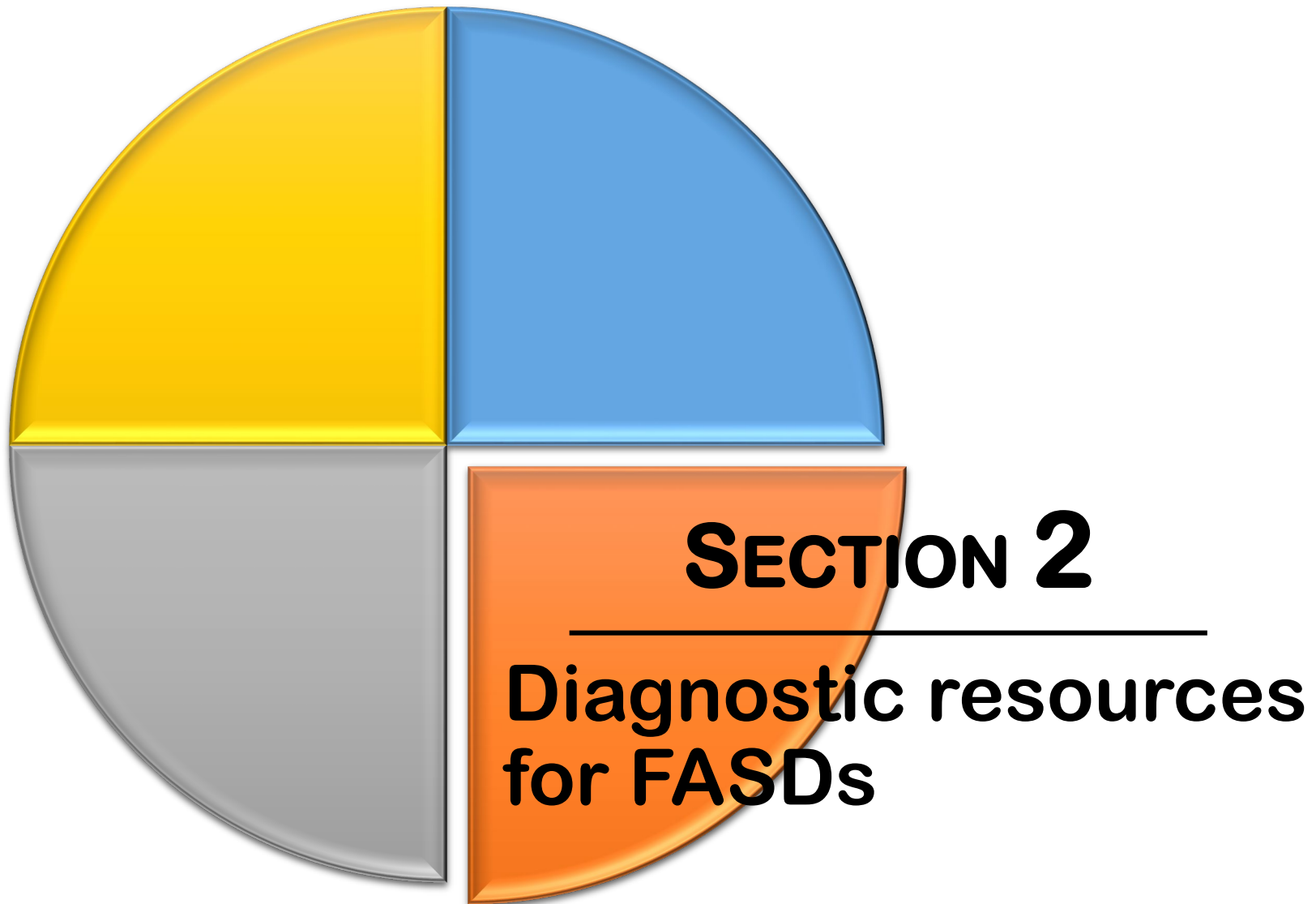


The Societal Costs of FASDs



Living with FASDs Video

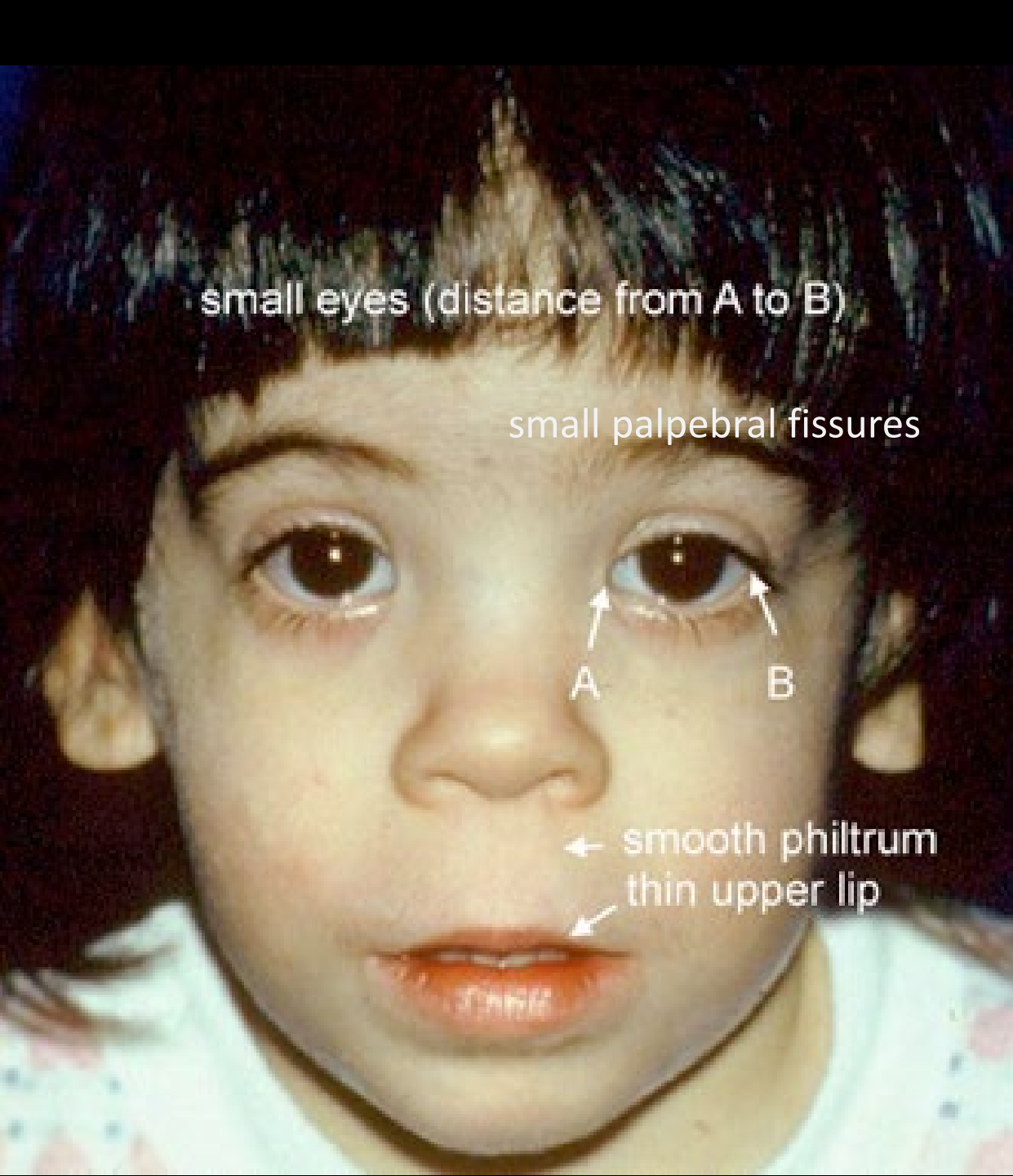




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characteristics associated with prenatal alcohol exposure

1. Specific facial features
2. Growth deficiency
3. Central nervous system problems



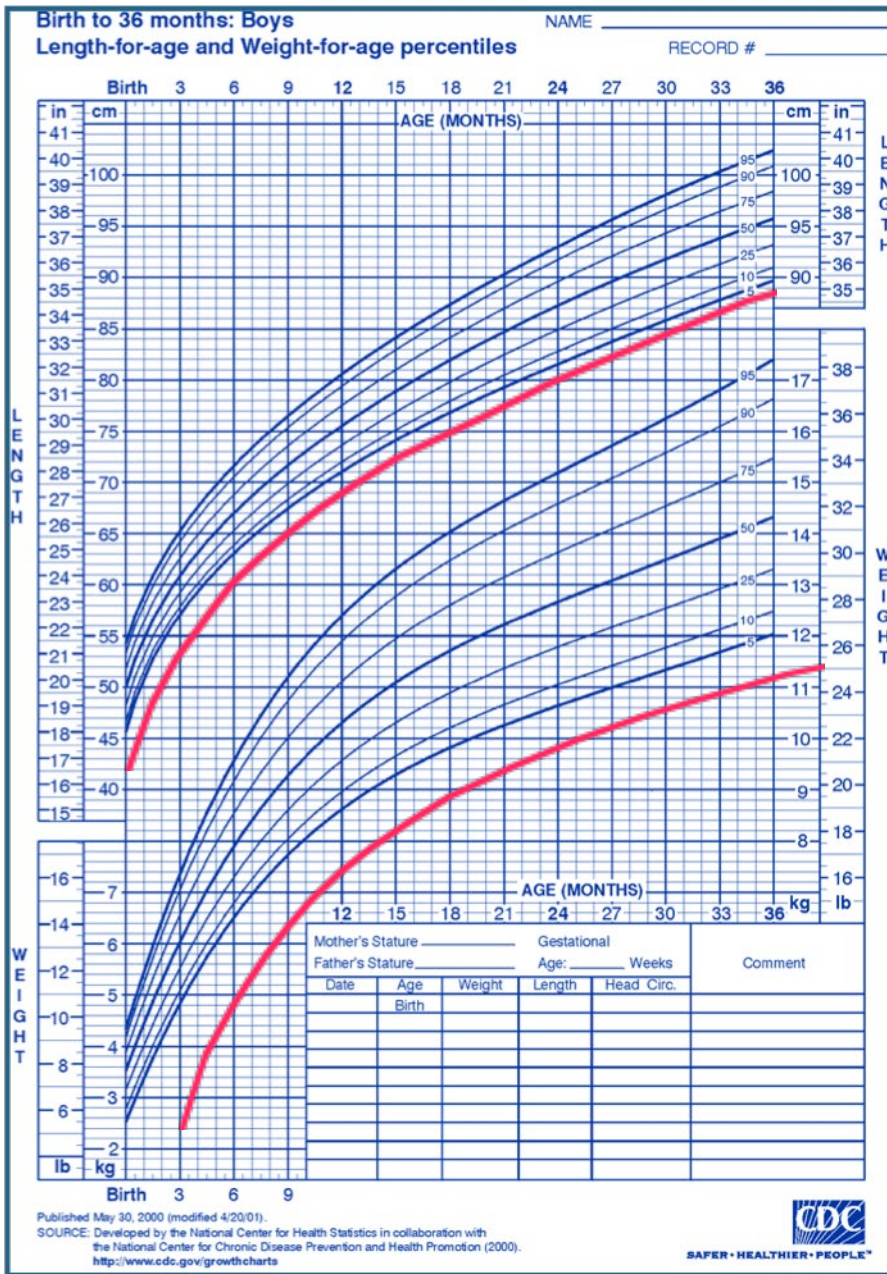
small eyes (distance from A to B)

small palpebral fissures

A B

← smooth philtrum
thin upper lip

1. Specific Facial Features (Dysmorphia)



2. Growth deficiency



3. Central Nervous System (CNS)



Categories of CNS problems:

1. Structural Problems

- ◆ Small head size

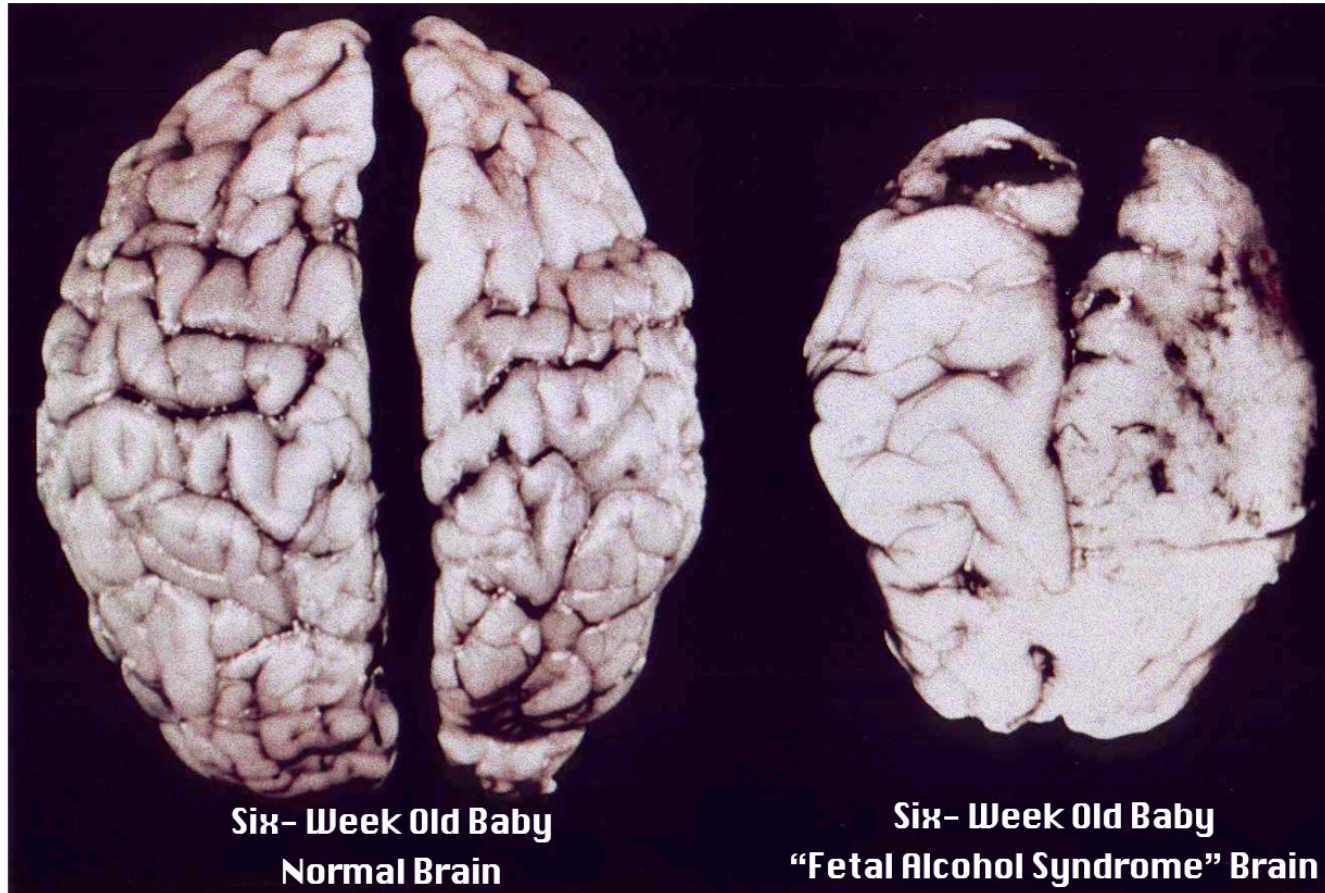
2. Neurologic

- ◆ Poor coordination
- ◆ Poor muscle control
- ◆ Problems sucking as a baby

3. Functional

- ◆ Cognitive deficits
- ◆ Executive functioning deficits

Non-alcohol affected vs. Profoundly alcohol-affected brain



Co-Occurring Behavioral/Mental Health Issues

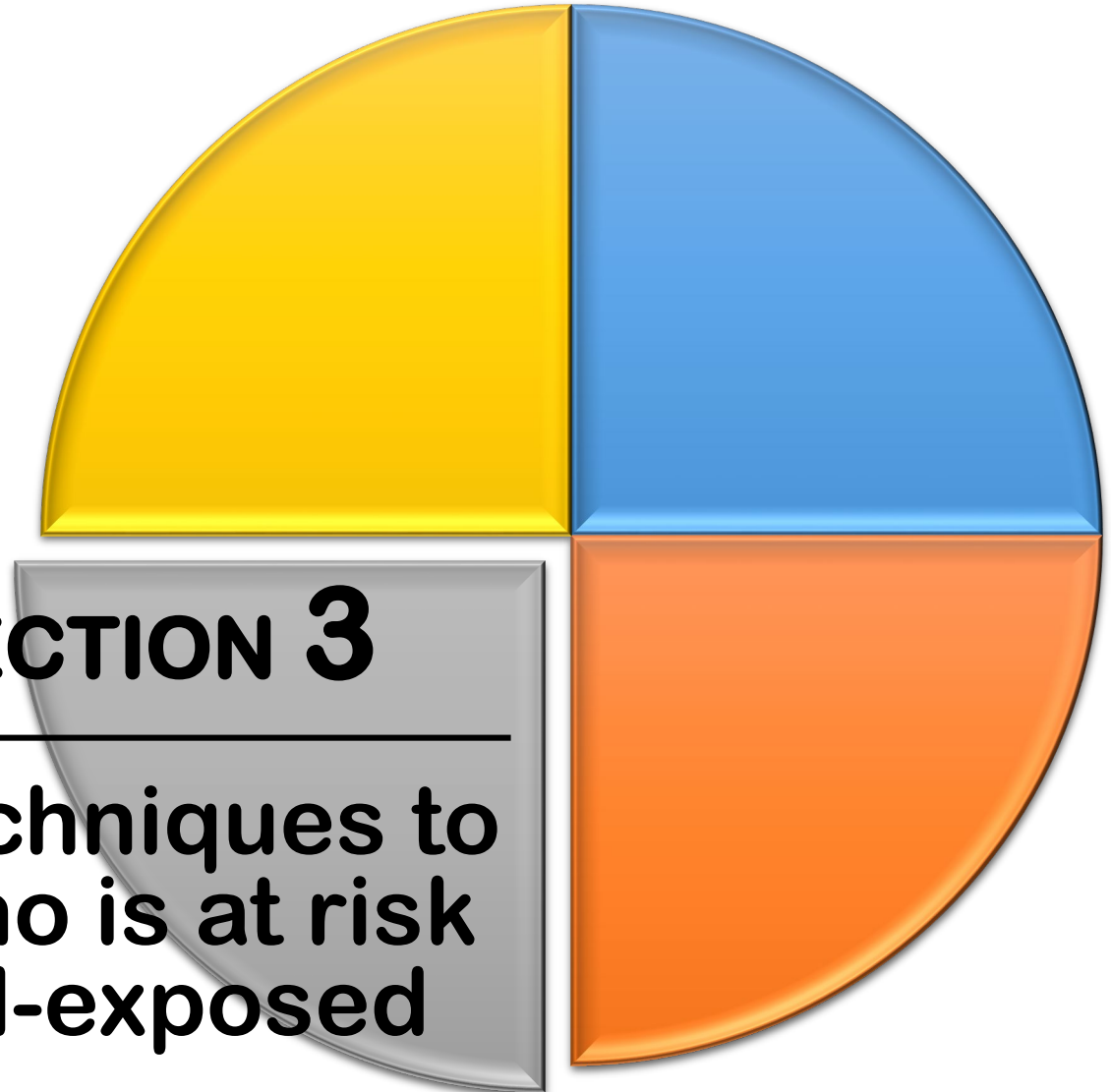
- **Anxiety and mood disorders, particularly depression**
- **Attention-deficit/hyperactivity disorder**
- **Substance use**
- **Trouble with the law**
- **High risk sex behaviors and sexual abuse**
- **Homelessness or transiency**

5 types of concerns that may lead to an assessment for an FASD

- 1. Developmental or behavioral concerns**
- 2. Dysmorphic facial features associated with prenatal alcohol exposure (PAE)**
- 3. Growth deficiency at or below 10th percentile for head circumference, height, weight at any time, including prenatally**
- 4. History of confirmed or suspected PAE**
- 5. Self-reported or family concern about possible FASD**

Importance of early identification

- **Early identification, before six years of age when possible, helps reduce risk of later life problems.**
- **Early diagnosis works by helping families affected by FASDs to get the support and services they need which can include counseling, medical specialty care, peer and community programs.**



SECTION 3

Screening techniques to determine who is at risk for an alcohol-exposed pregnancy



What Is Considered A Standard Drink?

12 fl oz of
regular beer

=

8–9 fl oz of
malt liquor
(shown in a
12 oz glass)

=

5 fl oz of
table wine

=

1.5 fl oz shot of
80-proof spirits
("hard liquor" —
whiskey, gin, rum,
vodka, tequila, etc.)



about 5%
alcohol



about 7%
alcohol



about 12%
alcohol



about 40%
alcohol

The percent of "pure" alcohol, expressed here as alcohol by volume (alc/vol), varies by beverage.

A black silhouette of a pregnant woman with a ponytail, holding a glass of beer. The entire image is overlaid with a large red prohibition sign (a circle with a diagonal slash).

**Guidelines on alcohol use
during pregnancy are clear**

The 2005 U.S. Surgeon General Advisory stressed that

- **A woman should not drink any 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.**

American College of OB-GYNs

American Academy of Pediatrics

Centers for Disease Control and Prevention

**NO alcohol use during pregnancy
OR while trying to conceive**

2

ways to prevent alcohol exposed pregnancies

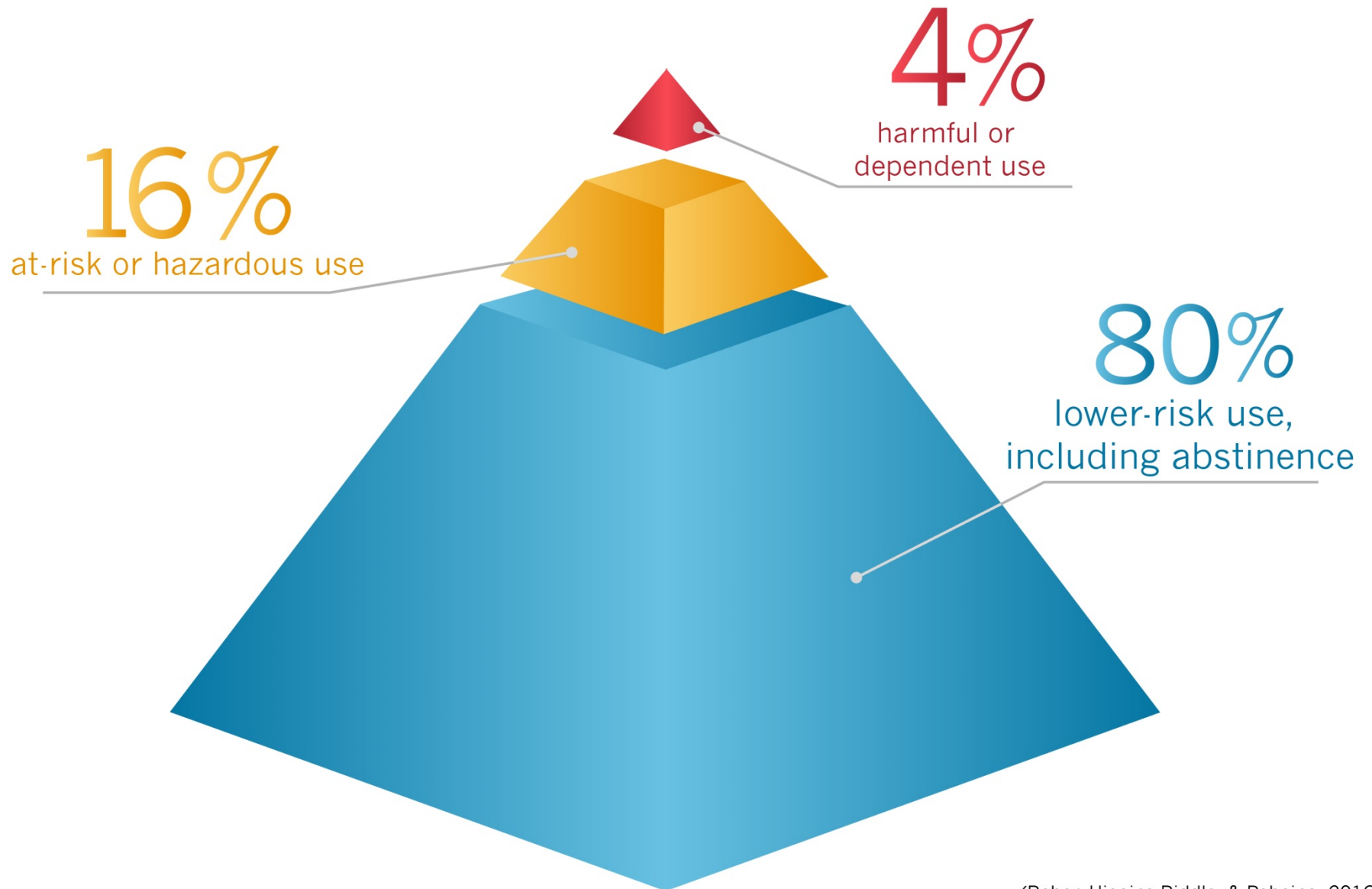
1. Reduce risky drinking
2. Use birth control effectively

*Optimal outcome –
Women choose to do both.*

Alcohol Screening and Brief Intervention (aSBI)



The Drinkers Pyramid





SCREEN ALL WOMEN OF CHILDBEARING AGE

Simple Screening Questions

- ✓ ***Non-Pregnant:*** “On any single occasion during the past 3 months, have you had more than 3 drinks containing alcohol?”
- ✓ ***Pregnant:*** “Have you had a drink since you found out you were pregnant?”

If the response to this one question is “yes”, follow clinic protocol such as using another set of screening questions or deferring to the healthcare provider.



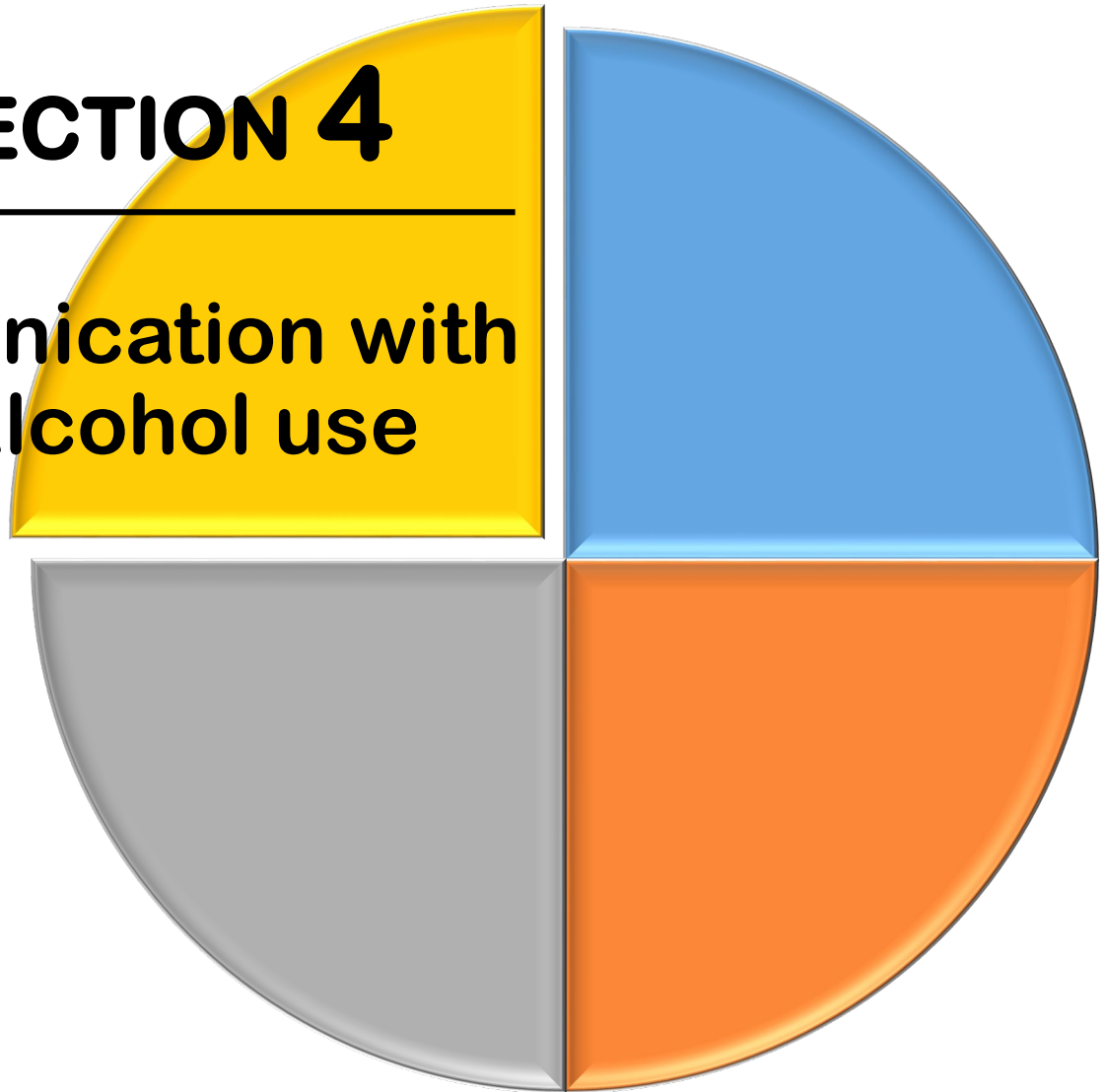
Brief Interventions

Examples of Brief Interventions

- **Advise a woman who drinks moderately and is pregnant or who is contemplating a pregnancy to abstain from alcohol in order to prevent an FASD**
- **Help a woman weigh the costs/benefits of reducing alcohol use before or during pregnancy**
- **Help a woman maintain motivation to reduce/eliminate drinking by reinforcing the benefits of an alcohol-free pregnancy**

SECTION 4

Improve communication with patients about alcohol use and pregnancy



The highest alcohol use during pregnancy is among ... ???



Women Aged 35-44 years (18.6%)



College graduates (13.0%)

If medical professionals **ASSUME** certain populations are less likely to engage in risky drinking, **OPPORTUNITIES** for screening, identification of risky use, and prevention of **FASDs** may be **LOST**.

Stigma Prevents Healthcare Providers from Asking about Alcohol

- **Many myths and biases towards people with alcohol and substance use disorders (AUDs/SUDs)**
- **Women with AUDs/SUDs are often stereotyped**
- **Many healthcare professionals do not receive comprehensive education about AUDs/SUDs**

Stigma is a barrier to diagnosing FASDs

- **Stigma can prevent concerned parents from discussing their alcohol use during pregnancy**
- **Providers may fear that diagnosing a child or adult with an FASD will be “labeling” them with a stigmatizing condition**

*no woman drinks
because she wants
to hurt her baby*



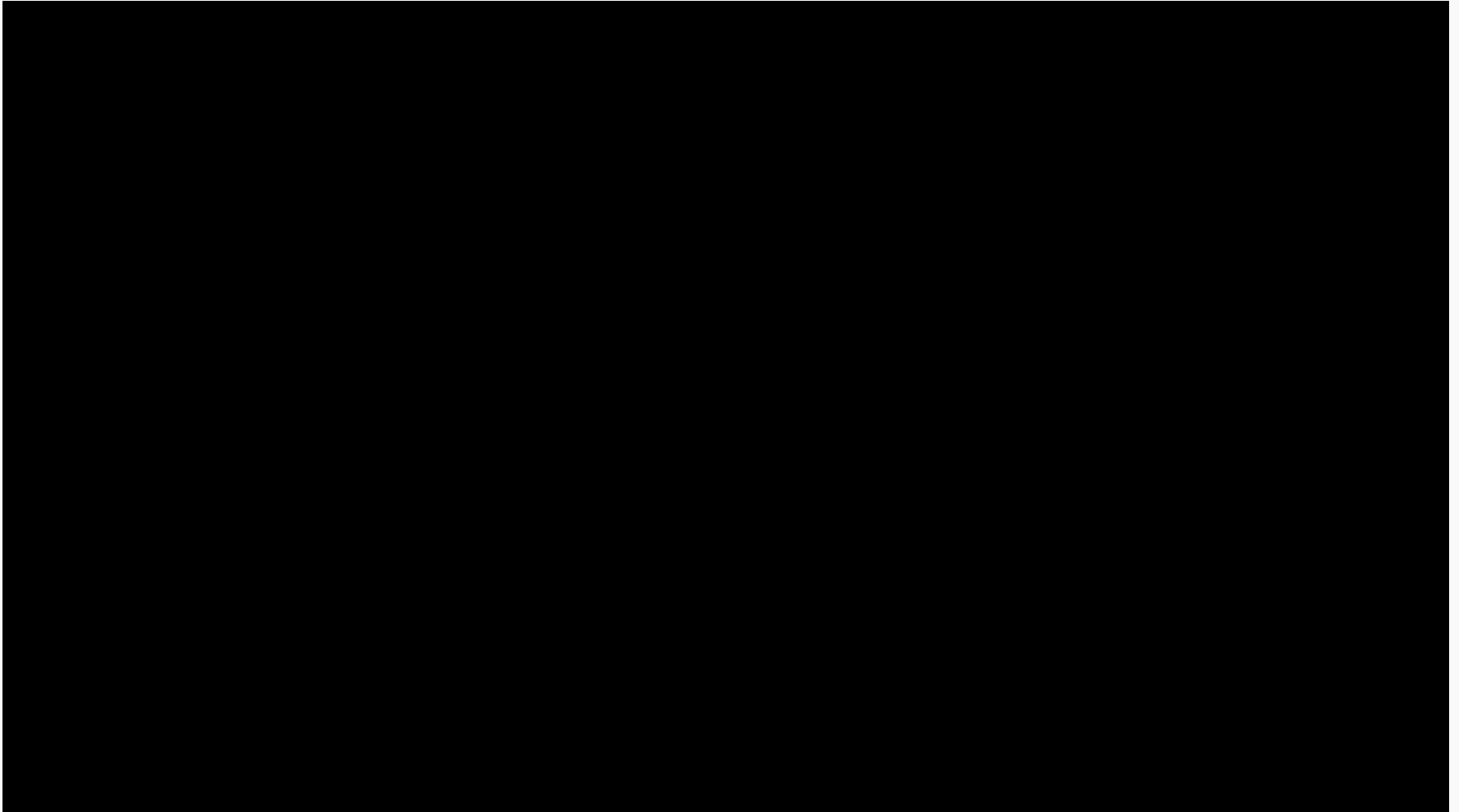
Role of the MA

- **Avoid assumptions and biases about who is at risk for an alcohol-exposed pregnancy**
- **Ask at EVERY visit – Screening for alcohol misuse can be as common as a blood pressure**
- **Have resources available to help women that need support to stop drinking**
- **Have culturally relevant material available for families**

Words can perpetuate **STIGMA**

- **Avoid blaming language**
 - **FASD occurs when a fetus is exposed to alcohol **NOT** FASD occurs when a pregnant woman drinks**
 - **A child who has an FASD versus an FASD child (person first language)**

Melissa: Birth mother of a child with FASD



Take Home Messages



FASD is an umbrella term that covers multiple diagnoses related to prenatal exposure to alcohol



Alcohol affects multiple organ systems throughout pregnancy, particularly the baby's brain.



No SAFE
TIME

No SAFE
TYPE

No KNOWN
SAFE
AMOUNT

A pair of hands holds a white rectangular sign against a plain white background. The sign features the text 'PREVENTION IS BETTER THAN CURE' in a bold, dark red, sans-serif font, arranged in four lines. The hands are positioned at the left and right edges of the sign, with fingers gripping it. The lighting is even, highlighting the texture of the skin and the paper.

**PREVENTION
IS BETTER
THAN
CURE**



SCREEN ALL WOMEN OF CHILDBEARING AGE

HELP women **talk** about **their** alcohol consumption



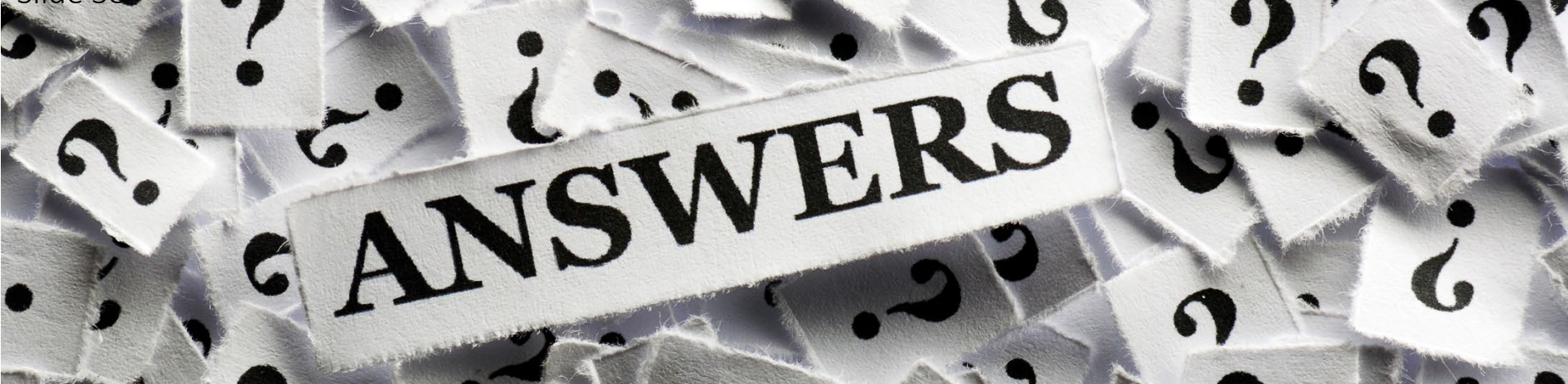


Thank you!!



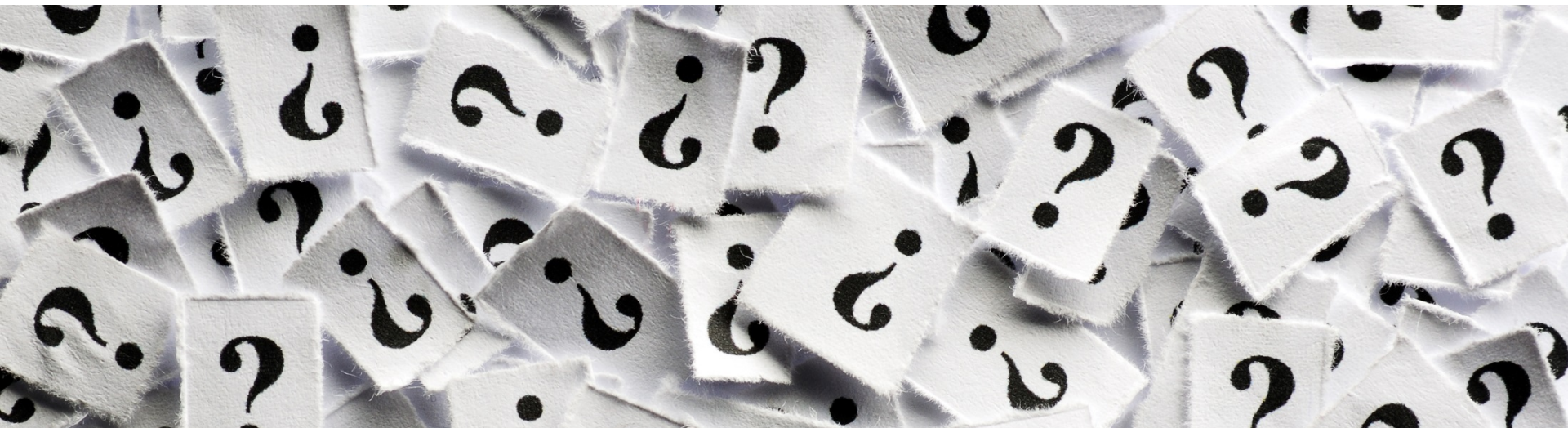
Patient Question: I just found out I am pregnant. I have stopped drinking, but was drinking in the first few weeks of my pregnancy, before I knew I was pregnant. What should I do now?





Answer:

- **The most important thing is that you have completely stopped drinking since learning of your pregnancy.**
- **It is never too late to stop drinking.**
- **Because brain growth takes place throughout pregnancy, the sooner you stop the safer it will be for you and your baby.**
- **Talk with your health care provider as soon as possible and share your concerns. Make sure you get regular prenatal checkups.**



Patient Question: I drank wine during my last pregnancy and my baby turned out fine. Why shouldn't I drink again during this pregnancy?





ANSWERS

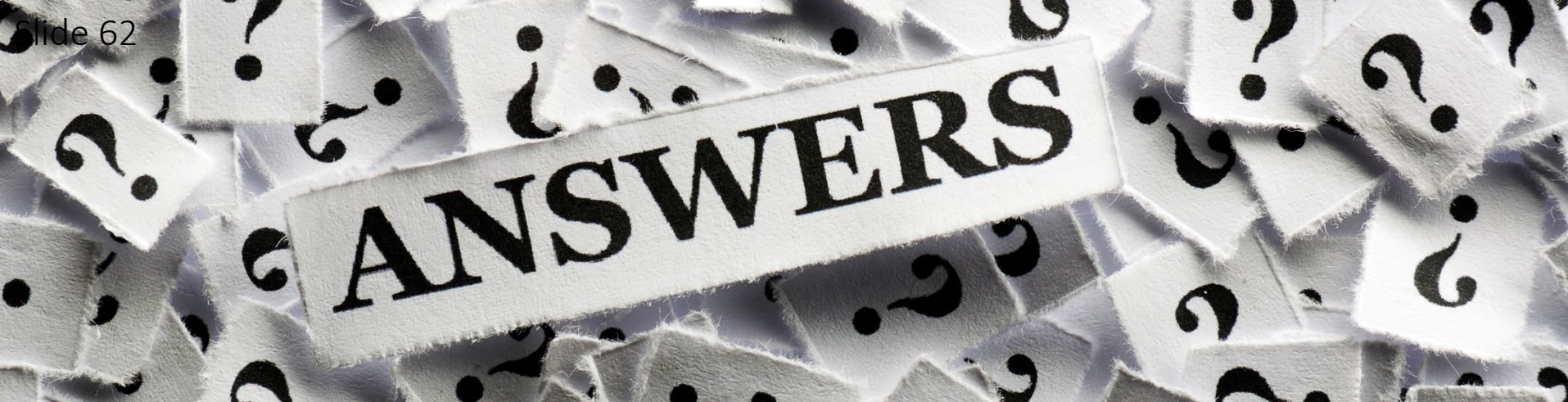
Answer:

- **Every pregnancy is different.**
- **Drinking alcohol might affect one baby more than another.**
- **You could have one child who is born healthy and another child who is born with problems.**
- **Sometimes, alcohol-related effects don't appear until later in life, so if you drank during your first pregnancy, you should speak with your child's healthcare provider.**



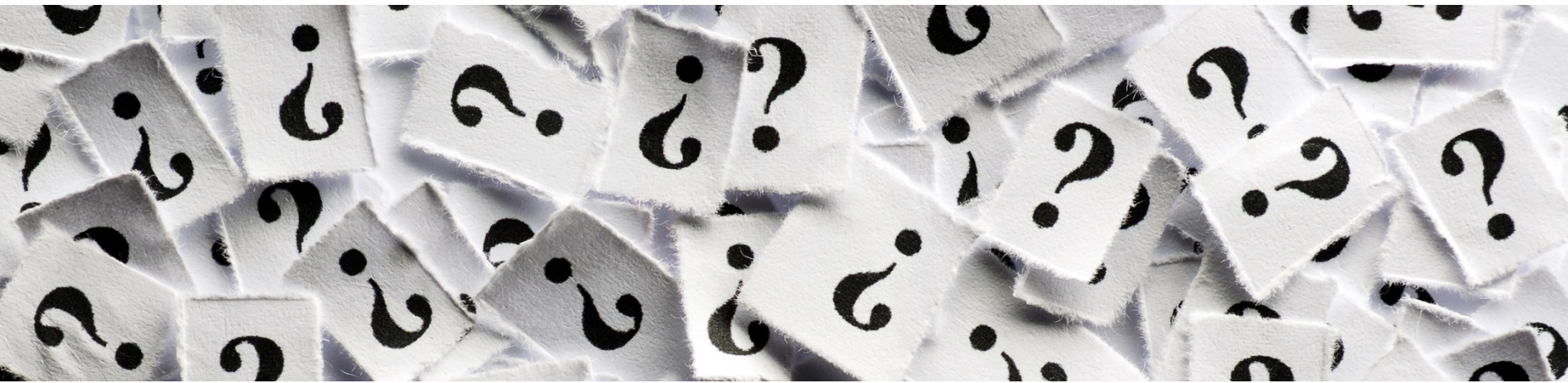
Patient Question: I suspect my child might have an FASD. What should I do?





Answer:

- **If you think your child might have an FASD, talk to your child's doctor and share your concerns. Don't wait.**
- **If a problem is suspected, ask the doctor for a referral to a specialist who knows about FASDs, such as a developmental pediatrician, child psychologist, or clinical geneticist.**
- **To find doctors and clinics in your area, visit the National and State Resource Directory from the National Organization on Fetal Alcohol Syndrome (NOFAS).**
- **Also call your state's public early childhood system to request a free evaluation to find out if your child qualifies for intervention services. This is sometimes called a Child Find evaluation. You do not need to wait for a doctor's referral or a medical diagnosis to make this call.**



Patient Question: Why should I worry about alcohol use if I am not pregnant and not trying to get pregnant.





ANSWERS

Answer:

- **Nearly half of all pregnancies in the United States are unplanned.**
- **If you drink alcohol and do not use contraception (birth control) when you have sex, you might get pregnant and expose your baby to alcohol before you know you are pregnant.**
- **So, if you are not trying to get pregnant but you are having sex, talk to your health care provider about using contraception consistently.**



Patient Question: Why are you asking about my alcohol use?





ANSWERS

Answer:

- **We ask every patient about their alcohol use.**
- **Just like knowing your blood pressure can help with making decisions about your care, knowing your drinking levels can also help us provide you with better care.**
- **It is important when caring for women of childbearing age to assess their alcohol consumption as this is a key time to prevent alcohol exposed pregnancy.**