

Alcohol and Pregnancy: The More You Know

Season 1 Episode 1: Laying the Foundation *Transcript*



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Daniel Alford, MD:

Thank you for listening to Boston Medical Center's podcast entitled: *Alcohol and Pregnancy: The More You Know*.

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I'm your host, Dr. Daniel Alford, Professor of Medicine and Director of the Clinical Addiction Research and Education Unit at Boston University and Boston Medical Center. This three-part podcast series will address a number of topics, including the risks of prenatal alcohol exposure, fetal alcohol spectrum disorders, also known as FASD, and how providers can effectively talk to their patients about risky alcohol use.

If, at any point, you want more information on receiving continuing medical education credit for this course, click on the link in the podcast description. Funding for this podcast has been provided by the US Department of Health and Human Services' Centers for Disease Control and Prevention.

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Daniel Alford, MD:

In this first episode, we will hear from Dr. Vincent Smith, Division Chief of Newborn Medicine at Boston Medical Center, and an Associate Professor of Pediatrics at Boston University. He serves as the Medical Director for the American Academy of Pediatrics, Fetal Alcohol Spectrum Disorders Program. We will also be hearing from Carol, a mother of a child who was affected by prenatal alcohol exposure. Dr. Smith, thanks for being here.

[Music Fades]

Vincent C. Smith, MD:

Thank you so much for having me. I'm excited to talk to you about this topic.

Daniel Alford, MD:

Okay, Dr. Smith. So, many people have some familiarity with fetal alcohol syndrome, or FAS, which causes characteristic facial features, problems in the central nervous system, and growth problems. We just don't see it a lot in clinical practice. What's the difference between fetal alcohol syndrome and fetal alcohol spectrum disorders, or FASD? And why is that important? Maybe start with some of the confusing terminology that's been used over the years.

Vincent C. Smith, MD:

So, it's interesting, because oftentimes people think that fetal alcohol syndrome, FAS, is the same thing as fetal alcohol spectrum disorders. And actually, what happens is fetal alcohol spectrum disorders is a broader term, and it describes a group of conditions that result from prenatal alcohol exposure of which fetal alcohol syndrome is one. And fetal alcohol syndrome is really more of a really extreme end of fetal alcohol spectrum disorders.

And the reason I say that is because the physical features that you see associated with fetal alcohol syndrome, only represent a small, tiny portion of people who have fetal alcohol spectrum disorders. And so, when we think about this condition, we have to think about all the other conditions that are included in this. So, in addition to fetal alcohol syndrome, there's what we call alcohol related birth defects. And basically, what

that means is you have physical changes to the body associated with prenatal alcohol exposure.

And it can be anything, any organ system that we're talking about. And then, there's the two, which are actually the most common are alcohol-related neural developmental disorder, and neurobehavioral disorder associated with prenatal alcohol exposure, and ARND, ND-PAE. And those acronyms you don't have to actually remember, but what those are behavior problems that manifest themselves as a result of prenatal alcohol exposure, and oftentimes there's not a physical feature that's associated with them, which makes it really a challenge to actually diagnose.

But the problems that these children, and later on adults, have alter their life. It affects every aspect of their life. So, summary: Fetal alcohol spectrum disorder is a broad term that covers a lot of different conditions, some of which have physical features, and some of which don't, and fetal alcohol syndrome is a very specific version of fetal alcohol spectrum disorder. It has specific facial features that are associated with it, and some growth deformities that are associated with it.

Daniel Alford, MD:

Thanks. That was extremely helpful in clarifying terminology. Could you speak now, though, to the challenges of diagnosing an FASD?

Vincent C. Smith, MD:

Yes. So, I would say one of the biggest challenges is that there's not one specific test that you're going to run to give you a diagnosis that you have a fetal alcohol spectrum disorder, and the symptoms vary a lot, based on a given individual.

And so, no two people with a fetal alcohol spectrum disorder have the exact same presentation, and oftentimes, there's a laundry list of types of presentations. And people have some of a various assortment of the different symptoms, but not all of them. That's what makes it a challenge for diagnosis, and also, is one of the things that makes it a challenge for treatment, as well.

Daniel Alford, MD:

So, now let's turn to Carol, who has a daughter who is affected with an FASD. And let's hear about her experience finding out she was pregnant.

Carol:

A friend of mine said she would like to introduce me to her brother. So, that's where it kind of started. And I don't know, a few months into the relationship, I realized that

something wasn't right, that I didn't feel right. But I had been drinking pretty heavy, so I really was kind of scared to go to a doctor.

And I guess I thought it was stress. I finally went to the doctor, which was about two months of feeling different, and then, the doctor told me that I was pregnant, and it shocked me very bad, because I was in my thirties already, and I hadn't gotten pregnant previous, so I thought I was being careful, but I was using a lot of alcohol. So, not careful; not as careful.

And actually, I didn't even know what affect alcohol would have, but I kind of had a funny feeling it wouldn't be good. That was about all, and I was just always hoping it wouldn't do anything. But I didn't know, but I wanted to get off the alcohol, which when I got back to Minnesota, I did. I got off the alcohol, and the rest of the pregnancy went well.

Daniel Alford, MD:

The path to a diagnosis of an FASD can be different for each person. Carol now talks about her experience, having her daughter diagnosed.

Carol:

I kept taking her down there for another yearly exam, and every time the report would still be the same: She had developmental delays. And then, they wanted to start sending people into the home to work with her on the fine motor, and gross motor, things like that. The idea was to catch her up with her peers. And so, I went along with that. We did that.

I continued to see that it started to look like she was behind. I could see that she was behind with her peers, because I took her to a mom and child class, and actually somebody in there noticed that there was a difference, differences with her. But I didn't know what to do, so I decided to go down to the U of M, and I had my daughter with, and she was six years old.

We went into the room. A couple of experts came in there, and we I didn't know what we were going to do, but they looked at my daughter, and started to say she had fetal alcohol syndrome, and that they could see the facial features. They verified that it was fetal alcohol. So, then I knew for sure, and actually, it was kind of a relief, because I knew it. I felt like it. I felt it was. I just felt it was all the time.

Daniel Alford, MD:

Dr. Smith, can you educate us about how common it is? Is this a rare disorder, or is this

common among pediatric patients?

Vincent C. Smith, MD:

It's a good question. I once heard this described as the most common disorder that nobody knows about. And so, I'm going to preface this by saying a recent study looking at alcohol use among pregnant women, found that one in ten pregnant women in the United States reported drinking alcohol in the past 30 days, and one in 33 pregnant women reported binge drinking. That means having four or more drinks in the past 30 days.

So, my point with this is that alcohol use during pregnancy is actually fairly common. With that in mind, it's estimated that between 1 to 5 percent of first-grade children have a fetal alcohol spectrum disorder, meaning that there's about 40,000 babies born a year that have a fetal alcohol spectrum disorder.

Daniel Alford, MD:

Can you shed some light on what we understand, or the history of our understanding of prenatal alcohol exposure, and what it does to the developing baby?

Vincent C. Smith, MD:

Yeah. That's an excellent question. A teratogen is a compound that causes a physical or a functional abnormality, following exposure as a fetus. So, alcohol is a known teratogen, meaning that alcohol is known to cause both physical deformities, and functional abnormalities associated with brain development. That has been shown repeatedly in observational studies of humans, and in animal studies where pregnant animals are given alcohol in varying quantities at various times during the pregnancy. The result can be fetal alcohol spectrum disorders like physical features or behaviors.

Daniel Alford, MD:

And so, are these consequences related to prenatal alcohol exposure permanent? Are they predictable? And are they preventable?

Vincent C. Smith, MD:

So, prenatal alcohol exposure is 100 percent preventable, and what that means is if a pregnant woman does not drink alcohol, her child will not have a fetal alcohol spectrum disorder. So, it's 100 percent preventable. Prenatal alcohol exposure is the number one cause of preventable developmental delay in the United States. It's the number one preventable cause.

And so, the challenge is the results of prenatal alcohol exposure vary, so it's a little hard

to predict which babies are going to be affected, and which pregnancies are going to be affected, because it varies by pregnancy; it varies by baby; it varies by placenta. So, one mom could have the same drinking patterns with one pregnancy, and have an unaffected kid, and another pregnancy have a severely affected kid. So, it's a little hard to predict.

Unfortunately, the effects that we talk about are permanent. The manifestations do change over time, as the kid grows, but the effects are permanent. So, FASDs last a lifetime, and there's no actual "cure," quote/unquote. What there are, are evidence-informed treatments to kind of help manage the condition, and to help individuals who have prenatal alcohol exposure maximize their potential outcomes.

Daniel Alford, MD:

Now, let's turn back to Carol. Remember her daughter was diagnosed with an FASD. Her daughter is now 26, so let's hear how life was growing up with an FASD.

Carol:

Her language skills, expressive language is always very good, very like normal, but the understanding has always been she doesn't understand as well. As she's older now, she does understand a lot better. I'm just very impressed, but all the way through school, she didn't have a great understanding of even what she was learning, but she was able to learn to read, and do simple math.

But I have not been able to think about having her go into a group home, because in many areas she's kind of about a six-year-old, and it just seems like it would be too traumatic for her to have to go into a group home. It's traumatic for me, too. It's just like she is like a small child. But in some areas it's kind of scattered. Some areas she's higher, maybe a ten-year-old, but a lot of the parts she's like a six-year-old.

Daniel Alford, MD:

We're grateful that Carol was willing to share her story, and we'll be hearing more from Carol in episode two of this podcast. Now, I'd like to turn back to Dr. Smith. Can you tell us, are there certain patterns of drinking that are more risky than others?

Vincent C. Smith, MD:

So, I would say that there is no amount of alcohol that's known to be safe during pregnancy. There's no time during pregnancy when it's known that it's safe to drink alcohol. And so, even though we know all alcohol during pregnancy can be bad, we know that certain patterns of drinking are worse than others, and specifically, if you're binge drinking – that means having four or more drinks on a single occasion – that

you're more likely to have a baby that's affected, than if you're not binge drinking.

But that does not say that having an occasional drink is going to be safe. And some people assume that that's true, and in fact, some people's providers have told them that to be true. And the truth is there are some women who can have occasional drinks, and have a really severely affected baby, and there are some women who could drink from conception forward, and not have an affected child. It's just hard to predict.

Daniel Alford, MD:

So, why, if it's 100 percent preventable, why are there still mixed messages out there? Why are some healthcare providers still giving information to their patients that could lead to FASD, like it's safe to drink a few drinks, or it's safe to drink early on, or later in pregnancy? Why isn't there a uniform message out there among healthcare providers, and why are women getting mixed messages about this topic?

Vincent C. Smith, MD:

And I think that's one of the biggest challenges, is that there are so many mixed messages, and I do find that women, especially pregnant women, really want to do the best thing for their baby, and there are so many mixed messages that exist in lay media. And so, people often say, "Well, in France, they drink during the pregnancy the whole time, and they're not all affected." And that's actually not true.

Providers who are telling patients that it's okay to drink during pregnancy are not providing the best and most recent research that's available. If you look at all of the major medical organizations, including the American Academy of Pediatrics, the American College of Obstetrics and Gynecology, the American Academy of Family Physicians, the US Surgeon General, and the Centers for Disease Control and Prevention, all of them agree and consistently state that the best advice for women is to not drink while they're pregnant, or trying to become pregnant.

And the reason is because prenatal alcohol exposure can be associated with developing a fetal alcohol spectrum disorder, and it's 100 percent preventable if women don't drink while they're pregnant.

Daniel Alford, MD:

Now, I know that up to 50 percent of pregnancies are unplanned, and so, I can imagine that some women may be drinking before they even know they're pregnant. So, what would you say to a woman who finds out she's pregnant?

Vincent C. Smith, MD:

So, the best thing that a woman can do is as soon as she is trying to get pregnant, or finds out that she is pregnant, she should stop drinking all together. And people say, “Well, isn’t the damage already done, because I was drinking before I knew.”

And the answer to that is, “No,” because there can be ongoing damage that’s done by continued drinking throughout the pregnancy. So, there is definitely a benefit to stopping drinking once you know you’re pregnant. But the preference would be to stop drinking before you actually get pregnant, while you’re trying to get pregnant.

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Daniel Alford, MD:

Well, that’s very clear. So, Dr. Smith, thank you for taking the time out today to join us on this podcast.

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Vincent C. Smith, MD:

Well, thank you for having me. This is a really important topic, and I appreciate you taking it on.

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Daniel Alford, MD:

Thank you for listening to this episode of Boston Medical Center’s podcast, *Alcohol and Pregnancy: The More You Know*. We just heard from Dr. Vincent Smith from Boston Medical Center, a national leader in FASD education and prevention. I want to thank Carol for her openness in sharing her and her daughter’s personal stories.

In the next episode, we will hear more from Carol, as well as Ms. Enid Watson, the Massachusetts FASD State Coordinator and Founder of massFAS, which is the Massachusetts affiliate of the National Organization on Fetal Alcohol Syndrome. This podcast was created with funding from the CDC. The content does not necessarily reflect their views and opinions. For more information on FASD, visit [CDC.gov/FASD](https://www.cdc.gov/FASD). I’m your host, Dan Alford. Thanks for listening.

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