

## ***Alcohol and Pregnancy: The More You Know***

### **Season 1 Episode 2: Identifying Prenatal Alcohol Exposure *Transcript***



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[Music Playing]

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#### **Daniel Alford, MD:**

Welcome back to Boston Medical Center's Podcast Entitled *Alcohol & Pregnancy: The More You Know*. I'm your host, Dr. Daniel Alford. In the last episode we talked to Dr. Vincent Smith about FASD. Today we're going to talk to 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. massFAS advocates for families affected by FASD including addressing the stigma and shame surrounding this issue. We will also hear more from Carol, a mother of a child who was affected by prenatal alcohol exposure.



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Enid, thanks for being here.

**Enid Watson:**

It is a privilege and a pleasure to talk about FASD with you, Dan.

**Daniel Alford, MD:**

Thanks. I looked up massFAS and I saw the tagline “Invisible Disability...No More!” Can you speak to the meaning of that tagline?

**Enid Watson:**

Absolutely. FASDs around the country and the world, in fact, are under-diagnosed. It's not easy to get a diagnosis. A lot of people don't know what to look for. And there are very few FASD-informed diagnosticians in our country. So individuals such as teens and children who are acting out may be considered uncooperative, unmotivated, they don't listen, they don't try, they don't get along, and are treated for behavioral problems when, in fact, these behaviors are the result of the underlying neuropathology that is the result of prenatal alcohol exposure. Public health needs to do more to inform the public about the dangers of alcohol use during pregnancy. For obvious reasons, the efforts are typically on the current drug crisis – opioids or stimulants, marijuana – when, in fact, alcohol and tobacco are the two most dangerous recreational drugs for fetal development.

**Daniel Alford, MD:**

For how many years have you been doing FASD advocacy work? And what got you started in it in the first place?

**Enid Watson:**

Actually, I was started in my first prenatal project with Dr. Elizabeth Brown of Boston Medical Center, a neonatologist, 19 years ago. I never really understood FASD, but when I learned from Dr. Brown about this life-changing syndrome and that it was 100 percent preventable, I was hooked. And then, when I met families living and struggling with FASD, I became passionate about preventing FASD and providing FASD informed services and interventions in Massachusetts. There are families with whom I work who are desperate for resources and schools and agencies that understand FASD because people with an FASD, as I mentioned, learn differently than folks without their brain damage. That is why OB/GYNs have the rare opportunity to advise women of child-bearing age to abstain from drinking alcohol if they are considering pregnancy or are not using contraception.

**Daniel Alford, MD:**

What do we know about the rates of alcohol use during pregnancy?

**Enid Watson:**

Well, research tells us that 12 percent of pregnant women report alcohol use in the past 30 days. That's a very high percentage. Thirty percent report drinking alcohol sometime during their pregnancy. And eight percent report binge drinking during pregnancy. So there is a lot more alcohol use during pregnancy out there than any of us can afford.

**Daniel Alford, MD:**

Those are surprising numbers to me. Can you discuss the stigma and shame around drinking in pregnancy and how this impacts the way we talk to our patients? So we know that there is alcohol use during pregnancy but we feel uncomfortable having that conversation, mainly because of the stigma and shame. Can you talk about that?

**Enid Watson:**

We know that every pregnant woman who carries a child to term wants to have a healthy baby. Women may also have a substance use disorder. They may have alcoholism and don't know how to stop drinking while pregnant and are really afraid. They may be in an unhealthy relationship with their partner who wants them to drink with them in spite of pregnancy. And then that would put them at risk of violence. What we do know is that shaming women who drink will not promote prevention efforts but rather make them afraid to seek the services that may help them. The more comfortable providers are in talking about alcohol and other drugs with their patients, the more likely the patients are to be honest with the answers that they give. So we recommend that providers don't focus on stigmatizing or blaming women for drinking during pregnancy. Instead we encourage providers to talk with women about why they drink, what it does for them, and then the risks that alcohol can have on the developing fetus.

**Daniel Alford, MD:**

Let's take a moment and hear from Carol, who has a daughter who's affected by an FASD. And let's hear her experience around shame and stigma related to her daughter's condition.

**Carol:**

Actually, it's like the elephant in the room. It's even hard to talk about it with my family. I did another podcast for somebody else a while back and then everybody watched that and listened to it and thought that was really awesome. And so then I was hoping that was going to open up the door and we would be able to now talk about it a little bit more, but it went right back under the rug. We still don't talk about it. People, they know,



but no one mentions anything about it. And I don't really share very many of the struggles because they just don't quite understand.

**Daniel Alford, MD:**

Enid, this is truly a sensitive topic. Can you tell us about the messaging that you promote in your work?

**Enid Watson:**

In all of the work that I have done training professionals on how to talk to women of child-bearing age about their alcohol use, I always stress that it's very important for them to be non-judgmental and that how they ask the questions makes a big difference in how the patients respond to the questions. Public health agencies around the country need to provide more non-stigmatizing public awareness of the dangers of prenatal alcohol and tobacco use.

**Daniel Alford, MD:**

I'm also aware that there's resistance from clinicians who care for pregnant women about this no alcohol use message. Can you shed some light on that?

**Enid Watson:**

Over my years I've met a lot of clinicians. I have clinicians in my family. And to be fair, every clinician that I know is overworked and struggles to keep up with all of the notes and the incessant correspondence necessary just to get insurance approvals. I imagine that this delicate conversation about pregnancy and alcohol is challenging additionally, especially if the woman isn't using other recreational drugs.

**Daniel Alford, MD:**

Let's transition for a moment and say can you tell me about what life is like for children and teens and adults that are affected by FASDs? What type of challenges do they encounter?

**Enid Watson:**

They encounter a wealth of challenges. Here in Massachusetts, we have massFAS, a state-wide parent support and advocacy FASD group. And their stories are heart-breaking. Children and adolescents experience a range of challenges including social isolation because of their immaturity, indiscriminate social and sexual behavior, learning problems, sensory issues that make classroom learning a challenge, and a wide range of health problems. These dear folks are often called ten second kids in a one second world. However, these same individuals can also be loving, eager to help, friendly, amazing, and have the ability to shine in specific situations. People with an FASD can



have a wonderful life with the proper supports and adaptations, even though it will be a different life than most parents would expect.

**Daniel Alford, MD:**

Now let's hear from Carol about her daughter's challenges and special needs growing up and as an adult.

**Carol:**

It started to become more apparent that she would probably need care all of her life. Her language skills, expressive language is always very good, very like normal. But the understanding has always been not, she doesn't understand as well. But as she's older now, she does understand a lot better.

I'm 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 and different tasks. Anything a smaller child, like a puzzle or doing those things.

She ended up having to be in Special Ed in school all the way through. In fact, they tried to give her a head start. They let her go to Kindergarten two years, first grade two years, and then they decided we probably should keep her with her peers because otherwise she'd be getting way too old compared to them. So then she was in Special Ed.

Yeah, I could tell that it was going to be tough because even to this day I still have to help her with all her daily living skills. She has a hard time figuring out what to wear. She even needs help with some dressing. She needs help with bathing, hair. She pretty much needs help in every area.

She still likes to play with baby dolls and when we go in the store, she'll go into the aisle of the children where they're from about six to ten years old probably, those toys. That would be about the things that she likes to do. She likes to watch the kid cartoons and she's wanting so bad to build a snowman. She got to build a snowman today.

**Daniel Alford, MD:**

Enid, can you tell us what these families need? And are they getting in?

**Enid Watson:**

There are clinicians around the state who are familiar with FASD and do wonderful work. However, they are in the minority. Through my Public Health funding, I am able to offer FASD training at no cost for every service provider to train them on working with



individuals who are affected by FASD. I salute our Public Health Agency in Massachusetts for promoting FASD-informed substance use disorder treatment and adapting approaches so that individuals who are in early recovery are able to be better served, even if they have an FASD.

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**Enid Watson:**

Thank you for this opportunity, Dan, to talk about FASD. And please make sure that everyone knows that there is really no safe amount of alcohol to drink during pregnancy.

**Daniel Alford, MD:**

Well, thanks so much for all the work that you're doing to help patients who have FASD but also to try to prevent it in the future. Thanks again.

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**Daniel Alford, MD:**

Thank you for listening to this episode of Boston Medical Center's podcast, *Alcohol & Pregnancy: The More You Know*. We just heard from Ms. Enid Watson about stigma and shame and information and messaging gaps around FASD and learned from Carol's lived experience with this. Once again, we want to thank Carol for sharing her personal story with us.

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**Daniel Alford, MD:**

In the next and final episode of this podcast, we'll be talking to Alex Heinz from The MassBIRT Training and Technical Assistance Program about how to effectively talk to our patients about risky alcohol use and behavior change. 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. 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](http://cdc.gov/FASD). I'm your host, Dan Alford. Thanks for listening.

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