Alcohol and Pregnancy: The More You Know

Season 1 Episode 3:
Working Towards Prevention
Transcript

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Daniel Alford MD:
Welcome back to Boston Medical Center's podcast entitled: *Alcohol and Pregnancy, The More You Know*. I'm your host Dr. Daniel Alford. In the last episode we discussed the stigma and knowledge gaps around FASD, in this episode we're going to focus on specific techniques providers can use to help motivate their patients to change risky behaviors like unhealthy alcohol use. Our guest Ms. Alex Heinz is a public health social worker from the Massachusetts Screening, Brief Intervention, Referral to Treatment Training and Technical Assistance Program at Boston Medical Center which is funded by the Massachusetts Department of Public Health, Bureau of Substance Addiction Services. We will also listen in on two conversations between a patient and a provider, and Alex will help us reflect on the nuances of these conversations.
Alex thanks for being here.

Alex Heinz:
Absolutely, excited to be here and talk with you today.

Daniel Alford MD:
Great, so can we start with you defining unhealthy alcohol use and is it the same as alcohol use disorder or alcoholism?

Alex Heinz:
Basically, when we look across our population, we see that alcohol use or substance use in general really exists on a spectrum where there's a very broad range, so including those who might choose to be abstinent, not drink at all, not use other substances, all the way up to those folks that we may consider having a substance use disorder. And then there's a bunch of sort of in between categories as well, so we may categorize some people as having lower risk alcohol use, and there also may be people that we categorize having higher risk or hazardous alcohol use, but who do not necessarily meet criteria for an alcohol use disorder or the DSM5 diagnosis. And generally speaking we see about 75% of adults in the US that will fall in that kind of low risk or no risk category, and then about 25% have what we consider to be that unhealthy alcohol use, so people that may be drinking in higher risk levels or have some risks associated with their health or psychosocial consequences, and then also those folks that may have an alcohol use disorder.

Daniel Alford MD:
Are there guidelines that specify the amount of alcohol use that is considered risky?

Alex Heinz:
So we have some helpful consumption guidelines that really help us think a little bit more deeply about this and these guidelines are based on extensive research and really developed by an organization called the National Institute on Alcohol Abuse and Alcoholism otherwise known as NIAAA.

So what they've come to find is that lower risk alcohol use for men means no more than four drinks in one day and no more than 14 drinks in a week. And then for all women lower risk alcohol use would mean no more than three drinks per day, and no more than seven drinks in a week.

So going over either of those guidelines which puts you into a category of what's considered to be higher risk use or use that risks some health or social consequences based on the research. And then abstinence is of course recommended for any people

that may have medical conditions that could be worsened by alcohol use, folks that are on medications that could react with alcohol, women who are pregnant, may be pregnant, or who are trying to conceive, and anyone under 21.

Now you'll notice that there were differences in the guidelines between men and women that I talked about, so these guidelines are lower for women because of the physiologic differences in our bodies. There are differences in the way that we metabolize alcohol which underlines why there are different guidelines.

These guidelines are also based on our assigned sex at birth so not necessarily our current gender presentation so for transgender individuals we want to be really mindful to still use appropriate gender affirming language to the best of our ability any time that we're having conversations about these guidelines.

Daniel Alford MD:
Now you talked a few times about risky alcohol use or at risk use, or hazardous use. I mean what exactly are the risks?

Alex Heinz:
So we see a really broad range of correlation between alcohol use and health and social risks related to that use, which is also somewhat dependent on the population that you're thinking about. So some of those risks might include accidents or injuries or falls or overdose, or different types of traumas. We could also see an increase in social or emotional issues, lots of different health effects, interactions with medications that people might be on, and certainly concern for development of an alcohol use disorder.

Also with women of childbearing age we're of course concerned about alcohol use in pregnancy because we know that alcohol is a teratogen and can have significant negative impact on the developing baby.

Daniel Alford MD:
So I'm glad you're talking about kind of alcohol in pregnancy, and you mentioned prenatal alcohol exposure and how would you talk to women of reproductive age about drinking alcohol, there seem to be a lot of mixed messages out there.

Alex Heinz:
So I think the most important approach when talking with anyone about behavior change is to be incredibly mindful of your tone and your language in having these discussions. We know that behavior change is really hard work, and we also know that

people won't want to do the hard work of identifying their own ambivalence around a particular behavior if they feel judgment or stigma during a discussion.

So we have to first kind of figure out how to create an atmosphere of compassion and understanding as the base of any of these types of engagements. An added challenge in this area is that there have been a lot of misconceptions and misinformation about alcohol use in pregnancy.

For years women were told that it was okay to drink while they were pregnant, and some women are still being told this by their providers. And so the recommendation is really to stop drinking altogether during pregnancy and also while trying to conceive. This message has been difficult to internalize for a lot of reasons not limited to the pervasiveness of alcohol use in society in general, lots of different misinformation and misconceptions about alcohol use and risk as you mentioned. As well as some women's own experiences related to their past pregnancies.

So it's really challenging to tell someone that their behavior could pose a risk to their child if they have maybe engaged in that behavior during your previous pregnancy or they have friends or family members that have talked about those experiences and didn’t perceive any negative outcomes.

Daniel Alford MD:
Okay, so you talked earlier about screening for unhealthy alcohol use in primary care, who should actually be screened, who would you recommend being screened?

Alex Heinz:
So universal screening for alcohol and other drug use is recommended by a lot of different professional organizations and a lot of different clinical settings including primary care and in prenatal care like you mentioned. And we really recommend a lot that it's done universally meaning kind of across our population and that's because we know that unhealthy alcohol and other drug use is really prevalent and because we know that it can cause really significant negative health outcomes.

Daniel Alford MD:
So now if you've identified a patient with unhealthy alcohol use what's the next step, I mean how can we help these patients and are they even going to be receptive to help?

Alex Heinz:
The next step after screening I like to kind of use this model that we talk about as SBIRT, this is the model that I train in all the time, and SBIRT is an acronym it's a public

health approach to really figuring out how do we have better kind of routine conversations about substance use in lots of different settings, so healthcare, human service, school settings, etc. And so SBIRT stands for screening, that's the first part we just talked about that.

Then it's followed up by the BI, it's brief intervention, which is a particular type of conversation that we have following the screening in order to address the results of that screening. The brief intervention really pulls heavily from a type of counseling as a style of conversation called motivational interviewing.

Then the final part of SBIRT is RT; it stands for referral to treatment. So our job then as providers when we're discussing behavior change really becomes figuring out how can we create a space and use particular language to draw out or elicit our patient’s change talk, their desires, abilities, reasons, needs, or commitments to making that particular change.

Daniel Alford MD:
I wonder if now we're going to play an audiotape of a clinician and patient interaction around alcohol use, and I wonder if you could listen in and then tell us what you think of what happened in terms of what went well, what could have been done differently.

DOCTOR: Hi Morgan, it's really nice to see you again, how have you been?

MORGAN: I'm fine, and just here for my yearly visit.

DOCTOR: Anything new since I last saw you?

MORGAN: Well one exciting thing is that I'm trying to get pregnant with my second, we've been trying for two months now but no news yet.

DOCTOR: That is exciting, keep me posted.

MORGAN: I will.

DOCTOR: Well we can definitely spend time reviewing some of the things to think about since you're trying to get pregnant but first, I'm wondering if there have been any new health problems over the past year.

MORGAN: No, not really, other than the occasional cold that I catch from Harry, I've been well. He's constantly bringing home viruses from school.

DOCTOR: That is pretty common with children. Okay, if there are no new problems let's dive into the yearly visit. To get us started would it be okay if I asked you a few health behavior questions that I ask all of my patients?

MORGAN: Sure.

DOCTOR: Great. In the past year have you smoked cigarettes or used any other forms of tobacco or nicotine including e-cigarettes or vaping?

MORGAN: No, never.

DOCTOR: Do you sometimes drink beer, wine, or other alcoholic beverages?

MORGAN: Yes, I drink wine occasionally.

DOCTOR: How many times in the past year have you had four or more drinks on any occasion, say over two hours?

MORGAN: Never more than four, I just have a glass or two of wine with my partner when we're making dinner.

DOCTOR: Okay, and in the past year how many times have you used an illegal drug or used a prescription medication for non-medical reasons?

MORGAN: I've never tried drugs.

DOCTOR: What about marijuana?

MORGAN: Nope, not even pot.

DOCTOR: Thank you for answering all of those questions. Would it be all right if we talk a bit more about your alcohol use?

MORGAN: Sure, I guess.

DOCTOR: You sound kind of hesitant.

MORGAN: Well I thought drinking a couple of glasses of wine is good for you.

DOCTOR: Yes, so there have been a lot of mixed messages but more up to date research is telling us that there's likely no beneficial health effect of alcohol. We're learning more all the time. I wonder what you already know about the potential risks of alcohol use during pregnancy.

MORGAN: Well I've heard that you're not supposed to drink a lot when you're pregnant, but I don't drink a lot and I'm not even pregnant.

DOCTOR: Yes, you know you've heard about some of the risks during pregnancy and you're right that generally for adult women who are not pregnant or trying to become pregnant your level of drinking would be considered low risk per the national guidelines. Could I share some information with you specifically about alcohol use in pregnancy while you're trying to conceive?

MORGAN: Okay.

DOCTOR: So what we've learned is that alcohol exposure during pregnancy can cause physical, behavioral, and learning problems in a developing baby. The scientific term for this is fetal alcohol spectrum disorders or FASD. Because of that it's safest not to drink alcohol when you're pregnant or trying to become pregnant. So that was a whole lot of stuff that I just told you about, what do you think about it?

MORGAN: Well when I was pregnant last time my doctor told me a drink every once in a while, was fine, so I drank wine when I was pregnant with Harry and he's completely fine.

DOCTOR: Yes, I can definitely see why this is surprising information given your past experiences. What we've found is that it's really difficult to predict which babies will develop problems and which ones won't since each pregnancy is different.

MORGAN: Okay, this is really surprising so what happens if I just have one glass of wine?

DOCTOR: We don't know what will happen with one glass of wine, but we do know that no alcohol use is the safest choice.

MORGAN: Wow, well I don't want to put my baby at risk, so I guess I'll stop drinking.

DOCTOR: That is definitely the safest choice, please call me if anything changes and you want to talk about this again, or if you have any more questions, I know it was a lot

of information. My goal here is to give you all of the information you need to make healthy choices that work for you.

MORGAN: Okay, thanks.

DOCTOR: Now let's make sure you're up to date with your vaccines and get you started on prenatal vitamins with folic acid.

Daniel Alford MD:
Okay Alex, so can you reflect on what you heard, what you think went well and if there was anything that could have been done differently?

Alex Heinz:
I have to say overall I think this provider did a fantastic job fielding this conversation which can be difficult and particularly having this conversation with a woman who is considering becoming pregnant, trying to become pregnant and just received some news that is different from what she heard in the past.

So what I really liked about this conversation is that first off, the provider really started out with an open engagement, very neutral tone, very sort of inquisitive, curious, and wanting to learn more about this patient to establish some rapport in the beginning.

Then she specifically asked permission to engage in the screening which is something that we always recommend that you want to get your patient's buy-in before going in to asking questions around substance use. So she asked permission, is it okay if I ask you a few questions that I ask to all of my patients. I liked that part too where she really kind of normalized the screening by saying that it was universal, something that she did with all of her patients, it makes patients feel less targeted, less singled out.

So kind of doing that constant check-in and asking permission whenever you're going to be introducing a new topic or sort of changing direction is always helpful, we want to continue to get our patient's buy-in. And then I noticed that she really dealt with that mixed message challenge very well, she remained extremely neutral, she didn't kind of put down any of the patient's provider in the past or negate necessarily like oh that was inaccurate information, she just said you know we're learning more all the time and there's a lot of mixed messages around this.

Then she used a particular skill set that I love from motivational interviewing called elicit provide elicit. So what she did was she first asked the patient like what do you already

know about how alcohol might affect pregnancy and gave the patient some opportunity to kind of come up with her own information to disclose the information that she already knew. So she elicited first what do you already know about this, then she asked permission again is it okay if I share some additional information again sort of that constant check-in with your patient, like hey are you coming with me in this conversation.

Then she provided some really nice information about FASD and the risks of alcohol use in pregnancy or when trying to become pregnant and then checked in with her patient afterwards and just really said you know but what are your thoughts about this or what are you thinking about what I just shared. So it's a really again a nice platform the elicit, provide, elicit to share information, to make it feel like a true partnership.

Daniel Alford MD:
I'd like you to listen to another interaction, we're going to meet Jessica who is a 28-year-old woman, she screened positive for risky alcohol use stating that she sometimes will have five or more drinks with friends on some weekends. And she screened negative for illicit drug use or prescription drug misuse. So let's now hear the provider doing a brief intervention in response to this patient with risky alcohol use.

DOCTOR: Is it okay if we talk a bit more about your alcohol use?

JESSICA: Sure, I guess.

DOCTOR: Okay, so you said that you drink five-ish drinks when you're out with friends.

JESSICA: Yes five-ish when I'm out with them.

DOCTOR: What are some of the things that you like about drinking alcohol?

JESSICA: Well I like the taste and drinking really helps me relax I guess, I can you know get stressed about things and especially with the changes that I've had in my life the past few months. I've turned to alcohol sometimes to help me relax. I guess another thing is it does help me socialize, I especially around a lot of people tend to be shy and quiet and so when I drink, I can loosen up a bit and I can be a little more outgoing.

DOCTOR: I understand. What are some of the things that you like less about drinking?

JESSICA: Well I definitely don't like how I feel the next day when I've had too much to drink, so the hangovers aren't fun. And then I feel like it's a wasted day and I miss out on things like my running group and doing other things with friends later in the day.

DOCTOR: Anything else?

JESSICA: Well alcohol is expensive so I spend more money than I should when I drink.

DOCTOR: Okay, so on the one hand drinking helps you loosen up and have fun, and on the other you don't like feeling hungover and how it's affecting your wallet.

JESSICA: Right.

DOCTOR: So I'm wondering what do you already know about the potential health risks related to alcohol use?

JESSICA: I don’t really know much about the health risks I mean I drink an amount pretty equal to my friends, so I guess I didn't really think that I needed to think about the health risks.

DOCTOR: That's fair, would it be okay if I shared some information with you about alcohol and health?

JESSICA: Okay.

DOCTOR: So we have a lot of research about how alcohol can increase your health risks like high blood pressure, unplanned pregnancies, violence and accidents. There are national guidelines that can help minimize those risks. So for a healthy woman like you the recommendation is not to exceed three drinks on any one occasion, or seven drinks total in a week. And if you do have an unplanned pregnancy alcohol can cause physical, behavioral, and learning problems with your developing baby. What are your thoughts about those recommendations?

JESSICA: I'm a little surprised, you know, not exceeding three drinks at any one time I definitely do that, and my friends do too so I always thought I was kind of average. But hearing you say that, that really, I shouldn't exceed three drinks puts it into perspective. I guess I could drink less, I would probably have to try to convince my friends to also.

DOCTOR: On a scale of 0-10 in terms of how ready you are to make a change in your drinking what would you say, so zero is not ready at all and ten is completely ready?

JESSICA: I guess maybe somewhere in the middle so a five or maybe even a six.

DOCTOR: Okay, so why did you choose a five or a six and not a lower number like a four?

JESSICA: Well it is going to be hard to get to three drinks from about five, but all the negative things I feel from all those drinks I could do without like the hangovers and I would be happy to get back into a routine of running and hanging out with my friends the next day.

DOCTOR: What types of changes do you think you might make?

JESSICA: I mean I would still want to drink and go out with my friends to the bar, but I guess I'd have to be really conscious about how many drinks I'm having and try to limit it to three.

DOCTOR: And on the same scale of 0-10 how confident are you that you will be successful stopping after three drinks?

JESSICA: I mean when I set my mind to something I pretty often make it happen. So on a scale of 0-10 probably ten, I mean pretty confident I can do this.

DOCTOR: Okay, you're feeling very confident, that's great. Would it be okay if we check in about this at our next visit just to see how things are going?

JESSICA: Yes, we could check in.

DOCTOR: Thank you for talking with me about this, I know it's not always easy, and if it turns out to be more difficult to make this change than you think please let me know and I'd more than happy to discuss other strategies with you too.

JESSICA: Okay, that sounds good.

DOCTOR: Okay so now let's move on to the physical exam.

Alex Heinz:
I think again overall a really strong example, we notice that she sort of asks permission again to engage in the conversation, the brief intervention following the screening to check in make sure that her patient was with her. And then she went into sort of helping

the patient think about or uncover a little bit of her own ambivalence around her drinking, and then she kind of went in to using a particular skill that we use a lot in motivational interviewing called a double-sided reflection where she connected both of those things together in one statement.

So I think she to the patient you know something like it helps you relax, it helps you socialize, and at the same time you're not loving the hangovers that you experience in the morning and it's, you know, causing a little extra stress on your wallet or something like that. So it's a really nice way to put that ambivalence together in one double-sided reflection sort of statement that holds up both sides at the same time. So we intentionally use that word “and” to connect both sides.

And then she used one more skill that I really want to highlight here, something called the readiness ruler where she kind of said something to the effect of you know given what we've talked about I'm curious to know from you on a scale of 0-10 or 1-10 you know how ready are you to consider making any change in your drinking right now.

And it's nice to ask those questions so that we can get a sense for the patient's motivation, but we also use it as a particular tool to help elicit what we call change talk from our patients. So I think the patient said you know right now I'm about a five and the provider followed up by asking specifically why did you choose that number and not a lower number, and that can be a little bit of an awkward way to ask that question but it was done intentionally because you'll notice that the response that the patient gives is actually more change talk.

So she defends to the provider why she's at least that far along and comes back with some additional reasons why she might consider making a change in her drinking. It's a really cool skill that we can use pulling from motivational interviewing in order to elicit that change talk.

And then I thought she did a lovely job, the provider, sort of wrapping up that conversation, thanking the patient, again kind of reinforcing that her goal was really to help the patient just consider her own thoughts around her use, and decide what was going to be the best for the patient at that time, or just for the patient to decide what was going to be the best for herself.

We use reflections a lot in motivational interviewing, it really is sort of the heart and soul of this counseling style, of this style of communication. If you had the luxury to sort of extend the conversation you might reach for a few more reflections and see if you can

dive a little bit deeper, and really let that patient hear her own words back, hear that change talk back again.

[Music Playing]

Daniel Alford MD:
Alex, I want to thank you for clarifying what unhealthy alcohol use, how we can identify it, and what we can do about it. And especially I want to thank you for taking the time to debrief and kind of walk us through what you heard during those clinician patient interactions. So really thanks for joining us.

Alex Heinz:
Oh yes, of course. I'm so happy to have this conversation with you, it was lovely being here.

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Daniel Alford MD:

This concludes the third and final episode of our podcast series *Alcohol and Pregnancy, The More You Know*. Thank you to James Trout who mixed this podcast, also thank you to Dr. Vincent Smith, Enid Watson, Alex Heinz, Carol, Dr. Jacey Greece, Bridget Grant Reisenberg, Dr. Joanna D'Afflitti, Candice Bangham, and Jacqueline German for their contributions to this series. Music for this series entitled A Brand New World was written and performed by Kye Engel. This podcast was created with funding from the CDC, the content does not necessarily reflect their views and opinions. For more information on FASD please visit CDC.gov. 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. I'm Dan Alford, thanks for listening.

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