

Alcohol and Pregnancy: The More You Know

Season 2 Episode 1: Identifying Prenatal Alcohol Exposure Transcript



Daniel Alford, MD: Did your doctor tell you to stop drinking when you were pregnant?

Sue: Nobody.

[Music Playing]

Sue: I had always been a social drinker and he said it would take a lot of alcohol to cause FAS, not to be concerned as long as I'm not overdoing it, not to worry.

[Music Playing]

Daniel Alford, MD: If he had told you that there was no safe amount of alcohol during pregnancy, would that advice have been a problem for you?

Sue: No, no, no, no. I would have gladly responded.

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Daniel Alford, MD:

Thank you for listening to Boston Medical Center's podcast, *Alcohol & Pregnancy: The More You Know*, Season 2.

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Daniel Alford, MD:

I'm your host, Dr. Daniel Alford, Professor of Medicine and Director of the Clinical Addiction Research & Education Unit at Boston University and Boston Medical Center.



In this new three part series, we will discuss how to screen for prenatal alcohol use in pregnant people as well as screening for prenatal alcohol exposure in pediatric populations. We will hear from people whose lives have been affected by Fetal Alcohol Spectrum Disorders, known as FASD, as well as from experts in the field about assessment, diagnosis, and prognosis. We will also discuss FASD across the lifespan and will address issues of shame, stigma, and how to build a supportive network.

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Daniel Alford, MD:

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In this first episode, I'll interview Dr. Yasuko Yamamura, Associate Professor and Acting Division Director of Maternal Fetal Medicine in the Department of Obstetrics, Gynecology & Women's Health at the University of Minnesota. We'll talk about how and why to screen for prenatal alcohol exposure in prenatal patients.

We'll also hear from Sue, a mother to a now adult son with a diagnosed FASD.

We'll also listen in on a doctor-patient conversation demonstrating how to screen and counsel a pregnant person about alcohol use.

So I'm here with Dr. Yasuko Yamamura. Thanks so much for joining us today.

Yasuko Yamamura, MD:

Thank you so much. Happy to be here.

Daniel Alford, MD:

Okay, so let's dive right into it. How important is it to educate patients about not drinking during pregnancy?

Yasuko Yamamura, MD:

I think this is actually a really important part of being a prenatal care provider, in the sense that we know that exposure to alcohol can increase the risk for developing a fetal alcohol spectrum disorder. And because these are entirely preventable conditions, I think it really is our role as prenatal care providers to screen our patients and educate our patients about the potential risks of prenatal alcohol exposure.

**Daniel Alford, MD:**

Listen, I know people don't necessarily know exactly when they conceive, so even the best of circumstances, I'm sure there's alcohol use before the pregnancy is even known.

Yasuko Yamamura, MD:

Yes, I would completely agree with that statement. We know that about half of all pregnancies in the US are unplanned. And so I think first of all screening at every opportunity and not necessarily just in the context of pregnancy but even at routine preventative care visits, pre-conception visits, even post-partum visits, these are all opportunities that we raise awareness and let the patient know that if she is at risk for pregnancy, meaning she is sexual active and not consistently using contraception, that we would advise that she abstain from alcohol.

Daniel Alford, MD:

Okay, now let's hear from Sue, who thought she was unable to conceive and then had an unexpected pregnancy. She was a social drinker. At her first prenatal visit, she asked if it was okay to continue drinking. The message she got was very different from what we just heard.

Sue:

You know, you don't go into a clinic until you're done with your first trimester. You go in at 12 weeks. So I did ask my doctor what he knew about FAS and how much alcohol it took or what I should do about drinking during pregnancy. Cause I'd always been a social drinker. And he said it would take a lot of alcohol to cause FAS, not to be concerned as long as I'm not overdoing it, not to worry.

Daniel Alford, MD:

Sue's son was eventually diagnosed with an FASD. She now reflects on the advice that she was given during her pregnancy, that it was okay to continue drinking at lower levels.

Sue:

I wish there could be some accountability for professionals who give misinformation to pregnant women. I really wish that women could get more information. I'm sure there's all kinds of reasons why women don't go in until their 10 to 12th week of the first trimester, but that's a lot of lost time. So I think with the number of unplanned pregnancies there are in this world, I wish women got a clear message when they call to make their first prenatal appointment. We want to do a bit of screening over the phone. Do you know that there's no safe amount of alcohol use? Have you been drinking? Start it a bit earlier.

**Daniel Alford, MD:**

Dr. Yamamura, I'm curious. Is this education being done universally? And if not, why not?

Yasuko Yamamura, MD:

We know that widespread knowledge of prenatal alcohol exposure is limited amongst both patients and healthcare providers. And as a result, there probably is not consistent screening being done at prenatal care visits or even at routine care visits. Some of this may be due to the healthcare provider being uncertain of what questions they should ask or sometimes they may feel that they wouldn't know how to respond if they had a positive screen. Certainly, patients also may be reticent to divulge prenatal alcohol exposure out of fear of judgement or potential negative consequences related to the alcohol exposure.

Daniel Alford, MD:

We've talked about screening. I think let's get really practical here. Can you tell me some questions that you would ask to find out about alcohol use during pregnancy?

Yasuko Yamamura, MD:

I'd first ask the patient before they found out that they were pregnant how much alcohol did you drink, and then after you found out that you were pregnant, how much alcohol did you drink? Lastly, I would also ask during this pregnancy how many times did you have four or more drinks in a day.

Daniel Alford, MD:

Four or more drinks in a day is considered binge drinking and that binge drinking is particularly risky during pregnancy, is that right?

Yasuko Yamamura, MD:

That's correct. We know that with binge drinking, the blood alcohol level rises fairly quickly and there's pretty rapid transfer of alcohol from the maternal compartment into the fetal compartment.

Daniel Alford, MD:

I can imagine that there's either real or perceived legal risk for women to not want to talk to their providers about their alcohol use. Do you think they're afraid of losing custody? Or are there some other repercussions of being honest about their alcohol use?

Yasuko Yamamura, MD:

There are both perceived and real repercussions and this does vary state by state. I think many times, patients are fearful of losing their children if they're honest or again feeling judged by their healthcare provider team. These are many reasons why patients



may either choose to not divulge prenatal alcohol exposure or in some cases may not even seek prenatal care because of these fears.

Daniel Alford, MD:

What's the best strategy to get around that? How do you talk to patients about that fear but also encourage them to give you the important information that you need in order to counsel them appropriately?

Yasuko Yamamura, MD:

I think that probably takes some time and building trust with a patient. In our state, we luckily are able to form therapeutic relationships with patients that will then eliminate the need for a mandatory reporting. I think if there was enough legislative change so that patients felt safe with their care team in order that they divulge this information, that probably would make a big difference in their care.

Daniel Alford, MD:

In terms of screening, who do we screen? I can imagine that some of your colleagues may say I know who to screen. I can pick out the right people to screen. But you're saying screen everybody. Can you speak to that a little bit?

Yasuko Yamamura, MD:

Absolutely. We know that when we try and utilize certain demographic characteristics to identify who we want to screen, we're actually allowing our own biases to make decisions about who we choose to screen. There really is no set demographic characteristic of an individual that is at risk for prenatal alcohol exposure. Because of that, it's recommended that every patient is screened at every visit.

Daniel Alford, MD:

Let's hear from Sue again as she addresses this very issue. We'll hear about her thoughts about who gets screened and why.

Sue:

I happen to think it's related sometimes to class and culture. I think that professional white women are probably not asked as often about their use. The presumption would be that maybe they know or I don't know, I think the providers are embarrassed to ask. Or they don't want to damage the relationship with a woman somehow by prying into her alcohol use and other substance use.

Daniel Alford, MD:

Dr. Yamamura, moving on to advice on counseling. A patient who may already have used alcohol before they even knew they were pregnant. I can imagine the patient is going to be very concerned. There may be some guilt or shame around that. What advice do you give?

**Yasuko Yamamura, MD:**

So, the first advice that I would give would be to let them know that us having this conversation is very important and that stopping any further alcohol exposure is probably one of the best things that they can do for their pregnancy. I think throughout the pregnancy I would continue to screen them and have this conversation and provide positive reinforcement. And then also recommend that they let their pediatric care provider also know about the prenatal alcohol exposure. I would also let them know that just because there has been an alcohol exposure does not mean that their child will be affected by a fetal alcohol spectrum disorder.

Daniel Alford, MD:

It's interesting that you mentioned you should tell the pediatrician. I can imagine there's a lot of reluctance to do that and just fear that the pediatrician will somehow judge them or treat them differently.

Yasuko Yamamura, MD:

I would say I can understand that concern, and what I would reassure that patient is that they are not alone. Unfortunately, prenatal alcohol exposure is not uncommon. But by being honest with the pediatrician, that will at least allow the pediatrician to monitor their baby, employ things like early childhood intervention if needed, and may sometimes inform decision making about their child's management. I think it's important when we're talking to our patients to make sure that we're careful of our language and not using stigmatizing language.

[Music Playing]

Yasuko Yamamura, MD:

For example, rather than using terms like "the mother drank alcohol when she was pregnant", you could use words like "there was an exposure to alcohol prenatally". I think many times trying to shift the attention away from the actual action of drinking and shifting the attention more to the substance of alcohol can be useful.

[Music Playing]

Daniel Alford, MD:

Now, we'll hear an example of how screening and counseling can be done. Emily is a woman in her late 20s who is good health and is presenting after a confirmed positive pregnancy test.

DOCTOR: So Emily, let's just summarize what we just talked about. It sounds like this pregnancy was somewhat of a surprise, but that you and your husband are happy about it. You told me that you don't smoke or use drugs, including marijuana, which is great. Did I get that right?



EMILY: Yes, absolutely. And just to be clear, my husband and I are very happy now. We wanted to wait to have a baby until I was finished with my degree, but sometimes life takes interesting turns and this is one of them.

DOCTOR: Well, life does have a way of doing that. But I'm glad you're feeling good about it now. I do have a few more questions to ask you. Is that okay?

EMILY: Yes, sure, that's fine.

DOCTOR: How far along were you before you found out you were pregnant?

EMILY: I'd say about seven or eight weeks.

DOCTOR: Okay, before you knew you were pregnant, how much alcohol did you drink, including beer, wine, and liquor?

EMILY: I drank a glass of wine once in a while. I don't really drink all that much.

DOCTOR: After you found out you were pregnant, how many times did you drink alcohol?

EMILY: You mean over the last couple of months? It's been just a couple of times. I had a glass of wine at my friend's wedding last week and maybe one other time before that.

DOCTOR: During your pregnancy, how many times did you have four or more drinks in a day?

EMILY: Oh, never. I would never drink that much. I don't think that would be good for the baby, either.

DOCTOR: Well, I'm really glad to hear that you don't drink very much. However, the safest choice is actually to not drink any alcohol during your pregnancy. There is no safe amount, safe type, or safe time to drink alcohol during pregnancy. And that's why we recommend that all pregnant persons completely avoid alcohol.

EMILY: I didn't know that and now I'm a little bit worried. I think more people need to know this information because what's out there is confusing.

DOCTOR: Emily, I would completely agree with that. It can be confusing and there's actually a lot of misinformation out there. Do you mind if I share some more information with you about why we recommend avoiding alcohol during pregnancy?



EMILY: Yes, sure.

DOCTOR: So many people don't realize that alcohol exposure during pregnancy can cause physical, behavioral, and neurodevelopment differences for the baby. We know that this exposure to alcohol is what causes these changes that are called fetal alcohol spectrum disorders. And the best way to prevent these is to eliminate the exposure to alcohol during pregnancy.

EMILY: Okay, now I'm really concerned and upset that I already drank some wine during my early pregnancy. Should I be?

DOCTOR: Well, I don't want you to get upset. And that's part of why I wanted us to have this conversation, so you could have a better understanding of why I would recommend no further alcohol exposure during your pregnancy. Many times if an individual doesn't know that they're pregnant or may not be aware of the risks of alcohol exposure, it's not uncommon that they may still inadvertently expose the pregnancy to alcohol. I'm not overly concerned at this point but what I'm hopeful is that after our conversation today, that you may actually be able to eliminate any further exposure to alcohol. Do you think you can stop drinking alcohol all together during pregnancy?

EMILY: Oh, yes, of course. I don't really drink that much anyway. It wouldn't be so difficult for me to stop.

DOCTOR: Wonderful. So, I actually think that's the most important first step. And something that we can focus on moving forward is to try and maximize the chance that both you and your baby have a healthy pregnancy outcome. Do you feel comfortable with that plan?

EMILY: Yeah. I'm still a little concerned, but I'm glad we went over this.

DOCTOR: I'm glad that we talked about this today and certainly moving forward, if you have more questions or you feel like you actually are having any trouble not consuming alcohol during your pregnancy, I want you to talk to me about it. Is that okay?

EMILY: Yes, of course.

DOCTOR: Okay, let's review your vaccination record.

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Daniel Alford, MD:

Thank you for listening to this first episode of Boston Medical Center's podcast, Alcohol & Pregnancy: The More You Know, Season 2. I want to thank Dr. Yamamura for



sharing her expertise and Sue for her openness in sharing her personal experience. In the next episode, we'll hear more from Sue as well as from Dr. Vincent Smith, a national expert in the field of FASD. And we'll hear another doctor-patient demonstration. This time a mother presents with her child who was asked to leave daycare.

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Daniel Alford, MD:

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. I'm Dan Alford. Thanks for listening.

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