



How to Ask About Prenatal Alcohol Exposure

“Of all the substances of abuse, including cocaine, heroin, and marijuana, alcohol produces by far the most serious neurobehavioral effects in the fetus.”

– Institute of Medicine, 1996.

According to a 2011 Report of the National Task Force on Fetal Alcohol Syndrome and Fetal Alcohol Effect, prenatal alcohol exposure (PAE) is the most common preventable cause of developmental and intellectual delay and disabilities in the United States. Fetal Alcohol Spectrum Disorders (FASD) is an umbrella term for diagnoses describing the effects of prenatal alcohol exposure (PAE) with a prevalence estimated to be 2-5%. It is certain that all primary care providers (PCP) see patients with PAE in their practices.

Notably, 80% of children with PAE and FASDs do not have identifiable physical features. This makes gathering information about PAE when taking a history of utmost importance. However, many providers feel uncomfortable with asking—these are some reasons for the discomfort:

Stigma	Personal biases, judgements & stereotypes	Time	Don't know what to do next
“If I ask, I could say something wrong” “Asking could cause self-blame or stigma”	“This isn't the type of family that would have a child with FASD”	“There are so many other things we have to ask”	“I don't know what to do with the info”

Some providers may also believe that if there is a positive history of PAE, it must be reported to Child Protective Services (CPS). **Exposure to alcohol during pregnancy is not considered abuse or neglect.** Child Abuse Prevention

and Treatment Act (CAPTA) laws for developing a plan of safe care do apply to infants who have been identified as being affected by substance abuse or withdrawal symptoms or who are diagnosed with an FASD as an infant.

Why PAE Occurs

- Lack of knowledge: 30% of women and 50% of men believe daily alcohol consumption is safe during pregnancy
- Community and partner norms: PAE is 34 times more likely with risky paternal drinking
- Not aware of pregnancy: 50% of pregnancies are unplanned
- Alcohol use disorders: though this is not the only cause of FASDs

Not Asking Because of Stigma Results in 2 Missed Opportunities

1. The opportunity to provide appropriate care to the child	2. The opportunity to reduce stigma and provide a supportive experience for a parent
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Creating a Supportive, Non-Judgmental Environment

1. **Ground yourself in your purpose.**
Knowing about prenatal exposures can help us better understand, support, and know what to look for developmentally in children dealing with behavior problems.
2. **Cultivate a mindful stance and open heart.**
Take note of any experiences, thoughts, and biases you might have about alcohol use.
3. **Be “matter of fact.”**
Be aware of nonverbal communication that might communicate your opinion about ‘correct’ answers.

Asking About PAE

When to Ask

Ask at all new (to you) patient visits within the context of asking about general health including during pregnancy as a part of the history and intake.

How to Ask the Person Who Gave Birth to the Child

Before gathering information on pregnancy, acknowledge that unexpected illnesses, events, and exposures are very common.

“Now I am going to ask you some questions about your pregnancy with CHILD. We know that every pregnancy is different (and often full of surprises!) so I’ll ask about some of the most common experiences. Just let me know if I missed one that was important for your pregnancy with CHILD.”

Consider talking to the person who gave birth to the child by themselves, instead of with their partner.

“We’ve learned that the best way to learn about pregnancy is to talk to the person who gave birth. COPARENT can you fill out XYZ questionnaire and we will call you back in in a moment?”

Start with general topics (i.e., prenatal care, general health), then move to exposures (i.e., stress, medication, teratogens, etc.)

Sample prompts from the [PAE Clinician Toolkit by Families Moving Forward](#):

Prompt	Follow Up Questions	Response
How far along were you when you found out you were pregnant?		_____ weeks
Before you knew you were pregnant, how often did you drink beer, wine or liquor?	What type of alcohol did you drink?	Frequency:
	Would you drink at a bar or make your own drinks?	Type:
	If making your own drinks, how much would you pour?	Amount:
	How much do you usually drink (fl oz, # of drinks)?	Amount:
Decision Point: Continue if answered more than “none” to previous question.		

Prompt	Follow Up Questions	Response	Action
In the three months before you knew you were pregnant, how many times did you have three or more drinks in a day?		_____ times over three months	Refer if 1+
After you found out you were pregnant, how much alcohol did you drink?		Response:	Refer if more than minimal exposure (three or more drinks on any occasion, 14 or more drinks in 30 days).
Decision Point: Continue if answered more than “none” to previous questions.			

What Information is Needed

- Was there any PAE?
- Was there relatively higher-risk PAE?
 - Any binge episodes? (≥3 drinks on one occasion)
 - Periods of consistent exposure? (Even if at a lower dose, such as one standard drink on a daily or every other day basis for several weeks.)

Dose	Frequency	Duration	Pattern	Source
What type of alcohol? How many/much?	How many days per week/month?	How many weeks/months?	Which weeks/months? May have stopped and restarted.	Who reported the information? How reliable is it? How did they obtain the information?

Documentation Considerations for PAE

Source and reliability:

- CAREGIVER indicated that there was not prenatal exposure to alcohol.
- CAREGIVER does not have access to information regarding pregnancy or birth.
- CAREGIVER indicated that there was confirmed/suspected prenatal exposure to alcohol, as reported by/ recorded in SOURCE.

Dose/frequency/duration/pattern:

- (Consistent use) There was exposure to between # and # standard drinks # of times per WEEK/MONTH over the TRIMESTER/WEEK RANGE. <repeat if use resumed>
- (Episodic) There was exposure to approximately # standard drinks during one drinking occasion during the # week of pregnancy.

How Does Asking Help?

Parent support	Adjusted or tailored interventions	Comprehensive assessment
<ul style="list-style-type: none"> • Provides hope, resources, & community 	<ul style="list-style-type: none"> • Improves functioning now • Improves long-term outcomes 	<ul style="list-style-type: none"> • Guides diagnostic referral • Aids with assessment

Spokane County Special Needs Information and Resources

Local	Spokane Regional Health District <i>Early Support for Infants & Toddlers (ESIT)</i>	509.324.1651 srhd.org/esit
	Spokane Regional Health District <i>Children & Youth with Special Health Care Needs (CYSHCN)</i>	509.324.1665 Program Information
Regional	Families Moving Forward Program for FASD PAE Clinician Toolkit	familiesmovingforwardprogram.org Toolkit
	The National Organization on Fetal Alcohol Syndrome (NOFAS) WA State	nofaswa.org
	FASD Diagnostic & Prevention Network (DPN)	depts.washington.edu/fasdpn/htmls/4-digit-code.htm
	Specialized Neurodevelopmental Assessment and Consultation Service (SNACS) at Seattle Children's Autism Center	seattlechildrens.org
	WithinReach Help Me Grow Washington Hotline	800.322.2588, 800.833.6388 TTD English: parenthelp123.org Spanish: parenthelp123.org/es
National	Pediatrics – American Academy of Pediatrics (AAP) Journal	The Role of Integrated Care in a Medical Home for Patients With a Fetal Alcohol Spectrum Disorder
	AAP FASD Webinar Series	Webinar Series: aap.org
	AAP FASD Toolkit	Toolkit: aap.org
	CDC Fetal Alcohol Spectrum Disorders (FASD) Training and Resources	nccd.cdc.gov
	CDC Basics about FASDs	cdc.gov
	Substance Abuse and Mental Health Services Administration (SAMHSA) Find Treatment website	findtreatment.gov

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