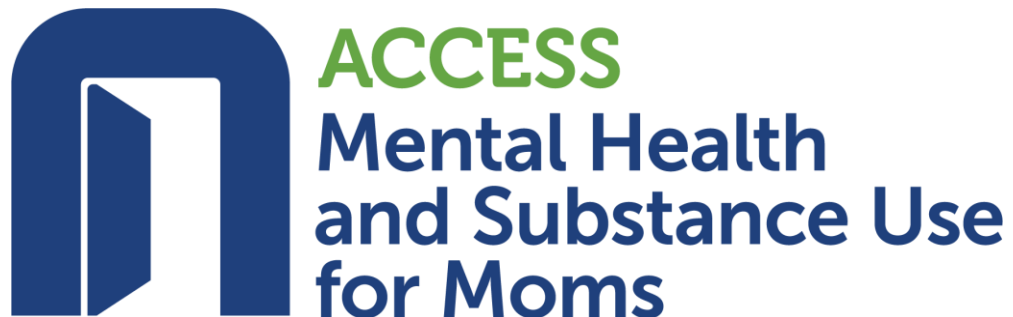


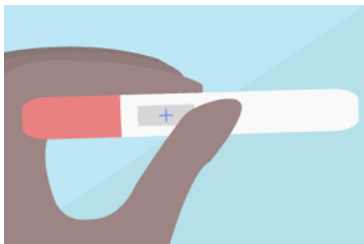
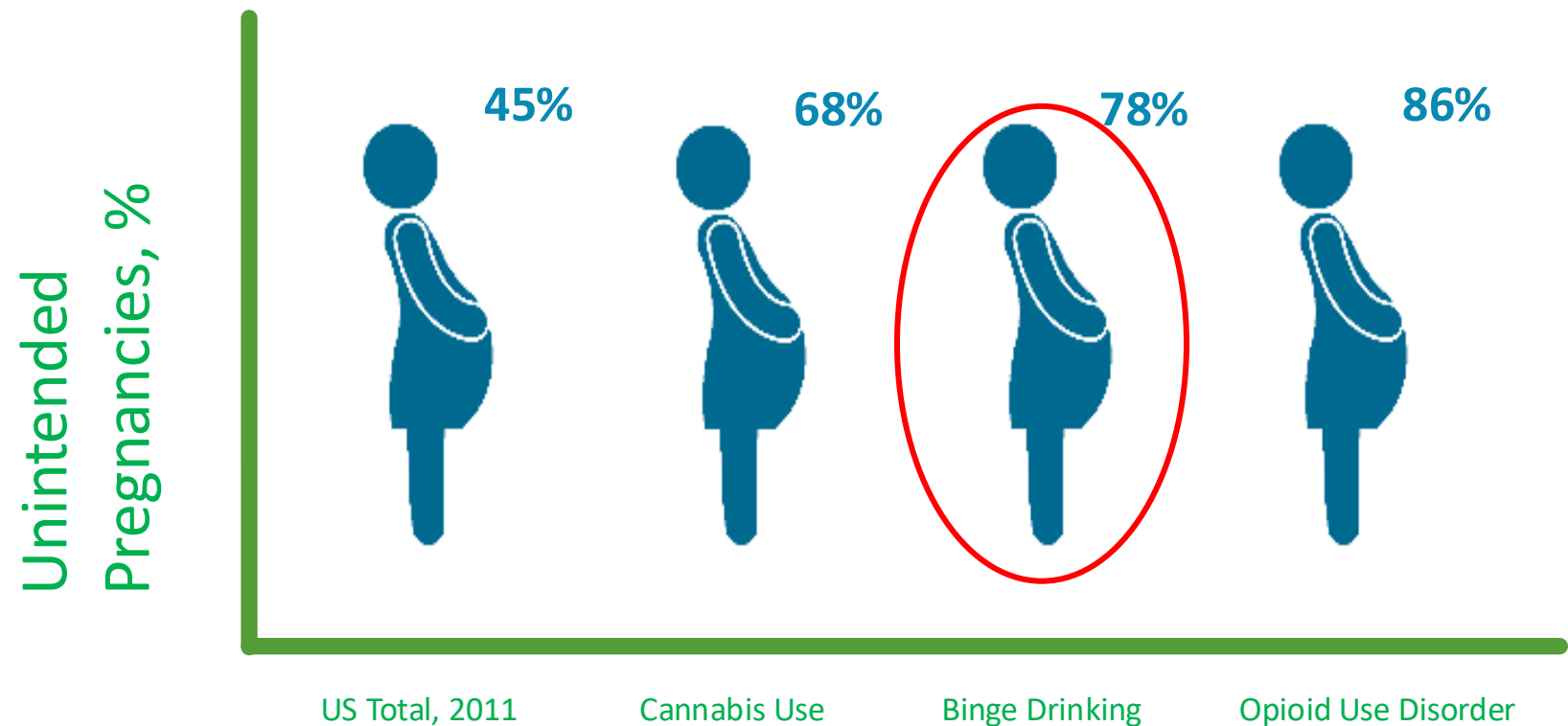
Alcohol Use in Pregnancy and Postpartum

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Unplanned Pregnancies and Substance Use



Finer LB & Zolna MR, NEJM. 2016; 374:843-85
Kost K, Guttmacher Institute, 2015
Lundsberg LS et al., J Addict Med. 2018;12(4):321-328

ALCOHOL USE

DURING PREGNANCY

From 2018–2020

1 IN 7



About 1 in 7 pregnant people in the United States reported drinking alcohol*

1 IN 20



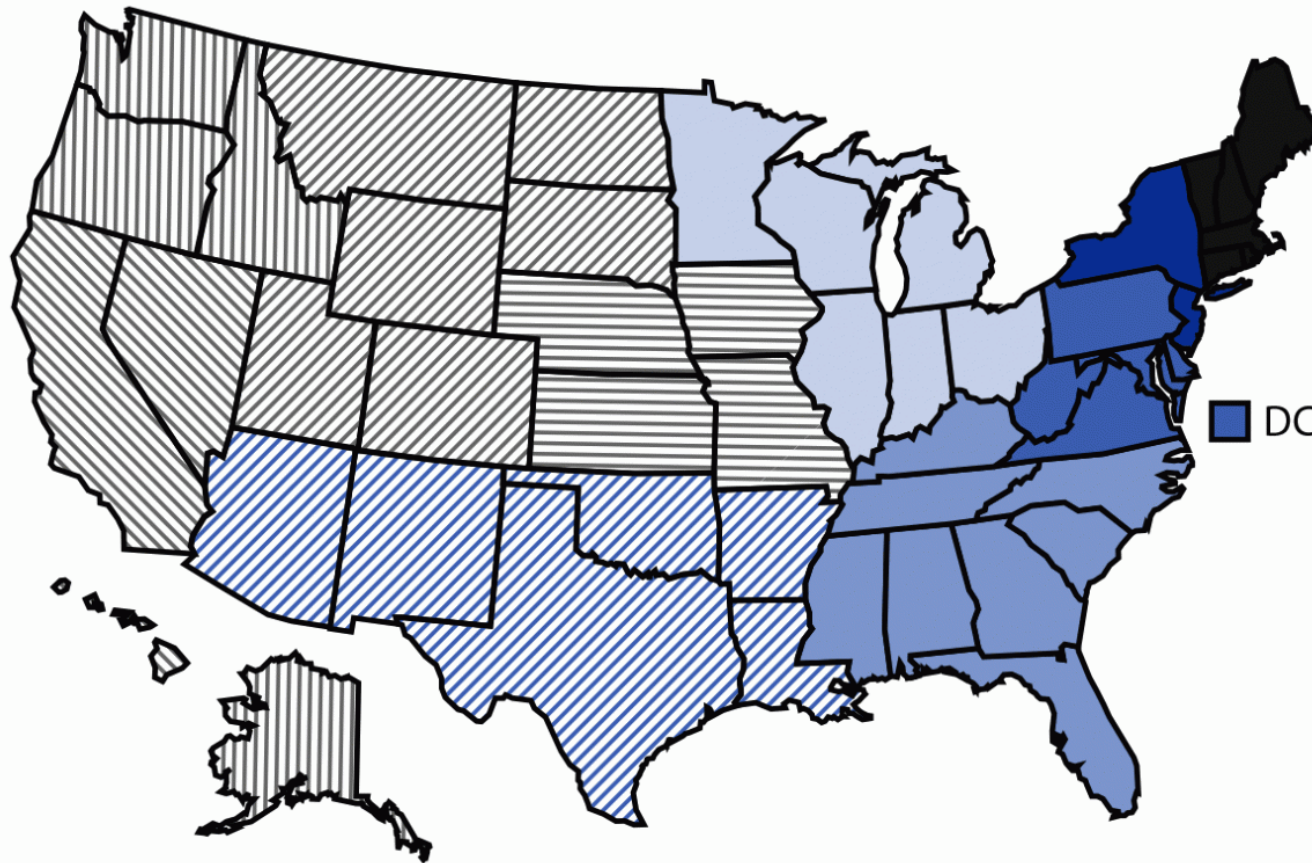
About 1 in 20 pregnant people reported binge drinking**

in the past 30 days

*Having at least one alcoholic drink

**Having four or more drinks on at least one occasion

Alcohol Use Among Pregnant Individuals



Overall 14%

White 13%

Black 15%

Hispanic 13%

Other 17%

Region 1: 16.4% (11.8%–21.1%) Region 6: 11.2% (6.0%–16.5%)
Region 2: 16.3% (12.1%–20.5%) Region 7: 11.5% (7.5%–15.5%)

Binge Drinking During Pregnancy

- 10.7% of women binge drink* during the first trimester of pregnancy
- 3.9% of pregnant women are binge drinkers* and 1.0% are heavy drinkers**



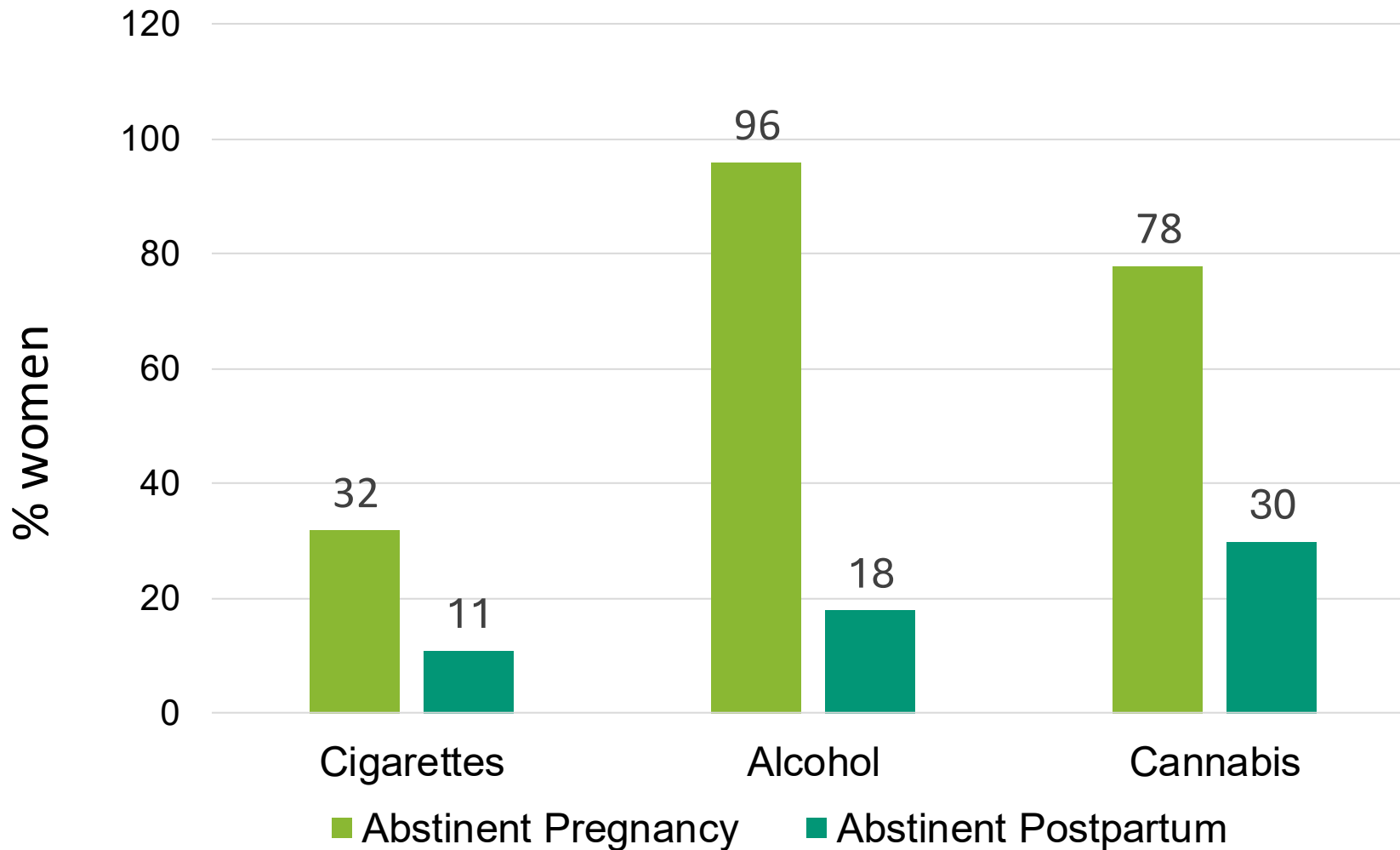
*** ≤ 4 drinks on any occasion for binge drinking**

**** ≤ 5 drinks in five or more days in a month**

CT Prevalence of Alcohol Use Prior, During and After Pregnancy

Question		n	Weighted %	95% CI
Alcohol use in past 2 years	No	609	31.4	(28.5-34.3)
	Yes	800	68.6	(65.7-71.5)
Alcohol use 3 months prior to pregnancy	No	757	41.5	(38.3-44.7)
	Yes	647	58.5	(55.3-61.7)
Alcohol use during last 3 months of pregnancy	No	1,323	92.5	(90.6-94.3)
	Yes	87	7.5	(5.7-9.4)
Changes in alcohol during pregnancy	Nondrinker	755	41.4	(38.3-44.6)
	Drinker quit	561	51.0	(47.6-54.4)
	Drinker reduced	39	4.4	(2.8-5.9)
	Drinker same/more	46	3.1	(2.0-4.2)
	Nondrinker resumed	Insufficient data to report		

Abstinence in Pregnancy and After Delivery



- 50% achieve abstinence by the end of the first trimester
- 75% return to use by 6 months postpartum

Trauma, Substance Use and Pregnancy

Trauma - particularly childhood sexual abuse and IPV - are associated with increased risk for substance use during pregnancy

Women with **5 or more adverse childhood experiences (ACES)** are **7-10x** more likely to engage in illicit drug use, have substance use disorders (SUD)

Women who experienced childhood sexual abuse are **3X** more likely to have SUD adulthood

Women with PTSD are

- 2.5 times more likely to have an Alcohol Use Disorder



Kessler RC et al., Arch Gen Psychiatry 1995; 52:1048–1060

Effects of Alcohol Use in Pregnancy

No Amount of Alcohol Use in Pregnancy is Considered Safe



Timing, dose and pattern of exposure are important



Early exposure is most associated with morphological abnormalities



Late exposure is most associated with growth deficits



Risk of central nervous system (CNS) deficits occurs across pregnancy

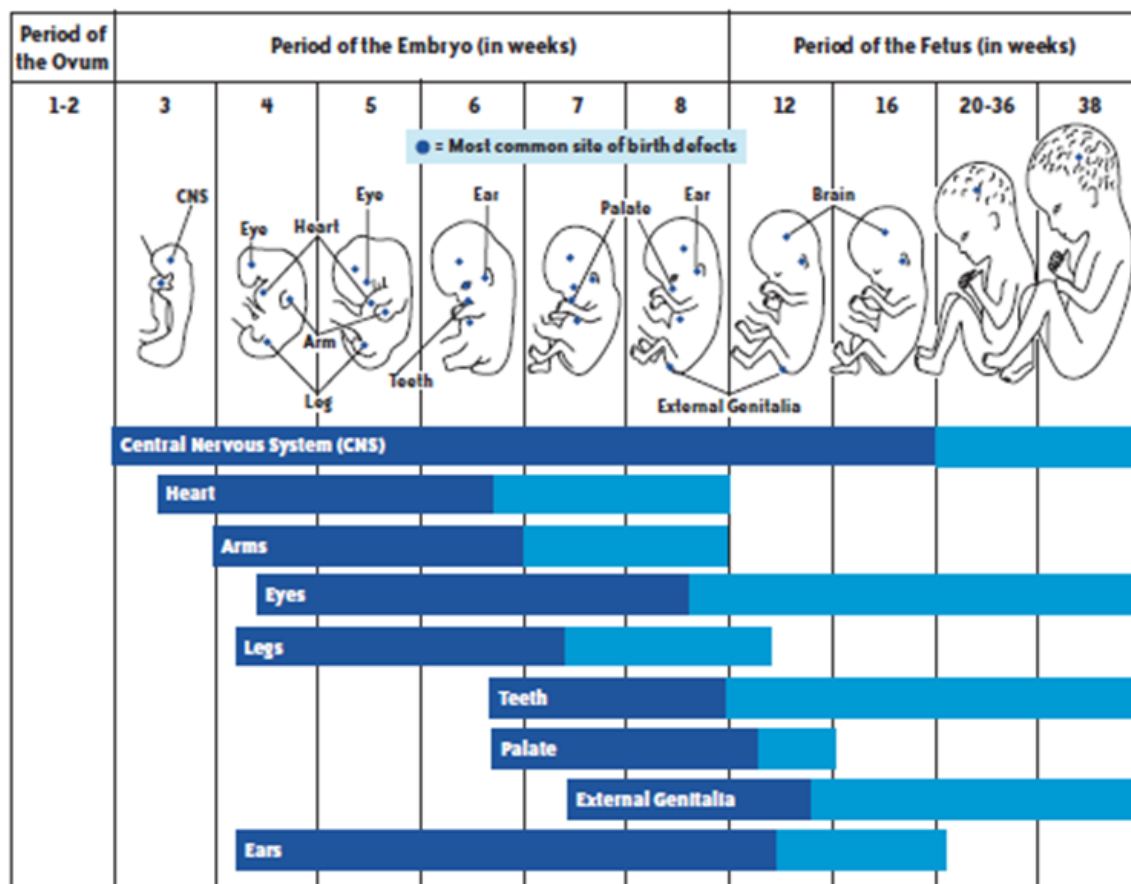
**NO SAFE
Time.**

**NO SAFE
Amount.**

**NO SAFE
Alcohol during
Pregnancy.**

PERIOD.

Fetal Development Chart



Vulnerability of the fetus to defects during different periods of development. The dark blue portion of the bars represents the most sensitive periods of development, during which teratogenic effects on the sites listed would result in major structural abnormalities in the child. The light blue portion of the bars represents periods of development during which physiological defects and minor structural abnormalities would occur.

SOURCE: Adapted from Moore 1993.

National Organization on Fetal Alcohol Syndrome

Helping children & families by advocating for the prevention and intervention of Fetal Alcohol Spectrum Disorders, the leading known cause of mental retardation & birth defects in the United States.



Fetal Alcohol Spectrum Disorders (FASD)

Fetal alcohol syndrome (FAS)

Partial fetal alcohol syndrome (pFAS)

Alcohol-related neurodevelopmental disorder (ARND)

Alcohol-related birth defects (ARBD)

Neurobehavioral disorder associated with prenatal alcohol exposure (ND-PAE)

Fetal Alcohol Syndrome (FAS)

The most serious end of the FASD spectrum



Includes central nervous system (CNS) problems, minor facial features, and growth problems



Can also can have problems with learning, memory, attention span, communication, vision, or hearing

Partial Fetal Alcohol Syndrome (pFAS)

When a person does not meet the full diagnostic criteria for FAS but has a history of prenatal alcohol exposure



Have some of the facial features



As well as a growth problem or CNS abnormalities

Alcohol Related Neurodevelopmental Disorder (ARND)

Affected individuals might have intellectual disabilities and problems with behavior and learning



They might do poorly in school and have difficulties with math, memory, attention, judgment, and poor impulse control

Alcohol-related Birth Defects (ARBD)

People with ARBD might have problems with the heart, kidneys, or bones or with hearing



They might have a mix of these

Neurobehavioral disorder associated with prenatal alcohol exposure (ND-PAE)

3 affected areas:

1. Thinking and memory, where the child may have trouble planning or may forget material he or she has already learned
 2. Behavior problems, such as severe tantrums, mood issues (for example, irritability), and difficulty shifting attention from one task to another
 3. Trouble with day-to-day living, which can include problems with bathing, dressing for the weather, and playing with other children.
- The birthing parent must have consumed more than 13 alcoholic drinks per month of pregnancy or more than 2 alcoholic drinks in one sitting

Treatment and Management

Alcohol Use Treatment in Pregnancy

Brief interventions, in particular those that utilize motivational interviewing, have been shown to reduce prenatal alcohol use

No published studies on the safety or efficacy of naltrexone for use in AUD in pregnant women



Chang G et al., Obstet Gynecol. 2005;105(5 Pt 1):991-8
Osterman RL et al., J Subst Abuse Treat. 2014;47(1):10-9
Rendall-Mkosi K et al., Addiction. 2013 Apr;108(4):725-32
DeVido et al., Harv Rev Psychiatry. 2015; 23(2): 112-121

Management of Alcohol Withdrawal in Pregnancy

- Use lorazepam or diazepam*
- Slower taper to avoid withdrawal symptoms - hypertension in particular
- Hypertension alters the dynamics of the placental blood flow
- Can utilize diphenhydramine to manage moderate agitation or haloperidol for severe agitation

*avoid diazepam close to delivery due to prolonged sedating effects on infant

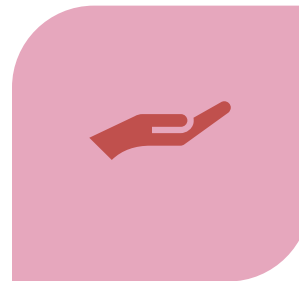
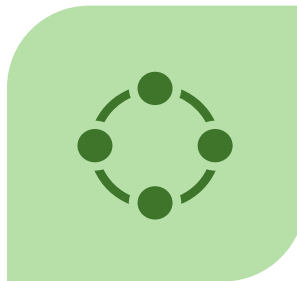
Behavioral Interventions Recommended for Perinatal Substance Use

General Psychosocial Interventions for Perinatal Substance Use

- Contingency management (CM)
- Motivational interviewing based (MIB) techniques
- Family therapy
- Cognitive behavioral therapy (CBT)

Others Behavioral Interventions

- Peer support specialists
- Recovery coaches
- 12-step facilitated programs can be helpful in recovery



Key Reminders for Substance Use in Pregnancy

Harm Reduction

<https://portal.ct.gov/-/media/DMHAS/Opioid-Resources/CT-Harm-Reduction-Resources-Flyer-2022.pdf>

Family Care Plans

<https://www.sepict.org/professionals/resources-for-professionals/>

Link to SEPI-CT recorded training:

<https://drive.google.com/file/d/1T7Qe4CJoq0-P4wjNINty7g8W-VsOgW3W/view?usp=sharing>

Additional Resources

- DMHAS Women's Services brochure: <https://portal.ct.gov/-/media/DMHAS/Publications/DMHAS-WS-Brochure--updated-2023.pdf>
- DMHAS Access Line <https://portal.ct.gov/DMHAS/Programs-and-Services/Finding-Services/Access-Line-for-Substance-Use-Treatment>
- DMHAS SUD Tx Bed Availability <https://www.ctaddictionsservices.com/>
- **FASD Family Navigator** provides expert, confidential support and referrals to individuals living with FASDs and their family members and caregivers. This includes women who are pregnant or intending to become pregnant who might have questions about alcohol or substance use.
 - <https://fasdunited.org/family-navigator/>

Q&A



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