

Identifying and Intervening with Perinatal Alcohol Use

Carley Castellanos, LMFT

Early Start Regional Director Kaiser Permanente - Northern California Region

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Disclosure Information

***Identifying and Intervening with Perinatal Alcohol Use**

April 27, 2025, 8:30 – 9:45 AM MST

Carley Castellanos, LMFT

No Disclosures





Overview and Learning Objectives



Identify national trends show a rising prevalence of alcohol use during pregnancy with significant health implications.



Understand perinatal alcohol use risks for mothers and infants, including preventable mortality and FASD.



Recognize barriers such as provider bias and limited screening protocols complicate effective intervention.



Understand importance of integrated team solutions, OBGYN education, and a harm reduction frame support prenatal patients.



Alcohol Use Associated with Significant Health Risks

Mortality

- In the U.S., alcohol ranks as the third leading cause of preventable death.
- Alcohol-related deaths spiked by almost 30% during the pandemic.

2022 Research Updates

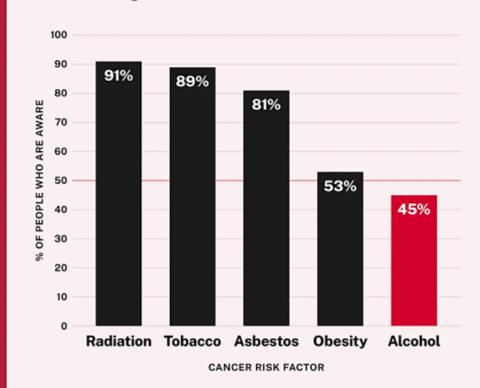
- * Alcohol identified as Group 1 Carcinogen; linked to 7 kinds of cancer.
- "There is no safe Level of Alcohol Consumption" -WHO & the World Heart Federation.

2025 Surgeon General Report

- 2 drinks per day increases breast cancer risk by15.3%
- **Less than half of Americans are aware of these risks.**

Less than half of Americans are aware that alcohol consumption increases cancer risk

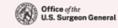
Survey of a nationally representative sample of U.S. adults ages 18 and older*



*n=1,009

Source: 2019 AICR Cancer Risk Awareness Survey." American Institute for Cancer Research, https://www.aicr.org/wp-content/uploads/2020/02/2019-Survey.pdf

The survey question asked, "Do you believe [risk factor] has a significant effect on whether or not the average person develops cancer?"





Influence of Social Media on Maternal Alcohol Use



Influencing Behaviors

Social media is a significant influencer in **normalizing alcohol consumption** among mothers.

С

Connector and Coping Tool

In online spaces, alcohol is frequently advertised as a way to **connect** with other moms and **manage mental health** and parenting pressures.

Seeking Support Online

Mothers often turn to social media for **support**. Virtual communities become spaces where drinking is portrayed as a common coping strategy.

Mommy Wine Culture

Mirroring social media's views toward parenting stress and alcohol use, alcohol is branded as a **coping tool** for motherhood.



Mommy Wine Culture



Instagram Pages: Sippy Cups of Chardonnay, Moms Who Need Wine, Mommy Drinks Because You Cry

Hashtags: #winemom, #sendwine, #mommyjuice, #youcansipwithus

Products: "Probably Wine" coffee cup, wine yoga, pro-wine baby onesies, wine sports bra, tampon

flasks, etc. Alcohol Brands: Mom Water Vodka, Mom Juice wine, Pink Wine for Boobs, Mommy's Time Out Wine



Expecting Better – Permission to Drink in Pregnancy?

Emily Oster's *Expecting Better* challenges conventional prenatal wisdom by promoting data-driven decision-making in pregnancy.

Argues that low-level alcohol use (up to 1 drink per day) in pregnancy may pose less risk than traditionally assumed.

Can lead readers to dismiss medical guidance and evidence that no amount of alcohol is safe.

May "license" drinking for pregnant patients predisposed to AUD; who are unable to moderate.



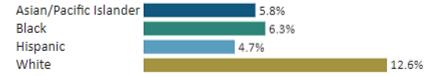


Prevalence of Prenatal Alcohol Use in California

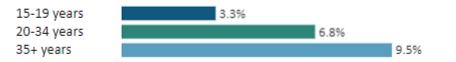
Prenatal alcohol use is correlated with

- White patients
- Maternal age > 35
- Higher household income
- College education

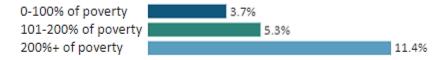
Any Alcohol Use, 3rd Trimester by Race/Ethnicity, California, 2019-2021



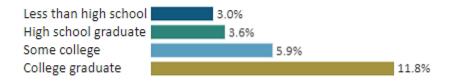
Any Alcohol Use, 3rd Trimester by Age, California, 2019-2021



Any Alcohol Use, 3rd Trimester by Household Income, California, 2019-2021



Any Alcohol Use, 3rd Trimester by Education, California, 2019-2021





California Department of Public Health, Center for Family Health, Maternal, Child and Adolescent Health Division, Prenatal Substance Use Dashboard, Last Modified February 2024. go.cdph.ca.gov/Prenatal-Substance-Use-Dashboard

What percent of pregnant patients would you guess are drinking during pregnancy?



National data indicates rising perinatal alcohol consumption in the U.S.

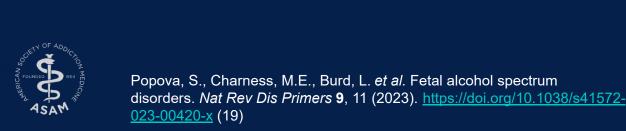
13.5% reported drinking in the past 30 days – a 26% increase since 2015.(24)

5.2% reported binge drinking in the past 30 days



Risk Factors for Ongoing Maternal Alcohol Consumption

- An AUD (10% of population)
- Delayed pregnancy recognition
- Inadequate prenatal care
- Reluctance of Health Professionals to address alcohol use
- Any mental health diagnosis
- A history of physical or sexual abuse, or current IPV
- ATOD use during pregnancy by partner or other household members





Fetal Alcohol Spectrum Disorders

- * FASD affects approximately 1 in 100 births; long-term outcomes include cognitive, behavioral, and physical impairments ([3], [8]).
- People with FASD may have difficulty with:
 - Learning and memory
 - Understanding and following directions
 - Switching attention between tasks
 - Controlling emotions and impulsivity
 - Communicating and developing social skills
 - Experiencing depression and anxiety
 - Performing daily life skills

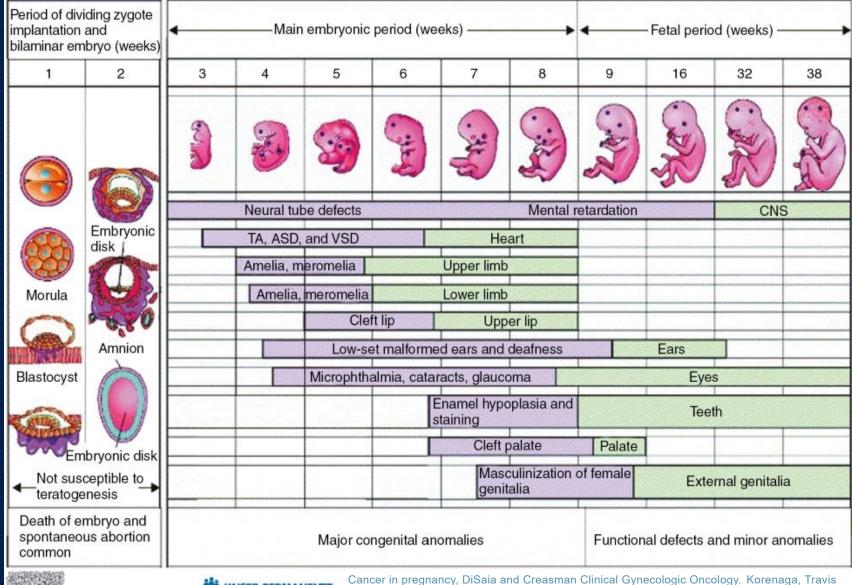


An estimated **1-5%** of U.S. first graders have FASD.





Critical Periods of Fetal Development



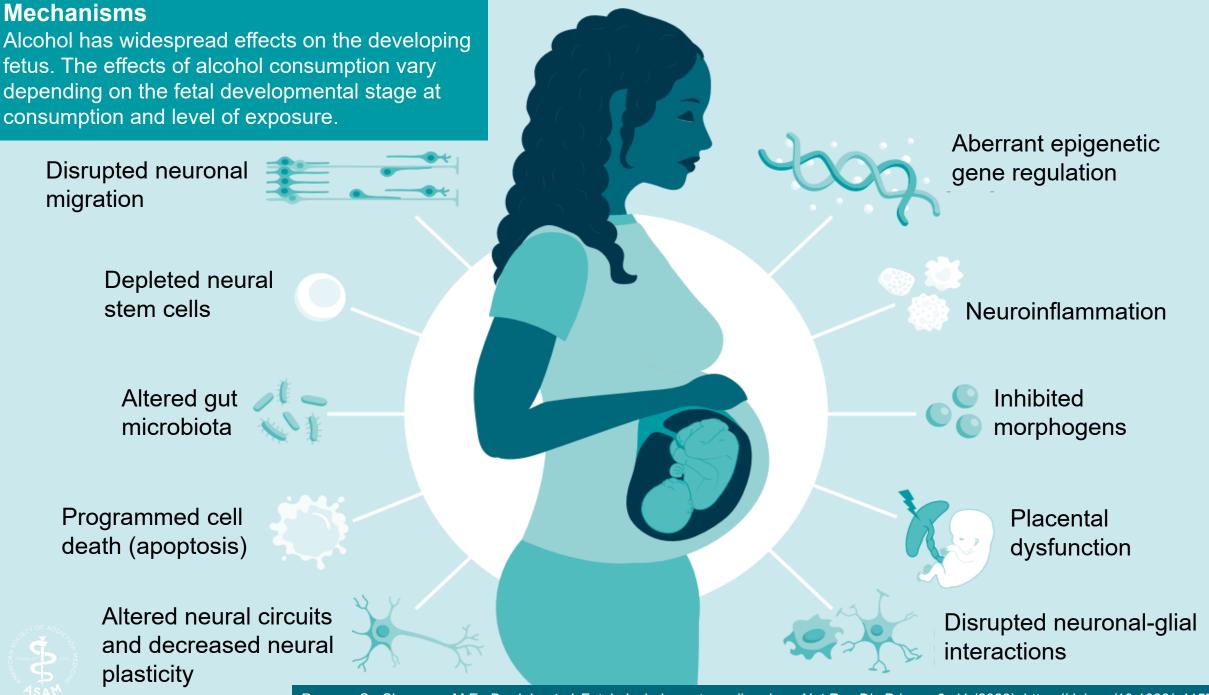


KAISER PERMANENTE. ClinicalKey

R., MD; Crosland, Brian, MD; ... Show all. Published January 1, 2023. © 2023.

Figure 12.14 (From Moore P, editors: The Developing Human, ed 6, Philadelphia, 1998, Saunders.) Crucial periods in prenatal development. Dots on the developing fetus show common sites of action of teratogens. Horizontal bars indicate fetal development during a highly sensitive period (purple) and a less sensitive period (green). ASD, Atrial septal defect; CNS, central nervous system; TA, truncus arteriosus; VSD, ventricular septal defect.





Risks of Fetal Alcohol Exposure (FAE)

Alcohol can disrupt development at any stage.

FAE is associated with low birthweight and small for gestational age.

Binge drinking & heavy alcohol use put the fetus at the greatest risk for severe problems.

There is **no known safe amount** of alcohol consumption during pregnancy.

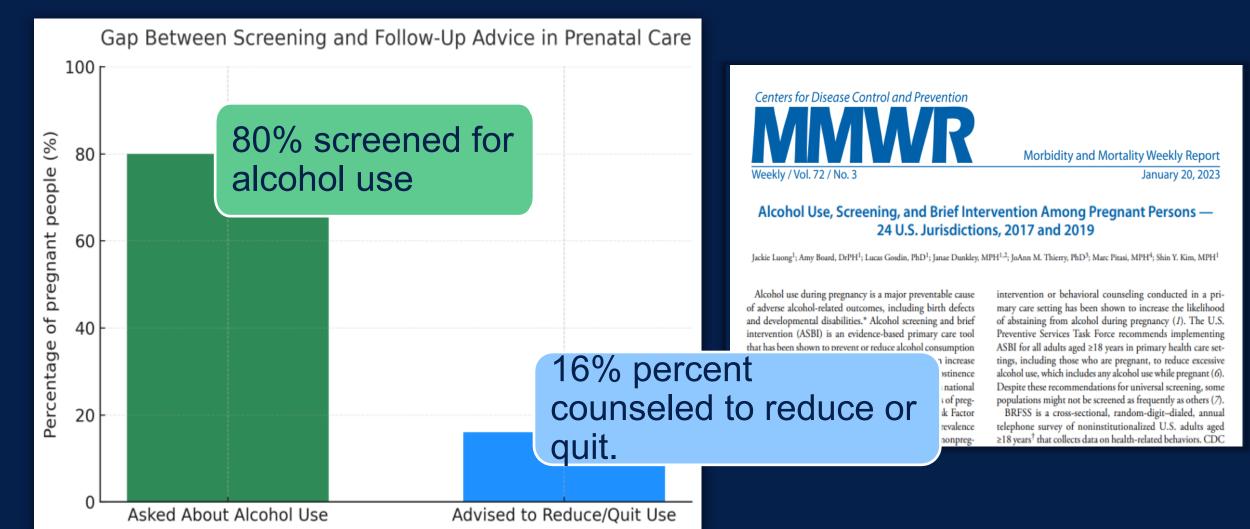




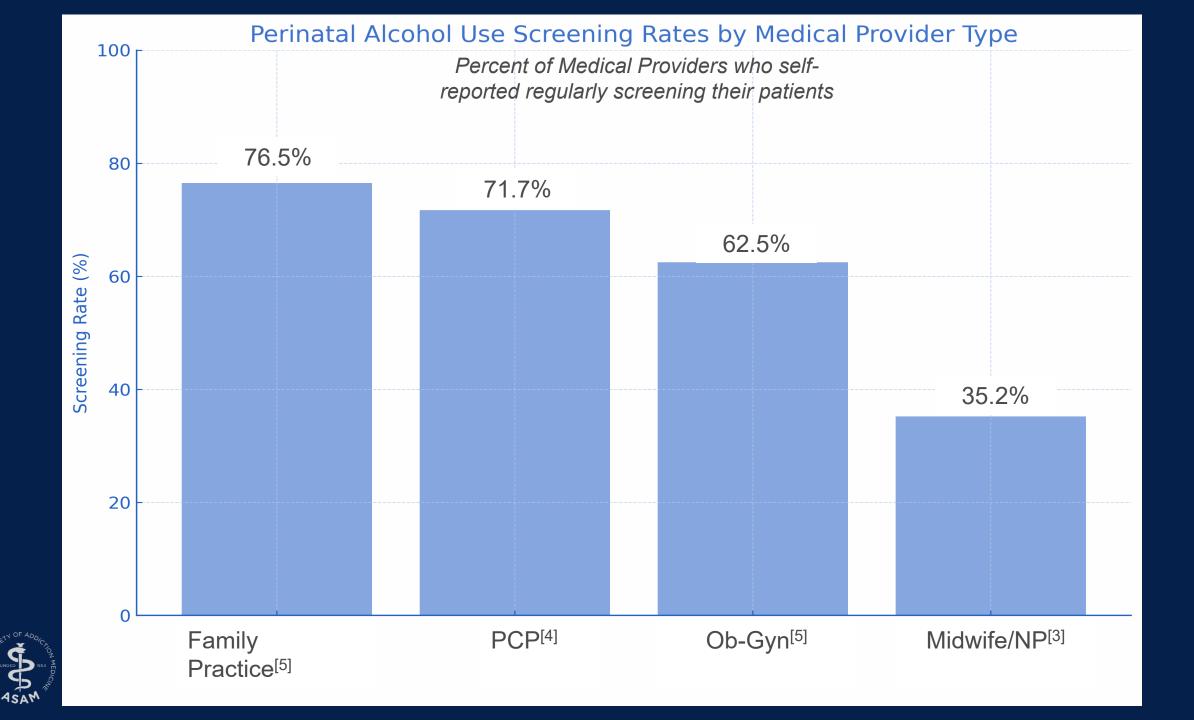
What percentage of patients who disclose drinking while pregnant are advised by their Ob-Gyn clinician to reduce use or quit?



Screening and Brief Intervention for Alcohol in Pregnancy







Barriers to screening by OBGYN physicians and clinicians:

Lack of institutional support [10]

- Workload and limited consultation time
- Inadequate support and training
- Lack of screening tools
- Lack of specialized services
- Lack of clear protocol
- Poor continuity of care



Clinicianrelated

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- Insufficient skill/knowledge [10].
 - 37.7% of midwives believed alcohol was safe during at least one trimester; lower screening rates [3].
- Discomfort in screening
 - 81% of OB/GYNs confident addressing tobacco use, but only about 60% for alcohol use [22].



Facilitators of Screening Adherence

- Providers who understand FASD were more likely to view alcohol use as dangerous and to screen their patients. [21],[3]
- * Validated screening tools available and accessible.
- * Regular ongoing training to maintain clinical competence in Prenatal Alcohol use and FAE.
- ***Multidisciplinary team** supported with funding.
- * Access to **specialized referrals** such as detoxification and mental health services.^[24]



Acceptability of AOTD Screening in Prenatal Care

97-98% of pregnant women support alcohol, tobacco and drug screening in prenatal care



Women's Health Issues 30-5 (2020) 345-352





www.whijournal.com

Reproductive Health

Pregnant Women's Acceptability of Alcohol, Tobacco, and Drug Use Screening and Willingness to Disclose Use in Prenatal Care



Signy M. Toquinto, CNM, WHNP, MS, MA ^a, Nancy F. Berglas, DrPH ^{b,*}, Monica R. McLemore, RN, MPH, PhD ^{b,c}, Ana Delgado, CNM, MS ^d, Sarah C.M. Roberts, DrPH ^b

- a MarinHealth Medical Center & Marin Community Clinics, Kentfield, California
- b Advancing New Standards In Reproductive Health, University of California, San Francisco, Oakland, California
- ^c School of Nursing, University of California, San Francisco, San Francisco, California
- ^d Zuckerberg San Francisco General Hospital, San Francisco, California

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ABSTRACT

Purpose: Despite the prevalence of alcohol, tobacco, and other drug (ATOD) use screening as part of prenatal care, pregnant women's perspectives on screening are largely absent from research and clinical practice. This study examines pregnant women's acceptability of ATOD screening and willingness to disclose their ATOD use in prenatal care. Methods: Pregnant women completed a self-administered survey and structured interview at four prenatal care facilities in Louisiana and Maryland (N = 589). Participants reported the acceptability of screening and their willingness to honestly disclose their ATOD use to their provider. Data were analyzed through descriptive statistics, tests of proportions, simple regression models, and coding of open-ended responses.

Results: Nearly all pregnant women found screening acceptable for alcohol (97%), tobacco (98%), and other drug use (97%) during prenatal care. The acceptability of alcohol use screening was higher among those who reported binge drinking (98% vs. 96%; p = .002) and risky alcohol consumption (99% vs. 96%; p = .018). The acceptability of screening for other drugs was higher among women reporting binge drinking (98% vs. 96%; p = .032) and other drug use (98% vs. 96%; p = .058). Almost all pregnant women indicated that they were willing to disclose their alcohol (99%), tobacco (99%), and other drug use (98%) to their provider.

Conclusions: Almost all women considered verbal screening for ATOD use during prenatal care acceptable and indicated that they were willing to honestly disclose their ATOD use. Verbal screening may allow for the opportunity to initiate safe, nonjudgmental conversations about women's substance use, risk, and goals for their ATOD use, pregnancy, and



Harm Reduction Essentials: Positive Regard

Experience with bias, judgment, and scrutiny, especially from health care workers, can isolate people and make it harder to get prenatal healthcare. [3][1]

Punitive policies are associated with decreased odds of prenatal care and increased odds of low birthweight & preterm delivery.



What Patients Need from Clinicians

Respect their rights to make important decisions about their body and health.

Believe that they are competent and capable of choosing what is right for them based on their unique circumstances.

Use strength-based, person first language.

Know yourself – recognize what your own beliefs and biases about drinking in pregnancy bring to the interaction.



Removing Stigma from Language

Instead of	Try this
Now that you're pregnant, you need to stop drinking	What do you think about your drinking, now that you're pregnant?
If you loved your children, you'd stop using.	I know that you love your children. What can you do to help parent them the way you want to?
You'll probably lose custody of this baby too.	What was it like when you lost your child?



Motivational Interviewing in Medicine

	Permission	Can we talk about	
Ask	Open Ended	What do you think about	
	Closed Question	Would you want to	
Tell	Information	Some of the choices are	
	Recommendation s	You might want to	
	Education	We know that	
Listen	Appreciate	You know what you	
	Reflect	You want to, but	
	Summarize	So your plan is	





Role Of Addiction Medicine: Improving Provider Knowledge



Educate OBGYN

- FASD and Alcohol Risks
- Harm Reduction and MI
- SUD Bias and Stigma
 [3], [1]



Collaborate Across Disciplines

- Encourage prenatal screening tools.
- Create referral pathways between Addiction Medicine and AMRS.



So what does this look like in practice?



Early Start changes lives. One pregnancy at a time.

- Early Start is an award-winning perinatal substance use intervention program in KP Northern California
- Provides non-judgmental support to pregnant people at risk of using alcohol, cannabis, tobacco, and other substances during pregnancy.



Our Mission: To intervene early in pregnancy to provide encouragement and support to all pregnant people. To decrease complications and negative outcomes related to substance use in pregnancy.



Early Start Care Pathway



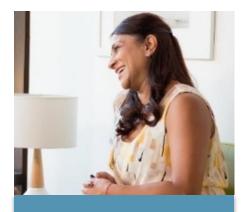
Entry to
Prenatal Care



Screening



Physician or Other Clinician Introduces Early Start



Assessment with ES Specialist



Additional Visits with ES as Indicated

Prenatal Screening Questionnaire (PSQ)
Urine Tox Screen (UDAP)

30% Positive (PSQ, UDAP, or both)

Each year in Kaiser Permanente Northern California, more than 50,000 patients are screened for prenatal substance use, and more than 10,000 patients compete a visit with an embedded licensed mental heath professional (Early Start Specialist).



Early Start Multidisciplinary Teams

- Early Start care is available in all 60 Ob-Gyn clinics in the Kaiser Permanente Northern California Region.
- Early Start Specialists are licensed mental health professionals who provide short term intervention counseling.
- Specialists work with local multidisciplinary teams:
 - Physician Champions
 - *** Early Start Medical Assistants**
 - Ob-Gyn Managers





Our Plan for Prenatal Patients in Treatment



- We collaborate with Addiction Medicine locally to ensure warm hand-offs with specialized therapists.
- * We hold ongoing consultation meetings between departments to align treatment for shared patients.
- * We recommenced special care and individualized treatment plans for pregnant patients.
- * We recommend the option to delay group treatment until after birth.



Final Takeaways

- No level of alcohol consumption during pregnancy is safe; even low-level use carries risks.
- *Effective, non-judgmental screening and patient communication are critical for early detection.
- Investing in provider education and adopting collaborative care models can improve outcomes.
- #Early intervention programs, like Early Start, demonstrate measurable benefits in both maternal and neonatal health outcomes.



Resources





Clinical Screening Tools

Clinical screening tools for substance use disorders during pregnancy

$4 \text{ Ps}^{[1]}$

Parents: Did any of your parents have a problem with alcohol or other drug use?

Partner: Does your partner have a problem with alcohol or drug use?

Past: In the past, have you had difficulties in your life because of alcohol or other drugs, including prescription medications?

Present: In the past month, have you drunk any alcohol or used other drugs?

Scoring: Any "yes" should trigger further questions.

NIDA Quick Screen^[2]

Screen your patients

Step 1. Use the NIDA Quick Screen to ask the patient about past-year drug use

Step 2. Ask the patient about lifetime drug use

Step 3. Determine risk level

Step 4. Depending on risk level: Advise, Assess, Assist, and Arrange

CRAFFT – Substance Abuse Screen for Adolescents and Young Adults^[3]

C Have you ever ridden in a CAR driven by someone (including yourself) who was high or had been using alcohol or drugs?

R Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in?

A Do you ever use alcohol or drugs while you are by yourself or ALONE?

F Do you ever FORGET things you did while using alcohol or drugs?

F Do your FAMILY or friends ever tell you that you should cut down on your drinking or drug use?

T Have you ever gotten in TROUBLE while you were using alcohol or drugs?

Scoring: Two or more positive items indicate the need for further assessment.



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NIDA Quick Screen

National Institute on Drug Abuse quick screen

In the past year*, how often have you used the following:	Never	Once or twice	Monthly	Weekly	Daily or almost daily
1. Alcohol, four or more drinks per day					
2. Tobacco products					
Prescription drugs for nonmedical reasons					
4. Illegal drugs					

^{*} For pregnant women, ask about substance use since the woman became pregnant.

Modified from: National Institute on Drug Abuse (NIDA). The NIDA Quick Screen. Available at: https://www.drugabuse.gov/sites/default/files/pdf/nmassist.pdf (Accessed on September 21, 2016).



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