

What do I say? Answers to common questions about FASDs, alcohol-exposed pregnancies and related research

Fetal alcohol spectrum disorders (FASDs) are a collection of physical, behavioral, developmental and/or cognitive impairments used to describe the range of effects associated with prenatal exposure to alcohol. FASDs are preventable conditions if no alcohol is consumed during pregnancy. Evidenced based strategies, including alcohol screening and brief intervention (alcohol SBI), offer a structured approach to address FASD prevention. As the most trusted health care providers, nurses have a key role in providing clear messages and fact-based education to women of reproductive age regarding risks associated with alcohol use and misuse, and to promote informed decision-making regarding an alcohol-free pregnancy. Common questions and responses to FASD prevention can include the following:

Isn't the prevalence of fetal alcohol syndrome (FAS) lower than other conditions such as autism? Fetal alcohol syndrome (FAS) is the best known of the spectrum but represents a very small percentage of cases of FASDs. An estimated 1 in 20 children in the U.S. are affected by an FASD. It is more common than autism, which affects 1 in 68 children. FASDs are preventable if alcohol is avoided during pregnancy.

I already know about FAS and what causes it. Alcohol is a teratogen that can disrupt normal fetal development (and especially targets the brain) at any point during the pregnancy, causing a range of mild to severe effects often without the outward physical signs of FAS. They are at higher risk for learning difficulties and problems with executive functioning (planning, judgement, organization), independent living skills, and other challenging behaviors.

Isn't an occasional drink during pregnancy okay? Some studies say so. There is no way to predict how a mother-baby pair will react to the teratogenic effects of alcohol. With nearly half of U.S. pregnancies being unplanned, the increased use and misuse of alcohol by reproductive age women is a cause for concern. Even low levels of exposure prior to pregnancy recognition could have long-term consequences for mother and child.

I've heard studies say occasional drinks during pregnancy have no long-term impacts on the child. In 2012, a widely reported study conducted in Denmark found "moderate" alcohol consumption during pregnancy did not appear to have had a significant impact on the IQ and attention of five-year olds, however alcohol can have a significant impact on learning, memory and executive function as well as adaptive functioning, which were not tested. The majority of children with an FASD have normal IQ, so IQ is not a significant measure at any age. A child's brain is not finished developing at age five, many challenges can become apparent in later childhood or adolescence. More follow-up work is needed to see if there are observable effects as the children get older.

Women in my practice know not to drink during pregnancy. And aren't babies with FAS mostly born to women who are alcohol-dependent/alcoholics? According to CDC research, college-educated, employed, white women aged 35 or older are the population with the highest risk for continuing to drink during pregnancy. In addition to women with alcohol dependence, women who are heavy drinkers or who regularly drink a higher number of drinks per occasion (binge drinking – more than 3 standard drinks per occasion for women) and do not use a consistent method of contraception are at risk of an alcohol-exposed pregnancy, because they may drink before they know they are pregnant. FASDs occur across all socioeconomic and ethnic groups.

What can women's health nurses do to help prevent FASDs? Evidence-based practices such as alcohol screening and brief intervention (aSBI) can be used to identify women who may be using alcohol at risk levels. Universal alcohol screening normalizes discussions and reduces stigma. Alcohol SBI is an effective and efficient practice that is recommended for use annually with adult patients.

What about drinking alcohol while breastfeeding? Do alcohol test strips for breastmilk work? Drinking alcohol while breastfeeding decreases milk production and milk consumption. There is no known nutritional benefit and infants exposed to alcohol through breast milk may have poorer quality sleep and sleep for shorter periods. Alcohol is eliminated from the mother's breast milk at the same rate as the alcohol in other parts of her system; pumping and dumping has no effect on this process. There have been no studies to date on the accuracy of alcohol test strips for breastmilk. The best option for breastfeeding mothers is to abstain from alcohol use.

What impact does the father's drinking have on sperm? Consuming five or more standard drinks a week may affect the quality and motility of sperm. Alcohol may affect how and when genes are turned off and on in following generations (an epigenetic effect). This is a relatively new area of research and there may be more that we will learn in the coming years.

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