Preconception Care for Reducing Alcohol Exposure in Pregnancy

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Although the consequences of alcohol use during pregnancy are well known, few health care professionals recognize that preconception identification and counseling can be very effective in helping at-risk women reduce or stop drinking.

Evidence demonstrates that preconception care (PCC) can improve risk factors known to affect pregnancy outcomes, but such efforts have focused primarily on women with chronic medical conditions, a history of poor pregnancy outcomes, or immediate plans to conceive. [1] Limiting PCC to targeted women, however, reaches only a fraction of those who could benefit. For example, targeted PCC would exclude almost 50% of unplanned pregnancies.[2] Women of childbearing age visit their physicians an average of 3 times per year, and every visit represents an opportunity to deliver PCC messages.[3]

FOCUSPOINT

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However, research reveals that these opportunities for PCC are often missed.[4] In one study of ObGyns, 87% viewed PCC as specialized prepregnancy treatment focusing on issues not typically addressed during a routine examination. Although the majority of ObGyns agreed that PCC has positive effects on pregnancy outcomes, only 21% prioritized it in their own practices.[5] By contrast, a survey of women of childbearing age revealed that 98% realized the importance of optimizing their health prior to pregnancy and thought the best time to receive such information was before conception.[6] Only 39% of women could recall their physicians ever discussing preconception health.[6]

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ALCOHOL AND PREGNANCY

Perhaps one of the most important aspects of PCC concerns advice about alcohol use during pregnancy. Prenatal exposure to alcohol remains a leading preventable cause of birth defects and developmental disabilities in the United States. Each year, 500,000 women report alcohol use in the past month, and 80,000 report heavy episodic drinking of 5 or more drinks per drinking occasion. About 8% are sexually active, fertile, not using any form of birth control, and at risk of having an alcohol-exposed pregnancy.[7] Many women do not recognize that they are pregnant until the 6th week of gestation—a time of great vulnerability for the developing fetus. However, they rarely receive counseling on the dangers of alcohol until their first prenatal visit.[8]

In 2004, the US Preventive Services Task Force recommended primary care screening and behavioral interventions to reduce alcohol misuse in women (see Resources). Likewise, the Surgeon General released a report in 2005 urging all health care professionals to routinely inquire about alcohol consumption in all women of childbearing age, inform them of the risks of consumption during pregnancy, and advise them to abstain from alcohol use if pregnant or planning a pregnancy (see Resources). Nonetheless, a recent study found that only 49% of ObGyns discuss alcohol consumption during routine examinations in contrast to 89% who discuss the dangers of smoking.[5]

FIGURE 1. The T-ACE Alcohol Screening Questionnaire[8]*

T - TOLERANCE
How many drinks does it take to make you feel high? [>3 drinks = 2 points]

A - Have people **ANNOYED** you by criticizing your drinking? ["yes" = 1 point]

C - Have you ever felt you ought to **CUT DOWN** on your drinking? ["yes" = 1 point]

E - EYE OPENER Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover? ["yes" = 1 point]

*Positive result ≥ 2 points.

FIGURE 2. The TWEAK Alcohol Screening Questionnaire[8]*

T - TOLERANCE
How many drinks does it take before you begin to feel the first effects of alcohol? [>3 drinks = 2 points]

W - WORRY
Do close friends or relatives worry or complain about your drinking? ["yes" = 2 points]

E - EYE OPENER
Do you sometimes have a drink in the morning when you first get up? ["yes" = 1 point]

A - AMNESIA
Has a friend or family member ever told you about things you said or did when you were drinking that you could not remember? ["yes" = 1 point]

K - CUT DOWN
Do you sometimes feel the need to cut down on your drinking? ["yes" = 1 point]

*A score of ≥3 signifies alcohol-dependence. A score of ≥2 can identify pregnant women who may not be alcohol-dependent but may be drinking at levels that put the fetus at risk.

SCREENING

One reason many health care professionals do not routinely counsel women concerning their alcohol use may relate to their unfamiliarity with validated screening tools and effective intervention techniques. Currently, the most commonly recommended screening questionnaires for women are the T-ACE and TWEAK instruments, with quantity and frequency measures employed as well (Figures 1, 2).[8] The National Institute on Alcohol Abuse and Alcoholism recommends alcohol abstinence for women who are planning on becoming pregnant, not using effective contraception, or are pregnant or nursing.

INTERVENTION

For women with positive screening results for alcohol use or abuse, brief intervention has been shown to be a low-cost, effective approach to reducing alcohol use in non-dependent individuals and facilitating referral of dependent individuals.[9] This approach can be used by health care professionals who are not specialists in treating alcohol abuse/dependence, and takes about 15 minutes to deliver. The main components involve prompts to think about the consequences of drinking during pregnancy and the benefits of stopping, a review of risky drinking situations and coping strategies, and setting a goal of abstinence during pregnancy or reducing drinking levels if the woman cannot abstain. Empathy on the part of the counselor and self-motivation/optimism for behavior change on the part of the woman are essential elements of brief intervention, along with ongoing follow-up and support.

The most effective use of brief intervention in PCC is demonstrated by Project CHOICES, a randomized, controlled clinical trial designed to prevent alcohol-exposed pregnancies among high-risk women in various community settings.[10] A unique aspect of the intervention was that it focused not only on reducing risky drinking, but also addressed pregnancy postponement. Findings were that at 3-, 6-, and 9-month follow-up, women in the intervention group were twice as likely to reduce their risk for an alcohol-exposed pregnancy compared with those in the control group by decreasing risky drinking, increasing use of effective contraception, or both. Similar cognitive behavioral

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Resources

- US Preventive Services Task Force recommendations on alcohol screening and intervention: www.ahrq.gov/clinic/uspstf/uspsdrin.htm#summary
- Surgeon General's Advisory on Alcohol Use in Pregnancy: www.cdc.gov/ncbddd/fas
- ACOG toolkit for fetal alcohol spectrum disorders: www.cdc.gov/ncbddd/fas/acog_toolkit.htm

FIGURE 3. Brief Intervention for Pregnant Women[12]*

RESPONSIBILITY: "You are doing many good things to have a healthy pregnancy. You mentioned that you sometimes have ____ drinks. Did you know that there is no safe number of drinks to have when you are pregnant? What you do about your drinking is up to you, but you can have a healthier baby if you stop drinking completely."

EDUCATION: "A baby who has been exposed to alcohol during pregnancy might have some problems, including small size, mental retardation, facial deformities, problems eating and sleeping, hyperactivity, inattention, language delays, memory and learning problems, social problems, and motor delays."

ADVICE TO CHANGE: "The best advice for a pregnant woman is not to drink any alcohol. What do you think about this? Would you like to work with me to stop drinking during this pregnancy?"

WAYS TO REDUCE DRINKING/RISKY SITUATIONS: "People drink for different reasons, such as at a party; on weekends; following arguments; when feeling anxious, stressed, angry, or sad; when smoking; or when friends are drinking. What situations make you feel like drinking?"

WAYS TO REDUCE DRINKING/COPING STRATEGIES: "It is important to figure out how you can resist drinking in risky situations. People can fight the desire to drink by going for a walk, talking to a friend, grabbing a snack, or listening to music. Can you tell me some ways you think you could avoid drinking in risky situations?"

ESTABLISHING A DRINKING GOAL: "Would you like to set a drinking goal? The best goal for someone who is pregnant is abstinence. Would you like to set a goal of abstinence?" If the woman says she cannot attain abstinence, then say, "I know that some people find total abstinence difficult. Would you like to set a goal to cut down on your drinking?" Make a signed contract for abstinence or cutting down on the number of drinks per week.

SELF-EFFICACY: "On a scale of 1 to 5, how sure are you that you can stop (lower) your drinking? 1 means you think you cannot stop (lower) your drinking, and 5 means you are sure you can stop (lower) your drinking."

SUGGESTIONS FOR CUTTING DOWN: "If you feel that you cannot stop drinking right now, here are ways to cut down."

- Add water to hard liquor
- Drink no more than 1 drink per hour
- Eat food when you drink
- Sip your drinks
- Do not drink from the bottle
- Drink water or juice instead of alcohol
- Do not drink 3 or more drinks per drinking occasion.

ENCOURAGEMENT AND FOLLOW-UP: "Changing your behavior can be hard, but it will become easier. Some people have days when they drink too much. If this happens to you, don't give up! Think about how many days you didn't drink and congratulate yourself. Remember that your follow-up visit is very important, so make sure that you keep your appointment to come back to see me."

*Adapted from the Western Regional Training Center on Fetal Alcohol Exposure.

FOCUSPOINT

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approaches have also demonstrated reductions in alcohol use in pregnant women, resulting in better newborn outcomes (Figure 3).[11,12] Subsequently, a tool kit was developed by ACOG under the auspices of the CDC to enhance formal screening and brief intervention preconception and in pregnant women (see Resources).

CONCLUSION

The greatest opportunities for healthy pregnancy outcomes lie in preconception care. The only definitive way to prevent alcohol-exposed pregnancies, in particular, is to advise women to stop drinking before conception. Routine screening and brief intervention, counseling on effective contraception, and improved access to treatment for alcohol-dependent women are all effective methods for avoiding the devastating developmental outcomes associated with alcohol-exposed pregnancies.

The author reports no actual or potential conflicts of interest in relation to this article.

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Coding for Alcohol or Substance Abuse Screening

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This important topic has received new *CPT* codes in 2008. These codes should only be used when alcohol and/or substance abuse is the topic of discussion for that visit. The results of the screening questionnaires should warrant an intervention visit independent of other health issues. Appropriate documentation of this visit should include the results of the questionnaire and a brief summary of what was discussed, an intervention plan, and plans for a follow-up visit.

99408 Alcohol and/or substance (other than tobacco) abuse structured screening (eg, AUDIT, DAST), and brief intervention (SBI) services; 15-30 min

(Do not report services of less than 15 min with 99408)

99409 Greater than 30 min

(Do not report 99409 in conjunction with 99408)

(Use 99408, 99409 only for initial screening and brief intervention)

Some ICD-9 codes that may be used include:

303.9 Chronic alcoholism

305.0 Alcohol abuse, Excessive drinking of alcohol

(Includes cases where a patient, for whom no other diagnosis is possible, has come under medical care because of the maladaptive effect of a drug on which she is not dependent and that she has taken on her own initiative to the detriment of her health or social functioning.)

V11.3 Personal history of alcoholism

After this initial screening, if further counseling is necessary, use an Established Patient E&M code based on time as the determining factor and document the content on the counseling session.

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DISCLOSURE

The writing of this manuscript was supported by the Centers for Disease Control and Prevention, Grant #CCU925033. The contents do not necessarily represent the positions or policies of the Centers for Disease Control and Prevention, and endorsement by the federal government should not be assumed.