

A Guide to Screening for Substance Abuse during Pregnancy

The key to the prevention of fetal alcohol syndrome is to screen all women of childbearing age for alcohol use disorders in order to identify those at risk, and then use appropriate counseling techniques to reduce or eliminate drinking before pregnancy.

Brief intervention has been found to be effective with women problem drinkers in primary-care clinics. A brief, 10-minute counseling session delivered by a clinician has been found to reduce alcohol use in women by 20-30 percent.

The CDC has identified characteristics associated with a higher risk of alcohol use during pregnancy based on cross-sectional survey data and special populations. Factors include having a history of physical or sexual abuse, being a smoker, being unmarried, having a history of previous or current illicit drug use, having psychological stress, having mental health disorders, low socioeconomic status, African-American and American-Indian/Alaska-Native ethnicity. Additionally, other factors include a family history of substance abuse.

The National Center for Education in Maternal and Child Health has produced a set of guidelines for screening for a substance abuse during pregnancy. Their guidelines can be found at <http://www.ncemch.org/pubs/PDFs/SubAbuse.pdf> .

Over the past decade, much research has gone into refining techniques for screening pregnant women for alcohol use. What follows is a useful guide to screening for substance abuse during pregnancy.

Access to more detailed information on each of the tools is available at the following website:

http://www.nofas.org/_usercontrols/printpage.aspx?FromPage=http%3A//www.nofas.org/healthcare/screen.aspx

Instrument	Features	Strengths	Concerns
CAGE Cut down Annoyed Guilty Eye Opener	4 questions, not specifically designed for screening pregnant women.	Assess lifetime rather than current alcohol related problems.	Does not identify heavy drinker who have not experienced alcohol related problems. More effective in screening men than women.
T-ACE Tolerance- Annoyed Cut down Eye Opener	4 questions, one question regarding how many drinks to feel high, three questions from CAGE.	Developed for use in Ob/Gyn practice. More sensitive to risk drinking than CAGE.	

TWEAK Tolerance Worry Eye Opener Amnesia Cut-Down	5 questions, combines questions from the MAST, CAGE, & T-ACE	More sensitive and less specific than the T-ACE. Outperforms the MAST or CAGE.	
MAST Michigan Alcoholism Screening Test	25 questions, not specifically designed for screening pregnant women		Does not identify heavy drinkers who have not experienced alcohol related problems. More effective in screening men.
AUDIT Alcohol Use Disorder Identification Test	10 questions, combines questions about alcohol use directly and on consequences of alcohol use	Its purpose is the early identification of harmful drinking.	Not been evaluated in obstetric population.
4 P's	4 questions about alcohol or drug use during current pregnancy, in her past, by her partner, and by her parents	Yes or No format, easy to administer and score.	Potential lack of specificity.
Modified 5P's	5 questions, about alcohol or drug use during this pregnancy, by her parents, by her partner, in her past, in her previous pregnancy.	Questions about alcohol use during previous pregnancy may help to diagnose FAS in woman's other children.	Potential lack of specificity.
TQDH Ten Question Drinking History	10 questions that focus on type and amount of alcohol consumed.	Does not differentiate between beer, wine and liquor.	More than 4 drinks per week is considered risk drinking. Best for women not yet pregnant.

Referring Patients to Treatment

Women also respond to guided self-change programs based on cognitive behavioral therapy models. These programs are for motivated women who want to reduce their use or become abstinent. They generally are limited to four to 10 one-hour sessions with a counselor.

A number of clinical trials have shown reduced alcohol use in alcohol-dependent persons after completion of an alcohol treatment program. While there is still a great deal we do not know about treatment of women with alcohol use disorders, brief intervention, guided self-change programs, cognitive therapy, behavioral therapy and the 12-step program can be effective. Other issues to consider in specialized treatment for women are

the availability of child care, transportation, gender-specific programs and the treatment of co- morbidity, such as other substance abuse and mental health disorders.

Recently, the U.S. Preventive Services Task Force released recommendations for alcohol misuse in clinical settings. To view the recommendations and guides for screening, go to <http://www.ahrq.gov/clinic/uspstf/uspsdrin.htm> .

Citation:

http://www.nofas.org/_usercontrols/printpage.aspx?FromPage=http%3A//www.nofas.org/healthcare/screen.aspx

To locate a drug and alcohol abuse treatment program near you refer to the **NCPPC Directory of Services** link.