



Despite strong evidence that drinking during pregnancy has negative consequences, there are individuals who believe that consuming a few drinks while pregnant may be okay, some even think it's healthy and normal. In fact, about 1 in 13 pregnant women reported drinking alcohol in the past 30 days.¹ However, according to the National Organization on Fetal Alcohol Syndrome, alcohol use during pregnancy is the leading known preventable cause of birth defects, developmental disabilities, and learning disabilities.²

Women of childbearing age in Wisconsin have the highest prevalence of binge drinking in the nation, over 22%.³ Binge drinking is especially concerning, because it has the strongest evidence of adverse birth outcomes for pregnant women. Because these women are of childbearing age and may become pregnant, it is important that they are educated about the risks of alcohol exposed pregnancies.

Alcohol passes freely through the placenta and interferes with normal prenatal development. Additionally, the fetus has a limited ability to metabolize alcohol, meaning that any alcohol the fetus is exposed to will take longer to leave its system. The primary concern in alcohol exposed pregnancies is Fetal Alcohol Spectrum Disorders (FASD). There are a variety of traits and features of FASD based on timing and dose of alcohol consumption, as well as genetic, and environmental factors. Some traits of FASD include: abnormal facial features, organ malformations, growth restrictions, central nervous system problems, and cognitive impairments. In the United States, 1 in 100 babies have FASD, which is more prevalent than Down Syndrome, Cerebral Palsy, SIDS, Cystic Fibrosis, and Spina Bifida combined.²

The Wisconsin Women's Health Foundation (WWHF), has developed a program, My Baby & Me, designed to help pregnant women stay alcohol-free through one-on-one counseling and incentives. The My Baby & Me program has been aligned with best practices, using the FRAMES brief intervention; an emphasis on change in attitude and beliefs, as well as behavior; and a shift towards a harm reduction approach.

My Baby & Me is gaining momentum, already reaching over 150 women in 2014 with information regarding alcohol use and pregnancy. In addition, the WWHF has had a positive response from the My Baby & Me providers who have implemented the intervention.

Mary Kay Macke from Dean Health System has integrated the My Baby & Me screening into all of her prenatal care referrals. "It makes for a marvelous discussion of the role of alcohol in a woman's life and what the prevailing attitudes are about alcohol," explains Macke. The framing of the screening "gives the needed education without seeming to say that 'you are a bad mother for drinking.'"

¹ Centers for Disease Control and Prevention. 2012. Alcohol Use and Binge Drinking Among Women of Reproductive Age. MMWR 61(28); 534-538. Retrieved April 15, 2014 from http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6128a4.htm?s_cid=mm6128a4_e%0d%0a

² National Organization on Fetal Alcohol Syndrome. Retrieved April 14, 2014 from <http://www.nofas.org/factsheets/>

³ Centers for Disease Control and Prevention. 2010. Behavioral Risk Factor Surveillance System. Retrieved April 15, 2014 from http://www.cdc.gov/ncbddd/fasd/monitor_table.html



My Baby & Me 2014

Prior to the introduction of My Baby & Me, there were some organizations, like the Chippewa County Health Department, that did not have a screening tool in place to measure prenatal alcohol use. Chippewa County Health Department now includes the screening in every Prenatal Care Coordination admission packet. Meghan Ketchens, a Public Health Nurse with Chippewa County Health Department, explains how the incorporation of the My Baby & Me screening positively affects her participants. "We are providing awareness of the problems...and that there is help available to support, encourage, and guide each woman through a healthy pregnancy."

It is important that more providers get involved to address the preventable health consequences of alcohol exposed pregnancies. Healthcare sites interested in providing the My Baby & Me program can contact Chelsea Stover (608-251-1675 x. 118; cstover@wwhf.org) to set up an on-site training.