

HCP Video Script

Introduction to Alcohol SBI to Reduce Alcohol Consumption During Pregnancy

Excessive alcohol use is common and adversely affects many of your fundamental primary care goals. It can confound efforts to manage frequent chronic conditions and medications. Excessive alcohol use increases the risk of heart disease and stroke, cancer, mental health problems, injuries, and violence.

In pregnant women, it increases the risk of miscarriage, stillbirth, premature delivery, and SIDS. It also increases the risk of having a baby with a range of lifelong behavioral, intellectual, and physical disabilities known as fetal alcohol spectrum disorders (or FASDs). Primary care providers play a key role in reducing the risk of FASDs, and a host of other negative health outcomes, by conducting alcohol screening and brief intervention with all of their patients.

Alcohol SBI is a preventive service, like blood pressure or cholesterol screening, that can occur as a part of patients' wellness visits. Alcohol SBI is recommended by the U.S. Preventive Services Task Force and endorsed by major medical professional organizations, such as the American College of Obstetricians and Gynecologists, the American Academy of Family Physicians, the American Medical Association, and the American Academy of Pediatrics, as well as CDC.

Alcohol SBI involves

- An evidence-based screening tool
- A short conversation with patients drinking more than the recommended amounts
- A referral to treatment when appropriate.

The whole process can be done in 2–10 minutes, which can be spread out before and during the appointment and supported by multiple staff members. Alcohol SBI may also be reimbursable for you. To open a screening conversation, you might say:

- “To provide the best quality health care, we talk to all patients about issues that may affect their health, such as smoking, exercise, diet, and alcohol use. Is it okay if we take just a few minutes for that now?”

Although there are many screening instruments available, screening can be as brief as asking a single question about daily and weekly alcohol consumption.

Ideally, all patients should know what counts as a standard drink, be screened, know what the daily and weekly drink limits are, and understand the risks of excessive alcohol consumption. You may find it helpful to use a standard drink chart as a visual during your conversations.

If a patient screens positive for excessive alcohol use, a brief intervention can be effective. In a 2021 study¹, 83% of healthcare providers who conduct SBI said they had seen positive behavior change in patients.

¹ Centers for Disease Control and Prevention. (2022). *Improving Patient-Provider Communication on the Risks of Alcohol Use During Pregnancy Message Testing Report*.

During a brief intervention, communicate the patient's risk level and ask their thoughts about it. Listen for responses that indicate the patient may recognize there is a problem or be open to behavior change. Reflect and summarize the patient's thoughts throughout the conversation. Ensure your words and demeanor do not communicate judgment of a patient's behaviors.

Questions you could ask include

- "What do you make of your risk level that I shared with you?"
- "What do you like about drinking ... what don't you like about it?"
- "Are you interested in quitting or cutting down, or not making any changes to your alcohol use?"
- "What would a realistic change look like for you?"
- "How will you do that? What might help you do that? What might get in the way?"
- "Can we follow up about this at your next visit?"

If you give advice, ask the patient's permission before you do so, and ask their reaction after you do. Summarize any statements your patient said in favor of change and restate any agreement reached. CDC offers several short video trainings to help you learn more about having alcohol use conversations with your patients.

As part of alcohol use discussions, ask your patients who can become pregnant if they are planning on doing so in the next year. If they are planning to get pregnant, talk to them about how to have a healthy start, including not drinking alcohol. If your patient is not planning to get pregnant in the next year, talk to them about ways they can stay healthy, including counseling on safe and highly effective methods of birth control that are available to prevent pregnancy.

You may be wondering how common alcohol use during pregnancy is. Studies show nearly 1 in 7 pregnant women in the United States reports drinking alcohol. And about 1 in 20 reports binge drinking in the past 30 days.

It is estimated that 1%–5% of U.S. schoolchildren may have FASDs. People with FASDs are at very high risk for trouble in school, trouble with the law, problems with alcohol and other substances, and mental health disorders including ADHD.

The bottom line is, not all babies will be affected by prenatal alcohol exposure. However, it is impossible to know which babies will be affected. Therefore, CDC and major medical associations that provide guidance to healthcare providers advise women who are pregnant to avoid alcohol completely. There is no known safe amount, no safe time, and no safe type of alcohol use during pregnancy.

If your patient needs help to stop drinking, refer them to a local psychologist, counselor, or hospital that can provide appropriate services. Patients may also find SAMHSA's treatment services locator, NIAAA's alcohol treatment navigator, or Alcoholics Anonymous to be helpful resources.

For more information on alcohol SBI and FASDs, visit the CDC website at www.cdc.gov/fasd.