

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™



Fetal Alcohol Spectrum Disorders (FASD) Risk Communication Workshop

**Elk Grove Village, IL
July 30–31, 2012**

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WELCOME & ORIENTATION



a program to enhance the health & development of infants & children
**Fetal Alcohol Spectrum
Disorders Program**

A program of the American Academy of Pediatrics in cooperation with the Centers for Disease Control & Prevention

Fetal Alcohol Spectrum Disorders (FASD) Risk Communication Workshop
July 30 – 31, 2012
American Academy of Pediatrics (AAP) Headquarters
Elk Grove Village, IL

WORKSHOP GOAL

The goal of this workshop is to bring together representatives from primary care and other health care provider organizations to develop clear and consistent messaging across organizations about alcohol intake during pregnancy that can be used at the organization, provider and practice level.

WORKSHOP OBJECTIVES

1. Increase knowledge about anticipatory guidance messages and resources/tools currently used by members of organizations represented at meeting.
2. Develop a document or tool that encourages a more aggressive and consistent approach to anticipatory guidance related to alcohol use during pregnancy by constituents of the organizations represented at the workshop.
3. Identify steps towards increasing consistency among provider groups in anticipatory guidance provided to patients and parents/families about alcohol use during pregnancy.

DAY 1: MONDAY, JULY 30, 2012

Time	Activity	Presenter/Facilitator
2:00 – 2:20 pm	Welcome and Orientation <ul style="list-style-type: none"> <input type="checkbox"/> Review of goal and objectives of workshop <input type="checkbox"/> Review agenda and workshop materials <input type="checkbox"/> Review working agreements <input type="checkbox"/> Housekeeping 	<ul style="list-style-type: none"> • Faiza Khan • Pat Richter
2:20 – 3:00 pm	Introductions <ul style="list-style-type: none"> <input type="checkbox"/> Name, organization, role in organization <input type="checkbox"/> Mention one thing you are eager to share <input type="checkbox"/> State one thing you would like to take away from this workshop 	All
3:00 – 3:20 pm	The Media on Pregnancy and Alcohol Use <ul style="list-style-type: none"> <input type="checkbox"/> National Organization on Fetal Alcohol Syndrome (NOFAS) presentation 	<ul style="list-style-type: none"> • Thomas Donaldson
3:20 – 3:50 pm	Danish Lifestyle During Pregnancy study findings: A Case Study	<ul style="list-style-type: none"> • Jacqueline Bertrand • Angela Colson • Thomas Donaldson
3:50 – 4:15 pm	Updating Our Knowledge Base <ul style="list-style-type: none"> <input type="checkbox"/> Centers for Disease Control & Prevention (CDC) focus group findings <input type="checkbox"/> American Congress of Gynecology and Obstetrics (ACOG) focus group findings 	<ul style="list-style-type: none"> • Elizabeth Dang • Jeanne Mahoney
4:15 – 4:30 pm	Review Key Areas of Misinformation <ul style="list-style-type: none"> <input type="checkbox"/> Common areas of misinformation <input type="checkbox"/> Questions women, adolescents and male partners have 	Pat Richter
4:30 - 4:40 pm	Break	
4:40 – 5:40 pm	Partner Presentations: Increasing familiarity with current resources <ul style="list-style-type: none"> <input type="checkbox"/> American Academy of Pediatrics (AAP) <input type="checkbox"/> American Congress of Obstetrics and Gynecology (ACOG) <input type="checkbox"/> American Academy of Family Physicians (AAFP) <input type="checkbox"/> National Association of Pediatric Nurse Practitioners (NAPNAP) <input type="checkbox"/> Association of Women’s Health, Obstetrics, and Neonatal Nurses (AWHONN) <input type="checkbox"/> Society for Physician Assistants in Pediatrics (SPAP) 	<ul style="list-style-type: none"> • Faiza Khan • Jeanne Mahoney • Herbert Young • Rita Pickler • Catherine Ruhl • Erin Hoffman
5:40 – 6:45 pm	Finding common ground <ul style="list-style-type: none"> <input type="checkbox"/> Based on what we have learned, is there anything we can build on? <input type="checkbox"/> What are the challenges? What gets in the way? <input type="checkbox"/> Would criteria for anticipatory guidance maximize applicability across provider groups? (eg CASE) <input type="checkbox"/> What ‘formats’ could guidance take? 	Pat Richter
6:45 - 7:00 pm	Wrap up and Day 2 at a glance	Pat Richter
7:00 pm	Dinner—AAP Conference Room 1F	

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DAY 2: TUESDAY, JULY 31, 2012

Time	Activity	Presenter/Facilitator
7:30 – 8:00 am	Breakfast	
8:00 – 8:15 am	Welcome and review of day 1	<ul style="list-style-type: none"> • Faiza Khan • Pat Richter
8:15 – 9:30 am	Small Group Work <ul style="list-style-type: none"> <input type="checkbox"/> In your pre-assigned small groups, discuss how to address objectives #2 and #3 of this workshop. <input type="checkbox"/> Consider how you leverage the resources and relationships specific to your organization to implement the ideas you develop. <input type="checkbox"/> Select a recorder from within the group to write down all ideas <input type="checkbox"/> Select a presenter to share the final ideas to the full group 	All
9:30 - 10:30 am	Sharing small group ideas	All
10:30 - 11:30 am	Consensus and Strategy Development <ul style="list-style-type: none"> <input type="checkbox"/> Identifying common themes from small groups <input type="checkbox"/> Opportunities for individual and group action <input type="checkbox"/> Strategies for maximizing success 	<ul style="list-style-type: none"> • Pat Richter • All
11:30 – 11:40 am	Break	
11:40 am– 12:30 pm	Identify Gaps <ul style="list-style-type: none"> <input type="checkbox"/> Do we need any other information or resources to complete anticipatory guidance content? <input type="checkbox"/> What is the vision for a ‘final product’? 	<ul style="list-style-type: none"> • Pat Richter • All
12:30 – 1:00 pm	Lunch	
1:00 – 1:30 pm	We pledge to <ul style="list-style-type: none"> <input type="checkbox"/> Develop a list of steps to keep this work relevant and meaningful <input type="checkbox"/> Work to influence organizational strategies <input type="checkbox"/> Takes an individual symbolic step that may lead to an organizational symbolic step 	All
1:30 – 1:45 pm	Next steps	Faiza Khan
1:45 – 2:00 pm	Closing remarks	<ul style="list-style-type: none"> • Faiza Khan • Pat Richter
2:00 pm	Adjourn	

CONFLICT OF INTEREST AND DISCLOSURE

(Revised November 2007)

Introduction

Decisions by the officers, committees, section executive committees, and others on behalf of the AAP and AAP's statements, publications, and recommendations have far reaching significance and consequences. There are potential and real conflicts of interest that may affect an individual's opinion or may appear to make that opinion self-serving.

Conflicts of interest are present in situations that might not allow for impartial or objective determinations. These situations include but are not limited to relationships with providers of services and manufacturers of products, devices, pharmaceuticals, formula, or equipment. This would encompass the receipt of research support or lecture honoraria from such companies.

The AAP does not wish to exclude individuals who are experts in given fields from participation in policy formulation or other activities on behalf of the AAP merely because they have other relationships that may give rise to conflicts of interest. However, the validity of AAP recommendations and the Academy's reputation are based on confidence in its integrity and the belief by AAP members and the public that its policies are unbiased and based only on concerns for the best interests of children, families, and health care professionals. For these reasons strict adherence to the procedures for disclosure and resolution of real and potential conflicts of interest that follow is required.

Disclosure

It is required that all AAP officers; members of the AAP Board of Directors; members of AAP committees, section executive committees, and task forces; consultants; faculty; employees; and others acting on behalf of the AAP will openly disclose any real and potential conflicts of interest. Candidates for AAP positions will be informed of and asked to comply with the AAP conflict of interest policy and procedures before they are hired, appointed, or placed on ballots.

It is required that appointed and elected members of AAP entities and editors of AAP publications will sign the AAP Voluntary Disclosure Statement at the beginning of each term of service. They will receive relevant parts of the policy that provide examples of the types of interests that should be reported. When a real or potential conflict exists that may affect objectivity, the appropriate committee, section executive committee, task force, or other entity within the AAP should immediately be informed by the interested individual of the outside interest that gives rise to the conflict. The interested individual will under most circumstances be entitled to participate in the discussions on the matter after making full disclosure of the conflict to the committee or other AAP entity that has the matter under consideration. However, the interested individual should participate in drafting AAP statements and communications relevant to the matter ONLY after the conflict has been declared and if specifically asked to do so by the chairperson of the affected committee, task force, or other AAP entity. The interested individual should disqualify himself/herself from voting on recommendations or any other AAP matter relevant to the outside interest giving rise to the conflict.

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If the chairperson of the affected committee, section executive committee, task force, or other AAP entity finds that the circumstances surrounding the conflict warrant the imposition of greater restrictions than those outlined above, the interested individual may be excluded from some or all of the discussions on the matter under consideration or asked to resign from either the outside position giving rise to the conflict or the AAP position affected by the conflict. If the conflict is *de minimis* (not likely to have any impact on the AAP matter in question), the chairperson may waive some or all of the restrictions. In the event that the interested person is the chairperson, or

a greater level of exclusion appears warranted (eg, resignation), the Office of the Executive Director (OED) and the Executive Committee of the AAP Board should determine the level of restriction. In the event of a dispute respecting the appropriate restrictions in any situation involving a real or potential conflict of interest with an AAP matter, the Board of Directors of the AAP shall have the final authority to determine whether, in fact, a conflict exists and how that conflict should be managed or resolved.

In all cases, conflicts and their restrictions and other disposition need to be officially documented in an appropriate set of minutes.

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As a CME provider accredited by the Accreditation Council for Continuing Medical Education (ACCME), the AAP must ensure balance, independence, objectivity, and scientific rigor in all its individually sponsored and jointly sponsored educational activities. Everyone who is in a position to control the content of an educational activity (ie, faculty, authors, planning groups, editorial boards, etc.) must disclose to the AAP all relevant financial and other relationships with any commercial interest or that might otherwise give rise to a conflict of interest. The ACCME defines “relevant financial relationships” as financial relationships in any amount occurring within the past 12 months that create a conflict of interest. The ACCME defines a "commercial interest" as any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients.

Any individual who refuses to disclose such relevant financial relationships will be disqualified from being a planning committee member, faculty, or an author of CME, and cannot have control of, or responsibility for, the development, management, presentation, or evaluation of the CME activity.

The AAP has implemented a mechanism to identify and resolve all conflicts of interest prior to the education activity being delivered to learners.

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Authors submitting articles and content for AAP medical journals, professional periodicals, professional publications, consumer publications and other content published by the AAP (regardless of delivery media), including individuals identified as primary authors of AAP policy statements, clinical reports, and technical reports, will be required with each submission to declare whether they have a conflict of interest or any outside relationship that might give rise to a real or apparent conflict of interest.

Such declaration will affirm that an author does not have a financial interest (eg, employment, direct/indirect payments, stock holdings, retainers, consultantships, patent-licensing arrangements, honoraria, grants, or research support), or other involvement within the last three years with any commercial organization with a direct financial interest in the subject or materials discussed in the manuscript submission, or any other potential conflict of interest. If no conflict of interest is declared, a statement to that effect may be published with the article. Any disclosed conflict of interest may be published with the article at the editor’s discretion. Reviewers of AAP manuscripts for publication will be required to declare whether a conflict of interest exists for each manuscript reviewed, which declaration shall include a statement to protect the confidentiality of the manuscript until publication. Each editorial board member must comply with the AAP Conflict of Interest policy. In some cases, editorial board members may be asked to reaffirm such compliance periodically throughout the year.

Acting on Behalf of AAP

All AAP officers, members of the Board of Directors, and others acting on behalf of the AAP must avoid being influenced by any conflict of interest when acting on behalf of the AAP. This obligation includes an obligation to preserve the confidentiality of all information concerning the AAP that is not publicly known or disseminated. No one acting on behalf of the AAP should use privileged AAP information to benefit personally or to gain advantage in opportunities competing with AAP interests.

VOLUNTARY DISCLOSURE STATEMENT
AMERICAN ACADEMY OF PEDIATRICS

I declare that if I have any direct or indirect financial interests, or any personal, family or other relationships **which conflict (or have the appearance of conflicting) with my duties, responsibilities, and exercise of independent judgment** as an officer, employee, or agent of the Academy, as a member of a committee, task force, or other body of the Academy, or as a representative of the Academy to other public, private or governmental organizations, I shall voluntarily disclose that a conflict (potential or real) exists, will abstain from voting and from drafting any Academy policy statement or other Academy communication on the Academy matter which could be influenced by the conflict, and will take such other actions as may be deemed necessary or appropriate by the Academy's Board of Directors under the circumstances then present to manage the conflict of interest. I have read the Academy's policy entitled "Conflict Of Interest and Disclosure Statement" and I agree to comply with its terms.

2007

(Signature)

(Print Name)

(AAP Position) - (Council, Committee, Task Force, Officer, Employee)

(Representative To) - (Other public, private or governmental organizations)

(Date)

Risk Communication: Working with Individuals and Communities to Weigh the Odds

U.S. Public Health Service; February/March 1995

Risk communication (RC) is a complex, multidisciplinary, multidimensional, and evolving process of increasing importance in protecting the public's health. Public health officials use RC to give citizens necessary and appropriate information and to involve them in making decisions that affect them-such as where to build waste disposal facilities.

In its most familiar form, RC is associated with dialogue in environmental health decision-making about such community issues as air pollution, hazardous waste sites, lead, pesticides, drinking water, and asbestos. Risk communication can also help promote changes in individual behavior such as in informing homeowners about the need to check for indoor radon or lead-based paint.

Principles of Risk Communication

The National Research Council (NRC) defines risk communication as "an interactive process of exchange of information and opinion among individuals, groups, and institutions." The definition includes "discussion about risk types and levels and about methods for managing risks." Specifically, this process is defined by levels of involvement in decisions, actions, or policies aimed at managing or controlling health or environmental risks. (See Figure 1 on page 2 for the seven RC principles.)

Risk communication theory and practice may include public participation and conflict resolution, and be intertwined with risk assessment and risk management-concepts usually not addressed by traditional health communication models. Traditional messages about health risk tend to flow one way to motivate individual behavioral change among stakeholders and policymakers. Effective risk communication is an exchange, a two-way process with participation seen as an individual's and a community's democratic right. Conflict resolution can be a goal because risk information often is controversial-community members, activists, government officials, scientists, and corporate executives may disagree about the nature, magnitude, or severity of the risk in question. RC can highlight more clearly the nature and size of the conflict, leading the way to a more informed dialogue. RC can support a consensus-building process but is not designed to eliminate dissent. Informed dialogue and consideration of community concerns facilitate effective policy- and decision making if RC principles are applied.

According to the National Research Council, the RC "process can be considered successful only to the extent that it, first, improves or increases the base of accurate information that decision makers use, be they government officials, industry managers, or individual citizens, and, second, satisfies those involved that they are adequately informed within the limits of available knowledge." Ultimately, measurement of RC success depends on the purpose of the exchange. For example, an increase in the number of homeowners aware of radon as a problem is a different measure of RC accomplishment than the number of people who take action.

Foundation of Risk Communication

Risk communication is a relatively new field. In the mid-1980s RC became recognized as a necessary component in risk management and community decision making in environmental and occupational health as the Nation faced mounting concern over toxic wastes, nuclear power plants, and hazardous materials. Since the first national conference on risk communication in 1986, the RC field has matured and gained greater interest and attention among agencies, policymakers, the media, and the public.

Risk communication has grown out of the work in methods for estimating risk to humans exposed to toxicants and in research directed to how individuals perceive risk. In 1983 the NRC's Risk Assessment in the Federal Government: Managing the Process provided the framework for improving risk assessment. In 1986, the U.S. Environmental Protection Agency (EPA) established its guidelines for carcinogen risk assessment, the first Federal agency to do so. Three years later the NRC published Improving Risk Communication, describing the basis for successful risk communication.

Benefits and Barriers

Risk communication benefits include improved decision making, both individually and collectively. The purpose of the exchange and the nature of the information have an impact on the benefits. Depending on the situation, personal and community anxieties about environmental health risks can be reduced or increased. For example, a goal might be raising concern about radon and prompting action.

Other benefits of the RC process include a better educated public, an appreciation of limited resources and difficult choices, increased coordination between various levels of government, and the development of working relationships between diverse interest groups such as the Sierra Club and the Chemical Manufacturers Association, to name an example from a project in the State of Washington. As citizens become more involved as participants, they become part of and contribute to the solution.

Because the RC process is so deeply embedded in broader social issues, barriers and problems are many. A key barrier is the term 'risk' itself--how it is measured, described, and perceived: Interested parties perceive risk differently. People do not believe that all risks are of the same type and size. Many consumers do not understand probabilities--a .05 probability is less comprehensible than the statement, "5 of 100 people have an increased risk for a disease." Figure 2 on page 4 shows some of the factors influencing risk perception.

Conflicting risks and messages, difficulty of translating scientific information and disagreement on what is the risk itself and how to assess it present other problems. Barriers also exist in agencies' lack of RC expertise and in organizational cultures unfamiliar or uncomfortable with two-way processes.

Principles of Risk Communication

There are seven cardinal rules for the practice of risk communication, as first expressed by the U.S. Environmental Protection Agency and several of the field's founders:

1. Accept and involve the public as a legitimate partner.
2. Plan carefully and evaluate your efforts.
3. Listen to the public's specific concerns.
4. Be honest, frank, and open.
5. Coordinate and collaborate with other credible sources.
6. Meet the needs of the media.
7. Speak clearly and with compassion.

Source: Seven Cardinal Rules of Risk Communication. Pamphlet drafted by Vincent T. Covello and Frederick H. Allen. U.S. Environmental Protection Agency, Washington, DC, April 1988, OPA-87-020.

Factors Influencing Risk Perception

1. People's perceptions of the magnitude of risk are influenced by factors other than numerical data.
2. Risks perceived to ... are more accepted than risks perceived to ...
3. Be voluntary Be imposed
4. Be under an individual's control Be controlled by others
5. Have clear benefits Have little or no benefit
6. Be fairly distributed Be unfairly distributed
7. Be natural Be manmade
8. Be statistical Be catastrophic
9. Be generated by a trusted source Be generated by an untrusted source
10. Be familiar Be exotic
11. Affect adults Affect children

Source: A Primer on Health Risk Communication Principles and Practices. Prepared by Max R. Lum, Ed.D., M.P.A., and Tim L. Tinker, Dr.P.H., M.P.H. Washington, DC: U.S. Department of Health and Human Services, Public Health Service, Agency

for Toxic Substances and Disease Registry. 1994. Adapted from *Acceptable Risk* by Baruch Fischhoff, Sarah Lichtenstein, Paul Slovic, Stephen Derby, and Ralph Keeney. New York: Cambridge University Press. 1981.

Communicating With the Public: 10 Questions To Ask

1. Why are we communicating?
2. Who is our audience?
3. What do our audiences want to know?
4. What do we want to get across?
5. How will we communicate?
6. How will we listen?
7. How will we respond?
8. Who will carry out the plans? When?
9. What problems or barriers have we planned for?
10. Have we succeeded?

Excerpted with permission from Communicating With the Public: Ten Questions Environmental Managers Should Ask. Caron Chess, Billie Jo Hance, and the Center for Environmental Communication, Cook College, Rutgers The State University of New Jersey, P.O. Box 231, New Brunswick, NJ, 08903-0231, (908)932-8795.

INTRODUCTIONS

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THE MEDIA ON PREGNANCY & ALCOHOL

Social Climate of Pregnancy and Alcohol Use

- I. NOFAS
- II. Media Monitoring
- III. Media Messaging
- IV. Information Requests

1

NOFAS

- 501 (c)(3) founded in 1990
- Focused solely on FASD
- Mission: 1) Prevention and 2) support for individuals and families with FASD

2

NOFAS

- Information and resource clearinghouse
- Public awareness campaigns
- Primary, secondary, and professional education
- Presentations and trainings
- Coalitions and partnerships
- Consumer and policy advocacy
- Media tracking and outreach

3

Media Monitoring

- Tracking "alcohol and pregnancy" and "FASD"
- Sources: Lexis/Nexis, affiliates, internet
- Content analysis and coding
- Quarterly reports
- Searchable database

4

Media Monitoring

- Codebook
 - Date/publication/title/writer
 - Main topic/specific topic
 - Person quoted
 - Condone/disapproves/neutral or neither on alcohol use during pregnancy
 - Prevention messages/Surgeon General advisory
 - Facts correct/incorrect/difficult to determine
 - Government/organizations/professional groups mentioned
 - Notes

5

Media Monitoring

- Datasheet
 - Results
 - 548 items coded
 - Most common topics: research findings, prevention, risks of alcohol/pregnancy, and legal issues
 - Most frequently quoted: university researchers and organization representatives

6

Media Monitoring

- Results (continued)
 - Condone (4.2%), disapprove (50.8%), neutral/neither (20.2%), N/A (24.8%)
 - Facts correct (89.1%), incorrect (2.6%), too difficult to determine (8.4%)
 - Most frequent messages: abstinence, no safe amount of alcohol, 100% preventable

7

Media Messaging

- Concepts
 - Overcoming Stigma
 - Overcoming myths and misconceptions
 - No known safe amount of alcohol
 - Equivalency: beer and wine are alcohol
 - A pregnant woman drinks for two
 - Why take the risk?
 - Celebrating healthy pregnancies
 - What we knew then vs. what we know now

8

Media Messaging

- Concepts (continued)
 - What can happen if you drink/effects of alcohol through the pregnancy/fetal development chart
 - If you're pregnant and drinking, stop now for the best outcome
 - Risky behavior comparison
 - Toxic substance comparison
 - Alternatives to alcohol for coping with challenges of pregnancy

9

Media Messaging

- Media pitches
- Outreach to mass, social, and entertainment media
- Spokespersons

10

Information Requests

- Specific requests
 - Source: Toll-free and business telephone, email, Facebook, postal mail
 - Results:
 - Risks of alcohol/pregnancy – 12%
 - FASD resources – 64%
 - Other – 24%

11

Information Requests

- Website visitors
 - Results:
 - Risks of alcohol and pregnancy/expectant Mothers – 31%
 - Living with FASD/resources – 24%
 - Other – 45%

12

Information Requests

- Characterization of risks of alcohol and pregnancy requests
 - Already pregnant
 - Drank before they knew they were pregnant
 - Believe alcohol poses a risk
 - Very specific question(s)
 - Have been exposed to contradictory information

13

Information Requests

- Characterization (continued)
 - Correlation between seeking guidance vs. information and alcohol values/drinking patterns
 - Correlation between acceptance of abstinence message and alcohol values/drinking patterns

14

Information Requests

- Considerations for responses
 - Awareness of pregnancy
 - Separate mother/developing baby
 - Respect values
 - Avoid stigmatization or antagonism

15

NOFAS

1200 Eton Court, NW
Third Floor
Washington, DC
(202) 785-4585
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nofas.org



National Organization on Fetal Alcohol Syndrome

Educating the public, professionals and policymakers about alcohol use during pregnancy

About NOFAS

Play it Smart. Alcohol and Pregnancy Don't Mix

NOFAS is the leading voice and resource of the Fetal Alcohol Spectrum Disorders (FASD) community and the only international non-profit organization committed solely to FASD prevention, support, and advocacy. By ensuring that FASD is broadly recognized as a developmental disability, NOFAS strives to reduce the stigma and improve the quality of life for affected individuals and families.

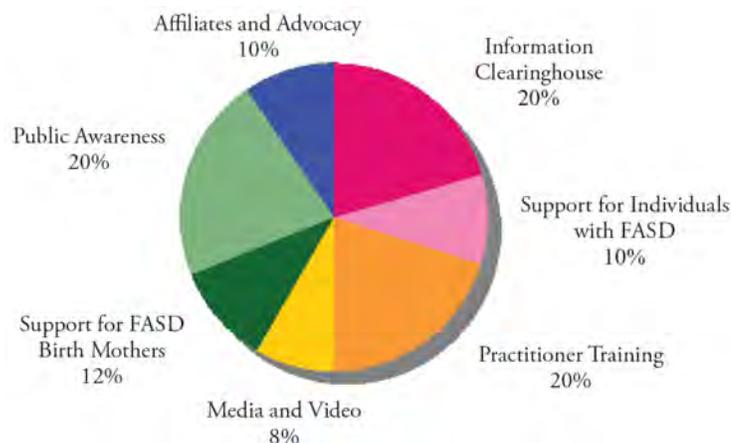
Fetal Alcohol Spectrum Disorders (FASD)

FASD is an umbrella term describing the range of effects that can occur in an individual whose mother drank alcohol during pregnancy. These effects may include physical, mental, behavioral, and/or learning disabilities with possible lifelong implications. Fetal alcohol syndrome (FAS), partial fetal alcohol syndrome (PFAS), alcohol-related neurodevelopmental disorder (ARND) and alcohol-related birth defects (ARBD) are the identifiable conditions associated with prenatal alcohol exposure. An FAS diagnosis indicates impairments in three categories, 1) growth deficiency, 2) central nervous system dysfunction (developmental disability or brain damage) and, 3) a characteristic set of facial dysmorphism or malformation.

NOFAS Objectives

- ♦ Increase public awareness about the harmful effects of drinking alcohol during pregnancy
- ♦ Provide referrals, resources, and information on FASD and maternal and child health issues through our national clearinghouse
- ♦ Develop culturally appropriate public health messages and strategies targeted to diverse populations nationwide
- ♦ Promote the NOFAS mission and messages through local and national media
- ♦ Educate health care professionals about the range of effects related to alcohol and pregnancy
- ♦ Collaborate and partner with other organizations, agencies, and universities to promote awareness and understanding of FASD
- ♦ Create coalitions and organize FASD advocacy
- ♦ Promote healthy pregnancies for all women

NOFAS Resource Allocation



This year NOFAS has:

- ♦ Responded to over **2,100** specific requests for information and referrals
- ♦ Reached **nearly 3,000** individuals and families living with FASD
- ♦ Increased the Circle of Hope membership to **173** birth mothers
- ♦ Trained **1,450** health and human service providers
- ♦ Received over **1.5 million** website hits
- ♦ Presented **47** workshops, seminars, and trainings
- ♦ Distributed over **18,700** brochures, posters, books and other prevention materials
- ♦ Increased the NOFAS affiliate network to **35** organizations and awarded them **\$25,000** in micro grants

No Safe Time. No Safe Amount. No Safe Alcohol during Pregnancy. Period.

1200 Eton Court, NW, Third Floor ▪ Washington, DC 20007 ▪ (202) 785-4585 ▪ info@nofas.org ▪ www.nofas.org

Alcohol and Pregnancy and FASD Media Tracking Datasheet

MAIN TOPIC	2011	2011%	2012 Q1	2012 Q1%	2012 Q2	2012 Q2%	TOTAL	TOTAL%
Alcohol and Pregnancy	90	32.7%	59	46.1%	108	74.5%	257	46.9%
FASD	164	59.6%	53	41.4%	26	17.9%	243	44.3%
Other	21	7.6%	16	12.5%	11	7.6%	48	8.8%
Total Articles Coded	275		128		145		548	
SPECIFIC TOPICS	2011	2011%	2012 Q1	2012 Q1%	2012 Q2	2012 Q2%	TOTAL	TOTAL%
Portrayal of living with FASDs	42	13.9%	13	9.0%	8	4.0%	63	9.7%
Diagnosis/early intervention/treatment	16	5.3%	6	4.1%	9	4.5%	31	4.8%
Economic cost	2	0.7%	5	3.4%	2	1.0%	9	1.4%
Legal/justice system issues	44	14.5%	16	11.0%	12	6.0%	72	11.1%
Prevention	55	18.2%	18	12.4%	28	13.9%	101	15.6%
Policies	23	7.6%	0	0.0%	4	2.0%	27	4.2%
Broader story on birth defects/DD (that mentions FASDs)	8	2.6%	5	3.4%	4	2.0%	17	2.6%
Research findings	36	11.9%	18	12.4%	62	30.8%	116	17.9%
Education	9	3.0%	6	4.1%	8	4.0%	23	3.5%
Opinion	8	2.6%	2	1.4%	8	4.0%	18	2.8%
Prevalence	7	2.3%	7	4.8%	3	1.5%	17	2.6%
Stigma	4	1.3%	1	0.7%	3	1.5%	8	1.2%
Risks of alcohol use during pregnancy	35	11.6%	27	18.6%	38	18.9%	100	15.4%
Treatment for women at risk	1	0.3%	0	0.0%	2	1.0%	3	0.5%
Ethical implications	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Story on alcohol (that mentions drinking during pregnancy)	6	2.0%	9	6.2%	3	1.5%	18	2.8%
Story about pregnancy (that mentions alcohol/pregnancy)	1	0.3%	4	2.8%	3	1.5%	8	1.2%
Advocacy	0	0.0%	8	5.5%	4	2.0%	12	1.8%
Other	6	2.0%	0	0.0%	0	0.0%	6	0.9%
Total	303		145		201		649	
PERSON QUOTED	2011	2011%	2012 Q1	2012 Q1%	2012 Q1	2012 Q2%	TOTAL	TOTAL%
Woman/consumer giving opinion about alcohol	1	0.3%	0	0.0%	4	2.0%	5	0.7%
Biological parent of a child with an FASD	14	3.7%	2	1.9%	4	2.0%	20	2.9%
Adoptive parent of a child with an FASD	24	6.3%	2	1.9%	3	1.5%	29	4.2%
Other caregiver of a child with an FASD	9	2.3%	0	0.0%	1	0.5%	10	1.5%
Physician of patient with an FASD	6	1.6%	0	0.0%	1	0.5%	7	1.0%

Alcohol and Pregnancy and FASD Media Tracking Datasheet

PERSON QUOTED (continued)	2011	2011%	2012 Q1	2012 Q1%	2012 Q1	2012 Q2%	TOTAL	TOTAL%
Sibling and/or other family member not primary caregiver	2	0.5%	1	0.9%	1	0.5%	4	0.6%
Teacher of child with an FASD	4	1.0%	0	0.0%	3	1.5%	7	1.0%
Researcher/health professional (university or hospital)	85	22.2%	32	30.2%	89	45.2%	206	30.0%
Researcher/health professional (government)	11	2.9%	4	3.8%	5	2.5%	20	2.9%
Organization representative	110	28.7%	33	31.1%	60	30.5%	203	29.6%
Other	57	14.9%	15	14.2%	12	6.1%	84	12.2%
Person with FASD	21	5.5%	8	7.5%	5	3.4%	34	5.0%
Public official	39	10.2%	9	8.5%	9	4.6%	57	8.3%
Total	383		106		197		686	
CONDONES/DISAPPROVES ALCOHOL/PREGNANCY	2011	2011%	2012 Q1	2012 Q1%	2012 Q1	2012 Q2%	TOTAL	TOTAL%
Condone	12	4.2%	2	1.6%	10	6.8%	24	4.2%
Disapproves	154	53.3%	47	36.7%	86	58.1%	287	50.8%
Neither/Neutral	71	24.6%	26	20.3%	17	11.5%	114	20.2%
Not Applicable	52	18.0%	53	41.4%	35	23.6%	140	24.8%
Total	289		128		148		565	
SURGEON GENERAL'S ADVISORY	2011	2011%	2012 Q1	2012 Q1%	2012 Q1	2012 Q2%	TOTAL	TOTAL%
Yes	9	3.3%	2	1.6%	9	6.2%	20	3.6%
No	264	96.0%	126	98.4%	134	92.4%	524	95.6%
Related to advisory or other country's recommendation	2	0.7%	0	0.0%	2	1.4%	4	0.7%
Total	275		128		145		548	
PREVENTION MESSAGES	2011	2011%	2012 Q1	2012 Q1%	2012 Q1		TOTAL	TOTAL%
No known safe amount	29	9.3%	16	11.0%	5	2.8%	50	7.9%
No safe time	7	2.2%	1	0.7%	3	1.7%	11	1.7%
No safe kind of alcohol	2	0.6%	0	0.0%	4	2.3%	6	0.9%
2 or more of the above	6	1.9%	3	2.1%	3	1.7%	12	1.9%
All of the above	0	0.0%	1	0.7%	2	1.1%	3	0.5%
Other prevention messages	18	5.8%	1	0.7%	37	21.0%	56	8.8%
Abstinence	63	20.1%	25	17.2%	46	26.1%	134	21.1%
FASDs are 100% preventable	24	7.7%	14	9.7%	24	13.6%	62	9.8%
None of the above	164	52.4%	84	57.9%	52	29.5%	300	47.3%
Total	313		145		176		634	

Alcohol and Pregnancy and FASD Media Tracking Datasheet

FACTS CORRECT/INCORRECT	2011	2011%	2012 Q1	2012 Q1%	2012 Q2		TOTAL	TOTAL%
Correct	245	89.1%	120	93.8%	123	84.8%	488	89.1%
Incorrect	4	1.5%	2	1.6%	8	5.5%	14	2.6%
Too difficult to determine	26	9.5%	6	4.7%	14	9.7%	46	8.4%
Total	275		128		145		548	
GOVERNMENT MENTIONED	2011		2012 Q1		2012 Q2		TOTAL	
CDC	21		4		20		45	
NIH	8		3		1		12	
Substance Abuse and Mental Health Services Admin.	1		3		4		5	
Department of Health and Human Services	4		0		0		4	
ORGANIZATIONS MENTIONED	2011		2012 Q1		2012 Q2		TOTAL	
NOFAS	6		5		5		16	
March of Dimes	6		2		3		11	
NOFASUK	7		1		0		8	
World Health Organization	2		6		0		8	
UNIVERSITIES MENTIONED	2011		2012 Q1		2012 Q2		TOTAL	
Aarhus University	N/A		N/A		16		16	
University of California, San Diego	N/A		N/A		5		5	
PROFESSIONAL ORGANIZATIONS MENTIONED	2011		2012 Q1		2012 Q2		TOTAL	
Royal College of Obstetricians and Gynaecologists	3		0		10		13	
American College of Obstetricians and Gynecologists	8		1		3		12	
American Academy of Pediatrics	3		2		4		9	
PUBLICATIONS	2011		2012 Q1		2012 Q2		TOTAL	
Winnipeg Free Press	16		0		1		17	
ABC News Website	3		3		1		7	
The West Australian	4		2		0		6	
Vancouver Sun	5		0		1		6	
Join Together Online	3		2		0		5	
The Star.com	5		0		0		5	
The Northern Echo	2		2		0		4	
Rapid City Journal	3		1		0		4	
The Guardian	3		1		0		4	

Alcohol and Pregnancy and FASD Media Tracking Datasheet

PUBLICATIONS (continued)	2011	2012 Q1	2012 Q2	TOTAL
Medical News Today	4	0	0	4
Salt Lake Tribune	4	0	0	4
States News Service	4	0	0	4
WRITERS/AUTHORS	2011	2012 Q1	2012 Q2	TOTAL
Mary Agnes Welch	8	0	0	8
Carol Saunders	4	0	0	4
Ann Dowsett Johnston	3	0	0	3
Kim Pemberton	3	0	0	3
COUNTRY	2011	2012 Q1	2012 Q2	TOTAL
USA	145	66	96	307
Canada	67	16	13	96
United Kingdom	31	11	16	58
Australia	12	18	8	38
QUOTED	2011	2012 Q1	2012 Q2	TOTAL
Ulrik Kesmodel	0	0	25	25
Eric Lykke Mortensen	0	0	12	12
Patrick O'Brien	0	0	8	8
Tom Donaldson	2	2	3	7
Ken Lyons Jones	2	1	3	6
Bruce Goldman	0	0	6	6
Shonag MacKenzie	2	3	0	5
Yvonne Kelly, PhD	4	0	0	4
Susan Fleisher	3	1	0	4
REFERENCES TO SOURCES OF INFORMATION	2011	2012 Q1	2012 Q2	TOTAL
Obstetrics Journal, BJOG	N/A	N/A	47	47

DANISH LIFESTYLE DURING PREGNANCY STUDY FINDINGS

Main messages for all BJOG papers

- Findings from this study suggest no serious effects on three neurodevelopmental functions in 5-year-old children whose mothers drink low to moderate amounts of alcohol in pregnancy. However, since alcohol is known to cause birth defects such as fetal alcohol spectrum disorders (FASDs) and there are other studies suggesting harm at low levels, the best advice continues to be not to drink alcohol during pregnancy.
- We know that FASDs are 100% preventable if alcohol is not consumed during pregnancy, so why take the risk?

Supporting talking points

- These papers examined specific neurodevelopmental outcomes in five-year-old children whose mothers reported drinking low to moderate amounts of alcohol during pregnancy. For these initial analyses, no effect was found.
- The results from these papers suggest no serious neurodevelopmental effects in children whose mothers drink low to moderate amounts of alcohol in pregnancy.
- Assessing the relation between various amounts of alcohol exposure and its effects on pregnancy is challenging, particularly in documenting lower levels of exposure where there is more room for measurement error.
- Because no safe level has been established and alcohol is known to cause birth defects and developmental disabilities and other adverse pregnancy outcomes, advice continues to be that women should refrain from drinking alcohol during pregnancy.
- Alcohol can affect each pregnancy differently for a variety of reasons such as genetics, metabolism, and nutrition.
- This study investigated just a few of the possible outcomes of low to moderate alcohol use during pregnancy.
- Many studies show that drinking alcohol at these levels during pregnancy can cause miscarriage, stillbirth, prematurity, and a range of reproductive difficulties. For example, a recent publication by Danish researchers who were also studying the effect of alcohol on pregnancy using the Danish National Birth Cohort found even low amounts of alcohol consumption during early pregnancy substantially increased the risk of spontaneous abortion.
- Further, prenatal alcohol exposure has consistently been shown to result in lifelong disorders in children, known as fetal alcohol spectrum disorders (FASDs).
- We know that FASDs are 100% preventable if alcohol is not consumed during pregnancy, so why take the risk?

Definitions of low, moderate, and binge drinking in this paper and other information about study population:

- In this study “low” was defined as 1-4 drinks per week, “moderate” as 5-8 drinks per week, and “binge” as 5 or more drinks on an occasion.
- There is no internationally acknowledged standard definition of mild or moderate alcohol drinking.
- A standard drink in Denmark is 12 grams of alcohol; in the U.S. it is 14 grams of alcohol.
- In the scientific literature, at the time of this study, alcohol binge drinking during pregnancy was defined as 5 or more drinks on a single occasion. It should be noted that in 2006, in the U.S., the definition of binge drinking for women was changed to 4 or more drinks on a single occasion.
- The average maternal age of women participating was 31 years at her child’s birth and the majority of mothers had completed some education beyond high school.
- At approximately 17 weeks of gestation, women were asked about their average alcohol use.
- Women were asked how many glasses of beer, wine and liquor they consumed per week.
- This information was used to derive an average weekly consumption estimate. In addition, women were asked the timing (gestational week) of their binge episodes up until the time of interview.

Lifestyle Study: Alcohol & Pregnancy

The papers published in *BJOG: An International Journal of Obstetrics and Gynaecology* examined specific neurodevelopmental outcomes in five-year-old children whose mothers reported drinking low to moderate amounts of alcohol during pregnancy. The findings, specific to the outcomes studied, were as follows:

Neurodevelopment outcome	Finding
Intelligence	<p>Drinking low to moderate amounts of alcohol during pregnancy did not predict intelligence scores and was not associated with decreased intelligence scores for five-year-old children. In addition, no systematic association was found between binge drinking early in pregnancy and child intelligence except that women who binged in gestational weeks 1-2 were less likely to have children with low IQ. This latter finding has not been reported previously in the literature.</p>
Attention	<p>Drinking low to moderate amounts of alcohol during pregnancy was not associated with attention skills for five-year-old children. However, there was a significant association between drinking 9 or more drinks per week and low overall attention scores. No consistent associations were observed between binge drinking and attention test scores.</p>
<p>Executive function</p> <p><i>Executive functioning is an overarching term that encompasses several other higher-level organizational, planning, memory and attention skills. Behaviors that might indicate a deficit in executive functioning include poor organization, planning, or strategy use; concrete thinking; lack of inhibition; difficulty grasping cause and effect; inability to delay gratification; working memory problems, difficulty following multistep directions; difficulty changing strategies or thinking of things in a different way; poor judgment; and inability to apply knowledge to new situations.</i></p>	<p>Drinking low to moderate amounts of alcohol during pregnancy was not associated with executive functioning in five-year-old children. Only weak and inconsistent associations between binge drinking and executive functions were observed.</p>
Intelligence, attention, and executive function (studied in combination)	<p>Drinking low to moderate amounts of alcohol or any binge drinking during early to mid-pregnancy was not associated with five-year-old children's intelligence, attention, and executive function.</p>



Lifestyle Study

Jacquelyn Bertrand, PhD

Centers for Disease Control and Prevention



National Center on Birth Defects
and Developmental Disabilities





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Brief History

- 2001 CDC approached about possible collaboration
- 2002 CDC funding began for protocol development & pilot studies (as part of larger DBDDD CoAg)
- 2003 data collection initiated
- 2008 data collection completed
- 2010 background/methods article published in SJPH
- 2011 psycho-motor development article e-pub'ed in ACER
- 2012 Five articles on IQ, Attention, Executive function and combined neurodevelopment published in BJOG



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Study Objective and Research Questions

Objective: Investigate the effect of low to moderate prenatal alcohol exposure on neurodevelopment (age 5). Binge exposure also included.



Research Questions:

- 1) Are there detectable adverse outcomes at low to moderate levels of prenatal alcohol exposure in this population using these measures?
- 2) What is the impact of binge drinking during the 1st trimester on neurodevelopmental outcome?



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Study Design & Data

- **Study Design:** Prospective cohort study of 1783+ mother-child pairs recruited from the Danish National Birth Cohort (DNBC) stratified by average weekly alcohol consumption and timing (week) of binge (5+ drinks) in 1st trimester.
- **Exposure data (DNBC):**
 - 101,042 pregnant women (recruited @ 1st prenatal visit)
 - 85,381 mother-child pairs retained
 - 4 interviews – prenatal: 12 & 30 weeks (median 17 wks) postnatal: 6 & 18 months
 - Collected June 1997 to February 2003
 - Data includes demographics, pregnancy complications, non-alcohol exposures (e.g. drugs, smoking, nutrition), etc.



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Stratified Study Design

Categories	Av. no. of drinks/week		Binge drinking Weeks of pregnancy			Number sampled	Number tested
	Before	In pregn.	1-2	3-4	5-8 9+		
1	N.a.	0	no	no	no	401	174
1a	N.a.	0	yes	no	no	201	106
1b	N.a.	0	no	yes	no	200	95
1c	N.a.	0	no	no	yes	201	109
1d	N.a.	0	no	no	no	198	93
2	N.a.	1-4	no	no	no	201	100
2a	N.a.	1-4	yes	no	no	201	110
2b	N.a.	1-4	no	yes	no	201	111
2c	N.a.	1-4	no	no	yes	201	91
2d	N.a.	1-4	no	no	yes	200	111
3a	N.a.	0	— yes in at least 2 —			151	77
3b	N.a.	1-8	— yes in at least 2 —			151	82
			1-2	3-4	5+		
4	N.a.	5-8	no	no	no	151	79
4a	N.a.	5-8	yes	no	no	25	11
4b	N.a.	5-8	no	yes	no	66	37
4c	N.a.	5-8	no	no	yes	83	40
5a	N.a.	9+	no	no	no	20	15
5b	N.a.	9+	yes in at least 2			11	5
6	0	0	no	no	no	151	69
7	15+	0	no	no	no	151	85
Totals						3165	1600



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Outcome Measures

Outcome data: *Lifestyle Study* = * 3 hour test battery,
* questionnaires,
* teacher input,
* maternal IQ.



Neuro-psychological domain	Test instrument
General IQ	WPPSI-R
Visual-motor skills	Draw a Person
Attention	A5 (experimental)
Information processing time	Stemberg (experimental)
Executive functions	BRIEF (questionnaire)
Social skills and behavior	SDQ (questionnaire)
Motor movement	Movement ABC

(~50%)

Other domains	Measure
Dysmorphology	Photos
Physical measures	Ht, wt, OFC, hearing & vision screen
Mother's IQ	Raven/WAIS



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Lifestyle Study: Why Denmark?

- Timeliness**
 - Prospective cohort in process
 - Exposure data already available
- Attributes of Danish study population**
 - Middle class, homogeneous sample of women (reduce confounding effects)
 - Less stigma associated with low alcohol use during pregnancy
 - Links to universal healthcare information and databases (Danish Personal Identifier Number)



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Some Potential Confounders/Covariates

- Parental education
- Maternal IQ
- Prenatal maternal smoking
- Birth weight
- Family home index:** custody, single parenting, regular breakfast in home, maternal depression, paternal alcohol use, etc.
- Pregnancy complications
- Major illnesses/hospitalizations
- Testing psychologist




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Danish Study Findings: Communication Strategy



Angie Colson, MA
 Associate Director for Communications,
 Division of Birth Defects and Developmental Disabilities
 Centers for Disease Control and Prevention

National Center on Birth Defects and Developmental Disabilities
 Division of Birth Defects and Developmental Disabilities





BJOG An International Journal of Obstetrics and Gynaecology

The effects of low to moderate alcohol consumption and binge drinking in early pregnancy on executive function in 5-year-old children
A Skogerboe,¹ US Kesmodel,^{2,3,4} T Wimberley,⁵ H Stoving,⁶ J Bertrand,⁷ NI Landin,⁸ EL Mortensen⁹

The effects of low to moderate prenatal alcohol exposure in early pregnancy on IQ in 5-year-old children
H-L Falgreen Eriksen,¹ EL Mortensen,² T Kilbom,³ M Underbjerg,^{4,5} J Bertrand,⁶ H Stoving,⁷ T Wimberley,⁸ J Grove,^{9,10} US Kesmodel^{11,12}

The effect of alcohol binge drinking in early pregnancy on general intelligence in children
US Kesmodel,^{1,2} H-L Falgreen Eriksen,³ M Underbjerg,⁴ TR Kilbom,⁵ H Stoving,⁶ T Wimberley,⁷ EL Mortensen⁸

The effects of low to moderate alcohol consumption and binge drinking in early pregnancy on selective and sustained attention in 5-year-old children
M Underbjerg,^{1,2} US Kesmodel,^{3,4} NI Landin,⁵ L Bakkerling,⁶ J Grove,^{7,8} T Wimberley,⁹ TR Kilbom,¹⁰ C Skogerboe,¹¹ P Thorsen,¹² EL Mortensen¹³

The effect of different alcohol drinking patterns in early to mid pregnancy on the child's intelligence, attention, and executive function
US Kesmodel,^{1,2} J Bertrand,³ H Stoving,⁴ B Skarpsnes,⁵ CH Denny,⁶ EL Mortensen,⁷ the Lifestyle During Pregnancy Study Group⁸

The Challenge

- ❑ Danish interpretation of communication messages different from U.S.
- ❑ Press releases differed.
- ❑ CDC authors on three of the papers; no lead authors.
- ❑ Media want headlines that grab.

Communications Objectives

- ❑ Reassure partners, the general public, and women of reproductive age that CDC's guidance on alcohol and pregnancy would not change based on these findings.
- ❑ Reinforce the public health message that women are advised to abstain from alcohol while pregnant as there is no established safe level of alcohol consumption during pregnancy.
- ❑ Put the articles and the study into context.
- ❑ Prepare partners and other federal agencies to handle media inquiries, providing them with a succinct summary of findings and messages.

Our Approach: Control What You Can Control

- ❑ Prepare as soon as possible
- ❑ Identify stakeholders/message deliverers
- ❑ Create clear, concise, consistent messages
- ❑ Communicate with study authors
- ❑ Communicate with stakeholders (internal and external)
- ❑ Answer the questions

Our Plan

- ❑ Used publication of minor article in October 2011 to test messages and the study.
- ❑ Completed a stakeholder analysis: determined audiences, messages, and timeline for stakeholder briefings.
- ❑ Analyzed previous communications research among women of reproductive aged and their attitudes around alcohol use during pregnancy.
- ❑ Assessed media coverage of alcohol and pregnancy topics through cooperative agreement with NOFAS.
- ❑ Created main and supporting messages as well as a comprehensive question and answer document.

Main Message

Because no safe level of alcohol during pregnancy has been established and alcohol is known to cause birth defects and developmental disabilities as well as other adverse pregnancy outcomes, advice continues to be that women should refrain from drinking alcohol during pregnancy.

It's just not worth the risk.

Initial Thoughts

- Partners stressed CDC's main messages "the best advice continues to be not to drink alcohol during pregnancy" and "it's just not worth the risk." Partners were quoted in media coverage multiple times using these messages.
- Partners across the country took the opportunity to issue their own press releases and statements promoting CDC's main messages.
- Media headlines sensationalized the findings, but most media coverage maintained a sense of balance.
 - Questioned public health implications and stressing partner and CDC's message/guidance "the best advice continues to be not to drink alcohol during pregnancy."

Analysis Plan

- Dilemmas:
 - 1) Lots of potential outcome variables (70+)
 - 2) Need to account for many known covariates
 - 3) Missing data
 - 4) Want to include multiple measures to account for heterogeneity of PAE
- Solutions
 - a) Extensive preliminary data analyses
 - b) 2 stage final analysis
 - Stage 1: Statistical models with individual measures to determine optimal outcome variable(s)
 - Stage 2: Statistical models including optimal outcome variables from all outcome measures
 - c) Imputation to maximize power
 - d) Model with neurodevelopmental construct as outcome



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Findings across 5 BJOG articles

- **Neurodevelopment** – Drinking low to moderate amounts of alcohol or any binge drinking during early pregnancy was not associated with any measured neurodevelopmental outcome at 5-years of age.
- **IQ** – No systematic effects were found for low to moderate weekly consumption, however it was observed that women who binged in weeks 1-2 were less likely to have children with low IQ at age 5 years.
- **Attention** – No effect of low to moderate amounts of alcohol, although a significant association between 9+ drinks per week and low overall attention ability.
- **Executive Function** - No effect of low to moderate amounts of alcohol and weak/inconsistent associations between binge drinking and poor EF skills.
- **Motor** – (50% of sample) No significant effect of low to moderate amounts of alcohol and fine, gross or overall motor function at 5 years of age.



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Conclusion across 5 BJOG articles

- The lack of significant findings suggests that any effects of low average weekly alcohol consumption or any episodes of binge drinking in the first half of pregnancy on these specific aspects of child neurodevelopment may be small.
- To date, the scientific literature, including the present study, does not establish a safe level of alcohol consumption during pregnancy.
- Since alcohol is a known teratogen, it remains the most conservative advice for women to abstain from alcohol during pregnancy.
- However, small amounts consumed occasionally in pregnancy do not appear to pose serious issues for these three areas of neurodevelopment.
- Despite these findings, additional large scale studies that further investigate the possible effects low to moderate alcohol use during pregnancy may have across childhood should be conducted using comprehensive methodological and statistical approaches similar to those described for this study.



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NOFAS PRESENTATION ON MEDIA COVERAGE AFTER RELEASE OF DANISH STUDY

Media Scan: Coverage of Danish *Lifestyle during Pregnancy* Study (Published in BJOG, June 20, 2012)

The Headline	The Highlights	The Outlet	How they balanced the story...
June 19, 2012			
<u>Moderate drinking in early pregnancy branded 'safe'</u>	Drinking a low or moderate level of alcohol in early pregnancy is not linked to developmental problems in five-year-olds, researchers say	BBC News	["This evidence suggests that the UK guidance is erring on the side of caution - but that's sensible in pregnancy" Patrick O'Brien, RCOG]
<u>A drink a day for pregnant women 'will NOT harm unborn baby's development'</u>	By Jenny Hope Drinking alcohol while trying to conceive or in early pregnancy – even the occasional binge – will not harm the baby's development, research has claimed. It also shows moderate drinking, around one a day, does not affect the child's IQ ...	Daily Mail	[Prof Kesmodel, a consultant gynecologist who carried out the studies with Erik Lykke Mortensen at the University of Copenhagen, said: 'We were not so surprised to find no effects from lower levels of drinking, as previous research suggested this, but we didn't even find subtle effects caused by low to moderate and binge drinking. 'But the key message is that drinking during pregnancy is not beneficial and additional studies should be undertaken.']
<u>'12 DRINKS SAFE' WHILE PREGNANT</u>	However the researchers, who published their results in BJOG: An International Journal of Obstetrics and Gynaecology, still advise pregnant women to abstain from alcohol . They said: "Despite these findings, additional large-scale studies should be ...	Express.co.uk	[Patrick O'Brien, of the Royal College of Obstetricians and Gynecologists, warned: "This does not mean women can indulge in more than the recommended amount in the UK."]
<u>Low/moderate drinking in early pregnancy has no adverse effects on children aged 5: research</u>	Low and moderate weekly alcohol consumption in early pregnancy is not associated with adverse neuropsychological effects in children aged five, suggests a series of papers published today in BJOG: An International Journal of Obstetrics and Gynaecology. However, high levels of alcohol per week were linked with a lower attention span among five year olds.	Medical Xpress	[Ulrik Schiøler Kesmodel, Consultant Gynecologist and Associate Professor at Aarhus University and Aarhus University Hospital, and Erik Lykke Mortensen, Professor of Medical Psychology at the Institute of Public Health, Medical Psychology Unit, University of Copenhagen, Denmark and co-authors of the studies said: "High prenatal exposure to alcohol has consistently been associated with adverse effects on <u>neurodevelopment</u> . Areas such as intelligence, attention and executive functions have been found to be particularly vulnerable. However, less is known about the effects of low to moderate, weekly average consumption levels and binge drinking. "Our findings show that low to moderate drinking is not associated with adverse effects on the children aged five. However, despite these findings, additional large scale studies should be undertaken to further investigate the possible effects."]
<u>Pregnant women can binge drink safely, says research</u>	Women in the early stages of pregnancy can still binge drink safely, researchers have found. Mothers-to-be should be able to down up to 12 alcoholic beverages a week knowing it will have no ill effect on their offspring before the age of five.	Metro	Women in the early stages of pregnancy can still binge drink safely, researchers have found. Mothers-to-be should be able to down up to 12 alcoholic beverages a week knowing it will have no ill effect on their offspring before the age of five.
<u>Moderate drinking in early pregnancy won't hurt baby, Danish-led study says</u>	A new study says moderate drinking in early pregnancy won't hurt a kid's intelligence or attention span — but health experts warn that's no reason to belly up to the bar.	New York Daily News	["It's not worth the risk," said Dr. Jacquelyn Bertrand, a child psychologist and ... Doctors second that sentiment, noting miscarriage, stillbirth and sudden infant death may be tied to alcohol exposure. Dr. Jennifer Wu, an obstetrician at Lenox Hill Hospital in Manhattan, said the study may not have detected subtle changes, and some problems may not crop up until later. And every pregnancy is different. "It would be really hard for professionals to say, 'We know if you have one drink a day, you're going to be OK,'" said Wendy Shaw, associate director of the family health division of the state Health Department.]
<u>Avoid alcohol during pregnancy but low levels may not cause harm</u>	Children whose mothers consumed eight drinks or less per week during pregnancy had no significant difference in test performances on IQ or executive functions such as planning compared with children whose mothers abstained from alcohol .	The Conversation	
<u>Pregnant Women Who Drink 'A Little' Wine Are Asking to Be Judged</u>	They are recommending that women who are either pregnant or trying to get pregnant refrain from drinking alcohol altogether -- because there is not concrete proof of whether or not small amounts of alcohol have an effect on the unborn baby.	The Stir	

The Headline	The Highlights	The Outlet	How they balanced the story...
Five new studies on alcohol in pregnancy	By Nicky Broyd 20 th June 2012 - Five Danish research papers suggest low and moderate weekly consumption of alcohol in early pregnancy have no adverse effects on development in children aged five, and neither does binge drinking, defined as five or ...	WebMD.Boots.com	[Patrick O'Brien, spokesperson for the Royal College of Obstetricians and Gynecologists RCOG said in a press statement: "These papers add to the large amount of research looking into alcohol consumption during <u>pregnancy</u> . It is important to note the difference in measuring alcohol levels between Denmark and the UK."The RCOG advises that if a woman falls pregnant, she should abstain from alcohol. However, if she would like to have a drink, the current evidence shows that one or two units, once or twice a week, is acceptable after 12 weeks of pregnancy."
June 20, 2012			
Pregnant woman. (Cindy Loughridge/Getty Images)	Drinking low to moderate amounts of alcohol during pregnancy may not have any damaging developmental effects on children five years later, according to new research published Tuesday. But, the authors stressed, pregnant women should still err on the ...	ABC News	[Quote from Tom Donaldson, NOFAS: "The study investigated just a few of the many possible outcomes of low to moderate alcohol use during pregnancy," said Thomas Donaldson, executive director of the <u>National Organization on Fetal Alcohol Syndrome</u> . "Alcohol is known to cause birth defects such as fetal alcohol spectrum disorders (FASDs) and there are other studies suggesting harm at low levels." And Dr. Simhan, associate prof of obstetrics, gynecology and reproductive sciences at the Univ of Pittsburgh: "No one study takes into account the myriad of relevant factors such as maternal drinking pattern, differences in maternal metabolism, differences in genetic susceptibility, timing of the alcohol consumption during pregnancy, and variation in the vulnerability of different brain regions," said Dr. Hyagriv Simhan, associate professor of obstetrics, gynecology and reproductive sciences at the University of Pittsburgh. "Furthermore, this study addresses outcomes at age five, but not later in childhood, and it's possible that effects may be identifiable later on but not noticed by age 5."]
Study OKs Moderate Drinking During Pregnancy	This new information goes against the common (and generally supported by science) wisdom that any amount of alcohol while pregnant is dangerous, but I wouldn't expect to see prego ladies bumping bellies in your local bar just yet.	BlissTree	
Boozing while pregnant OK?	New research has found moms who had up to eight drinks per week while pregnant had no significant effect on their children's IQ and attention span. Danish researchers studied 1628 women early in their pregnancy and tested their children at the age of ...	CANOE	
Moderate drinking in pregnancy not cause for alarm	Light alcohol consumption in pregnancy doesn't seem to harm a child's brain development at age five, Danish researchers say, but their study results should not be considered a licence to indulge when expecting. Wednesday's issue of the International ...	CBC.ca	["It is more of a reassurance," CBC medical specialist Dr. Karl Kabasele said of the findings. "A small amount of alcohol probably will not do harm, but we hasten to add it is best not to consume any alcohol" during pregnancy. A limitation of the study was that only 20 mothers said they consumed the highest amounts during their pregnancies. "As alcohol is a known [cause of birth defects], it remains the most conservative advice for women to abstain from alcohol during pregnancy," Ulrik Schioler Kesmodel of Aarhus University in Denmark and co-authors concluded, adding no study has found a safe level. The evidence suggests public health guidance errs on the side of caution, which is sensible in pregnancy, the U.K.'s obstetrics and gynecology college said in a statement.]
Moderate drinking during pregnancy may not affect child's neurodevelopment	Five new studies out of Denmark suggest that pregnant women who drink low to moderate levels of alcohol during early pregnancy may not risk neurological and psychological damage to their child. 1 out of 5 white women smoke while pregnant, ...	CBS News	[From Jacquelyn Bertrand, CDC: "This study does not change our recommendation," Dr. Jacquelyn Bertrand, a child psychologist and senior scientist at the National Center on Birth Defects and Developmental Disabilities at the CDC, who co-authored three of the studies, told HealthPop. Bertand said women should keep in mind this was one particular set of women in one particular place, and the studies did not look at other potential health effects in a child whose mother drank during pregnancy. More studies would be needed on a variety of populations, testing other measures of neurodevelopment at different ages to find out more about how alcohol during pregnancy affects a child's development. "We have a long history that alcohol causes birth defects," said Bertrand, saying low levels of drinking have been tied to risk for miscarriage, premature birth or stillbirth. "Drinking during pregnancy is just not worth the risk."]

The Headline	The Highlights	The Outlet	How they balanced the story...
<u>Drinking During Pregnancy OK? 1 in 8 Women Do It</u>	By Brittney R. Villalva , Christian Post Reporter The rules of motherhood may undergo a big change after one report claims that consuming alcohol while pregnant may actually have no effect on a child's development. A pint of beer is served through rows ...	Christian Post	[The new research, funded by the Center for Disease Control, was conducted in Denmark and included the study of over 1,600 5-year-olds whose mothers had consumed alcohol during pregnancy. "There was a wide range of drinking behavior, with a little less than half of women refraining from alcohol," the NPR reported on the study. "The next biggest group had 1-4 drinks a week. About 175 women had 5 to 8 drinks a week. Only 20 of them drank 9 or more alcoholic beverages in a week."]
<u>Drinking during pregnancy: Is it really OK?</u>	While the idea of drinking during pregnancy usually shocks people and is considered taboo, a new study from Denmark is saying otherwise. The study is reporting 5-year-old children whose mothers drank low to moderate levels of alcohol during early ...	CollegeNews	[Dr. Jacquelyn Bertrand, a child psychologist and senior scientist at the Centers for Disease Control, reacted negatively to the news, saying in an interview with the New York Daily News that, "It's not worth the risk."]
<u>Moderate Drinking During Pregnancy Thought To Be OK</u>	Sure it might seem a bit farfetched, just like any other studies that have taken a hit at longstanding myths about staying healthy during pregnancy. All women know drinking alcohol during pregnancy is not recommended. But Danish researchers have data ...	Daily Gossip	
<u>Drinking while pregnant passes only in light to moderate doses of alcohol</u>	Drinking while pregnant isn't recommended by any means, but new research has resulted in findings that children show no significant signs of development issues five years after birth from alcohol consumption by their mothers.	Examiner.com	
<u>Low to moderate drinking in early pregnancy deemed OK</u>	It's common practice for women who are pregnant to pass when it comes to alcohol – for fear that it might cause complications in their children. However, a new study has revealed that low to even moderate drinking during early pregnancy is not linked ...	Fox News	
<u>Moderate Drinking Permissible For Pregnant Women</u>	"But we know that from looking at studies and from other panels that up to 30 percent of pregnant women will use alcohol during pregnancy", said Dr. Kimberly Fortner, Assistant Professor of maternal and fetal medicine at Vanderbilt University.	French Tribune	["But we know that from looking at studies and from other panels that up to 30 percent of pregnant women will use alcohol during pregnancy", said Dr. Kimberly Fortner, Assistant Professor of maternal and fetal medicine at Vanderbilt University.]
<u>Moderate drinking during pregnancy deemed 'safe'</u>	Researchers surveyed the women on their lifestyle choices, including the amount of alcohol they consumed during their pregnancy. They then classified the women's drinking behavior as none, low (one to four drinks per week), moderate (five to eight ...	GlobalPost	[Dr. Jacquelyn Bertrand, a child psychologist and senior scientist at the Centers for Disease Control, told the New York Daily News that, "It's not worth the risk."]
<u>Moderate drinking during pregnancy doesn't harm baby</u>	Pregnant women can have a glass or two of alcoholic beverages daily without harming their child, says a new Danish study. Popular belief has it that excessive alcohol use during pregnancy causes a range of health problems from behavioral disorders and ...	India Today	[Ulrik Schioler Kesmodel, professor at the Aarhus University, Denmark, said: "We are not encouraging women to drink but we hope to reassure those who have been drinking in the early stages of pregnancy - maybe before they knew they were having a baby - that they don't need to worry about it" He added that he and fellow researchers were "really surprised" not to find any evidence of harmful effects in children among pregnant women who had been involved in binge drinking.]
<u>Drinking During Pregnancy In Moderate Amounts Now Okay By Docs</u>	In recent years and with a growing emphasis on safety at all costs, drinking during pregnancy has been discouraged in any amount, due to the fact that it is basically impossible to arrive at a safe level of alcohol consumption for pregnant women.	The Inquisitr	[Bruce Goldman, director of Substance Abuse Services at the Zucker Hillside Hospital, explains to Health Day: "These findings can easily send a very dangerous message to pregnant women... Women may underestimate and have difficulty acknowledging the frequency or quantity of alcohol consumed. Those suffering from alcoholism may attempt to rationalize that it is safe to drink moderately, something they may ultimately be unable to do."]
<u>Moderate pregnancy drinking safe on babies</u>	Moderate drinking in early pregnancy has no adverse effects on the brain functioning of young children, according to new research in Denmark. However, high levels of alcohol intake from expecting mothers were linked with	Irish Health	

The Headline	The Highlights	The Outlet	How they balanced the story...
	a lower attention span among ...		
<u>Everybody Calm Down, Drinking When You're Pregnant Is Just Fine</u>	The Danish study, published in the journal BJOG: International Journal of Obstetrics and Gynecology, followed the pregnancy behavior of more than 1600 pregnant women and found that mummies-in-waiting could drink up to 8 alcoholic beverages per week ...	Jezebel	
<u>Drinking in Moderation during Pregnancy will not Effect Children</u>	For many years, the cardinal rule for pregnant women was not to drink. However, a recent study from Denmark has now thrown that rule of thumb into doubt. The study found that mothers of 5-year old children who drank low or moderate amounts of alcohol ...	Junction Report	
<u>New study suggests drinking while pregnant may be ok</u>	The new studies suggest that pregnant women who drink low to moderate levels of alcohol during early pregnancy may not be risk harming their child. Low to moderate levels is considered one to eight drinks per week. But, the doctors did say nine or more ...	KMOV.com	
<u>Study: Drinking while pregnant may be safe</u>	Towers on Roberts' ups and downs Researchers in Denmark found that women who consume certain amounts of alcohol during pregnancy has no effect on the fetus or child even up to five years later. In a series of several studies, these researchers ...	KTAR.com	[Findings that are problematic for Sara Rumann with the Arizona Department of Health. "Fetal Alcohol Spectrum Disorder is 100 percent preventable," she said. "Even the Surgeon General issued an advisory in 2005, to avoid drinking at all during pregnancy."]
<u>Is drinking while pregnant safe?</u>	Its antioxidants keep blood vessels flexible, and alcohol could boost good cholesterol. CINCINNATI - A new study now shows that consuming alcohol in moderation while pregnant may actually be safe. The study says that eight drinks a week are just fine ...	kypost.com	
<u>Moderate Alcohol Intake during Pregnancy is Fine</u>	The study included more than 1600 pregnant women. Half of these participants were first time mothers. Previous research has shown than alcohol consumption during pregnancy leads to lower intelligence levels in children and low attention span.	Medical Daily	["High prenatal exposure to alcohol has consistently been associated with adverse effects on neurodevelopment. Areas such as intelligence, attention and executive functions have been found to be particularly vulnerable. However, less is known about the effects of low to moderate, weekly average consumption levels and binge drinking," said Ulrik Schiøler Kesmodel, Consultant Gynecologist and one of the authors of the study.]
<u>Moderate drinking in early pregnancy branded 'safe'</u>	Drinking a low or moderate level of alcohol in early pregnancy is not linked to developmental problems in five-year-olds, researchers say. The Danish research, published in the BJOG journal, suggested one to eight drinks a week was not linked to harm.	Myjoyonline.com	[Dr O'Brien said: "These findings suggest low to moderate drinking has no significant effect on children aged five. However, this does not mean that women can use this as an excuse to indulge in more than the recommended amount in the UK."This evidence suggests that the UK guidance is erring on the side of caution - but that's sensible in pregnancy."]
<u>Low to moderate drinking in early pregnancy 'may be safe'</u>	Women who drink a low to moderate amount of alcohol during the early stages of pregnancy do not appear to harm their babies' neurodevelopment, a study has found. Researchers at the University of Copenhagen in Denmark looked at 1628 women in order to ...	Netdoctor	
<u>Claims that alcohol is safe in pregnancy are misleading and potentially damaging</u>	The studies were published in the peer-reviewed British Journal of Obstetrics and Gynaecology (BJOG). The studies comprised research into: This Behind the Headlines appraisal focuses on the last study of these, which summaries the other four reports.	NHS Choices	
<u>'Moderate drinking 'safe' during pregnancy' adds to confusion, says</u>	News that moderate drinking in early pregnancy has been branded as 'safe' by scientists is adding to the confusion around alcohol use, says Swanswell. The national charity, which wants to achieve a society free from problem drug and alcohol use, ...	PR Web (press release)	

The Headline	The Highlights	The Outlet	How they balanced the story...
Swanswell			
Boozing while pregnant OK?	... been associated with adverse effects on neurodevelopment," they wrote. Experts said more research is needed to look at the long-term impacts. The studies were published Wednesday in the British International Journal of Obstetrics and Gynecology.	St. Thomas Times-Journal	
Is Moderate Drinking During Pregnancy OK?	By Jeannine Stein Drinking low to moderate amounts of alcohol during pregnancy may not cause developmental problems in five-year-olds, studies find. (Photo: Simon Katzer/Getty Images) Many mothers-to-be studiously avoid drinking during pregnancy, ...	TakePart	
Is alcohol in pregnancy harmful?	New Danish study suggests having up to eight drinks per week during pregnancy doesn't affect children's development. Would you drink alcohol while pregnant? Photo credit: Mestreech City Moderate drinking during early pregnancy does not harm a baby's ...	The Periscope Post	["The Department of Health recommends that you avoid drinking alcohol if you're pregnant," said the NHS Choices website. "If you drink alcohol when you're pregnant, it passes to your unborn baby through your placenta. Your baby can't process the alcohol as fast as you can, so is exposed to more alcohol for longer than you are."]
Light to Moderate Drinking in Pregnancy May Be Safe, Study Says	Increasingly, the data suggest that light drinking in pregnancy doesn't have ill effects on the developing fetus. Does this give expectant mothers the license to drink? By Maia Szalavitz @maiasz June 20, 2012 + For decades, women have been told ...	TIME	
Moderate drinking during pregnancy won't hurt baby, study says	LONDON - Pregnant women can have a small alcoholic drink a day without it harming the development of their children, a study has found. Excessive alcohol consumption during pregnancy is known to harm babies, causing a range of health problems from ...[TODAYonline	[Professor Ulrik Schioler Kesmodel, of Aarhus University, Denmark, said: "We are not encouraging women to drink but we hope to reassure those who have been drinking in the early stages of pregnancy - maybe before they knew they were having a baby - that they don't need to worry about it. "He added that he and fellow researchers were "really surprised" not to find any evidence of harmful effects in children among pregnant women who had been involved in binge drinking.]
Moderate Drinking Permissible During Pregnancy	In order to prove that having alcohol once a while is permissible, the study researchers presented five papers, which were having link of drinking with pregnancy. In addition, they recruited 1600 expecting mothers. Certain factors were assessed by the ...	TopNews United States	["These findings suggest low to moderate drinking has no significant effect on children aged five. However, this does not mean that women can use this as an excuse", said Patrick O'Brien, who is a spokesman for the Royal College of Obstetricians and Gynecologists (RCOG).]
Boozing while pregnant OK?	Danish researchers studied 1628 women early in their pregnancy and tested their children at the age of five. In a series of five papers, scientists looked at the weekly alcohol consumption of moms to be. They were classified as low, one to four drinks; ...	Toronto Sun	
Moderate Drinking During Pregnancy May Be Safe	By Angela Haupt Moderate drinking during pregnancy is safe, new Danish research suggests. Though expectant moms have long been told not to drink, the study authors found that 5 year olds whose mothers drank low to moderate amounts of alcohol during ...	U.S. News & World Report	[Health experts continue to suggest erring on the side of caution and avoiding alcohol during pregnancy. "There may be subtle neurobehavioral changes that were not picked up in the study," Jennifer Wu, an obstetrician/gynecologist at Lenox Hill Hospital in New York City, told HealthDay . "It can be hard to accurately test younger children, and tests at an older age may detect larger differences."]
'Moderate' Drinking During Pregnancy Has No Effect on Young Children: Study	TUESDAY, June 19 (HealthDay News) -- One of the cardinal rules for expectant moms: don't drink. But a new study out of Denmark is throwing that maxim into doubt. It finds that 5-year-olds whose mothers drank low to moderate levels of alcohol (between ...	U.S. News & World Report	["These findings can easily send a very dangerous message to pregnant women," said Bruce Goldman, director of Substance Abuse Services at the Zucker Hillside Hospital in Glen Oaks, N.Y. He noted that the U.S. surgeon general advises against drinking during pregnancy to avoid fetal alcohol spectrum disorders. "Women may underestimate and have difficulty acknowledging the frequency or quantity of alcohol consumed," Goldman said. "Those suffering from alcoholism may attempt to rationalize that it is safe to drink moderately, something they may ultimately be unable to do."]
	The group has told that women should not at all consume alcohol during	Visit Bulgaria	["However, this does not mean that women can use this as an excuse to indulge in

The Headline	The Highlights	The Outlet	How they balanced the story...
<u>Expecting Mums Should Only Go for Moderate Alcohol Levels</u>	pregnancy, though they should take in one to two units in a week or two, in case they cannot resist themselves. A standard drink contains 12g of alcohol in Denmark, ...		more than the recommended amount in the UK", Patrick O'Brien, a spokesman for RCOG, said.]
<u>Researchers: No harm from moderate drinking during early pregnancy</u>	... pregnant moms who had eight drinks or less a week during their first trimester. Their IQ, attention span and organizational skills were similar to other kids. But, researchers say, it's probably safest for women to avoid alcohol during pregnancy.	WNCT	
<u>Study says moderate drinking safe for pregnant women</u>	ATLANTA -- Pregnant woman may be able to have eight alcoholic beverages ... their developing child, according to a study by released by Danish researchers.	WXIA-TV	[Dr. Colleen Boyle is the Director of the National Center of Birth Defects and Developmental Disabilities. She calls the study important, but is quick to point out the results do not translate into any new recommendations for expectant mothers. "This was one study looking at some very specific outcomes. We have many other studies out there that point to the potential problems of consuming alcohol while pregnant so women have to look at the totality of the information out there," said Boyle.]
<u>Light drinking during pregnancy has no adverse effects on baby</u>	The studies are published in the British Journal of Obstetrics and Gynaecology. The study authors said: "High prenatal exposure to alcohol has consistently been associated with adverse effects on neurodevelopment. "Areas such as intelligence, ...	Yahoo! Lifestyle UK	[The study authors said: "High prenatal exposure to alcohol has consistently been associated with adverse effects on neurodevelopment. Areas such as intelligence, attention and executive functions have been found to be particularly vulnerable. Our findings show that low to moderate drinking is not associated with adverse effects on the children aged five. However, despite these findings, additional large scale studies should be undertaken to further investigate the possible effects."]
<u>Moderate drinking in early pregnancy harmless</u>	Washington: Low and moderate weekly alcohol consumption in early pregnancy may not lead to adverse neuropsychological effects in children aged five, according to Danish researchers. However, high levels of alcohol per week were linked with a lower ...	Zee News	
<u>Is It Really OK To Drink In Early Pregnancy?</u>	They were asked about their alcohol intake while they were pregnant and their children were evaluated according to the Wechsler Primary and Preschool Scales of Intelligence-Revised (WPPSI-R), for their IQ, attention span, executive functions such as ...	Care2.com (blog)	
<u>Study: Moderate Drinking During Pregnancy Okay</u>	Stop me if you've heard this one before -- it's okay to drink a little bit of alcohol when you're pregnant. In fact, a new study finds that drinking in moderation is perfectly okay during pregnancy. As insane as that sounds, a new Danish study finds ...	LimeLife (blog)	
<u>A few drinks during pregnancy OK, study suggests</u>	By MyHealthNewsDaily staff Children's mental abilities do not appear to suffer from women's moderate levels of drinking while pregnant, a new series of Danish studies suggests. The studies involved 5-year-old children. Those whose mothers had consumed ...	msnbc.com (blog)	
<u>A few drinks during pregnancy may be OK, study suggests</u>	Those whose mothers had consumed up to eight alcoholic drinks per week during pregnancy did not have a higher risk of attention or IQ deficits than the children of women who did not drink during pregnancy, the researchers said.	msnbc.com (blog)	
<u>A Few Drinks While Pregnant May Be OK</u>	by Scott Hensley When a woman drinks heavily during pregnancy, it can cause profound damage to her unborn child. Nobody knows how much alcohol, if any, is safe, so the US surgeon general and the Centers for Disease Control and Prevention advise women ...	NPR (blog)	
<u>Is moderate drinking OK while pregnant?</u>	Researchers in Denmark recently released a study saying one drink — and even up to moderate drinking (five to eight drinks a week) — might not do as much harm as we thought. (That's according to a report from NPR.) The researchers surveyed 1600 ...	Seattle Post Intelligencer (blog)	

The Headline	The Highlights	The Outlet	How they balanced the story...
A Drink A Day OK For Pregnant Mothers	By Amir Khan June 20, 2012 9:25 AM EDT Pregnant women often eschew alcohol over fears that it will harm the baby, but according to a new study, published in the BJOG journal on Tuesday, a drink a day is perfectly fine. In fact, women can have up to ...	iScienceTimes.com	["These findings can easily send a very dangerous message to pregnant women," Bruce Goldman, director of Substance Abuse Services at the Zucker Hillside Hospital in Glen Oaks, N.Y., told HealthDay . "Women may underestimate and have difficulty acknowledging the frequency or quantity of alcohol consumed. Those suffering from alcoholism may attempt to rationalize that it is safe to drink moderately, something they may ultimately be unable to do."]
June 21, 2012			
Moderate drinking and occasional binge drinking for pregnant women won't hurt baby	Drinking while pregnant and even getting drunk once and a while is okay now, according to new research. For decades, the US Surgeon General and the Center of Disease Control have been saying the exact opposite, because it isn't clear how much alcohol, ...	ABC Action News	The U.S. Surgeon General and the Center of Disease Control have been saying the exact opposite, because it isn't clear how much alcohol, if any, is safe to consume without risking birth defects for the child, NPR reports
Moderate Drinking While Pregnant is Now Ok Says New Study	I'm sure for somebody, this is "good" news: A new study out of the UK suggests that pregnant women can consume one to eight alcoholic drinks a week without causing any developmental problems in their children. Backed by funding from the Centers for Disease Control and Prevention...	Atlanta Black Star	The danger of it is that people consider it definitive research and reassurance that any alcohol use, including binge drinking, during pregnancy is innocuous," Janet Williams, a pediatrician at the University of Texas Health Science Center in San Antonio, told NPR, adding that this new research prompts more questions than answers. "The safest conclusion is that no drinking causes no fetal alcohol effects."]
Study Indicates a Few Drinks While Pregnant May Be OK – The Arc Not Buying It	By Lori Morgan @dailydisrupt Earlier this week, new research from Denmark was released stating that drinking low to moderate levels of alcohol during early pregnancy will cause no ill effects to children. Unfortunately, studies like this serve to ...	Daily Disruption	"Why put your baby at risk? Fetal Alcohol Spectrum Disorders are 100% preventable if mothers abstain from drinking during pregnancy. The Arc advocates not drinking during pregnancy, and will continue to push this message because studies like this ignore the fact that completely abstaining takes the risk of having a baby with a Fetal Alcohol Spectrum Disorder off the table," said Peter V. Berns, CEO of The Arc.]
Pregnant Women: Do You Need to Abstain From Alcohol?	And at the top of the list of no-no's for moms-to-be is alcohol. It has been commonly known in the last few decades that women should abstain from all alcohol throughout her pregnancy and then afterward for as long as she is breastfeeding.	EmpowHer	According to BabyCenter.com, "all public health officials in the United States recommend that pregnant women, as well as women who are trying to conceive, play it safe by steering clear of alcohol entirely. So do experts at the American College of Obstetricians and Gynecologists and the American Academy of Pediatrics."]
Drinking during pregnancy in moderate amounts safe, study says	A Danish study showed that drinking alcohol in moderate amounts during pregnancy is considered safe for expectant mothers. In fact, 5-year-olds, whose moms drank moderately while pregnant, showed no signs of mental problems or intelligence decline.	Examiner.com	"These findings can easily send a very dangerous message to pregnant women," he said, emphasizing the point that the U.S. surgeon general warns expectant mothers that drinking during pregnancy can lead to fetal alcohol spectrum disorders. "Women may underestimate and have difficulty acknowledging the frequency or quantity of alcohol consumed," Goldman said. "Those suffering from alcoholism may attempt to rationalize that it is safe to drink moderately, something they may ultimately be unable to do," he added
Study okays drinking during pregnancy	Local reaction to study released by Danish researchers on alcohol consumption during pregnancy. Study finds drinking up to 8 glasses of wine has no effect on child's development.	First Coast News	
Is A Little Alcohol During Pregnancy Not Such A Bad Thing?	In contrast to what we've been told our whole lives about the dangers of drinking alcohol during pregnancy, a series of new studies by a team in Denmark finds no difference in the IQs of five year olds whose mothers drank when they were pregnant.	Forbes	
Drinking While Pregnant: Study Says Kids Of Moms Who Drink Are Just As Smart	A just published group of studies puts a hard-lined pregnancy rule to the test -- researchers in Denmark found that moderate consuming a moderate amount of alcohol during pregnancy does not effect kids 5 and under. The papers, published in BJOG: An ...	Huffington Post	While a number of studies indicate that moderate drinking doesn't hinder a child's cognitive development, MSNBC points out that others conclude that drinking the same amount does raise the risk of miscarriage . And, the American Congress of Obstetricians and Gynecologists (ACOG) have not changed its recommendation that pregnant women should abstain from alcohol completely.
Pregnant women 'should seek advice about alcohol intake'	Pregnant women have been encouraged to get professional advice if they have any concerns about how	International Federation of	Patrick O'Brien, an obstetrics specialist at the group, commented: "More research is needed to look at long-term effects of alcohol consumption on children."]

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	much alcohol they can drink. Research published in the BJOG journal has concluded that moderate alcohol consumption during pregnancy will not impede the ...	Gynecology and Obstetrics	
Study: drinking early in pregnancy OK?	Researchers in Denmark found that women who have five to eight drinks a week early in their pregnancy had no impact on the neurological development of their children. NBC's Brian Williams reports. This content comes from Closed Captioning that was ...	msnbc.com	
Studies Question Ban on Alcohol During Pregnancy	Drinking alcohol during pregnancy has been taboo for some time—not without reason. Drinking during pregnancy can result in fetal alcohol syndrome (FAS). FAS is a constellation of developmental, mental, and physical problems, that can appear in children ...	MSN Health & Fitness	
Moderate drinking 'doesn't harm baby'	Women who drink alcohol in the early stages of pregnancy won't harm their child's development, according to new research. Danish researchers looked at the impact low, moderate, high and binge drinking by pregnant women had on their children by the time ...	MSN NZ News	Dr Alex Wodak, senior staff specialist at St Vincent's Hospital, says more research needs to be done. "[Until now] binge drinking has been thought to be more dangerous to the baby ... than high sustained levels," he told ninemsn. "The research is limited in quantity and quality [but this] data is an important addition to what exists in this area.
Moderate alcohol intake during pregnancy does not influence child's ...	The results are based on neuropsychological studies of 1628 Danish children registered in the Danish National Birth Cohort 'Better Health for Mother and Child', which includes information on mothers' alcohol habits during pregnancy.	News-Medical.net	["The Danish Health and Medicines Authority recommend pregnant women to abstain completely from alcohol consumption, but we know from other studies that about half of the pregnant women do not entirely stay away from alcohol during pregnancy. Many of these mothers report binge episodes during the period before they even knew that they were pregnant. Now we have scientific evidence which may set their minds at ease," says Ulrik Schiøler Kesmodel.
Danes say pregnancy drinking ok. NZ says no	By Kurt Bayer Danish researchers have found drinking in early pregnancy isn't as bad for children's neurodevelopment - but Kiwi experts disagree. Photo / file Drinking in early pregnancy is not associated with adverse effects in children, ...	New Zealand Herald	But Christine Rogan of Alcohol Healthwatch said: "These types of studies do not provide a reason for pregnant mums to pop the champagne. Sadly though that is often the effect they have. "The public (media) love good news headlines about drinking and the headline always wins, no matter the fine print such as the authors themselves conclude that no safe level of consumption has been established."
Poll: Would you drink during pregnancy?	I've heard plenty of buzz about this in the past, but a recent Danish study brought the issue of drinking alcohol while pregnant back to the fore this week. On Wednesday, the sub-headline on a Time Healthland article read, "Increasingly, ...	phillyBurbs.com	
Having A Drink During Pregnancy Not As Bad As Previously Believed	For reference purposes, low average weekly alcohol consumption was defined as 1-4 drinks per week, moderate as 5-8 drinks and high as 9 or more drinks. As it often is in other applications, binge drinking is described as having 5 or more drinks on a ...	RedOrbit	["High prenatal exposure to alcohol has consistently been associated with adverse effects on neurodevelopment. Areas such as intelligence, attention and executive functions have been found to be particularly vulnerable. However, less is known about the effects of low to moderate, weekly average consumption levels and binge drinking," said Ulrik Schiøler Kesmodel, Consultant Gynecologist and Associate Professor at Aarhus University in the press release about this alcohol-fueled study.]
Pregnant women told: Stay away from booze	Health experts in this country want pregnant women to stay away from alcohol, despite Danish research suggesting low to moderate drinking during pregnancy may be OK. The Danish researchers produced a series of five papers looking at the effects of low, ...	Stuff.co.nz	[Professor Jennie Connor, head of the Preventive and Social Medicine department at the Dunedin School of Medicine, said there was a risk the Danish studies could lead women to believe it was reasonable to drink during pregnancy as long as it was not too much. "This research does not establish a safe level of drinking, as the authors themselves point out," she said.]
Should you drink while pregnant?	Pregnant woman often received conflicting advice from friends and family about whether drinking during pregnancy is okay and a new study by a Danish university has only added to the confusion, claiming that moderate drinking in the early stages of ...	TVNZ	[New Zealand: Foetal Alcohol Network Health Advisor Christine Rogan questions the study and insists mums-to-be need to stick to Ministry of Health guidelines. She told Breakfast that the research goes against worldwide health ministry guidelines and she points out that the study doesn't provide conclusive answers. "Even the researchers say there is no safe amount of alcohol during pregnancy." She strongly

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			advises avoiding alcohol completely during pregnancy and if you're planning on getting pregnant.]
<u>Drinking During Pregnancy OK, Some Doctors Say</u>	INDIANAPOLIS -- A group of Danish doctors have controversial research that suggests women who drink during pregnancy aren't posing health risks on their unborn babies. For years, moms-to-be have been advised to avoid alcohol during pregnancy to protect ...	WRTV Indianapolis	[March of Dimes, a nonprofit organization dedicated to helping parents have healthy babies, said no safe level of drinking during pregnancy has been established. "(Pregnant women should) avoid alcohol. Eliminate it before conception, throughout pregnancy and breast feeding if they want to give their baby the best chance at a healthy start in life," Arndt said.]
<u>Study: Moderate drinking OK for expectant mothers</u>	Danish researchers completed a study that found children of women who drank low to moderate levels of alcohol during pregnancy suffered no setbacks. Children whose mother's drank a large amount of alcohol showed a tendency toward low attention spans, ...	WTOP	
<u>New study finds light to moderate drinking during pregnancy doesn't affect ...</u>	(WXYZ) - A new study from Denmark finds light to moderate drinking during pregnancy does not harm a baby's development. The women drank one to eight alcoholic beverages per week. Researchers tested the women's children five years later.	WXYZ	
<u>Moderate Drinking During Pregnancy May be OK, Study Suggests</u>	Within that article I also mentioned one of the other difficulties I anticipate during pregnancy being forgoing alcohol, as I'm a lover of wine and an occasional cocktail. But according to new research, that may not be as big of a concern.	Diets In Review (blog)	
<u>Health Controversy: Does This New Study Give Pregnant Women the License to Drink?</u>	by Sarah Jio Contrary to conventional beliefs about alcohol intake during pregnancy, a new study suggests that alcohol, in moderation, may not be that big of a deal to a developing baby. But, will the findings be misinterpreted by some?	Glamour (blog)	
<u>The Checkup: Moderate Drinking While Pregnant May Be Okay, Study Says</u>	Researchers looked at the IQs, attention spans and decision-making of over 1500 five-year-olds in Denmark, along with their mothers' drinking habits during pregnancy. Less the half of the women refrained from alcohol all together.	Philadelphia Magazine (blog)	
<u>CDC-Sponsored Study Finds No Neurological Damage From Light to Moderate ...</u>	Despite the familiar surgeon general's warning advising women to abstain completely from alcoholic beverages during pregnancy "because of the risk of birth defects," there has never been any solid evidence that light to moderate consumption harms the ...	Reason Online (blog)	
<u>Don't drink during pregnancy: a myth debunked?</u>	By Audrey Quinn June 21, 2012, 11:44 AM PDT They looked at the effects of pregnancy drinking on five-year-olds. The team studied 1,628 mothers and their children. Kids of mothers who were low to moderate drinkers during pregnancy (1-8 drinks per week) ...	SmartPlanet.com (blog)	
<u>Is Moderate Drinking During Early Pregnancy Safe?</u>	NBC Nightly News anchor Brian Williams probably echoed the sentiments of a number of people when he opened a report discussing a Danish study on alcohol consumption and pregnancy by saying, "Well, this is one of those studies where the results should ...	TestCountry.com (blog)	
<u>Moderate drinking in pregnancy may not affect child's IQ: study</u>	A series of Danish studies are contradicting the conventional medical belief than any amount of alcohol during pregnancy is harmful to the fetus. Researchers	Yahoo! Canada Shine On (blog)	

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	found that moderate levels of alcohol during pregnancy did not affect the child's IQ or ...		
June 22, 2012			
Is it really safe to drink during pregnancy? Not exactly, experts say	By Deborah Kotz, Globe Staff Many pregnant women who heard the news this week that moderate amounts of alcohol won't harm their fetus may be wondering whether they can safely sip a glass of champagne at a friend's wedding or have a Coors light at a Red ...	Boston.com	[Folks from the American College of Obstetricians and Gynecologists responded to the study by tweeting that "the jury may be out for researchers, but ACOG recommends that pregnant women avoid alcohol," and providing a link to its 2008 position statement against any alcohol consumption during pregnancy. Too little evidence has accumulated to establish a safe threshold for fetal exposure to alcohol, and scientists still don't know exactly how many drinks lead to a condition called <u>fetal alcohol syndrome</u> associated with heart defects, poor muscle tone, and mental retardation. They also don't know how much excess alcohol can trigger a miscarriage or stillbirth, both of which have been linked to alcohol consumption. The latest study has some limitations in that it looked only at one measure of brain function called executive function, which is responsible for decision-making, impulse control, memory, and organizational abilities. "It's looking at just one sliver of behavior and only at one point in time," pointed out Dr. Allison Bryant, a maternal fetal medicine specialist at Massachusetts General Hospital. Thus, it's impossible to know whether these kids will fare as well academically and socially when they hit their adolescent years and their brains become more fully developed, a point the researchers, themselves, also made in their comments on the study..... "We tend to have a nuanced conversation with women about caffeine during pregnancy -- about the risk of miscarriage if they consume more than a certain amount," said Bryant. "At this point, we can't have that conversation with alcohol. We just tell women they should clearly avoid it altogether."]
Study OK'ing Alcohol During Pregnancy Riles Advocates	"Unfortunately, studies like this serve to minimize alcohol's severe effects on an unborn baby, placing doubt in the minds of mothers about the actual risk of drinking while pregnant ," read a statement from The Arc, which advocates for those with ...	Disability Scoop	["Unfortunately, studies like this serve to minimize alcohol's severe effects on an unborn baby, placing doubt in the minds of mothers about the actual risk of drinking while pregnant," read a statement from The Arc, which advocates for those with intellectual and developmental disabilities, including fetal alcohol spectrum disorders. Individuals with fetal alcohol spectrum disorders — which are caused by alcohol consumption during pregnancy — can experience a variety of lifelong issues ranging from behavioral problems and speech delays to intellectual disability, according to the U.S. Centers for Disease Control and Prevention.]
Moderate drinking can mix with pregnancy, studies suggest	New studies from Denmark suggest mothers who drank low and moderate amounts of alcohol while pregnant did not alter the development of their children, who were tested at age 5 for intelligence as well as for attention span, decision making and planning ...	Globe and Mail	["The Danish Health and Medicines Authority recommends pregnant women to abstain completely from alcohol consumption, but we know from other studies that about half of the pregnant women do not entirely stay away from alcohol during pregnancy," lead author Ulrik Schioler Kesmodel said in the release]
Moderate drinking during pregnancy doesn't harm baby	Pregnant women can have a glass or two of alcoholic beverages daily without harming their child, says a new Danish study. Popular belief has it that excessive alcohol use during pregnancy causes a range of health problems from behavioural disorders and impaired IQ to facial disfigurement in unborn...	IANS	
Low to Moderate Drinking During Pregnancy is Safe - Study	The five papers were published in the British Journal of Obstetrics and Gynaecology (BJOG). According to the researchers, low and moderate weekly alcohol consumption in early pregnancy is safe and it does not have adverse neuropsychological effects in ...	IBTimes.co.uk	
Drinking During Pregnancy Still Verboten, American Experts Command	While it is really hard to gather empirical data on the effects of drinking during pregnancy due to the risk to a	The Inquisitr	[Dr. Allison Bryant is a maternal fetal medicine specialist at Massachusetts General Hospital. Boston.com quoted the expert, who said: "We tend to have a nuanced

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	fetus were a "safe level" to be teased out (as well as issues with self-reporting alcohol consumption), we do know that women in Europe ...		conversation with women about caffeine during pregnancy — about the risk of miscarriage if they consume more than a certain amount," said Bryant. "At this point, we can't have that conversation with alcohol. We just tell women they should clearly avoid it altogether."]
Study on pregnancy, alcohol draws reaction in Minnesota	MINNEAPOLIS - A new Danish study on alcohol and pregnancy is getting some women's attention here in Minnesota. The study published in the British Medical Journal says pregnant women may be able to have eight alcoholic beverages a week without harming ...	KARE	["It is something that's very difficult. If alcohol had not been a player in his life, she would be able to do things on his own, be out on his own, go to college, things he still be able to do, but with help," said Angela Lipscomb. "Alcohol changes our children's' lives forever. It's not something that goes away."]
Experts Weigh in Against Drinking Alcohol During Pregnancy	Pregnant women ready to take a sip of that wine or beer should take caution. Despite a recent study, many experts are still warning women to not mix alcohol and pregnancy . By Charles Poladian June 22, 2012 Pregnant women ready to take a sip of that ...	Medical Daily	[Kenneth Lyons Jones, MD, from the University of California San Diego (UCSD) believes that the 30 years of studies indicating women should not drink during pregnancy far outweighs any recent studies reporting it is okay for women to drink in moderation during pregnancy.]
Pregnant Women Should Avoid Alcohol During Pregnancy	Experts at the University of California, San Diego School of Medicine disagree with a series of new studies from Denmark that suggest consumption of up to 8 alcoholic drinks a week or occasional binge drinking during pregnancy is generally safe for the developing baby....	Newswise	[Ken Jones and Tina Chambers, UCSD, comment on the recent findings]
Poll: Would You Drink While Pregnant?	That being said, the Centers for Disease Control and Prevention have no plans to change their recommendation that pregnant women abstain from drinking alcohol entirely. You can read more about the study and the reactions here. [The Week] First, vote in ...	The Frisky	[That being said, the Centers for Disease Control and Prevention have no plans to change their recommendation that pregnant women abstain from drinking alcohol entirely.]
UCSD doctors refute studies condoning drinking during pregnancy	Just say "no" is the conclusion of some local physicians when it comes to drinking while pregnant. UC San Diego School of Medicine experts disagree with a series of new studies from Denmark that suggest consumption of up to eight alcoholic drinks a ...	U-T San Diego	[Dr. Kenneth Lyons Jones, professor in the UCSD department of pediatrics and Christina Chambers, director of the California Teratogen Information Service (CTIS) Pregnancy Health Information Line, say these studies are misleading to pregnant women, citing more than 30 years of research to the contrary. "This series of studies collected data on alcohol exposure during an interview conducted sometime between seven and 39 weeks of pregnancy. The quantity and frequency of alcohol consumed was based on mother's recall which may not be accurate," said Jones who was one of the first doctors to identify Fetal Alcohol Syndrome (FAS) in 1973.]
A Little Alcohol While Pregnant May Be OK?	By Matt McMillen June 22, 2012 -- A drink or two each week during pregnancy may not affect a child's general intelligence at age 5, according to a new series of Danish studies. But expectant mothers who miss sipping the occasional cocktail should not ...	WebMD	["While the research indicates that strict abstinence may not be necessary during early to mid-pregnancy, the authors say their findings need to be investigated further. Mothers-to-be, they say, should continue to follow current guidelines that advise against any alcohol consumption."]
JUNE 23, 2012			
Study: A Drink a Day is Safe for Pregnant Women	By Julie Kent. Published on 06/23/2012 - 2:31pm A majority of women who are pregnant or trying to conceive consciously avoid consuming alcohol due to the fear that it could harm the baby's development. But according to a new Danish study, ...	Cleveland Leader	
Moderate drinking during pregnancy doesn't harm baby	Pregnant women can have a glass or two of alcoholic beverages daily without harming their child, says a new Danish study. Popular belief has it that excessive alcohol use during pregnancy causes a range of health problems from behavioural disorders and ...	Hindustan Times	[Ulrik Schioler Kesmodel, professor at the Aarhus University, Denmark, said: "We are not encouraging women to drink but we hope to reassure those who have been drinking in the early stages of pregnancy - maybe before they knew they were having a baby - that they don't need to worry about it."]
The Arc Responds to New Report on Alcohol Intake During Pregnancy	Earlier this week, new research from Denmark was released stating that drinking low to moderate levels of alcohol during early pregnancy will cause no ill effects to	San Francisco Chronicle	["Why put your baby at risk? Fetal Alcohol Spectrum Disorders are 100% preventable if mothers abstain from drinking during pregnancy. The Arc advocates not drinking during pregnancy, and will continue to push this message because

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	children. Unfortunately, studies like this serve to minimize alcohol's severe effects ...		studies like this ignore the fact that completely abstaining takes the risk of having a baby with a Fetal Alcohol Spectrum Disorder off the table," said <u>Peter V. Berns</u> , CEO of The Arc.]
<u>The Sobering Truth About Alcohol and Pregnancy</u>	Can I Drink at All While I'm Pregnant ? Calton prefers that no one drank, ever, since alcohol can cause liver damage as well as other ailments. For a pregnant woman, or a woman in her childbearing years, drinking is a real boon. "Women who are pregnant ...	SleekGossip.com	["You should tell your doctor that you drank early on in your pregnancy, and stop drinking right away," explains, Rich Calton, RN/Midwife, practicing in Cheyenne, Wyoming. "Light drinking early in your pregnancy will likely not have any ill effects on your baby, but don't gamble – stop now."]
<u>Eat, drink, and be pregnant?</u>	Danish studies suggest a few glasses of alcohol a week when pregnant have no adverse effects on children aged five. — AFP pic COPENHAGEN, June 23 — A new series of studies from Denmark finds that women can drink up to eight alcoholic drinks a week in ...	The Malaysian Insider	
July 1, 2012			
<u>Drinking for 2</u>	A pregnancy cheap thrill, I guess you would call it. ... on the abstinence bandwagon when it came to alcohol during pregnancy and, wow, 11 years later ... The study, from Denmark, included 1600 Danish women and took into account variables ...	Dickinson Press	
<u>The truth about women and alcohol</u>	Last week, Danish researchers overturned the shibboleth that drinking ... Ladettes may think otherwise, but the fact is, alcohol does have a faster effect on women. trying to conceive and those up to 12 weeks pregnant should not drink at all.	Independent Online	
<u>Study: Moderate Drinking may..</u>	The RCOG advises that women abstain from alcohol while pregnant, but if they do decide to ... The Danish research was published in the BJOG journal in June.	Indian Wine Academy	[Drinking more than nine drinks per week, however, was linked to five-year-olds' lower attention span. The researchers defined a drink as having 12 grams of pure alcohol. In the U.S. a drink is considered to have 14 grams of pure alcohol, according to the Centers for Disease Control and Prevention.]
<u>Drinking during pregnancy not safe, experts warn</u>	Washington, June 24 (ANI): Experts from US have refuted claims that consumption of up to 8 alcoholic drinks a week or occasional binge drinking during pregnancy is generally safe for the developing baby. A series of new studies from Denmark had ...	Newstrack India	[Also quotes Ken Jones and Tina Chambers, UCSD]
<u>Pregnant Women to Abstain from Alcohol</u>	Drinking alcohol during pregnancy is unsafe, say experts. ... of Obstetrics and Gynaecology analysed over 1600 women in the Danish National Birth Cohort.[Onlymyhealth	[Christina Chambers, MPH, Phd, Director of the California Teratogen Information Service Pregnancy Health and Information Line, said that individual women metabolise alcohol differently and therefore whether it is safe for a pregnant woman to indulge in alcohol is safe or not is difficult to establish.]

The Media Says Drinking During Pregnancy May Be Ok???

Last week, television news shows made sure everyone heard about a newly-released study that showed no effect of light or moderate drinking on the intelligence and decision-making skills of five-year-olds in Denmark.

This study, funded by the CDC, used a large sample and solid methodology to collect data on maternal alcohol use. Its conclusions are **NOT** that alcohol is safe during pregnancy, but that most five-year-olds with light to moderate prenatal alcohol exposure do not show measurable disabilities in the areas of intelligence, executive function and attention.

Does this translate to: alcohol during pregnancy is safe? Of course not.

Those of you who work with little kids (or people in general!) know this already—it's hard to measure those subtle brain changes that disrupt learning and behavior, especially in early childhood. Alcohol is one of the known causes of those subtle brain changes, and it's something we can prevent.

Alcohol During Pregnancy Can Create a Lifelong Brain That:

...has trouble moving information from one situation to another

...can't link cause and effect

...thinks in a disorganized way

...responds slowly

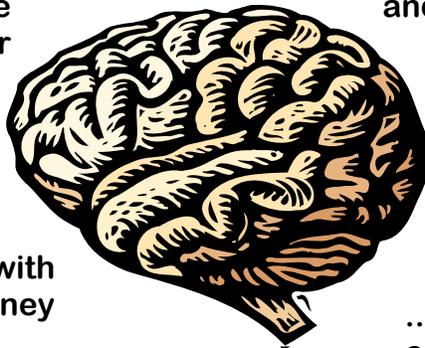
...has difficulty with time and money

...uses poor judgment

...forgets information

...thinks like the brain of someone much younger

...can't read the emotions or body language of other people



For more information about alcohol and pregnancy, visit Kentucky's Fetal Alcohol Spectrum Disorders website: www.kyfasd.org or contact Laura Nagle at Lmnagle@bluegrass.org

Advisory on Alcohol Use in Pregnancy

A 2005 Message to Women from the U.S. Surgeon General

This advisory was issued in 2005 by former U.S. Surgeon General, Vice Admiral Richard H. Carmona, MD, MPH, FACS

Thirty-two years ago, United States researchers first recognized fetal alcohol syndrome (FAS). FAS is characterized by growth deficiencies (or, decreased growth), abnormal facial features (specific facial features), and central nervous system (or, brain) abnormalities. FAS falls under the spectrum of adverse outcomes caused by prenatal alcohol exposure called Fetal Alcohol Spectrum Disorders (FASD). The discovery of FAS led to considerable public education and awareness initiatives informing women to limit the amount of alcohol they consume while pregnant. But since that time, more has been learned about the effects of alcohol on a fetus. It is now clear that no amount of alcohol can be considered safe. I now wish to emphasize to prospective parents, healthcare practitioners, and all childbearing-aged women, especially those who are pregnant, the importance of not drinking alcohol if a woman is pregnant or considering becoming pregnant.

Based on the current, best science available we now know the following:

- Alcohol consumed during pregnancy increases the risk of alcohol related birth defects, including growth deficiencies, facial abnormalities, central nervous system impairment, behavioral disorders, and impaired intellectual development.
- No amount of alcohol consumption can be considered safe during pregnancy.
- Alcohol can damage a fetus at any stage of pregnancy. Damage can occur in the earliest weeks of pregnancy, even before a woman knows that she is pregnant.
- The cognitive deficits and behavioral problems resulting from prenatal alcohol exposure are lifelong.
- Alcohol-related birth defects are completely preventable.

For these reasons:

1. A pregnant woman should not drink alcohol during pregnancy.
2. A pregnant woman who has already consumed alcohol during her pregnancy should stop in order to minimize further risk.
3. A woman who is considering becoming pregnant should abstain from alcohol.
4. Recognizing that nearly half of all births in the United States are unplanned, women of childbearing age should consult their physician and take steps to reduce the possibility of prenatal alcohol exposure.
5. Health professionals should inquire routinely about alcohol consumption by women of childbearing age, inform them of the risks of alcohol consumption during pregnancy, and advise them not to drink alcoholic beverages during pregnancy.

**For additional information on alcohol use
during pregnancy, please visit...**

Centers for Disease Control and Prevention (CDC)

www.cdc.gov/fasd

National Institute for Alcohol Abuse and Alcoholism (NIAAA)

www.niaaa.nih.gov

**Substance Abuse and Mental Health Services Administration (SAMHSA)
Substance Abuse Treatment Facility Locator**

www.findtreatment.samhsa.gov

SAMHSA FASD Center for Excellence

www.fasdcenter.samhsa.gov

National Organization on Fetal Alcohol Syndrome (NOFAS)

www.nofas.org

**The American College of Obstetricians and Gynecologists
Women and Alcohol**

www.womenandalcohol.org

The Arc

www.thearc.org

FAS Community Resource Center

www.come-over.to/FASCRC

FAS Diagnostic & Prevention Network (FAS DPN)

www.depts.washington.edu/fasdpn

Fetal Alcohol and Drug Unit (FADU)

www.depts.washington.edu/fadu

Family Empowerment Network (FEN)

www.pregnancyandalcohol.org

Fetal Alcohol Syndrome: Support, Training, Advocacy, and Resources

www.fasstar.com

National Clearinghouse for Alcohol and Drug Information (NCADI)

www.store.samhsa.gov

March of Dimes

www.marchofdimes.com

UPDATING OUR KNOWLEDGE BASE

Alcohol Use & Pregnancy: Findings from Focus Groups with Women of Childbearing Age



Elizabeth P. Dang, MPH

AAP FASD Risk Communication Workshop
July 30, 2012

Project Goal

- ❑ **To conduct formative research through focus groups to:**
 - Explore women's knowledge and beliefs about alcohol consumption, its risks during pregnancy, and women's perceptions of their own risk for having an alcohol-exposed pregnancy (AEP)
 - Learn what women are hearing about alcohol use during pregnancy, how they interpret the information, and how this information influences their own behaviors
 - Inform the development of new CDC materials on alcohol use and pregnancy and fetal alcohol spectrum disorders (FASDs)

Methods – Focus Group Segmentation Design

- ❑ **Pregnancy Status (all women non-pregnant)**
 - Not trying to get pregnant but at risk for an alcohol-exposed pregnancy
 - Currently trying to get pregnant or who plan to become pregnant in the next year
 - Have had a baby within the past year
- ❑ **Age**
 - 18–24 years
 - 25–35 years
- ❑ **Race/Ethnicity**
 - White
 - Black/African American
 - Hispanic (English-speaking)

Methods (continued)

- ❑ 20 focus groups (n=149) – Approx 7–8 women per group
- ❑ Conducted in Atlanta and Chicago, March-April 2010
- ❑ Screening process
 - Current pregnancy status, whether or not currently sexually active, contraception use, drinking patterns, age, race/ethnicity
 - Placed over 4,000 calls for each city and spoke with over 2,000 women to achieve sufficient numbers recruited

Focus Group Discussion – Key Constructs

- ❑ Knowledge, attitudes, and beliefs
- ❑ Social influences and responses to offers
- ❑ Information sources and messages

Findings: Knowledge, Attitudes, & Beliefs

- ❑ Initially, most women expressed highly negative views of women who drink during pregnancy.
- ❑ Many had at least some accurate knowledge of the consequences of alcohol use during pregnancy, including specific indicators of FAS/FASDs.
- ❑ Some women were not familiar with the term FAS, especially among the younger women. Women who were familiar with the term could describe some features accurately.
- ❑ Perceived reasons for drinking during pregnancy include stressors, alcoholism, social pressure, not caring about the child.

Findings: Knowledge, Attitudes, & Beliefs

- ❑ Many women held common misconceptions that support drinking during pregnancy
 - Alcohol use later in pregnancy is okay
 - *“...if somebody was to drink, I think the first two trimesters are the most important so limit the usage. And then if you want to, once the third trimester comes around, and you’re fine and the baby’s fine, then, you know, do what you got to do.”* [CHI, White, 25-35, trying to get pregnant]
 - Red wine is okay and might provide benefits
 - *“I always heard it’s okay to have one glass of wine and that’s okay, but, if it’s in excess drinking, they’re irresponsible and uneducated.”* [ATL, White, 25-35, at risk for AEP]
 - “My doctor told me so!”
 - *“My doctor’s office even said..even the pamphlets they hand out. I mean, it’s always wine. I don’t know why wine, I don’t know the specifics, but it’s always ‘Wine is okay.’”* [CHI, White, 25-35, Trying to get pregnant]

Findings: Knowledge, Attitudes, & Beliefs

- ❑ Black women, while not less likely to hear about the benefits of red wine, appeared less likely to believe it
 - *“Personally, alcohol and pregnancy, to me, don’t mix....My doctor told me I could have a glass of wine. But personally, I didn’t want it.”* [CHI, Black, 25-35, recently had baby]
- ❑ The most prevalent factor for deciding to abstain from alcohol use while pregnant was for the health of the baby (“not worth the risk”)
 - *“You might have like a genius inside of you and then you drink alcohol and they just might be average and you never know that they had that potential and you like stunted it.”* [ATL, Black, 18-24, recently had baby]

Findings: Information Sources & Messages

□ Internet

- WebMD
- Google
- BabyCenter

□ Health care providers

- Few were told to avoid alcohol while trying to get pregnant
- Mixed messages about alcohol use during pregnancy – confusing to women
 - *“I find it interesting that medical doctors vary in their opinions on alcohol during pregnancy. Some say it’s okay and others say definitely don’t do it, and that amazes me.”* [CHI, mixed age/race, recently had baby]

Findings: Health Provider Recommendations when Preparing for Pregnancy

- When asked what their health care providers told them re: preparing for pregnancy and alcohol use:
 - In most of the groups, none of the women reported that their doctor talked to them about alcohol use
 - When alcohol was discussed, the majority said their provider asked them if they were using alcohol and if so to stop using or decrease usage. No participant said that their provider gave more in-depth information about potential effects
 - *“If you’re trying to conceive you should not be going out and getting drunk. You should try to lessen the alcohol intake because it could affect the process.”* [CHI, White, 25-35, trying to get pregnant]

Findings:

Information Sources & Messages

□ Women want to see:

■ Statistics and facts

- *“I think people need a specific list of things that it’ll cause because it’s like you hear fetal alcohol syndrome and it’s just kind of vague. You don’t really have a picture of it in your mind. If somebody says Down syndrome, you know what Down syndrome looks like.”* [ATL, Black, 18-24, recently had baby]

■ Personal stories demonstrating the consequences

- *“Have a story behind it. It’s one thing if you see pictures; it’s another thing if you see a picture with a baby saying ‘This is Michael. His mother drank. Look at him. He’s not going to be able to live up to his full potential.’”* [ATL, Hispanic, 18-24, trying to get pregnant]

■ Graphic images of potential consequences to the baby

Reflections of Existing Literature

- ❑ **Confirms findings from previous research**
 - Women continue to hold misconceptions
 - Confirm past findings on why they drink during pregnancy
 - Partner's views of her drinking influences her behavior
 - **Providers continue to support moderate alcohol use**
 - **Providers still important source of health information**
 - Women support use of graphic images/scare tactics
- ❑ **New findings**
 - Women willing to use strategies for resisting offers of alcohol
 - Internet may be sole or additional important source of info
 - Women might respond to messages that highlight how their own behaviors can impact their child's well-being

Recommendations for Message Development

❑ Clear and consistent messaging

- Continue to have messages accurately describe the negative outcomes of alcohol use during pregnancy, and potentially distinguish it from outcomes of other forms of substance use
- Provide messages about the risk of all forms of alcohol use during all trimesters to refute messages women receive from their providers (safety/benefits of red wine later in pregnancy)

❑ Social support strategies

- Target partners, family members, friends of women to support their decisions to abstain from alcohol use during pregnancy
- Develop messages that encourage women to have conversations about alcohol and pregnancy and teach them how to discuss with other women in non-confrontational ways
- Provide women with alternate ways of handling stress and social pressures that might lead them to drink while pregnant
- Teach women more options/strategies to help them resist pressures or offers of alcohol

Recommendations for Message Development

❑ Health care providers

- Supply health care providers with accurate, up-to-date information and encourage them to discuss this topic thoroughly with all women of childbearing age that they serve
- Encourage health care providers to present a consistent message of abstinence from alcohol use during pregnancy

❑ Use/monitoring of electronic media

- Develop internet-based messaging to reach women about the topic of alcohol use and pregnancy
- Monitor websites, blogs, and other places online where women go for their health information (including Google and WebMD) to make sure messages about alcohol and pregnancy are accurate

ALCOHOL and PREGNANCY don't mix.



Whether you are pregnant or trying to get pregnant, there is no guaranteed safe level of alcohol use. Drinking any kind of alcohol during pregnancy such as red or white wine, beer and liquor can cause multiple birth defects and developmental disabilities known as fetal alcohol spectrum disorders (FASDs), including fetal alcohol syndrome. Fortunately, FASDs are 100% preventable if you don't drink at any time while pregnant. For more information, visit www.cdc.gov/fasd or call 800-CDC-INFO.

STOP DRINK

I'd like to have a drink, but while I'm pregnant, I'd rather do everything in my power to protect the health of my child.

I've read there is no guaranteed safe level of alcohol consumption during pregnancy. So from the start I started trying to get pregnant, I stopped drinking any kind of alcohol. That means red and white wine, beer and liquor. It was hard at first, especially in social situations where I would normally have a drink. But I'd rather not take any chance of putting my child at risk for fetal alcohol spectrum disorders (FASDs). I know that FASDs include a wide range of physical and mental disabilities and lasting emotional and behavioral problems. Since FASDs are 100% preventable, by not drinking, I'm improving my child's chances of a healthy start. I may not be able to control everything during my pregnancy, but this is one sure thing I can do. For more information, visit www.cdc.gov/fasd or call 800-CDC-INFO.

PREGNANCY AND ALCOHOL DON'T MIX

Currently Testing....

Drinking is **NOT** worth the risk if you're pregnant or trying to get pregnant.

Here's what we know:

- There is no guaranteed safe level of alcohol use at any time during your pregnancy or even when you're trying to get pregnant.
- That includes all kinds of alcohol such as red or white wine, beer and liquor.
- If you are pregnant and have been drinking, it's never too late to stop.

The reasons why:

- When you drink, your baby drinks, and that can lead to fetal alcohol spectrum disorders (FASDs).
- FASDs include a wide range of physical and mental disabilities and lasting emotional and behavioral problems.

Here's what you can do:



When you drink,
they drink.

When a pregnant woman drinks, so does her baby. So whether you are pregnant or trying to get pregnant, there is no guaranteed safe level of alcohol use. Drinking any kind of alcohol during pregnancy including red or white wine, beer and liquor can cause multiple birth defects and developmental disabilities known as fetal alcohol spectrum disorders (FASDs), including fetal alcohol syndrome. Fortunately, FASDs are 100% preventable if you don't drink while pregnant. For more information, visit www.cdc.gov/fasd or call 800-CDC-INFO.

PREGNANCY AND ALCOHOL DON'T MIX



I'd like to have a drink, but since I'm trying to get pregnant, I'd rather do everything in my power to protect the health of my baby.

There is no guaranteed safe level of alcohol use at any time during pregnancy or even when you're trying to get pregnant. And that means any kind of alcohol: red or white wine, beer, and liquor. Since most women won't know they're pregnant until 4-6 weeks along, when you drink, you could unknowingly be exposing your unborn baby to alcohol, which can lead to fetal alcohol spectrum disorders (FASDs). FASDs include a wide range of physical and mental disabilities and lasting emotional and behavioral problems. Fortunately, FASDs are 100% preventable. By not drinking, you have the power to improve your child's chances of a healthy start. For more information, visit www.cdc.gov/fasd or call 800-CDC-INFO.

STOP DRINKING WHEN YOU START TRYING

I'd like to have a drink, but since I'm trying to get pregnant, I'd rather do everything in my power to protect the health of my baby.

I've read there is no guaranteed safe level of alcohol consumption during pregnancy or even when you're trying to get pregnant. I may not know that I am pregnant until about 4 to 6 weeks along, so I decided to stop drinking any kind of alcohol when I started planning to get pregnant. That means red and white wine, beer and liquor. It was hard at first, especially in social situations where I would normally have a drink. When I do get pregnant, I do not want to take any chance at putting my unborn baby at risk for fetal alcohol spectrum disorders (FASDs). I know that FASDs include a wide range of physical and mental disabilities and lasting emotional and behavioral problems. Since FASDs are 100% preventable, by not drinking, I'm improving my child's chances of a healthy start. I may not be able to control everything during my pregnancy, but this is one sure thing I can do. For more information, visit www.cdc.gov/fasd or call 800-CDC-INFO.



STOP DRINKING WHEN YOU START TRYING



Thank You!

edang@cdc.gov

For more information please contact Centers for Disease Control and Prevention

1600 Clifton Road NE, Atlanta, GA 30333

Telephone, 1-800-CDC-INFO (232-4636)/TTY: 1-888-232-6348

E-mail: cdcinfo@cdc.gov Web: www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

American College of Obstetricians and Gynecologists

Results of Survey and Focus Groups
2007 and 2010
Jeanne Mahoney

- Paper survey of 5,000 fellows
- Purpose – Determine opinions, beliefs and actions concerning alcohol use during pregnancy and awareness of available resources.

2007 Survey of ACOG Fellows

OB/GYN respondents

- Opinion – Alcohol use is not safe at any time during pregnancy – 66%
- Action – Ask pregnant women about alcohol use– 95%
- Advice – Abstinence during pregnancy - 78%

Survey of ACOG Fellows 2007

- Question: **24. You are out to dinner with friends, a non-physician couple who are pregnant and not your patient. The woman orders a glass of wine with her meal. What would your response be? (circle your response)**
- Say nothing (36%)
- Tell her at that time that drinking during any time in pregnancy could be harmful and suggest she might have a non-alcoholic drink instead. (23%)
- Tell her in private after dinner that abstinence from alcohol is safest for her pregnancy and it would be best to refrain from further alcohol use. (28%)
- Call her obstetrician and discuss the matter and course of action with him/her. (3%)
- e. Other (please elaborate)___(6%)__

Survey of ACOG Membership 2007

- Funded by CDC/NCBDDD
- Conducted at concurrent ACOG meetings
- Respondents widely varied demographics
- Paid, anonymous participation
- Main purpose: Determine best method for training and information dissemination on alcohol use during pregnancy and for women of reproductive age

Focus Groups

- Most felt it was the role of the OB/GYN to screen and intervene for at-risk alcohol use.
- However:
- Inconsistent response concerning need to have direct conversation with patient about drinking
 - Many felt patient report of alcohol use was inaccurate.
 - Overall participants did not feel they had the time, preparation, or materials to screen all women on their alcohol use.

Focus Group Summary Results

What would help providers concerning alcohol screening and intervention?

Ans: Frequent, brief reminders to ask about alcohol use and receiving educational messages about the risks of alcohol use, the effects of alcohol use on the woman (pregnant and non-pregnant) and the developing fetus.

Focus Group Summary

How to message:

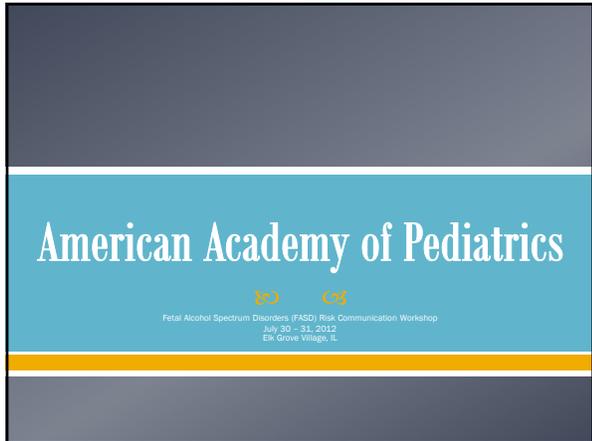
USE TECHNOLOGY

Make it new, brief and interesting

Make it scientific

Focus Group Summary

PARTNER PRESENTATIONS



American Academy of Pediatrics

Fetal Alcohol Spectrum Disorders (FASD) Risk Communication Workshop
 July 30 - 31, 2012
 Elk Grove Village, IL

About Us

Mission: The mission of the AAP is to attain optimal physical, mental, and social health and well-being for all infants, children, adolescents, and young adults.

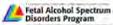
AAP is comprised of:

- 63,500 Members
- 360 Employees
- 10 Districts
- 67 Chapters
- 31 Committees
- 48 Sections
- 5 Councils
- Project Advisory Committees, Task Forces, Expert Panels



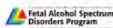

AAP FASD Program

- 5 year cooperative agreement with the Centers for Disease Control and Prevention (CDC)
- Program to Enhance the Health and Development of Infants and Children (PEHDIC)
- The goal of the PEHDIC is to link the physician community at national, state, and local levels to activities that support health promotion and disease prevention for newborns and infants, child development and health and early hearing detection and intervention.
- The goal of the FASD Program is to develop, disseminate, and evaluate physician education and practice regarding FASDs
- Full time dedicated staff person
- Oversight for program provided by leading group of FASD experts (AAP FASD Expert Panel)



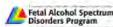
2009 FASD Qualitative Survey of Pediatricians

- Qualitative survey of approximately 25 pediatricians conducted in 2006 at AAP National Conference and Exhibit (NCE)
- Overall, the pediatricians interviewed were comfortable identifying fetal alcohol affects, but did not necessarily believe in the benefit of formal diagnosis of fetal alcohol spectrum disorders (FASD).
- Pediatricians reported being prompted to assess for FASD by dysmorphic facial features/ "funny looking kid," developmental difficulties (though they may not be identified until a later age), and prenatal history/records.
- Pediatricians felt that their primary role was to coordinate the care of children affected by FASD through providing parental support, ensuring proper school services and the safety of the child(ren).



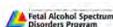
2010 AAP FASD Provider Needs Assessment

- Over 450 providers responded to an FASD Needs Assessment developed and fielded by the AAP FASD Expert Panel and staff to members of the AAP and NAPNAP
- **Key findings**
 - ✓ Few providers are satisfied with their current FASD knowledge or practice behavior
 - ✓ Prenatal history/record of drug/alcohol use during pregnancy; dysmorphic facial features; and developmental delays prompt providers for FAS/FASD assessment
 - ✓ About 60% screen parents for alcohol use at the first visit using informal questions
 - ✓ Nearly 60% counsel adolescents about the harms of alcohol but only 13% use anticipatory guidance tools
 - ✓ A checklist, diagnosis/referral algorithm, reference guide, and online CME course were among the most useful resources to enhance knowledge and practice behavior



AAP FASD Resources

- FASD Fact Sheet
- Needs Assessment
- PediaLink CME course
- Algorithm for Medical Home Providers
- Provider checklist
- Visiting Professorship Program
- Provider toolkit (in draft)
- Clinical report (in draft)
- Educational sessions/opportunities
- Continued promotion of FASD resources



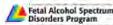
Other AAP Resources

- 3 policy statements on substance abuse and more specifically fetal alcohol spectrum disorders.
- Bright Futures Guidelines for Health Supervision of Infants, Children, and Adolescents
 - ✓ Screening adolescents between ages of 11 - 21 using the CRAFFT screening tool
- Committee on Substance Abuse
 - Deals with the prevention, early recognition, screening brief intervention, and appropriate management of substance use by young people; initiates professional and public education in this area; and makes appropriate policy recommendations to the membership.
- Collaboration with many other committees that address issues related to fetus and newborn, child abuse and neglect, children with disabilities, foster care/adoption, Native American child health, and mental health.



Future Activities

- Development and implementation of public awareness campaign using messages from workshop
- Evaluation and enhancement of FASD provider toolkit
- Leading the development and dissemination of Alcohol-Related Neurodevelopmental Disabilities (ARNND) diagnosis criteria
- Offering additional FASD Visiting Professorships to AAP Chapters
- Development and pilot testing of an alcohol screening and brief intervention (SBI) implementation guide for adolescents in the pediatric primary care setting
- Development of series of educational podcasts on FASD
- Continued dissemination of information/resources/tools generated by the FASD program



Thank you



MATERIALS AND MESSAGES

American College of Obstetricians and
Gynecologists
July 30, 2012

Website FAQs

Questions by Women's Health Care Providers

- What is alcohol screening and brief intervention all about?
- This seems like too much. How can I fit this into my practice?
- How do I do this?
- What if she needs more help than I can offer?
- Can I get paid for this?

On website – Information for Public

24 hour help hot line 1-800-662-HELP (4357)

Treatment locator – www.findtreatment.samhsa.gov Identifies alcohol and substance abuse treatment resources within a specified distance according to the needs of the patient (Managed by the federal Substance Abuse and Mental Health Services Administration (SAMHSA))

New: FASD Prevention UTube video from NY District ACOG

Women and alcohol publications from SAMHSA

Effects of Alcohol on Women facts sheet. <http://store.samhsa.gov/product/Effects-of-Alcohol-on-Women/SMA06-4244>

Fetal Alcohol Spectrum Disorders: What you need to know

<http://store.samhsa.gov/list/seriesname=Fetal-Alcohol-Spectrum-Disorders-What-You-Need-to-Know>

Materials from the National Institute on Alcohol Abuse and Alcoholism (NIAAA):

Rethinking Drinking – An interactive booklet offered NIAAA

http://www.niaaa.nih.gov/Publications/PamphletsBrochuresPosters/English/Documents/Rethinking_Drinking.pdf

Women and Alcohol Facts <http://pubs.niaaa.nih.gov/publications/womensfact/womensfact.htm>

Alcohol a women's health issue (booklet)

<http://pubs.niaaa.nih.gov/publications/brochurewomen/women.htm>

Materials from the Centers for Disease Control and Prevention:

Fetal Alcohol Spectrum Disorders – What you should know –

[http://www.cdc.gov/ncbddd/fasd/Multicomponent_website_by_the_Center_for_Disease_Control_and_Prevention_\(CDC\)_with_information,_multimedia_tools_and_free_brochures](http://www.cdc.gov/ncbddd/fasd/Multicomponent_website_by_the_Center_for_Disease_Control_and_Prevention_(CDC)_with_information,_multimedia_tools_and_free_brochures)

NY ACOG UTube FASD Video

Fetal Alcohol Spectrum Disorders (FASD) - Pregnant? Think! Don't Drink

Strong messages concerning alcohol use and pregnancy for women



http://www.youtube.com/watch?v=0-sGbjpGLik&list=PL33CCDDF9BCE93FC2&index=1&feature=plpp_video

Patient Materials- Alcohol & Pregnancy

- Frequently asked questions card
- Patient information pamphlet
- Standard drink card

AAFP PARTNER PRESENTATION (ONSITE)

National Association of Pediatric Nurse Practitioners (NAPNAP)

*Promoting optimal health for children through leadership,
practice, advocacy, education and research.*

Rita H. Pickler, PhD, RN, PNP-BC, FAAN
Chair, NAPNAP Research Committee



Pediatric Nurse Practitioners

Pediatric Nurse Practitioners (PNPs) are health care providers dedicated to improving children's health. PNPs have advanced education in pediatric nursing and health care and they serve children and families in an extensive range of practice settings. Working with pediatricians and other health care providers, PNPs have been enhancing the health care of children for over forty years.

NAPNAP Officers and Staff

- Susan Van Cleve, DNP, RN, CPNP-PC, President
- Mikki Meadows-Oliver, PhD, CPNP, President-elect
- Madelyn McMurtrie, MSN, CPNP, Secretary
- Margaret Hannan, PhD, RN, CPNP, Treasurer
- Cheri Barber, DNP, RN, CRNP, Past President
- Sandra Vassos, MPA, Chief Executive Officer
 - Michele Stickel, Chief of Staff
 - Dolores Jones, EdD, RN, CPNP, CAE, Director of Practice, Education and Research
 - Felicia K. Taylor, MBA, BA, Director of Membership, Chapters, and Communication

2009-2012 Strategic Goals and Objectives

- THEME I - Leading advocacy to improve children's health
- THEME II - Advancing the PNP/APRN role
- THEME III- Advancing practice through education, collaboration, research and scholarly inquiry
- THEME IV- Improving the quality of children's health by enhancing access to information
- THEME V - Developing the association's presence, position and relationships in multiple communities

PNP Resources re: FASD

- Position Statements
- Educational scope and materials
- References and resources from health care partners

Position Statements

- Child Maltreatment (2011)
- PNP's Role in Supporting Infant and Family Well-Being During the First Year of Life (2010)
- Integration of Mental Health Care in Pediatric Primary Care Settings (2007)

Educational Scope

- Required content in BS (RN) and PNP educational programs
- PNP Core Curriculum
 - Uses AAP guidelines as the basis for FAS content
 - Covers pathophysiology, presentation, effects on growth and development, treatment/follow-up

References and Resources

- <http://www.cdc.gov/ncbddd/fasd/diagnosis.html>
- <http://pedialink.aap.org/visitor>
- <http://www.nofas.org/>

What is lacking?

- Clear identification and links to resources
- Focus of research or practice initiatives
- General awareness of the incidence and consequences

NAPNAP Position Statement on the PNP's Role in Supporting Infant and Family Well-Being During the First Year of Life

Infancy is a critical period that provides an important foundation for both physical and mental health throughout life. The National Association of Pediatric Nurse Practitioners (NAPNAP) recognizes the important role of the pediatric health care provider in assisting newborns to thrive physically, developmentally, emotionally, spiritually, and intellectually within the family environment. NAPNAP supports the expansion of the evidence-based guidelines outlined in Hospital Stay for Healthy Term Newborns (American Academy of Pediatrics [AAP], 2004) and Recommendations for Preventive Pediatric Health Care (AAP, 2008b) to include all qualified pediatric health care providers in the management of healthy term newborns and infants. NAPNAP further supports strategies to support infant and family well-being and mental health during the first

year of life (U.S. Department of Health and Human Services [DHHS], 2004; Zeanah, Bailey, & Berry, 2009). The goal for infant mental health is the optimal growth and social-emotional, behavioral, and cognitive development of the infant in the context of the unfolding relationship between infant and parent (The Center on the Developing Child, 2007; Zeanah et al., 2009).

Increasingly, leaders in both infant development and in public policy recognize that the “ability of our youngest children to thrive depends on the quality and continuity of their relationships with responsive, loving caregivers” (Hill, Uris, & Bauer, 2007; Zero to Three, 2009). The nurturing quality of infants’ environments allows them to become emotionally and physically healthy, prepares them for learning, and enables them to develop to their full potential (Salem-Schatz et al., 2004). It is through nurturing caregivers that children experience parental attachment, positive parent-child relationships, and encouragement to develop to the best of their abilities. These mutual interactions provide social support for all family members (U.S. DHHS, 2004). Implementation of a nurturing environment for all infants requires that health professionals support an infant’s caregivers through health services based on the latest child development research (Reynolds, Mathieson, & Popitzes, 2009). In fact, before the newborn’s birth, whenever possible, pediatric nurse practitioners (PNPs) should assess the family’s network of support and resources, developing and implementing a plan to strengthen areas of weakness (Fullar, 2008).

The foundation for readiness to learn begins with the newborn’s earliest interactions with his or her caregivers. Expanding research highlights the important role emotional health plays in preparing infants and children to learn (AAP, 2008a; Fullar, 2008; The Center

Adopted by the National Association of Pediatric Nurse Practitioners’ Executive Board on August 26, 2010. This document replaces the 2003 NAPNAP Position Statement on the PNP’s Role in Supporting Infant and Family Well-Being During the First Year of Life.

All regular position statements from the National Association of Pediatric Nurse Practitioners automatically expire 5 years after publication unless reaffirmed, revised, or retired at or before that time.

Correspondence: NAPNAP National Office, 20 Brace Rd, Suite 200, Cherry Hill, NJ 08034-2633.

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for the Developing Child, 2007). It is the quality of the relationship between infant and caregiver that enables trust to develop, trust that fuels attachment to a safe and protecting caregiver, which supports infant exploration and learning (Eveky-Stevens, 2008).

NAPNAP believes that all PNP:

1. Offer prenatal support to families that includes not only education on basic infant care, nutrition, and safety but also education on infant communication through behavioral cues and sleep-wake organization, ways to assist families who have newborns with state regulations, and strategies to promote healthy newborn development (AAP, 2008a).
2. Consult with mothers on infant feeding choices, ensuring understanding of sound feeding practices, including the social and learning aspects of infant feeding, and should provide support to breastfeeding mothers with referral to a lactation specialist as needed (Hong, Callister, & Schwartz, 2003).
3. Are skillful in screening caregivers for potential child maltreatment and substance abuse and in screening mothers for risk of maternal depression (Murray, Baker, & Lewin, 2000; Olson et al., 2002; Reynolds et al., 2009; Rychnovsky & Brady, 2008).
4. Carefully observe caregivers for indications of responsive caregiving of the newborn and infant during each health encounter, providing positive reinforcement, information, and supportive interventions to parents as needed (Eveky-Stevens, 2008).
5. Provide individualized services to each parent-child dyad that recognizes and builds upon their strengths, helping the parent to gain insight and understanding into the unique characteristics of each newborn and the changing infant.
6. Develop relationships of trust and respect characterized by a genuine partnership with families in fostering the health and development of the infant.
7. Incorporate a multidisciplinary family-parent-child-focused approach that recognizes the unique contributions of all family members, and values and incorporates beliefs and practices of diverse cultures.
8. Are knowledgeable about the available community services that promote infant mental health and should coordinate services among agencies as needed (Hill et al., 2007).
9. Are skilled in the use of formal screening instruments and assessments evaluating infant development and psychological well-being.
10. Work collaboratively with early intervention services to ensure that infants with special needs and their families receive ongoing health promotion services and skilled care to ensure psychological well-being for both parents and infants as well as developmental support for the infant.

11. Attend educational programs that include preparation in infant mental health assessment and intervention (Hawkins-Walsh, Stone, & Wyatt, 2004).
12. Participate in continuing education programs that include ongoing education in the developing research surrounding infant mental health assessment and intervention.
13. Collaborate with other health care providers to raise public awareness and to develop well-informed public policies that protect and optimize infant mental health.
14. Work to ensure public policies that support parents and other caregivers in providing young children with the foundations of early learning and healthy adjustment. The needs of infants must be addressed in the context of their families, primarily by supporting parents in nurturing and teaching their children (Zero to Three, 2009).
15. Follow the most current immunization schedule according to Centers for Disease Control and Prevention guidelines in an effort to promote optimum health. PNPs should acknowledge parental concerns while providing relevant information regarding vaccines (Resources: <http://www.cdc.gov/and> Immunization Action Coalition at www.immunize.org).

NAPNAP acknowledges the recent and profound progress researchers have made in understanding child development, early brain development, and infant/toddler mental health.

NAPNAP supports efforts to fully integrate this knowledge into our systems of care for young children. NAPNAP, as an organization that promotes optimal health for children through leadership, practice, advocacy, education, and research, encourages all PNPs to develop knowledge and skill in the assessment and support of psychological well-being of infants and families, both prenatally and after birth.

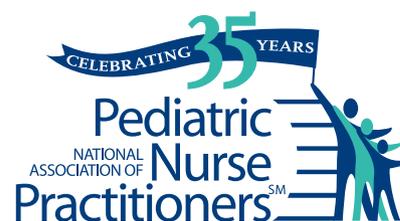
The National Association of Pediatric Nurse Practitioners would like to acknowledge the contributions of the following members of the NAPNAP Developmental Behavioral Mental Health Special Interest Group: Nancy Delnay, MSN, CPNP; Marion Donohoe, MSN, RN, CPNP; Elizabeth Hawkins, MSN, CPNP; Cheryll Jones, BSN, RN, CPNP; and Renee McLeod, PhD, APRN, CPNP (Clinical Practice Chair).

REFERENCES

- American Academy of Pediatrics. (2004). Hospital stay for healthy term newborns. *Pediatrics*, 113, 1434-1436.
- American Academy of Pediatrics. (2008a). *Bright futures: Guidelines for health supervision of infants, children, and adolescents* (3rd ed.). Retrieved from http://brightfutures.aap.org/3rd_Edition_Guidelines_and_Pocket_Guide.html

- American Academy of Pediatrics. (2008b). *Recommendations for preventive pediatric health care (Periodicity Schedule)*. Retrieved from <http://practice.aap.org/content.aspx?aid=1599>
- Eveky-Stevens, K. (2008). Associations between mothers' sensitivity to their infants' internal states and children's later understanding of mind and emotion. *Infant & Child Development, 17*(5), 527-543.
- Fullar, S. A. (2008). Babies at double jeopardy: Medically fragile infants and child neglect. *Zero to Three, 28*(6), 25-32.
- Hawkins-Walsh, E., Stone, C., & Wyatt, J. S. (2004). Credentialing and professionalism in pediatric nursing. A national survey of PNP curricula: Preparing pediatric nurse practitioners to meet the challenge in behavioral mental health. *Pediatric Nursing, 30*(1), 72-78.
- Hill, P., Uris, P., & Bauer, T. (2007). The nurse-family partnership: A policy priority. *American Journal of Nursing, 107*(11), 73-75.
- Hong, T. M., Callister, L. C., & Schwartz, R. (2003). First-time mothers' views of breastfeeding support from nurses. *MCN: The American Journal of Maternal Child Nursing, 28*(1), 10-15.
- Murray, S. K., Baker, A. W., & Lewin, L. (2000). Screening families with young children for child maltreatment potential. *Pediatric Nursing, 26*(1), 47-54.
- Olson, A. L., Kemper, K. J., Kelleher, K. J., Hammond, C. S., Zuckerman, B. S., & Dietrich, A. J. (2002). Primary care pediatricians' roles and perceived responsibilities in the identification and management of maternal depression. *Pediatrics, 110*(6), 1169-1176.
- Reynolds, A. J., Mathieson, L. C., & Popitzes, J. W. (2009). Do early childhood interventions prevent child maltreatment? A review of research. *Child Maltreatment, 14*(2), 182-206.
- Rychnovsky, J. D., & Brady, M. A. (2008). Choosing a postpartum depression screening instrument for your pediatric practice. *Journal of Pediatric Health Care, 22*(1), 64-67.
- Salem-Schatz, S., Peterson, L. E., Palmer, R. H., Clanton, S. M., Ezhuthachan, S., Luttrell, R. C., ... Roinell, W. (2004). Barriers to first-week follow-up of newborns: Findings from parent and clinician focus groups. *Joint Commission Journal of Quality and Safety, 30*(11), 593-601.
- The Center on the Developing Child. (2007). *The science of early childhood development: Closing the gap between what we know and what we do*. Retrieved from http://developingchild.harvard.edu/library/reports_and_working_papers/science_of_early_childhood_development
- U.S. Department of Health and Human Services & National Institute of Child Health and Development. (2004). *Growing up healthy: An overview of the national children's study*. Retrieved from http://www.nichd.nih.gov/publications/pubs/upload/growing_up_healthy.pdf
- Zeanah, P. D., Bailey, L. O., & Berry, S. (2009). Infant mental health and the "real world"—opportunities for interface and impact. *Child and Adolescent Psychiatric Clinics of North America, 18*(3), 773-787.
- Zero to Three. (2009). *Infant-toddler policy agenda: Good health, strong families, positive early learning experiences*. Retrieved from http://www.zerotothree.org/site/PageServer?pagenameter_pub_infanttoddler

NAPNAP Position Statement on Integration of Mental Health Care in Pediatric Primary Care Settings



The National Association of Pediatric Nurse Practitioners (NAPNAP) acknowledges the importance of providing comprehensive mental health services, including prevention, screening, early intervention, and follow-up for children in need. Mental and behavioral health disorders affect 15 million children and adolescents and are associated with disabling morbidity, significant mortality, and substantial health care costs (Centers for Disease Control and Prevention [CDC], 2006; Mark & Buck, 2006; National Mental Health Association, 2005). Fewer than 35% of affected children and youth receive treatment for their disorders

(CDC, 2006; Stein, Zitner, & Jensen, 2006) because of a lack of appropriate screening and identification by primary care providers (PCPs) (Melnyk, Brown, Jones, Kreipe, & Novak, 2003), a critical shortage of child psychiatrists and other pediatric mental health providers in the United States (Kim, 2003), and inadequate reimbursement for mental health services in primary care settings (American Academy of Pediatrics, 2000). In addition, substantial stigma about mental health problems results in denial by families and reluctance to talk with their PCPs about the problems (Melnyk et al, 2002).

Primary care practices are an optimal setting in which to promote the physical, developmental, and mental health of children and adolescents and to identify and implement early interventions for mental and behavioral health disorders. To advocate for improved mental health screening and earlier intervention in primary care settings, NAPNAP asserts the following:

1. Using a lifespan approach, mental health promotion and screening starts at the beginning of life and continues through adolescence into adulthood.
2. Optimal physical and mental health in childhood and adolescence lays the foundation for physical and mental well-being in adulthood.
3. All children and adolescents have the right to high-quality culturally competent mental and physical health care (NAPNAP, 2006).
4. Pediatric nurse practitioners (PNPs) in primary care and school-based settings should integrate prevention, screening, and early identification of mental health problems into

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routine pediatric health care, including screening parents for mental health disorders (Olson, Dietrich, Prazar, & Hurley, 2006) and incorporating the use of screening tools such as the *KySS Guide for Child and Adolescent Mental Health Screening, Early Intervention and Health Promotion* (Melnyk & Moldenhauer, 2006) and *Bright Futures in Practice: Mental Health-Volume II. Tool Kit*. (Jellinek, Patel, & Froehle, 2002).

5. PNs and other PCPs should implement early evidence-based interventions for common mental and behavioral health problems.
6. PNs and other PCPs should refer children with complex mental health problems to mental health specialists and work collaboratively with them to deliver appropriate treatment.
7. PNs and other PCPs are responsible for continuously educating families about early signs and symptoms of mental and behavioral health problems and promoting mental health.
8. PNs and other PCPs are strongly encouraged to work for adequate reimbursement for mental health services provided to children in primary care settings.
9. All nurse practitioners are encouraged to expand their knowledge and skills in mental health promotion, assessment, and early intervention and to develop relationships with mental health professionals in the community to ensure competent provision of care for common mental health problems in primary care settings.
10. PNP programs should include didactic and clinical practicum

experiences in mental health assessment, mental health promotion, early evidence-based interventions, and mental health case management for the most common mental health disorders in children and adolescents.

11. NAPNAP supports legislative and other efforts that target children's mental health needs at the local, state, and federal level.

In summary, NAPNAP, an organization that promotes optimal health for children, acknowledges the importance of providing comprehensive mental health services to all children. Furthermore, NAPNAP acknowledges the unique contribution that PNs in the primary care setting can make in the prevention, screening, early intervention, and follow-up of children in need of mental health services.

The National Association of Pediatric Nurse Practitioners would like to acknowledge the following members for their contribution to this statement:

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REFERENCES

American Academy of Pediatrics. (2000). Insurance coverage of mental health and substance abuse services for children and adolescents: A consensus

statement (RE0090). *Pediatrics*, 106, 860-862.

- Centers for Disease Control and Prevention. (2006). Youth risk behavior surveillance—United States, 2005. *Morbidity and Mortality Weekly Report*, 55 (SS-5), 1-107.
- Jellinek, M., Patel, B. P., & Froehle, M. C. (2002). *Bright futures in practice: Mental health—Volume II. Tool kit*. Arlington, VA: National Center for Education in Maternal and Child Health.
- Kim, W. J. (2003). Child and adolescent psychiatry workforce: A critical shortage and national challenge. *Academic Psychiatry*, 27, 277-282.
- Mark, T. L., & Buck, J. A. (2006). Characteristics of U.S. youths with serious emotional disturbance: Data from the national health interview survey. *Psychiatric Services*, 57, 1573-1578.
- Melnyk, B. M., & Moldenhauer, Z. (2006). *The KySS guide to child and adolescent mental health screening, early intervention and health promotion*. Cherry Hill, NJ: NAPNAP.
- Melnyk, B. M., Brown, H., Jones, D. C., Kreipe, R., & Novak, J. (2003). Improving the mental/psychosocial health of U.S. children and adolescents: Outcomes and implementation strategies from the national KySS summit. *Journal of Pediatric Health Care*, 17 (6 Suppl), S1-S24.
- Melnyk, B. M., Feinstein, N. F., Tuttle, J., Moldenhauer, Z., Herendeen, P., Goodwin, T. G., et al. (2002). Mental health worries, communication, and needs in the year of the U.S. terrorist attack: National KySS survey findings. *Journal of Pediatric Health Care*, 16, 222-234.
- National Association of Pediatric Nurse Practitioners. (2006). Position statement on access to health care. Cherry Hill, NJ: NAPNAP.
- National Mental Health Association. (2005). *Children's mental health statistics*. Retrieved February 14, 2007, from <http://www.mentalhealthamerica.net/index.cfm?objectId=CA866DDE-1372-4D20-C83ED60B9B5EEA52>.
- Olson, A. L., Dietrich, A. J., Prazar, G., & Hurley, J. (2006). Brief maternal depression screening at well-child visits. *Pediatrics*, 118, 207-216.
- Stein, R. E. K., Zitzner, B. A., & Jensen, P. S. (2006). Interventions for adolescent depression in primary care. *Pediatrics*, 118, 669-682.

NAPNAP Position Statement on Child Maltreatment

One goal of the National Association of Pediatric Nurse Practitioners (NAPNAP) is to enhance the quality of health care for infants, children, and adolescents. To achieve this purpose, NAPNAP promotes the provision of a safe, caring, and healthy environment that contributes to optimal growth and development of children from infancy to adulthood.

Child maltreatment is a broad term encompassing neglect, physical abuse, sexual abuse, and emotional abuse. Child maltreatment, a major public health concern in the United States, has negative consequences on emotional and physical development, often with effects lasting a lifetime and into future generations. The U.S. Department of Health & Human Services (USDHHS) estimated that 772,000 children were victims of child maltreatment during 2008, at a rate of 10.3 per 1000. The fatality rate was 2.33 deaths per 100,000 children; 80% of children who died as a result of child maltreatment were younger than 4 years. During 2008, 71% of victims suffered from neglect, 16.1% were physically abused, 9.1% were sexually abused, and 7.3% were psychologically maltreated. Nearly 74% of victims were abused by a parent (USDHHS, 2010). Despite legal mandates to report child maltreatment, lack of early identification and reporting along with limited patient disclosure of abuse

make the numbers of cases of child abuse difficult to accurately estimate.

Child maltreatment is associated with a broad array of physical and mental health problems, including eating and sleeping disorders, regression, developmental delays, psychosomatic disorders, attachment disorders, substance abuse, depression, anxiety, suicidal ideation, future victimization, violent behavior, and chronic physical illnesses. Some of these long-term consequences result from specific injuries, but other damaging effects can result from the absence of positive interactions between parent and child. Research has suggested that child maltreatment is a major risk factor for the leading causes of illness and death, as well as poor quality of life in the United States (Currie & Widom, 2010; Widom, Browne, Fergusson, Webb, & Janson, 2009).

Research has led to insight into the factors that place children at risk for maltreatment and the factors that place a caregiver at risk for becoming abusive (Rodriguez, 2010). These factors include increased violence in the media and society, poverty and financial strain, prematurity, children with disabilities, unrealistic developmental expectations of parents, single-parent families, substance abuse, parental stress, isolation, domestic violence, lack of social support, and cultural factors (Rodriguez & Richardson, 2007). Children and adolescents are also at risk for exposure to predators related to unsupervised use of the Internet (Quayle & Jones, 2011).

Domestic violence is closely linked with child abuse. Studies estimate that up to 10 million children are exposed to domestic violence annually (Zolotor, Denham, & Weil, 2009). Child maltreatment may occur in association with domestic violence in up to 60% of cases (Hamby, Finkelhor, Turner, & Ormrod, 2010). Pediatric health care providers have been prevented from adequately addressing the problem of child maltreatment because of a lack of training, psychological barriers, racial and socioeconomic factors, past negative experiences with child protective services, inadequate knowledge of reporting mandates, lack of time, and anticipated court testimony (Markenson et al., 2007). In addition, a lack of effective and

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accessible treatment programs leads to continued maltreatment situations. Without intervention, child maltreatment will continue to be a national emergency with substantial costs to society.

Theoretical frameworks for child maltreatment intervention with both the child and the perpetrator have been developed (Waldfogel, 2009). These strategies include using activities to facilitate positive parent-child interaction, reducing stress, providing support, educating parents regarding child development and management techniques, and facilitating children's psychosocial development (Donelan-McCall, Eckenrode, & Olds, 2009; Wulczyn, 2009). Effective community intervention involves an interdisciplinary approach with the formation of a child protection team that includes professionals from health care, criminal justice, law enforcement, social work, and education.

NAPNAP is an organization committed to improving the health care of children. NAPNAP believes that a concerted effort must be made to prevent child maltreatment, identify maltreatment, and intervene as soon as possible to cause the least amount of trauma to the child. Pediatric nurse practitioners (PNPs) are in a strategic position to assess for the presence of risk and protective factors, as well as provide primary prevention interventions (Barth, 2009; Dubowitz, 2002; Flaherty, Sege, Hurley, & Baker, 2010). Additionally, PNPs can screen for maltreatment, provide anticipatory guidance on this issue, and assist children/families already engaged in maltreatment by referring to a local child protection team (Waldfogel, 2009). A coordinated effort must be established to offer diagnostic, therapeutic, and remedial services to abused children and their families.

Therefore, NAPNAP affirms to:

1. Support efforts for primary prevention of child maltreatment, including assessing for risk and protective factors; educating parents and caregivers; providing assistance to families in crisis; and recognizing that child maltreatment crosses all socioeconomic, racial, and religious boundaries.
2. Support educational programs for children, which empower them to become aware of how to protect themselves from maltreatment and teach them to disclose to trusted adults.
3. Support the development and implementation of protocols for screening, evaluation, treatment, and referral of child maltreatment.
4. Encourage all PNP programs, as well as other medical training programs, to include comprehensive education in the area of child maltreatment.
5. Serve as an educational resource to parents, children, health care providers, child protective workers, criminal and judicial personnel, day care providers, and the community at large regarding

prevention, identification, and management of child maltreatment.

6. Recognize PNPs who have acquired specialized training in the evaluation of child maltreatment as an integral member of the child protection team.
7. Support efforts to decrease violence in the media, the Internet, the family, and society.
8. Support increased funding for further child maltreatment research studies, including prevention efforts, intervention research, and theory testing.
9. Encourage health care providers to refer to or provide mental health services to child maltreatment victims, as well as to family members of abused children, including the parent(s), and in some cases the perpetrators (e.g., adolescent siblings).
10. Support efforts to prevent victimization of children in the courtroom and to develop and implement age-appropriate environments for children involved in the judicial system.

NAPNAP, an organization that promotes optimal health for children through leadership, practice, advocacy, education, and research, actively supports and encourages prevention, identification, and early intervention in all cases of child maltreatment.

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REFERENCES

- Barth, R. P. (2009). Preventing child abuse and neglect with parent training: Evidence and opportunities. *Future Child, 19*, 95-118.
- Currie, J., & Widom, C. S. (2010). Long-term consequences of child abuse and neglect on adult economic well-being. *Child Maltreatment, 15*, 111-120.
- Donelan-McCall, N., Eckenrode, J., & Olds, D. L. (2009). Home visiting for the prevention of child maltreatment: Lessons learned during the past 20 years. *Pediatrics Clinics of North America, 56*, 389-403.
- Dubowitz, H. (2002). Preventing child neglect and physical abuse: A role for pediatricians. *Pediatrics in Review, 23*(6), 191-195.
- Flaherty, E. G., Sege, R., Hurley, T. P., & Baker, A. (2010). Strategies for saving and improving children's lives. *Pediatrics, 122*(Suppl), 18-20.
- Hamby, S., Finkelhor, D., Turner, H., & Ormrod, R. (2010). The overlap of witnessing partner violence with child maltreatment and other victimizations in a nationally representative survey of youth. *Child Abuse & Neglect, 34*, 734-741.
- Markenson, D., Tunik, M., Cooper, A., Olson, L., Cook, L., & Matza-Houghton, H. (2007). National assessment of knowledge, attitudes, and confidence of pre-hospital providers in assessing and managing child maltreatment. *Pediatrics, 119*, E103-E108.

- Quayle, E., & Jones, T. (2011). Sexualized images of children on the internet. *Sex Abuse, 23*, 7-21.
- Rodriguez, C. M. (2010). Personal contextual characteristics and cognitions: Predicting child abuse potential and disciplinary style. *Journal of Interpersonal Violence, 25*, 315-335.
- Rodriguez, C. M., & Richardson, M. J. (2007). Stress and anger as contextual factors and predicting cognitive schemas: Predicting parental child maltreatment risk. *Child Maltreatment, 12*, 325-337.
- U.S. Department of Health & Human Services. (2010). *Child maltreatment 2008: Administration for children and families*. Washington, DC: U.S. Government Printing Office. Retrieved from <http://acf.hhs.gov/programs/cb/pubs/cm08/index.htm>
- Waldfogel, J. (2009). Prevention and the child protection system. *Future Child, 19*, 195-210.
- Widom, G. R., Browne, K., Fergusson, D., Webb, E., & Janson, S. (2009). Burden and consequences of child maltreatment in high-income countries. *The Lancet, 373*, 68-81.
- Wulczyn, F. (2009). Epidemiological perspectives on maltreatment prevention. *Future Child, 19*, 39-66.
- Zolotor, A. J., Denham, A. C., & Weil, A. (2009). Intimate partner violence. *Primary Care: Clinics in Office Practice, 36*, 167-179.

AWHONN Resources on Alcohol and Women's Health

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 Association of Women's Health, Obstetric and Neonatal Nurses



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AWHONN

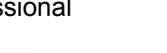
- The Association of Women's Health, Obstetric and Neonatal Nurses: advances the health care of women and newborns
 - advocacy
 - research
 - creation of evidence-based nursing standards of care
 - consumer health initiative
 - interdisciplinary collaboration



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AWHONN

- Founded in 1969 as the Nurses Association of the American College of Obstetrics and Gynecology
- 1993 became a separate organization, AWHONN
- 24,000 members worldwide
- Clinicians, educators, nurse executives
- AWHONN is a leader in professional development



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AWHONN resources

- Nursing journals (*JOGNN*, *Nursing for Women's Health*)
- Nursing texts
- Orientation slide modules for perinatal and neonatal units
- Webinars
- Consumer health initiative (www.health4mom.org *Healthy Mom&Baby* magazine)

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AWHONN's liaison activities

- CDC preconception care initiative: member of clinical working group
- Interconception care learning collaboratives (HRSA)
- March of Dimes Prematurity Partners

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AWHONN education for nurses about alcohol

- Why women use alcohol, trends, health and social impact on women
- Fetal and neonatal effects
- Best practices in screening for alcohol use
- Brief interventions
- Patient education through our consumer health initiative

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Educating women about alcohol use in pregnancy

- Nurses are critical to efforts to effectively educate women
- Nurses are a major source of support and information for pregnant and postpartum women and their families
- Nurses have multiple points of contact with women and care for all birthing women in hospitals (24/7)



AWHONN's messages about alcohol in pregnancy

- Alcohol is a teratogen
- No safe level established
- No safe time in pregnancy to drink
- Harm can occur before a woman realizes that she is or might be pregnant
- Alcohol exposure early in pregnancy carries greatest risk for serious fetal defects
- Alcohol use can result in SGA, FASD

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Effects of Alcohol

Women who report moderate to heavy drinking take longer to become pregnant and are more likely to undergo an infertility evaluation.



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Alcohol



Source: www.aafp.org. Used with permission.

- ◆ 3 phases of withdrawal
 - ❖ Phase I: Irritability, poor sleeping, hypoglycemia, seizures (lasts 72 hours)
 - ❖ Phase II: Lethargy, poor feedings (lasts 48 hours)
 - ❖ Phase III: Normal activity
- ◆ At risk for FAS

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Alcohol and breastfeeding

- Alcohol does not improve quality or quantity of milk
- Can hinder let-down reflex
- May have LT negative effects on development
- Amount drank can be more than a woman thinks due to variations in content
- Women can pump and store breastmilk if they anticipate drinking

Bowen and Tumback (2011). Nursing for Women's Health. 14(6), 454-461

7/25/2012

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AWHONN's consumer health initiative

Actionable, evidence-based information empowers women to

- make healthy and informed choices
- collaborate with their clinicians to achieve best outcomes for themselves and their infants/families

Recognizes that women are the healthcare managers for their families

Provides nurses with expert-authored pt ed

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Consumer messaging

- 1. **Breastfeeding & Alcohol:**
http://www.health4mom.org/a/breastfeeding_and_alcohol_mythbuster_222/
- 2. **Is it ok to have an occasional glass of wine in pregnancy:**
http://www.health4mom.org/a/nutrition_know-how_102/
- 3. **Preconception care--planning a healthy pregnancy:**
http://www.health4mom.org/a/planning_a_healthy_pregnancy_753/
- 4. **Kicking bad habits in pregnancy --news blurb:**
http://www.health4mom.org/a/pregnant_kick_your_bad_habits_919/
- 5. **Binge drinking trends in women, including in pregnancy:**
http://www.health4mom.org/a/the_sobering_truth_about_binge_drinking_829/
- 6. **The Tipping Point--when does alcohol become an unhealthy habit:**
http://www.health4women.org/a/the_tipping_point_669/

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Q: I've heard it's okay to have the occasional glass of wine?

- A: Experts know that there is no safe level of alcohol or tobacco in pregnancy. Using these substances is also linked to negative changes in your diet – such as eating junk foods versus wholesome foods when your willpower is diminished by the effects of alcohol.
- Alcohol and drugs like nicotine, and illegal drugs, are linked to many developmental issues; if you can't quit, cut back as much as possible. Be sure to tell your healthcare provider; she won't judge you, she'll help you find the strength and tools to make the best possible choices for you and your baby now and going forward after birth.
- http://www.health4mom.org/a/nutrition_know-how_102/

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Society for PAs in Pediatrics

Erin J. Hoffman, MPAS, PA-C
President



Who We Are

- A non-profit specialty organization
- 200+ members
- Promote high standards in pediatric health care
- Provide opportunities for CME education and networking with pediatric practitioners



Our Mission

- To improve the health care of children by supporting the Physician/PA team who provide cost effective, quality care to pediatric patients and by promoting a network for communication and education between providers dedicated to the well being of children



Resources

- Annual CME Conference
 - 2013 will be our 7th year providing pediatric specific CME to our members
 - 2013 will be our 4th year holding an independent conference
 - Average of 25 hours of CME
 - Workshops
 - Suturing, casting, cardiology, newborn examination



Resources

- Communication
 - Dissemination of information regarding pediatric specific grants and research projects
 - Monthly Newsletters
 - Pediatric Points
 - Online Discussion Forums



Resources

- Joint Leadership Day with the AAP
 - An additional day at our CME conference
- Recent Partnership with the AAP
 - Allowing members to have access to both organization's resources
- Scholarship Program
 - Awarding 1-5 scholarships to students showing high interest and motivation in pediatrics



FASD and SPAP

- No current resources or handouts on this topic
- Challenges:
 - Small organization with minimal funding
 - Focused on expanding the organization and membership
 - Resources poured into creating successful CME conference



Initiatives

- CME Conference
 - Include a topic on Prenatal/Newborn Medicine
 - Any volunteers? ☺
- Develop a tool box on website for members
 - Include handouts and patient education on high priority pediatric topics



Initiatives

- Extend network and membership to include all pediatric providers from conception to adulthood
 - By providing more prenatal topics and resources
- Begin developing Researched Based Policy Statements
 - For both public and provider use



Thank you!



SMALL GROUP WORK

SMALL GROUP WORK INSTRUCTIONS (ONSITE)



PUBLIC HEALTH OFFICIALS SAY: IT IS SAFEST NOT TO DRINK DURING PREGNANCY.

ALCOHOL & PREGNANCY

the straight up facts



Your doctor, best friend, mother, partner, and random strangers say



Here are the facts:

Common name: Alcohol
Scientific name: Ethanol (C₂H₅OH)
Teratogen: A big, scary word used to describe chemicals and environmental factors that can cause birth defects. Alcohol is a known teratogen. Drinking high levels of alcohol while pregnant causes clear harm to an unborn baby. Scientists believe many of these harms can result from drinking small amounts of alcohol, too (you know, like, on a continuum).

10.8% Percentage of women who drank alcohol during pregnancy (after they knew they were pregnant)

1.0% Percentage of people in the Canadian population affected by Fetal Alcohol Spectrum Disorder,* the leading known cause of developmental disability

* Fetal Alcohol Spectrum Disorder (FASD) is the term used to describe the range of permanent physical, behavioral, and cognitive harms that can result from prenatal alcohol exposure.

\$14,342 Average annual costs per child diagnosed with FASD

62.3% Percentage of women who drank alcohol before pregnancy

50.0% Approximate number of unintended or unplanned pregnancies in Canada

(TRANSLATION: If you drink alcohol and are having sex, take a closer look at whether your birth control is doing what it's supposed to. If you're thinking about getting pregnant, it's safest to stop drinking right now. If you drank before you knew you were pregnant, don't panic - talk to your doctor to learn more.)

Drinking low amounts of alcohol, such as 1 to 2 drinks at a time, may cause harm to a fetus. Our current research methods might not be able to detect these effects for some time.

Drinking moderate to high amounts of alcohol at any time during pregnancy causes harm to a fetus and can increase a woman's risk of having a miscarriage.

Actual risk for an individual woman is influenced by things like genetics, nutritional health, other substance use, whether the fetus is male or female, and a whole bunch of other things.

Some women have a difficult time stopping drinking alcohol during pregnancy. Addiction can be complicated, but support and care are available.

Sources:
⇒ O'Leary CM and Bower C. (2011). Guidelines for pregnancy: What's an acceptable risk, and how is the evidence (finally) shaping up? Drug and Alcohol Review, early on-line access. DOI: 10.1111/j.1465-3362.2011.00331.x PMID: 21955332
⇒ Poole, N. (2008). Fetal Alcohol Spectrum Disorder (FASD) Prevention: Canadian Perspectives. Ottawa, ON: Public Health Agency of Canada.
⇒ Society of Obstetricians and Gynecologists of Canada. (2010). Alcohol Use and Pregnancy: Consensus Clinical Guidelines. Journal of Obstetrics and Gynaecology Canada, 32(8): S1-S32.
⇒ Walker, M., Al-Sahab, B., Islam, F., & Tamim, H. (2011). The epidemiology of alcohol utilization during pregnancy: an analysis of the Canadian Maternity Experiences Survey (MES). BMC Pregnancy and Childbirth, 11(1), 52. doi:10.1186/1471-2393-11-52

Talking with Parents about Vaccines for Infants

Strategies for Health Care Professionals

Immunization professionals and parents agree: times have changed.

Because of questions or concerns about vaccines, well-child visits can be stressful for parents. As their infant's health care provider, you remain parents' most trusted source of information about vaccines. This is true even for parents with the most questions and concerns. Your personal relationship uniquely qualifies you to help support parents in understanding and choosing vaccinations.

However, time for infant health evaluation at each well visit is at a premium, as you check physical, cognitive, and other milestones and advise parents on what to expect in the coming months. Therefore, making time to talk about vaccines may be stressful for *you*. But when an infant is due to receive vaccines, nothing is more important than making the time to assess the parents' information needs as well as the role they desire to play in making decisions for their child's health, and then following up with communication that meets their needs.

When it comes to communication, you may find that similar information—be it science or anecdote or some mix of the two—works for most parents you see. But keep a watchful eye to be sure that you are connecting with each parent to maintain trust and keep lines of communication open.

We hope that these brief reminders—and the materials that you, your staff, and parents can find on our website— will help ensure your continued success in immunizing infants and children. Success may mean that all vaccines are accepted when you recommend them, or that some vaccines are scheduled for another day. If a parent refuses to vaccinate, success may simply mean keeping the door open for future discussions about choosing vaccination.



THIS RESOURCE COVERS:

- What you may hear from parents about their vaccine safety questions and how to effectively address them
- Proven communication strategies and tips for having a successful vaccine conversation with parents
- This brochure is part of a comprehensive set of educational materials for health care professionals and parents available at <http://www.cdc.gov/vaccines/conversations>

Nurses, physician assistants, and other office staff play a key role in establishing and maintaining a practice-wide commitment to communicating effectively about vaccines and maintaining high vaccination rates: from providing parents with educational materials, to being available to answer their questions, to making sure that families who may opt for extra visits for vaccines make and keep vaccine appointments.



American Academy
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DEDICATED TO THE HEALTH OF ALL CHILDREN™

What You May Hear From Parents

As you plan for responding to parents' concerns, it may be useful to think of parental questions in the following categories.

Questions about whether vaccines cause autism

Parents may encounter poorly designed and conducted studies, misleading summaries of well-conducted studies, or anecdotes made to look like science—claiming that vaccines cause autism. Many rigorous studies show that there is no link between MMR vaccine or thimerosal and autism. Visit <http://www.cdc.gov/vaccines/conversations> for more information to help you answer parents' questions on these two issues. If parents raise other possible hypotheses linking vaccines to autism, four items are key: (1) patient and empathetic reassurance that you understand that their infant's health is their top priority, and it also is your top priority, so putting children at risk of vaccine-preventable diseases without scientific evidence of a link between vaccines and autism is a risk you are not willing to take; (2) your knowledge that the onset of regressive autism symptoms often coincides with the timing of vaccines but is not caused by vaccines; (3) your personal and professional opinion that vaccines are very safe; and (4) your reminder that vaccine-preventable diseases, which may cause serious complications and even death, remain a threat.

"All those people who say that the MMR vaccine causes autism must be on to something."

"Autism is a burden for many families and people want answers—including me. But well designed and conducted studies that I can share with you show that MMR vaccine is not a cause of autism."

Questions about whether vaccines are more dangerous for infants than the diseases they prevent

Today, parents may not have seen a case of a vaccine-preventable disease firsthand. Therefore, they may wonder if vaccines are really necessary, and they may believe that the risks of vaccinating infants outweigh the benefits of protecting them from infection with vaccine-preventable diseases. Visit <http://www.cdc.gov/vaccines/conversations> for up-to-date information on diseases and the vaccines that prevent them that you can share with parents. You may be able to provide information from your own experience about the seriousness of the diseases, the fact that cases and outbreaks of vaccine-preventable diseases are occurring now in the U.S., and that even when diseases are eliminated in the U.S., they can make a rapid return in children and adults who are not immunized if travelers bring the diseases into the U.S. You also can remind parents about ongoing efforts to ensure the safety of vaccines, including the large-scale reporting system, Vaccine Adverse Event Reporting System (<http://www.vaers.hhs.gov>), used

to alert FDA and CDC to any possible problems with a vaccine so that they can be studied in more detail.

"What are all these vaccines for? Are they really necessary?"

"I know you didn't get all these vaccines when you were a baby. Neither did I. But we were both at risk of serious diseases like Hib and pneumococcal meningitis. Today, we're lucky to be able to protect our babies from 14 serious diseases with vaccines."

Questions about the number of vaccines and vaccine ingredients

Some parents may have a general concern that there are too many vaccines. With respect to timing and spacing of vaccines, the childhood vaccine schedule is designed to provide protection at the earliest possible time against serious diseases that may affect infants early in life. *The Childhood Immunization Schedule* fact sheet (<http://www.cdc.gov/vaccines/conversations>) may be useful for those parents, as well as for parents who have specific questions. Some parents may be able to specify their concerns: whether each vaccine is needed, whether giving several vaccines at one time can cause harm, whether vaccine ingredients are harmful, or how well each vaccine works. For these parents, you can specifically reinforce the seriousness of the diseases prevented by vaccines, and share your knowledge that no evidence suggests that a healthy child's immune system will be damaged or overwhelmed by receiving several vaccines at one time. *Understanding Vaccine Ingredients* (<http://www.cdc.gov/vaccines/conversations>) can help you counter myths that have circulated about vaccine ingredients. You may need to share with some parents that not only should each vaccine series be started on time to protect infants and children as soon as possible, but each multi-dose series must be completed to provide the best protection.

"I'm really not comfortable with my 2-month-old getting so many vaccines at once."

"There's no proven danger in getting all the recommended 2-month vaccines today. Any time you delay a vaccine you leave your baby vulnerable to disease. It's really best to stay on schedule. But if you're very uncomfortable, we can give some vaccines today and schedule you to come back in two weeks for the rest, but this is not recommended."

Questions about known side effects

It is reasonable for parents to be concerned about the possible reactions or side effects listed on the Vaccine Information Statements, especially fever, redness where a shot was given, or fussiness that their child may experience following vaccination. Remind parents to watch for the possible side effects and provide information on how they should treat them and how they can contact you if they observe something they are concerned about. To reinforce how rare serious side effects really are, share your own experience, if any, with seeing a serious side effect from a vaccine.

"I'm worried about the side effects of vaccines. I don't want my child to get any vaccines today."

"I'll worry if your child *doesn't* get vaccines today, because the diseases can be very dangerous—most, including Hib, pertussis, and measles, are still infecting children in the U.S. We can look at the Vaccine Information Statements together and talk about how rare serious vaccine side effects are."

Questions about unknown serious adverse events

Parents who look for information about vaccine safety will likely encounter suggestions about as-yet-unknown serious adverse events from vaccines. It is not unreasonable that parents find this alarming. You can share what the world was like for children before there were vaccines. And you can share that increases in health problems such as autism, asthma, or diabetes don't have a biologic connection to vaccination. We have no evidence to suggest that vaccines threaten a long, healthy life. We know lack of vaccination threatens a long and healthy life.

"You really don't know if vaccines cause any long-term effects."

"We have years of experience with vaccines and no reason to believe that vaccines cause long-term harm. I understand your concern, but I truly believe that the risk of diseases is greater than any risks posed by vaccines. Vaccines will get your baby off to a great start for a long, healthy life."

Communication Strategies—How to Have a Successful Dialogue

A successful discussion about vaccines involves a two-way conversation, with both parties sharing information and asking questions. These communication principles can help you connect with parents by encouraging open, honest, and productive dialogue.

Take advantage of early opportunities such as the prenatal, newborn, 1-week, and 1-month visits to initiate a dialogue about vaccines. These also are good opportunities to provide take-home materials or direct parents to immunization websites that you trust. This gives parents time to read and digest reputable vaccine information before the first and all future immunizations. And when parents have questions, you can build on the reputable information that they already have reviewed. With parents who have many questions, consider an extended visit to discuss vaccinating their child.

Take time to listen.

If parents need to talk about vaccines, give them your full attention. Despite a full schedule, resist the urge to multi-task while a parent talks. Maintain eye contact with parents, restate their concerns to be sure you understand their viewpoint, and pause to thoughtfully prepare your reply. Your willingness to listen will likely play a major role in helping parents with their decisions to choose vaccination.

Solicit and welcome questions.

If parents seem concerned about vaccines but are reluctant to talk, ask them open-ended questions and let them know that you want to hear their questions and concerns.

Put yourself in parents' shoes and acknowledge parents' feelings and emotions, including their fear and desire to protect their children. Remind parents that you know why they are concerned—their infant's health is their top priority. Remind them that it is yours, too.

Keep the conversation going.

If parents come to you with a long list of questions or information from the Web or other sources, don't interpret this as a lack of respect for you. Instead, acknowledge that spending time to research vaccines means that this is an important topic for the parents. If you appear offended by questions, or if you imply that a parent's questions are uncalled for, dialogue may shut down and trust may be eroded.



Science versus anecdote?

Too much science will frustrate some parents. Too little science will frustrate others. For some parents, too much anecdotal information won't hit the mark. For others, a story from your experience about an unprotected child who became ill, or knowing that children in your family have received all of their vaccines, will be exactly on target. Which approach to use will depend on your knowledge of the family. Watch and listen. Be prepared to use the mix of science and personal stories that will be most effective in addressing parents' questions.

Acknowledge benefits and risks.

Always discuss honestly the known side effects caused by vaccines. But don't forget to remind parents of the overwhelming benefit of preventing potentially serious diseases with vaccines. It's honest to say that not vaccinating is a risk that will worry you.

Respect parents' authority.

Many parents today want to work in partnership with their child's physician. Of course, you work in partnership with parents every day, for example, by eliciting reports from them about how their infants are progressing. By talking respectfully with parents about their immunization concerns, you can build on this partnership, build trust, and support parents in the decision to choose vaccination.

Reduce the stress of shots.

Show parents ways they can make the vaccination visit less stressful for the child. It can begin by reinforcing that crying is a normal response for the child and suggesting that they stay calm so that the child does not become aware of their stress. For infants, you can suggest that parents use a favorite blanket or toy to distract the baby from the pain of the shots, and that they touch and soothe the baby, talk softly, and smile and make eye contact during the shots. After shots for infants, mothers may wish to cuddle or breastfeed. For toddlers, there are many more

options to distract from the pain of the shot, including telling a favorite story, singing, or taking deep breaths and blowing out the pain. After the shots, toddlers can be praised for getting through the shots and reassured that everything is OK.

After the Office Visit

Document parents' questions and concerns.

A thorough record of your discussion will be an invaluable reference during the child's future visits.

Follow up.

If parents express extreme worry or doubt, contact them a few days after the visit. A caring call or e-mail will provide comfort and reinforce trust.

What If Parents Refuse to Vaccinate?

Excluding children from your practice when their parents decline immunizations is not recommended. It can put the child at risk of many different health problems—not just vaccine-preventable diseases. Remember, unvaccinated infants did not decide for themselves to remain unvaccinated. They need your care. Make sure that parents are fully informed about clinical presentations of vaccine-preventable diseases, including early symptoms. Diseases like pertussis and measles are highly contagious and may present early as a non-specific respiratory illness. Parents who refuse vaccines should be reminded at every visit to call before bringing the child into the office, clinic, or emergency department when the child is ill so appropriate measures can be taken to protect others. When scheduling an office visit for an ill child who has not received vaccines, take all possible precautions to prevent contact with other patients, especially those too young to be fully vaccinated and those who have weakened immune systems.

If a parent refuses to vaccinate, you can share the fact sheet *If You Choose Not to Vaccinate Your Child, Understand the Risks and Responsibilities* (<http://www.cdc.gov/vaccines/conversations>), which explains the risks involved with this decision including risks to other members of their community, and the additional responsibilities for parents, including the fact that, when their child is ill, they should always alert health care personnel to their child's vaccination status to prevent the possible spread of vaccine-preventable diseases. You also can tell the parent that you would like to continue the dialogue about vaccines during the next visit, and then make sure to do so. You may wish to have them sign AAP's *Refusal to Vaccinate* form (<http://www.aap.org/immunization/pediatricians/pdf/refusaltovaccinate.pdf>) each time a vaccine is refused so that you have a record of their refusal in their child's medical file.

Remember, not all parents want the same level of medical or scientific information about vaccines. By assessing the level of information that a particular parent wants, you can communicate more effectively and build trust.

For the information resources mentioned in this sheet, and others, look for *Provider Resources for Vaccine Conversations with Parents* at <http://www.cdc.gov/vaccines/conversations> or call **800-CDC-INFO** (800-232-4636). These resources are free to download and ready for color or black and white printing and reproduction.

If You Choose Not to Vaccinate Your Child, Understand the Risks and Responsibilities.

Last updated October 2009

If you choose to delay some vaccines or reject some vaccines entirely, there can be risks. Please follow these steps to protect your child, your family, and others.

With the decision to delay or reject vaccines comes an important responsibility that could save your child's life, or the life of someone else.

Any time that your child is ill and you:

- call 911;
- ride in an ambulance;
- visit a hospital emergency room; or
- visit your child's doctor or any clinic

you must tell the medical staff that your child has not received all the vaccines recommended for his or her age.

Keep a vaccination record easily accessible so that you can report exactly which vaccines your child has received, even when you are under stress.

Telling healthcare professionals your child's vaccination status is essential for two reasons:

- When your child is being evaluated, the doctor will need to consider the possibility that your child has a vaccine-preventable disease. Many of these diseases are now uncommon, but they still occur, and the doctor will need to consider that your child may have a vaccine-preventable disease.
- The people who help your child can take precautions, such as isolating your child, so that the disease does not spread to others. One group at high risk for contracting disease is infants who are too young to be fully vaccinated. For example, the measles vaccine is not usually recommended for babies younger than 12 months. Very young babies who get measles are likely to be seriously ill, often requiring hospitalization. Other people at high risk for contracting disease are those with weaker immune systems, such as some people with cancer and transplant recipients.

Before an outbreak of a vaccine-preventable disease occurs in your community:

- Talk to your child's doctor or nurse to be sure your child's medical record is up to date regarding vaccination status. Ask for a copy of the updated record.
- Inform your child's school, childcare facility, and other caregivers about your child's vaccination status.
- Be aware that your child can catch diseases from people who don't have any symptoms. For example, Hib meningitis can be spread from people who have the bacteria in their body but are not ill. You can't tell who is contagious.



When there is vaccine-preventable disease in your community:

- It may not be too late to get protection by getting vaccinated. Ask your child's doctor.
- If there are cases (or, in some circumstances, a single case) of a vaccine-preventable disease in your community, you may be asked to take your child out of school, childcare, or organized activities (for example, playgroups or sports).
- Your school, childcare facility, or other institution will tell you when it is safe for an unvaccinated child to return. Be prepared to keep your child home for several days up to several weeks.
- Learn about the disease and how it is spread. It may not be possible to avoid exposure. For example, measles is so contagious that hours after an infected person has left the room, an unvaccinated person can get measles just by entering that room.
- Each disease is different, and the time between when your child might have been exposed to a disease and when he or she may get sick will vary. Talk with your child's doctor or the health department to get their guidelines for determining when your child is no longer at risk of coming down with the disease.

Be aware.

- Any vaccine-preventable disease can strike at any time in the U.S. because all of these diseases still circulate either in the U.S. or elsewhere in the world.
- Sometimes vaccine-preventable diseases cause outbreaks, that is, clusters of cases in a given area.
- Some of the vaccine-preventable diseases that still circulate in the U.S. include whooping cough, chickenpox, Hib (a cause of meningitis), and influenza. These diseases, as well as the other vaccine-preventable diseases, can range from mild to severe and life-threatening. In most cases, there is no way to know beforehand if a child will get a mild or serious case.
- For some diseases, one case is enough to cause concern in a community. An example is measles, which is one of the most contagious diseases known. This disease spreads quickly among people who are not immune.

If you know your child is exposed to a vaccine-preventable disease for which he or she has not been vaccinated:

- Learn the early signs and symptoms of the disease.
- Seek immediate medical help if your child or any family members develop early signs or symptoms of the disease.

IMPORTANT: Notify the doctor's office, urgent care facility, ambulance personnel, or emergency room staff that your child has not been fully vaccinated before medical staff have contact with your child or your family members. They need to know that your child may have a vaccine-preventable disease so that they can treat your child correctly as quickly as possible. Medical staff also can take simple precautions to prevent diseases from spreading to others if they know ahead of time that their patient may have a contagious disease.

- Follow recommendations to isolate your child from others, including family members, and especially infants and people with weakened immune systems. Most vaccine-preventable diseases can be very dangerous to infants who are too young to be fully vaccinated, or children who are not vaccinated due to certain medical conditions.
- Be aware that for some vaccine-preventable diseases, there are medicines to treat infected people and medicines to keep people they come in contact with from getting the disease.
- Ask your healthcare provider about other ways to protect your family members and anyone else who may come into contact with your child.
- Your family may be contacted by the state or local health department who track infectious disease outbreaks in the community.

If you travel with your child:

- Review the CDC travelers' information website (www.cdc.gov/travel) before traveling to learn about possible disease risks and vaccines that will protect your family. Diseases that vaccines prevent remain common throughout the world, including Europe.
- Don't spread disease to others. If an unimmunized person develops a vaccine-preventable disease while traveling, to prevent transmission to others, he or she should not travel by a plane, train, or bus until a doctor determines the person is no longer contagious.