Prenatal Alcohol Use in Alaska

Seriousness

_Healthy People 2010 Targets and National Data_

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Alaska 2002</th>
<th>Nation 2002</th>
<th>Healthy People 2010 Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proportion of pregnant women who drink alcohol</td>
<td>4.3%</td>
<td>5.3%</td>
<td>&lt;6%</td>
</tr>
<tr>
<td>Proportion of pregnant women who binge drink</td>
<td>0.6%</td>
<td>0.2%</td>
<td>&lt;1%</td>
</tr>
</tbody>
</table>

Note: The figures presented in this table for Alaska are during the last 3 months of pregnancy and national are during the last trimester. The HP2010 goals are for the entire pregnancy.

- During the last three months of pregnancy, approximately 1 in 23 Alaskan women reported drinking alcohol (any amount) and less than 1% reported binge drinking.
- Since 1998, prenatal alcohol use has remained lower than the Healthy People 2010 target. The overall prevalence of prenatal alcohol use in Alaska has not yet met the Healthy Alaskan 2010 target of 3.5%, however, Alaska Natives achieved this goal in 2001\(^1\) and 2002.
- Since women that do not know that they are pregnant may continue to drink early in pregnancy, prevalence of prenatal alcohol use during the last three months of pregnancy is most likely a conservative estimate for use during the entire pregnancy. Alaska Pregnancy Risk Assessment Monitoring System (PRAMS) reports prenatal alcohol use for the last three months of pregnancy only. According to a recent national survey, 9.1% of pregnant women in the U.S. drank alcohol during the month they were surveyed and 3.1% reported that they binged during the month they were surveyed.\(^1\)

Severity

Prenatal alcohol use is linked to fetal death, low birth weight, growth abnormalities, developmental delays in children, and fetal alcohol syndrome (FAS).\(^2,3\) It is also the leading preventable cause of birth defects and mental retardation. Poor birth outcomes related to prenatal alcohol use are 100% preventable.

Urgency

- From 1991 to 2002, the prevalence of prenatal alcohol use has significantly decreased in Alaska – nearly 60% for both overall and Alaska Natives. (Figure 1)

Data Source: Alaska PRAMS

Disparities

Analysis of Alaska PRAMS data showed that race was significantly associated with prenatal alcohol use during the last three months of pregnancy.

- White mothers in Alaska were significantly more likely than any other race group to drink alcohol during the last three months of pregnancy. They were more than 1.6 times as likely as Alaska Native mothers and more than 24 times that of Asian/Pacific Islander mothers.\(^1\) (Figure 2)
- Analysis of prenatal binge drinking during 1996-2000 showed that although any prenatal drinking was highest among white women (any drinking can be as little as “less than one drink a week”), Alaska Native women had the highest prevalence of prenatal binge drinking.\(^4\) (Figure 3)

Note: The figures presented in this table for Alaska are during the last 3 months of pregnancy and national are during the last trimester. The HP2010 goals are for the entire pregnancy.

For further information on this topic, please contact the State of Alaska, Department of Health and Social Services Women’s, Children’s, & Family Health Section at 907-334-2424 or visit our web site at www.epi.hss.state.ak.us/mchepi
Economic Loss
Based on a lifetime cost of $1.5 million per individual, the expected lifetime costs of 1999 births with Fetal Alcohol Syndrome in Alaska were estimated to be $21 million to $42 million. Cost estimates include medical costs, behavior management, and residential services. Residential services include special education, home care, speech therapy, and institutional care.6

Interventions & Recommendations
The U.S. Department of Health and Human Services, in the Dietary guidelines for Americans, recommends that women who are pregnant or who might become pregnant abstain from alcohol use.6 The U.S. Preventive Services Task Force (USPSTF) recommends that all pregnant women and women contemplating pregnancy should be informed of the harmful effects of alcohol on the fetus; and since safe levels of alcohol consumption during pregnancy are not known, pregnant women are advised to abstain from drinking alcohol.7 The USPSTF recently released a report calling for the use of screening and behavioral counseling interventions to reduce alcohol misuse among adults, including pregnant women, in primary care settings.7

Preliminary data from the Alaska Office of FAS Knowledge Attitude Beliefs and Behaviors survey (2002) of physician's groups indicated that 35.9% of OB/GYNs responding to the survey answered yes to the following question: "Is it OK for a pregnant woman to have an occasional alcoholic beverage?" Education for all providers of health care to women of childbearing age is indicated in order to bring their practice in line with recommendations from the USDHHS, USPSTF, and the U.S. Surgeon General who urges women who are pregnant or who may become pregnant to abstain from alcohol consumption.8

Intervention Effectiveness
Based on a review of studies evaluating interventions for pregnant women in primary care settings that focused on having patients reduce or stop drinking during pregnancy, the USPSTF stated that more research into the efficacy of primary care screening and behavioral intervention for alcohol misuse among pregnant women is needed.7 Although not statistically significant, in one study they found there was a trend toward lower alcohol consumption and greater abstinence during pregnancy in the intervention group compared to the control group and that other studies targeted toward pregnant women found small or negligible effects of behavioral counseling interventions in reducing alcohol consumption.7

Capacity
Propriety
Reducing risk factors associated with poor birth outcomes for Alaskan infants falls within the overall mission of the Women’s, Children’s, and Family Health Section. Prenatal alcohol use is an important issue among the maternal and child health population – national initiatives have been set forth to address prenatal substance use (HP2010) and the Maternal and Child Health Bureau requires that several indicators of poor birth outcomes that can be associated with prenatal alcohol, smoking, and other substance use (NPM#15, #17; NOM#1-5; and HSCI#1A-2B) are monitored and assessed on a yearly basis.

Economic Feasibility
Unaware of available data addressing economic feasibility.

Acceptability
National data supports the issue of acceptability of reducing prenatal alcohol use among the target population; since there was a significant increase in the prevalence of women abstaining from alcohol later in pregnancy. Prevalence of alcohol use for the 1st, 2nd, and 3rd trimesters were 17.3%, 6.6%, and 5.3%, respectively.1 Decreasing trends in prenatal alcohol use in Alaska further suggest that the target population is accepting of reducing prenatal alcohol use.

Resources
Data: Alaska PRAMS data can be used to better understand significant risk factors associated with prenatal alcohol use in Alaska and target prevention measures toward high-risk groups.

Legality
There are no legal issues directly associated with prenatal alcohol use, however, infants that are diagnosed with affects of maternal drinking during pregnancy (ICD-9 diagnostic code 760.71) are among conditions reportable to the Alaska Birth Defects Registry under the Alaska Administration Code (7 AAC 27.012).

References
Data Sources

† Alaska Pregnancy Risk Assessment Monitoring System (PRAMS), 2002 Data: State of Alaska, DHSS, DPH.


Notes

For PRAMS data note that prenatal alcohol use is any amount of alcohol during the last three months of pregnancy for women that delivered a live-born infant. Prenatal binge drinking is 5 or more alcoholic drinks in one sitting during the last three months of pregnancy for women that delivered a live-born infant.

National prenatal alcohol use is any amount of alcohol during the last trimester among women ages 15-44 who were pregnant in their last trimester at the time they were surveyed. Prenatal binge drinking is 5 or more alcoholic drinks in one sitting during the last trimester among women ages 15-44 who were pregnant in their last trimester at the time they were surveyed.