

Background

- Alcohol use during pregnancy is associated with various risks for the fetus, including the physical/behavioral/emotional sequelae known as fetal alcohol spectrum disorder (FASD).
- No amount or type of alcohol is known to be safe at any time during pregnancy.
- It is recommended that pregnant patients abstain from drinking alcohol.
- Approximately 1 in 9 women drinks alcohol during pregnancy in the US.
- Professional organizations recommend that pregnant patients be screened for alcohol use.
- Studies indicate that alcohol screening is often not performed.
- Many patients do not receive adequate guidance from clinicians regarding alcohol use during pregnancy.

SBIRT

- An evidence-based, public health approach
- Delivery of early screening and intervention services in the primary care setting for patients at risk for substance use disorders
- Step-wise approach to providing interventions



T-ACE Screening Tool

- Identifies pregnant patients at risk for an alcohol-exposed pregnancy

Tolerance	How many drinks does it take to make you feel high?
Annoyance	Have people annoyed you by criticizing your drinking? Yes/No
Cut Down	Have you felt you ought to cut down on your drinking? Yes/No
Eye Opener	Have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover? Yes/No

Score ≥ 2 indicates need for brief intervention

Methodology

Aim: Implement SBIRT process to identify 1st trimester pregnant patients at risk for alcohol use

Design:

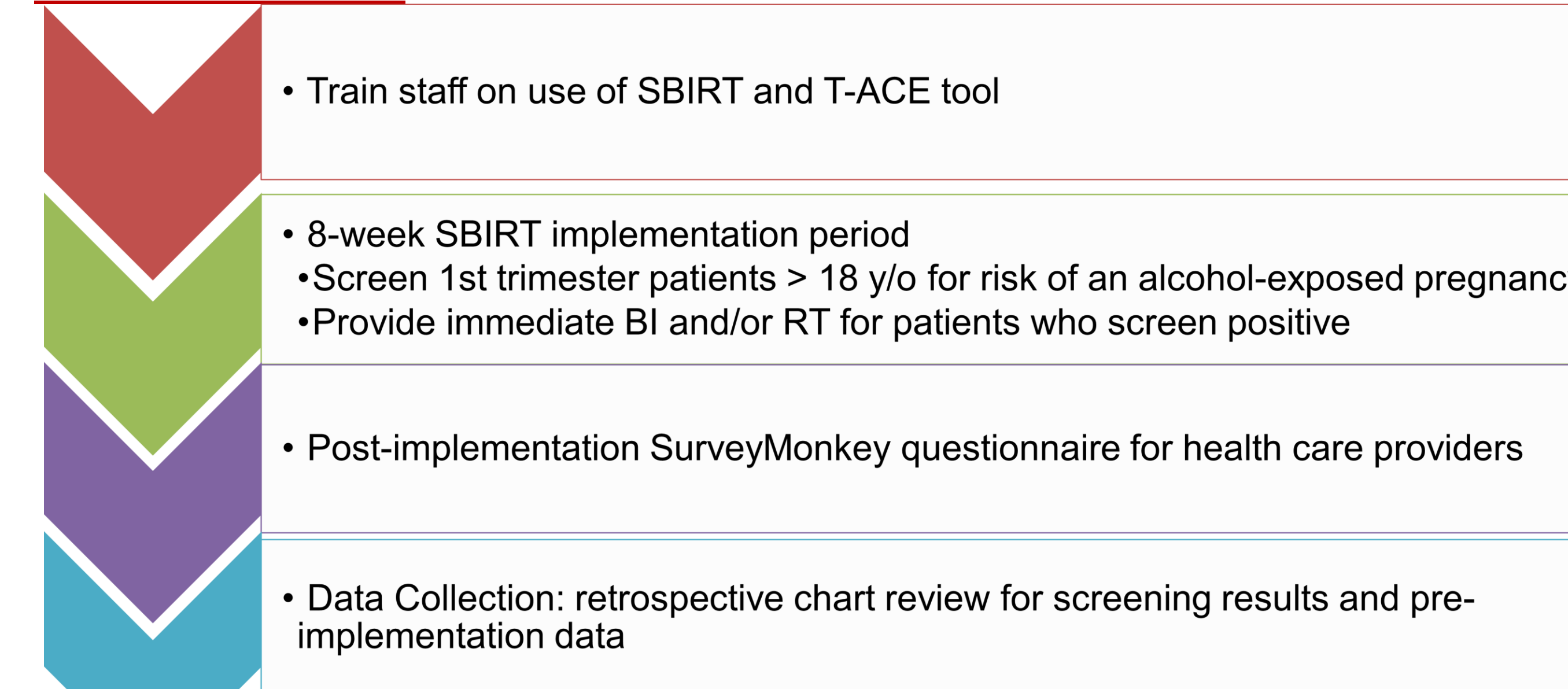
- Quality Improvement
- Pre/Post Quasi-Experimental Design

Setting: privately-owned, suburban OB/GYN office in Northern New Jersey with no consistent approach to alcohol screening or guidance during pregnancy

Study Population:

- convenience sample of physicians, nurse practitioners, and medical assistants employed at this office; N=6

Interventions:



Measurable Outcomes:

- Number of eligible patients screened
 - Number of patients who screened positive
 - Number of BI and/or RT interventions performed
- Comparison of number of at-risk patients identified pre-SBIRT vs. post-SBIRT implementation
- Feedback from staff

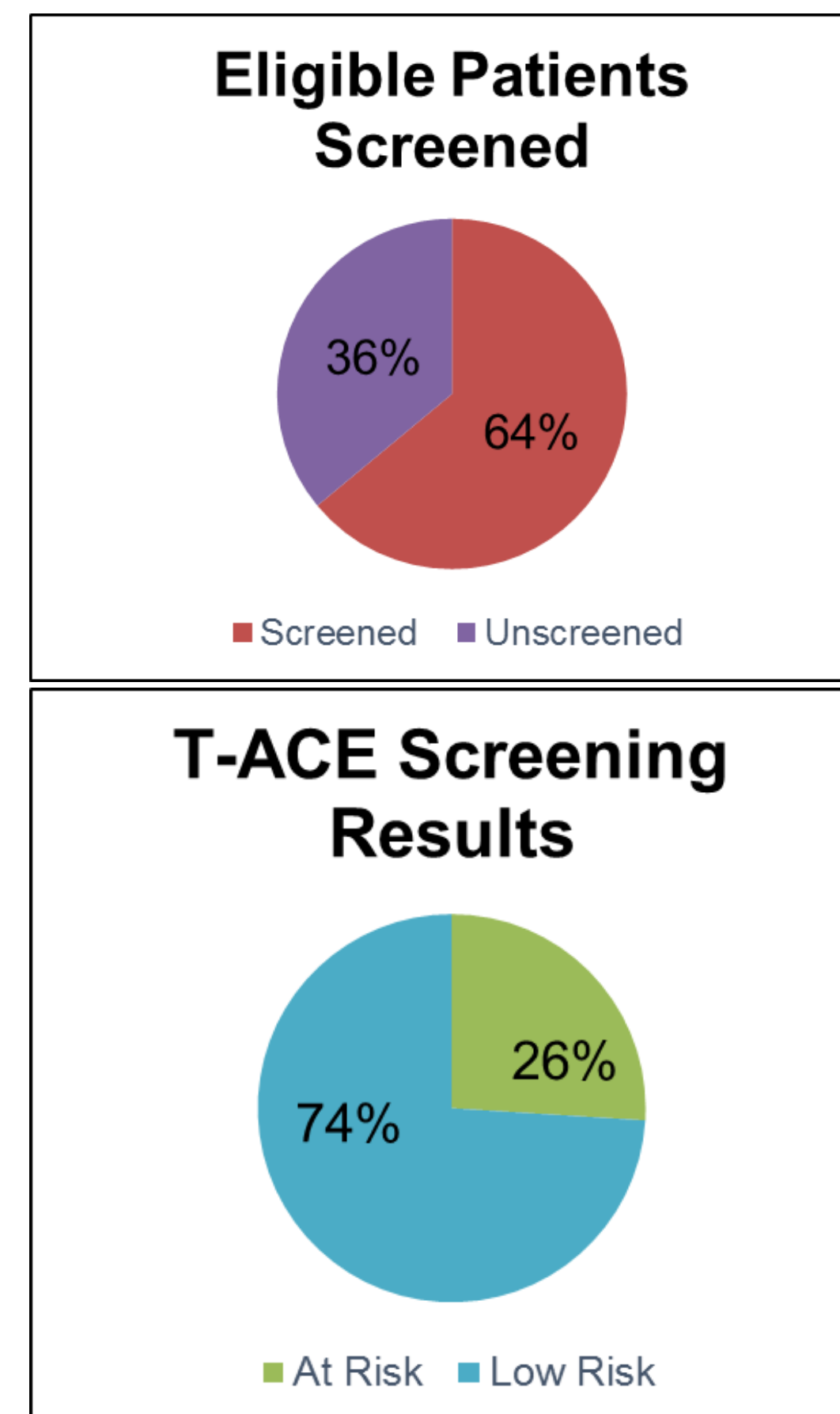
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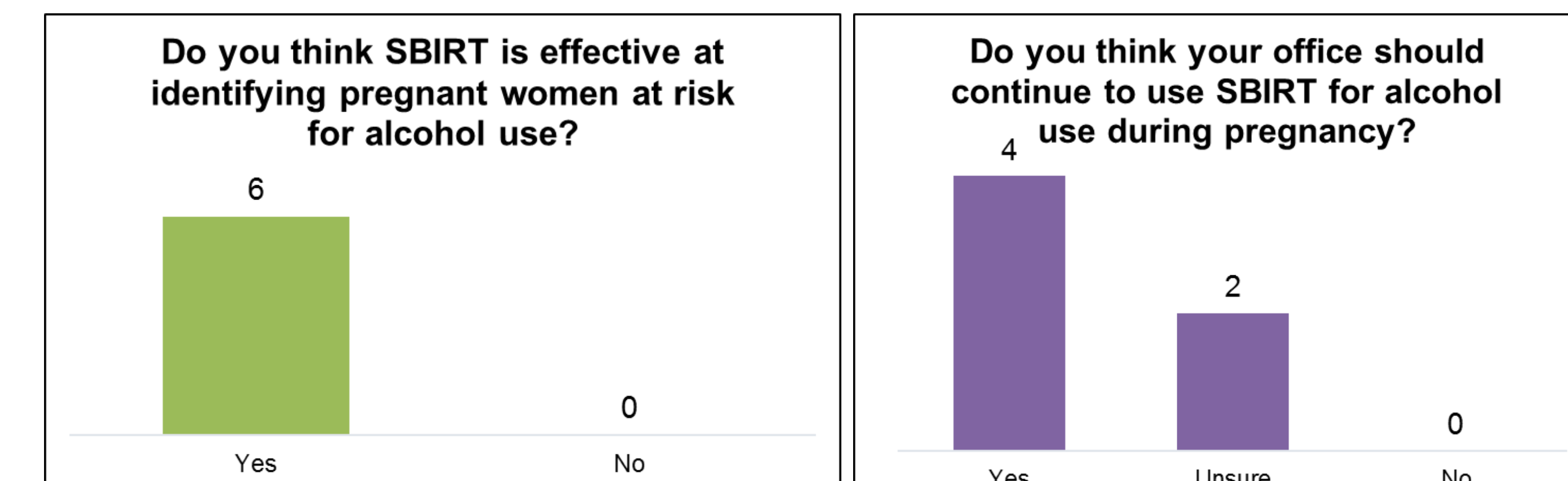
Results

Patients

- 35/55 1st trimester patients were screened with the T-ACE tool
- 9/35 patients screened at-risk for an alcohol-exposed pregnancy
- 100% of at-risk patients received an immediate BI
- 0 patients required RT
- Prior to SBIRT, 0 patients were identified by staff as being at-risk for an alcohol-exposed pregnancy



Staff Survey Responses



Discussion

- Implementation of SBIRT resulted in increased identification of pregnant women at risk of an alcohol-exposed pregnancy
- Use of T-ACE screening tool facilitated discussions about alcohol abstinence recommendations during pregnancy
- SBIRT is low cost and easy to perform with high potential benefit of reduced incidence of FASD
 - Application of evidence-based care that improves maternal/fetal safety and pregnancy outcomes
- Next steps: streamline process to better incorporate SBIRT into workflow
 - Expand screenings to include patients in 2nd and 3rd trimesters
 - Apply implementation experience to begin SBIRT programs in other OB/GYN offices

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