

# Prenatal Alcohol Exposure (PAE) Clinician Toolkit

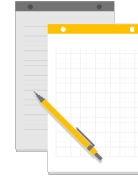


# Asking About Prenatal Alcohol Exposure (PAE)

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## When to Ask

Ask at all new (to you) patient visits, as part of the history and intake, within the context of asking about general health, including during pregnancy.



## Why We Ask

**Why Asking About PAE Matters**

**Page 2**

## How to Ask

Determine whether you are speaking to the person who gave birth to the child or another caregiver and use the appropriate PBMU Birth History Guide provided in this toolkit to evaluate if PAE might be a contributing factor to the child's health.

**PBMU Birth History Guide: Person who Gave Birth to Child**

**Page 3**

**PBMU Birth History Guide: Other Caregiver**

**Page 7**

## What to do Next

Use the following pages to support documenting PAE and discussing FASD assessment and services with families.

**Documenting PAE**

**Page 11**

**Talking About Referral to Assessment and FASD-Informed Services**

**Page 12**

## Why Asking About Prenatal Alcohol Exposure (PAE) Matters

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### Why Ask About PAE?

- ✚ “Of all the substances of abuse, including cocaine, heroin, and marijuana, alcohol produced by far the most serious neurobehavioral effects in the fetus” (Institute of Medicine, 1996).
- ✚ Prenatal Alcohol Exposure or (PAE) is defined as any exposure to alcohol during gestation. The presence of “More than Minimal” ( $\geq 13$  drinks in any 30-day period and/or  $\geq 3$  drinks on one occasion) PAE may indicate a need for specialized care.
- ✚ Fetal Alcohol Spectrum Disorders (FASD) is an umbrella term for diagnoses describing the effects of PAE. Its prevalence is estimated to be 2-5%, equal or greater to Autism Spectrum Disorders (ASD) and similar to Attention Deficit/Hyperactivity Disorder (ADHD).
- ✚ Neurodevelopmental assessment informed by an accurate prenatal history offers a route to FASD-Informed treatment

## PBMU Birth History Guide: Person who Gave Birth to Child

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**Introduction to screening:** Acknowledge that unexpected illnesses, events, and exposures are very common.

*“Now I am going to ask you some questions about your pregnancy with CHILD. We know that every pregnancy is different, and often full of surprises, so I’ll ask about some of the most common things that happen during pregnancy. Just let me know if I missed one that was important for your pregnancy with CHILD”*

**Prenatal complications:**

*“During pregnancy with CHILD...”*

| PROMPT  | EXAMPLES  | RESPONSE  |
|---|---|---|
| <i>Did you become ill?</i>  | viral infection like the flu or chicken pox, food poisoning, hospitalizations | Y / N    If yes, specify nature of illness:                         |
| <i>Were you injured?</i>  | car accident, assaulted, falls, head injuries                                 | Y / N    If yes, specify nature of injury:                          |
| <i>Were you frequently exposed to radiation or hazardous chemicals?</i> | chemicals in your workplace, x-rays,  | Y / N    If yes, specify nature of exposure:                        |
| <i>Did you take any prescription medications or health remedies?</i>    |   | Y / N<br>If yes, specify what was taken, dose, and duration of use: |

| PROMPT   | FOLLOW UP QUESTIONS   | RESPONSE                               |
|--|---|--|
| <i>How far along were you when you found out you were pregnant?</i>                      |   | _____ weeks                            |
| <i>Before you knew you were pregnant, how often did you drink beer, wine, or liquor?</i> | <i>What type of alcohol did you drink?</i><br><i>Would you drink at a bar or make your own drinks?</i><br><i>If making own drinks, how much would you pour?</i><br><i>How much do you usually drink? (fl oz, # of drinks)</i> | Frequency:<br><br>Type:<br><br>Amount: |

**DECISION POINT: Continue if answered more than “none” to previous question.**

|  |  |                           |                         |
|--|--|---------------------------|-------------------------|
| <i>In the 3 months before you knew you were pregnant, how many times did you have 3 or more drinks per occasion?</i> |  | _____ times over 3 months | Consider referral if 1+ |
|--|--|---------------------------|-------------------------|

|   |  |           |             |
|---|--|-----------|-------------|
| <i>After you found out you were pregnant, how much alcohol did you drink?</i> |  | Response: | **See below |
|---|--|-----------|-------------|

**DECISION POINT: Continue if answered more than “never” to previous questions.**

|   |  |                              |             |
|---|--|------------------------------|-------------|
| <i>During pregnancy, how many times did you have 3 or more drinks per occasion?</i> |  | _____ approximate # of times | Refer if 1+ |
|---|--|------------------------------|-------------|

|  |  |                     |             |
|--|--|---------------------|-------------|
| <i>During your pregnancy, on average, how many days per week did you have a drink?</i> |  | _____ days per week | **See below |
|--|--|---------------------|-------------|

|   |   |   |             |
|---|---|---|-------------|
| <i>During your pregnancy on a typical day when you were drinking, what is the most number of drinks you would have?</i> | <i>Do you remember what you were drinking? (beer, wine, liquor, etc)</i><br><i>Do you remember how much you would pour? Or were you drinking at a bar?</i><br><i>Was this consistent over your pregnancy, or were there times/months when you drank more or less?</i> | Usual # of drinks:<br><br>Type of drinks:<br><br>Fl oz of typical pour:<br><br>Periods (weeks, months, trimesters) of relatively higher or lower use: | **See below |
|---|---|---|-------------|

**\*\*Consider referral for FASD evaluation** when there is confirmed (as opposed to suspected) prenatal alcohol exposure, especially when exposure is ‘more than minimal’: 3 or more drinks on any occasion, or 13 or more drinks in a 30-day period before or after pregnancy recognition.

*“During pregnancy with CHILD, how often did you...”*

| <b>PROMPT</b>   | <b>RESPONSE</b>                            |
|---|--|
| <i>Use cigarettes or nicotine products like vape pens, patches, gum, etc?</i>                                       | Use: Y / N                                 |
| <i>Have exposure to secondhand smoke?</i>   | Use: Y / N                                 |
| <i>Consume products containing caffeine?</i>  | Use: Y / N                                 |
| <i>Use marijuana products?</i>  | Use: Y / N<br><br>Circle all used: THC CBD |
| <i>Use methamphetamine?</i>   | Use: Y / N                                 |
| <i>Use heroin?</i>  | Use: Y / N                                 |
| <i>Use other opioids? (morphine, codeine, Vicodin, OxyContin, Lortab)<br/>-OR-<br/>Receive methadone treatment?</i> | Use: Y / N                                 |
| <i>Use cocaine or crack?</i>  | Use: Y / N                                 |
| <i>Use prescription drugs that were not prescribed to you?</i>  | Use: Y / N                                 |

There must be confirmed prenatal alcohol exposure to refer for FASD evaluation, but there can also be other prenatal risk factors (including any of the above).

**Birth history:**

| PROMPT  | RESPONSE  |
|---|---|
| <i>How long was the pregnancy?</i>                                  | _____ weeks   |
| <i>Were there complications with delivery?</i>                      | <input type="checkbox"/> Premature/preterm rupture of membranes<br><input type="checkbox"/> Fetal distress/drop in vital signs<br><input type="checkbox"/> Nuchal cord<br><input type="checkbox"/> Emergency C-Section<br><input type="checkbox"/> Other: |
| <i>After birth, did your child experience any of the following?</i> | <input type="checkbox"/> Low birth weight (under 5lbs 8 oz)<br><input type="checkbox"/> Required supplemental oxygen<br><input type="checkbox"/> Jaundice<br><input type="checkbox"/> Other:  |

**Optional:**

| PROMPT  | EXAMPLES  | RESPONSE                                       |
|---|---|--|
| <i>Did you have diabetes or hypertension?</i>                             | include gestational or chronic diabetes or hypertension | Y / N If yes, specify which, and if treated:   |
| <i>Did you have preeclampsia?</i>   |   | Y / N If yes, specify when and interventions:  |
| <i>Did you have hyperemesis?</i>  |   | Y / N If yes, specify duration and if treated: |
| <i>Were you exposed to significant violence or interpersonal stress?</i>  | domestic violence, abuse                                | Y / N If yes, describe severity and duration:  |
| <i>Did you have problems obtaining stable housing and access to food?</i> |   | Y / N If yes, describe severity and duration:  |

## PBMU Birth History Guide: Other Caregiver

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**Introduction to screening:** Acknowledge that unexpected illnesses, events, and exposures are very common.

*“Now I am going to ask you some questions about pregnancy with CHILD. We know that every pregnancy is different, and often full of surprises, so I’ll ask about some of the most common things that happen during pregnancy. We also know it is common not to know all of the information, just answer to the best of your ability.”*

**Sources:** Information may come from observation or direct experience, birth records, adoption records, medical records, among other sources.

**Prenatal complications:**

*“During pregnancy with CHILD, was his/her mother (birth individual)....”*

| PROMPT   | EXAMPLES  | RESPONSE  |
|--|---|---|
| <i>Ill or sick?</i>  | viral infection like the flu or chicken pox, food poisoning, hospitalizations | Y / N    If yes, specify nature of illness:                         |
| <i>Injured?</i>  | car accident, assaulted, falls, head injuries                                 | Y / N    If yes, specify nature of injury:                          |
| <i>Frequently exposed to radiation or hazardous chemicals?</i> | chemicals in your workplace, x-rays,  | Y / N    If yes, specify nature of exposure:                        |
| <i>Taking any prescription medications or health remedies?</i> |   | Y / N<br>If yes, specify what was taken, dose, and duration of use: |



| PROMPT   | FOLLOW UP QUESTIONS  | RESPONSE                               |
|--|--|--|
| <i>How far along was CHILD's mother (birth individual) when she/they found out she was pregnant?</i> |  | _____ weeks                            |
| <i>Before she knew she was pregnant, how often did she drink beer, wine, or liquor?</i>              | <i>What type of alcohol did she drink?</i><br><i>Would she drink at a bar or make her own drinks?</i><br><i>If making own drinks, how much would she pour?</i><br><i>How much does she usually drink? (fl oz, # of drinks)</i> | Frequency:<br><br>Type:<br><br>Amount: |

**DECISION POINT: Continue if answered more than "none" to previous question.**

|   |  |                           |                         |
|---|--|---------------------------|-------------------------|
| <i>In the 3 months before she knew she was pregnant, how many times did she have 3 or more drinks per occasion?</i> |  | _____ times over 3 months | Consider referral if 1+ |
|---|--|---------------------------|-------------------------|

|  |  |           |             |
|--|--|-----------|-------------|
| <i>After she found out she was pregnant, how much alcohol did she drink?</i> |  | Response: | **See below |
|--|--|-----------|-------------|

**DECISION POINT: Continue if answered more than "never" to previous questions.**

|   |  |                              |             |
|---|--|------------------------------|-------------|
| <i>During pregnancy, how many times did she have 3 or more drinks per occasion?</i> |  | _____ approximate # of times | Refer if 1+ |
|---|--|------------------------------|-------------|

|   |  |                     |             |
|---|--|---------------------|-------------|
| <i>During pregnancy, on average, how many days per week did she have a drink?</i> |  | _____ days per week | **See below |
|---|--|---------------------|-------------|

|   |  |   |             |
|---|--|---|-------------|
| <i>During pregnancy on a typical day when she was drinking, what is the most number of drinks she would have?</i> | <i>What types of drinks was she drinking? (beer, wine, liquor, etc)</i><br><i>Do you remember how much she would pour? Or was she drinking at a bar?</i><br><i>Was this consistent over the pregnancy, or were there times/months when she drank more or less?</i> | Usual # of drinks:<br><br>Type of drinks:<br><br>Fl oz of typical pour:<br><br>Periods (weeks, months, trimesters) of relatively higher or lower use: | **See below |
|---|--|---|-------------|

**\*\*Consider referral for FASD evaluation** when there is confirmed (as opposed to suspected) prenatal alcohol exposure, especially when exposure is 'more than minimal': 3 or more drinks on any occasion, or 13 or more drinks in a 30 day period before or after pregnancy recognition.

*“During pregnancy with CHILD, how often did CHILD’s mother (birth individual) ...”*

| <b>PROMPT</b>   | <b>RESPONSE</b>                               |
|---|---|
| <i>Use cigarettes or nicotine products like vape pens, patches, gum, etc?</i>   | Use: Y / N                                    |
| <i>Have exposure to secondhand smoke?</i>   | Use: Y / N                                    |
| <i>Consume products containing caffeine?</i>  | Use: Y / N                                    |
| <i>Use marijuana products?</i>  | Use: Y / N<br><br>Circle all used: THC    CBD |
| <i>Use methamphetamine?</i>   | Use: Y / N                                    |
| <i>Use heroin?</i>  | Use: Y / N                                    |
| <i>Use other opioids? (morphine, codeine, Vicodin, OxyContin, Lortab)<br/>-OR-<br/>Receive methadone treatment?<br/>Use cocaine or crack?</i> | Use: Y / N<br><br>Use: Y / N                  |
| <i>Use prescription drugs that were not prescribed to you?</i>  | Use: Y / N                                    |

There must be confirmed prenatal alcohol exposure to refer for FASD evaluation, but there can also be other prenatal risk factors (including any of the above).

**Birth history:**

| PROMPT  | RESPONSE  |
|---|---|
| <i>How long was the pregnancy?</i>                            | _____ weeks   |
| <i>Were there complications with delivery?</i>                | <input type="checkbox"/> Premature/preterm rupture of membranes<br><input type="checkbox"/> Fetal distress/drop in vital signs<br><input type="checkbox"/> Nuchal cord<br><input type="checkbox"/> Emergency C-Section<br><input type="checkbox"/> Other: |
| <i>After birth, did CHLD experience any of the following?</i> | <input type="checkbox"/> Low birth weight (under 5lbs 8 oz)<br><input type="checkbox"/> Required supplemental oxygen<br><input type="checkbox"/> Jaundice<br><input type="checkbox"/> Other:  |

**Optional:**

*“During pregnancy with CHLD, did CHLD’s mother (birth individual) ...”*

| PROMPT  | EXAMPLES  | RESPONSE                                       |
|---|---|--|
| <i>Have diabetes or hypertension?</i>                                 | include gestational or chronic diabetes or hypertension | Y / N If yes, specify which, and if treated:   |
| <i>Have preeclampsia?</i>   |   | Y / N If yes, specify when and interventions:  |
| <i>Have hyperemesis?</i>  |   | Y / N If yes, specify duration and if treated: |
| <i>Have exposure to significant violence or interpersonal stress?</i> | domestic violence, abuse                                | Y / N If yes, describe severity and duration:  |
| <i>Have problems obtaining stable housing and access to food?</i>     |   | Y / N If yes, describe severity and duration:  |

## Documenting PAE

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### Source and Reliability:

CAREGIVER indicated that there was not prenatal exposure to alcohol.

CAREGIVER does not have access to information regarding pregnancy or birth.

CAREGIVER indicated that there was confirmed/suspected prenatal exposure to alcohol, as reported by SOURCE. <If needed>

### Dose/Frequency/Duration/Pattern:

(chronic use) There was exposure to between # and # fluid oz. of DRINK TYPE(s) # of times per WEEK/MONTH over the TRIMESTER/WEEK RANGE. <repeat if use resumed>

(episodic) There was exposure to approximately # servings of DRINK TYPE(s) during one drinking occasion during the # week of pregnancy.

### EXAMPLES:

#### Confirmed Non-Exposure

Zelda's mother reported that her pregnancy with Zelda was complicated by gestational diabetes managed throughout pregnancy by her OB/GYN. There were no exposures to alcohol, tobacco, or other substances at any point during pregnancy

#### Confirmed PAE

Jonah's adoptive mother indicated that there was prenatal exposure to alcohol in the first trimester (through 21 days of pregnancy), as reported by his birth mother. Dose and frequency are unknown.

Lila's mother reported that there was prenatal exposure to alcohol. There was exposure to approximately 5 servings (standard 12 oz cans) of beer during one drinking occasion during the 6<sup>th</sup> week of pregnancy. There was no exposure to alcohol outside of this one drinking occasion. There was also no exposure to tobacco, marijuana, or other illicit drugs at any point during pregnancy, as reported by Lila's mother.

#### Suspected PAE

Paternal grandmother reported that pregnancy was complicated by lack of prenatal care and maternal stress (i.e., housing instability throughout pregnancy). There was confirmed prenatal exposure to cocaine by birth mother report, and suspected, but not confirmed exposure to alcohol.

## Talking About Referral to Assessment and FASD-Informed Services

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In the context of describing your recommendations:

“Based on what you shared today, CHILD seems to be having trouble in *several* areas of his/her development <<give examples>>. These overlapping problems can make parenting difficult; but; at least when we know about them, we can do something about them”.

“I’d like to make sure that there aren’t any areas of development that CHILD might be struggling with, without us knowing, by having a psychologist do some developmental testing. Since you mentioned that there was prenatal exposure to alcohol with CHILDs pregnancy, we have some clues about which areas of development we should look at.”

“I’d like to refer you to <<name of FASD diagnostic clinic>>, which has providers that specialize in developmental evaluations for children that have prenatal alcohol exposure. They would provide testing, feedback, and some consultation and treatment recommendations. What do you think about that plan?”

