



Pregnancy Risk Assessment Monitoring System

A survey for healthier babies in New Jersey

NJ.gov/health/fhs/professional/PRAMS.shtml

Pre-Pregnancy Alcohol Use in New Jersey (2014)

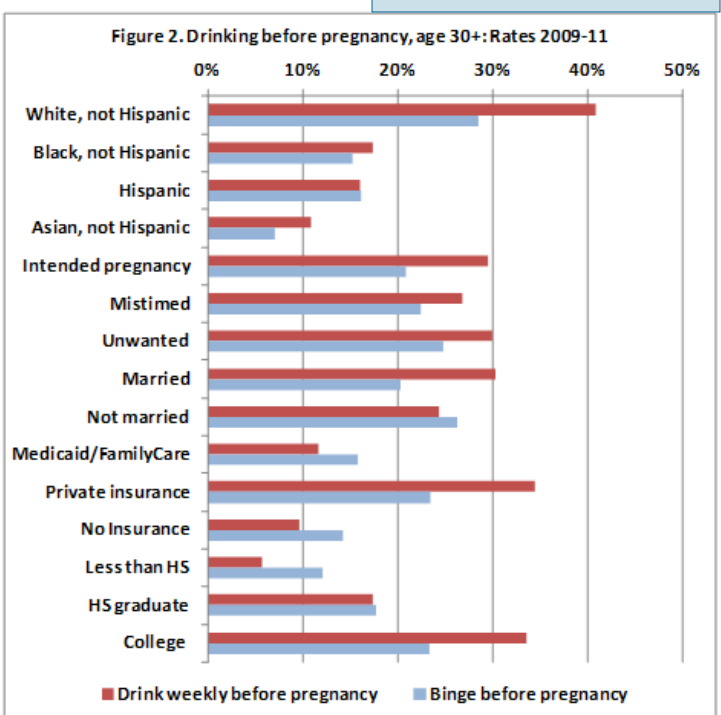
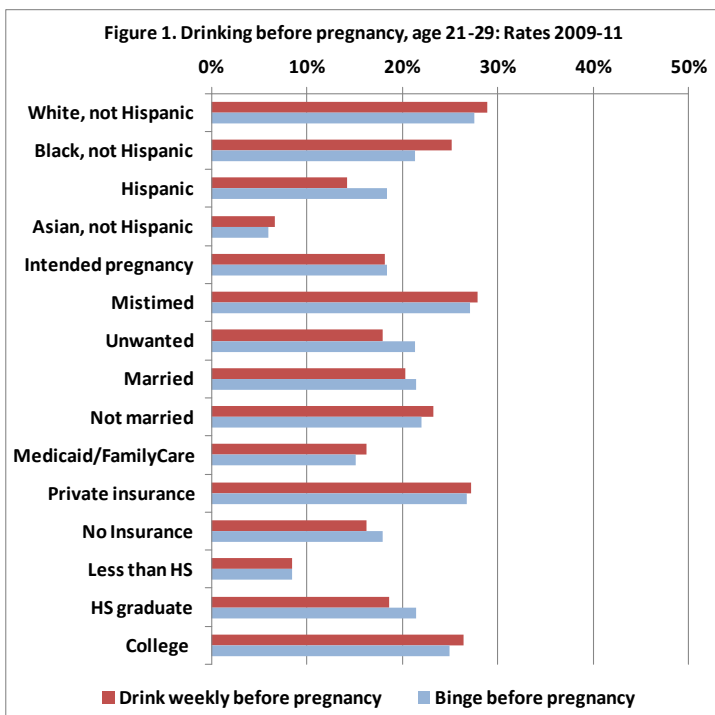
Managing risks from alcohol use before and during pregnancy is an essential element of emerging public health and life course perspectives on perinatal health. Alcoholic beverages are legal products with norms for responsible use; alcohol consumption is more prevalent in more affluent segments of the population (see National Survey of Drug Use and Health in **Resources** below). Reducing risky perinatal alcohol behaviors requires differentiated intervention strategies.

Survey data from PRAMS indicates that fewer than 2% of new mothers had at least one drink weekly in the last trimester of pregnancy, with slightly higher risk among those age 30 or more and among Non-Hispanic Whites (data not shown). The occurrence of binge drinking – more than four drinks in two hours – during pregnancy was even more infrequent.

Much more prevalent is reported weekly drinking and binge drinking immediately before pregnancy, behaviors which may continue until a woman realizes she is pregnant.. Figure 1 reports estimated prevalence among women 21-29. Weekly drinking and binge drinking were more prevalent among non-Hispanic Whites, college educated and those with private insurance. Weekly and binge drinking were also more prevalent among mothers who said their pregnancies were mistimed, but not among those who said their pregnancy was unwanted (typically older women).

Figure 2 presents pre-pregnancy drinking behaviors for mothers age 30 or more at delivery. Prevalence of weekly drinking is about 50% higher compared to 21-29 year-olds

NJ-PRAMS is a joint project of the New Jersey Department of Health and the Centers for Disease Control and Prevention (CDC). Information from PRAMS is used to help plan better health programs for New Jersey mothers and infants – such as improving access to high quality prenatal care, reducing smoking, and encouraging breastfeeding. ▫ One out of every 50 mothers are sampled each month, when newborns are 2-6 months old. Survey questions address their feelings and experiences before, during and after their pregnancy. ▫ From 2002 to 2011, over 17,000 mothers were interviewed with a 72% response rate.



among non-Hispanic White women, though not for Black or Hispanic women. Weekly drinking is also more prevalent for married women and those with private insurance. Rates of binge drinking among 30+ year-olds is more comparable to 21-29 year-olds.

Figures 3 and 4 translate these relative tendencies into absolute numbers of (annual) births, reflecting the actual population mix. The main points to note are the much larger numbers among mothers age 30+ and the strong representation of more affluent groups among pre-pregnancy drinkers: college educated, married and privately insured mothers, intended pregnancies, and non-Hispanic Whites.

Agenda for Action

According to the Centers for Disease Control and Prevention, there is no known safe amount of alcohol to drink while pregnant; there is also no safe time during pregnancy to drink and no safe kind of alcohol. CDC urges pregnant women not to drink alcohol any time during pregnancy.

Women should not drink alcohol if they are planning to become pregnant, or they are sexually active and do not use effective birth control. This is because a woman could become pregnant and not know for several weeks or more. In New Jersey, over one third of births are mistimed or unwanted pregnancies. Effective messaging about unintended prenatal alcohol exposure, fetal alcohol spectrum disorder and other adverse effects should receive high priority in pre-conception and inter-conception healthcare services. These messages should be part of a dialog delivered by providers directly as well as via printed materials available in waiting areas.

Alcohol use is a “life-course” issue presenting multiple opportunities for improved health at different life stages. Because drinking alcohol is a socially acquired lifestyle behavior, screening and education regarding drinking behaviors should actually increase for older mothers. In contrast to other risky behaviors we associate with youthful immaturity, regular and binge drinking among New Jersey child-bearing women both increase with age and are not modified by marriage.

PRAMS data supports universal screening by healthcare providers for alcohol use before and during pregnancy. If only specific demographic groups are screened, opportunities for education and/or referral for treatment will be missed. Private obstetric and primary care providers should be included in professional education and incentive programs. Community education (including peer-to-peer) and environmental strategies (such as restricting illegal access and excessive price discounting) have been shown to be effective.

Resources

Southern New Jersey Perinatal Cooperative, Inc.

snjpc.org/programs/parenting/papppp.html

Partnership for Maternal Child Health of Northern New Jersey:

partnershipmch.org/programs/papp/

Central Jersey Family Health Consortium

cjfhc.org/index.php/programs-services/community-programs-and-services

NJ FASD Task Force: BeintheknowNJ.org

National Survey of Drug Use and Health:

www.samhsa.gov/data/NSDUH.aspx

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