

January 20, 2026

PQC-VT Educational Webinar Series: Alcohol Use in Pregnancy & Postpartum

Presented by: Marjorie Meyer, MD

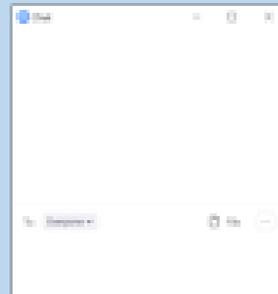
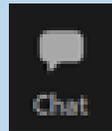
The logo for the Vermont Child Health Improvement Program (VCHIP) is displayed. It features the acronym "VCHIP" in a bold, dark teal font. The letter "I" is replaced by a yellow vertical bar with horizontal lines, resembling a ladder or a scale. Below the acronym, the full name "VERMONT CHILD HEALTH IMPROVEMENT PROGRAM" is written in a smaller, dark teal, all-caps font.

VCHIP
VERMONT CHILD HEALTH IMPROVEMENT PROGRAM

Housekeeping

Chat

Use the *Chat* box to type a question.



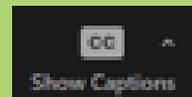
Microphone

You will be muted when you join. If you wish to verbally ask your question during the Q&A portion of the presentation, please unmute your microphone.



Captioning

Click *Show Captions* from your navigation bar to view automated captions.



Evaluation

Before leaving the event, please complete the evaluation by copying and pasting the link provided in the *Chat* into a browser. Thank you!



Acknowledgement

This webinar is partially supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award for the Alliance for Innovation on Maternal Health. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government.



Disclosures

None



Lived Experience Reflection



Why are we talking about Alcohol Use in Pregnancy?

1) Pregnancy is an optimal time to assess pre-pregnancy alcohol use

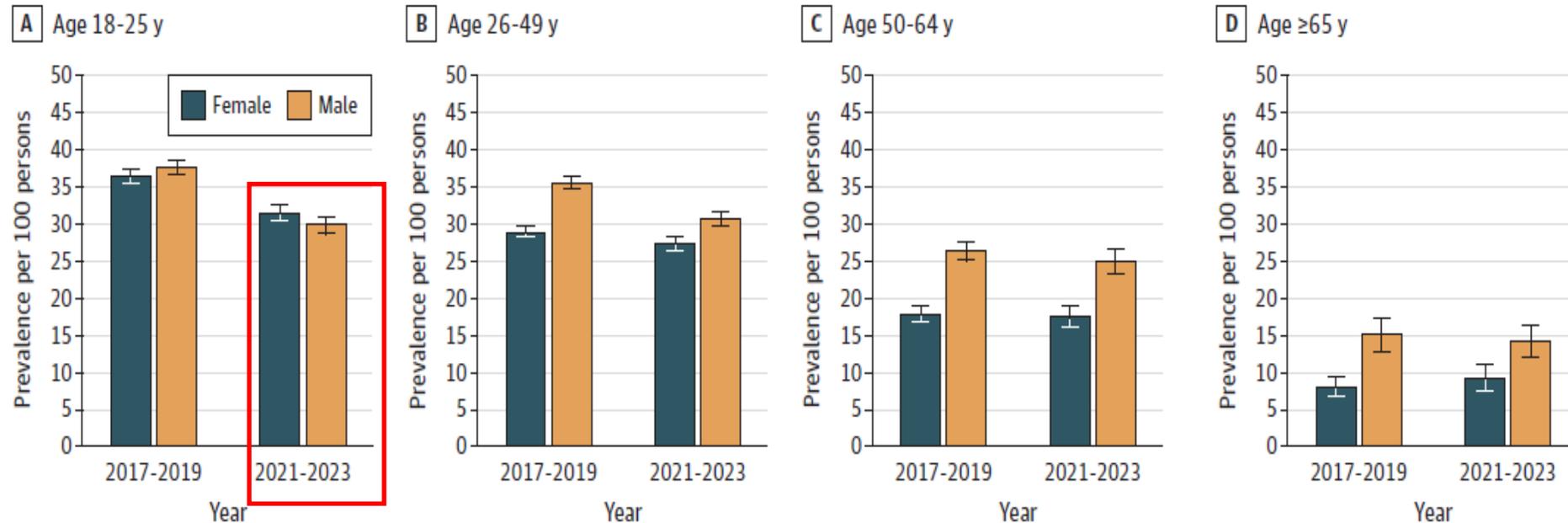


Alcohol use patterns have changed in females of reproductive age:

Young women **surpassed** young men in binge drinking 2021-2023

(Note the general decrease 2017-2019 vs 2021-2023)

Figure. Marginally Adjusted Past-Month Binge Drinking Among Female and Male Adults Across 2017-2019 and 2021-2023



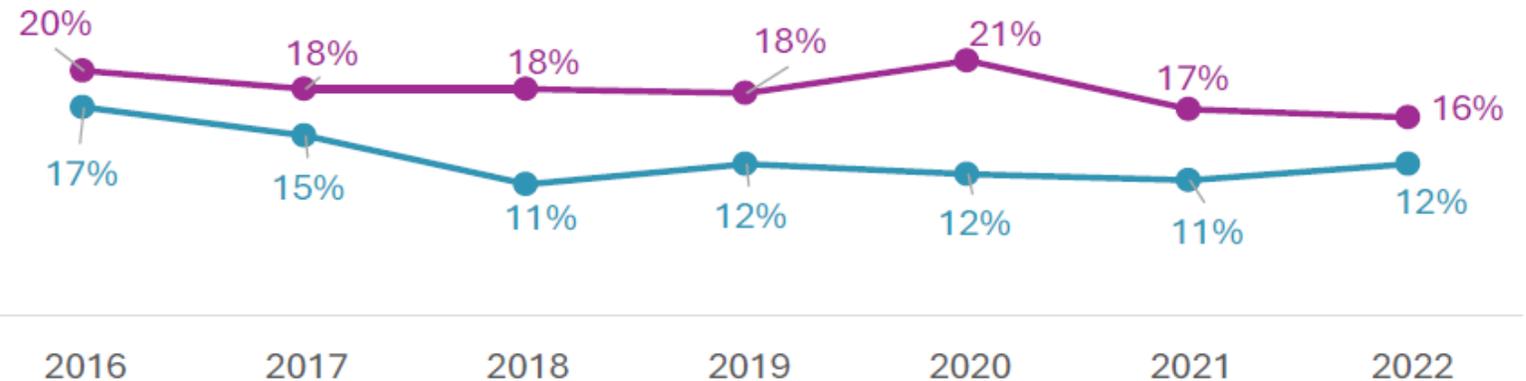
JAMA, 2025

- It's not uncommon for our pregnant Vermonters to drink before and during pregnancy
- Patients at higher risk to return to pre-pregnancy use postpartum
- Pregnancy is a good time to screen for high-risk alcohol use for postpartum discussion and interventions

Alcohol Use

- On average, 70% of people report drinking in the months before getting pregnant, while 18% report binge drinking, (4+ drinks at a time), at least once a week.
- Vermonters under 25 are significantly more likely to binge drink than older people.
- 82% of people are advised to not drink alcohol while pregnant in at least one prenatal visit. About 12% of people drink during pregnancy.
- Vermonters 35 and older, with private health insurance, or higher education, are significantly more likely to drink while pregnant.

Binge drinking 3 months before pregnancy (4+ drinks at a time, at least once a week), and alcohol use during pregnancy (1+ drink per week)



(2003: 11% of pregnant people had EtOH intake in the last 3 months of pregnancy)

PRAMS 2024

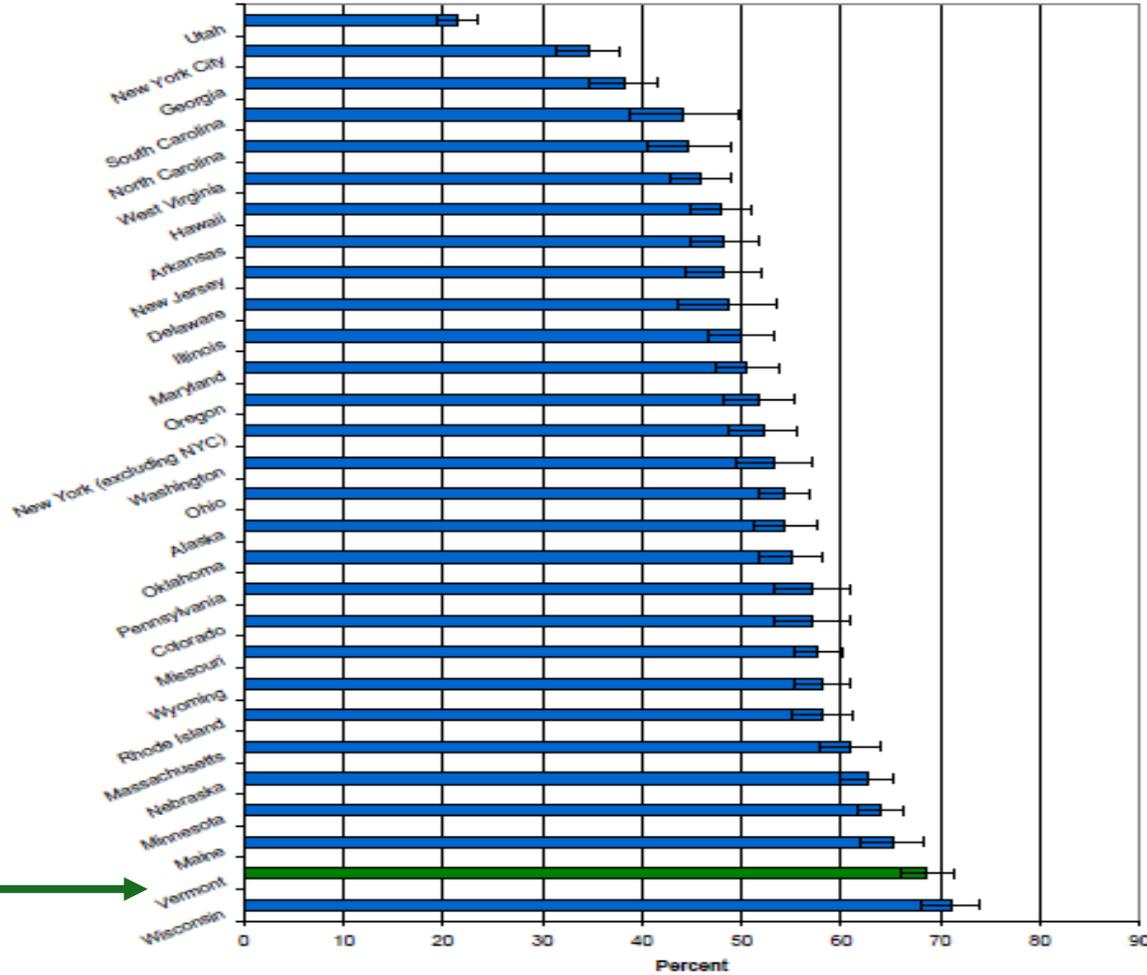
Vermont is a leader....
 In alcohol use in pregnancy (PRAMS 2007)

Vermont PRAMS Data Brief

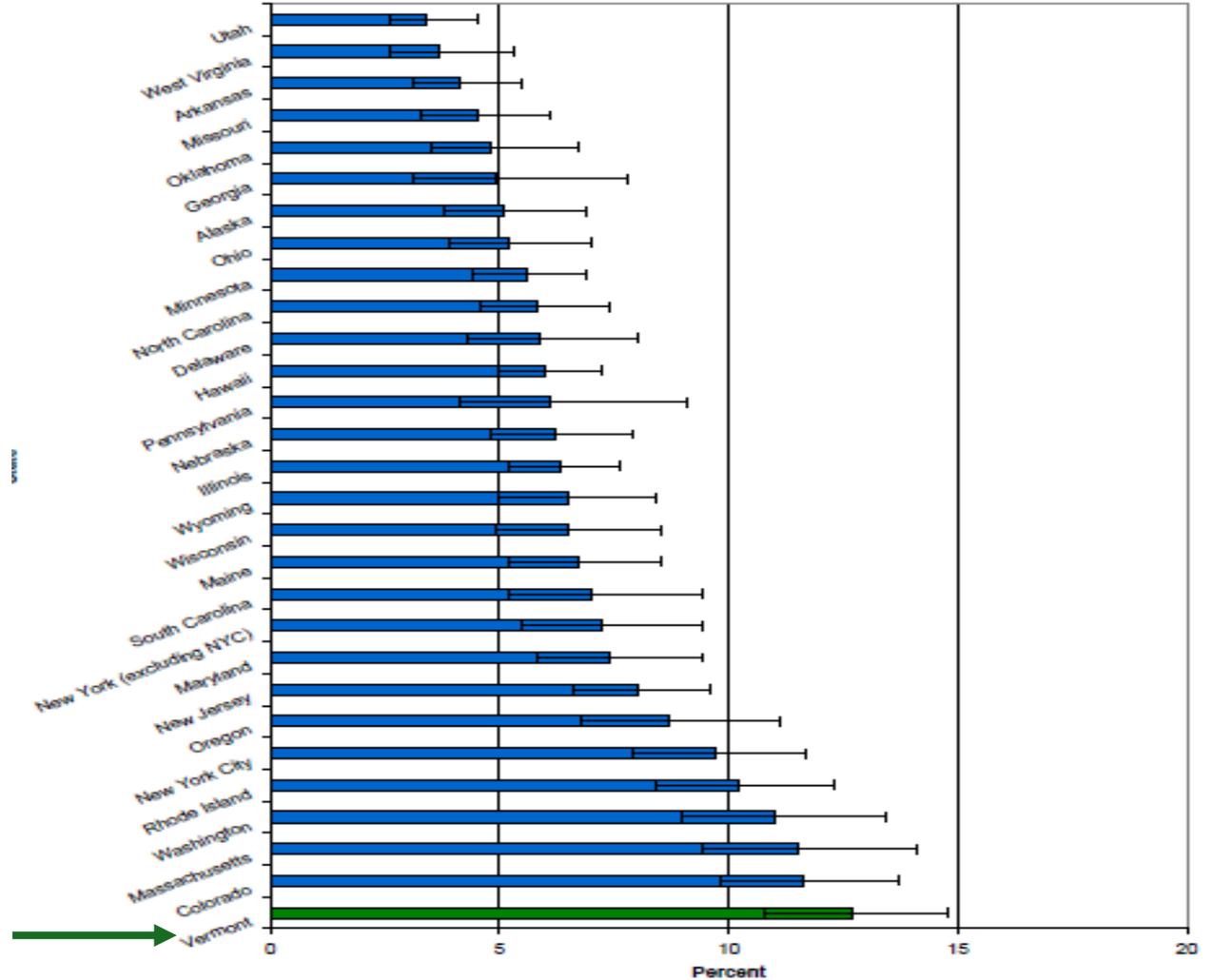
Drinking During Pregnancy: All races & ethnicities

Drinking Before Pregnancy: All races & ethnicities

Consumed any alcohol during the THREE MONTHS BEFORE pregnancy, participating PRAMS states, 2007 [All races & ethnicities together]



Consumed any alcohol during the LAST THREE MONTHS of pregnancy, participating PRAMS States, 2007 [All Races & Ethnicities together]

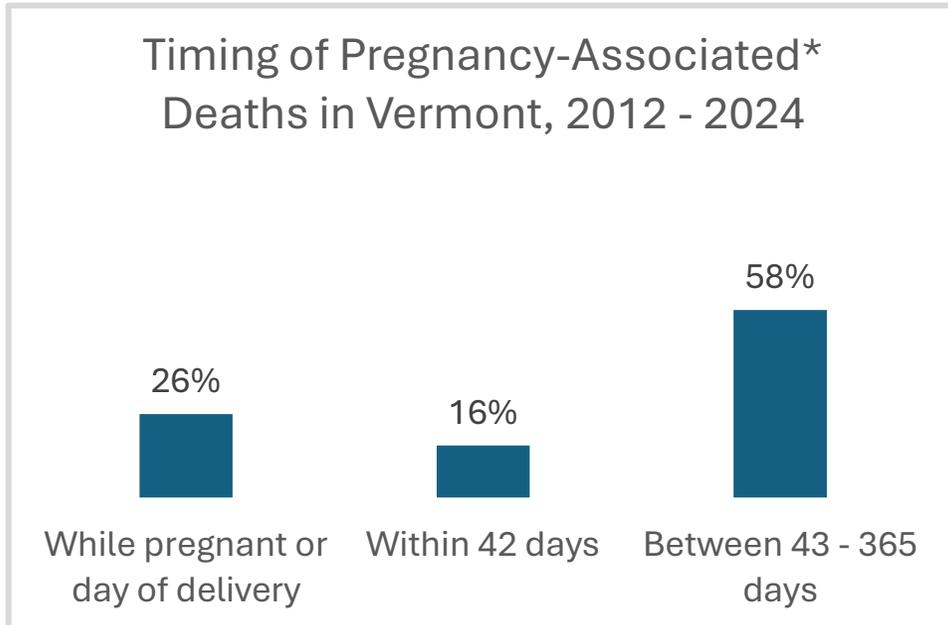


Why are we talking about Alcohol Use in Pregnancy?

- 1) Pregnancy is an optimal time to assess pre-pregnancy alcohol use
- 2) **Most maternal deaths occur postpartum and involve substance use (including alcohol)**



Timing & Causes of Vermont Maternal Deaths:



48% of Vermont deaths were directly tied to accidental overdose

50% of the accidental overdose deaths included polysubstance use

- Death during or within 1 year of pregnancy, regardless of the cause.
- Source: Vermont Department of Health Vital Statistics System

Top Factors Contributing to Preventable Pregnancy-related deaths

MM note:
These data highlight the need for postpartum attention and follow-up to reduce maternal mortality



Washington State MMRP Data

Why are we talking about Alcohol Use in Pregnancy?

- 1) Pregnancy is an optimal time to assess pre-pregnancy alcohol use
- 2) Most maternal deaths occur postpartum and involve substance use (including alcohol)
- 3) **In 2026, the MMRP panel recommendations include enhanced screening and treatment alcohol use disorder**



Substance use remains a key driver of maternal mortality in Vermont, including alcohol use

2026 MMRP Panelist Recommendations:

All birthing hospitals in Vermont should incorporate the Alliance for Innovation on Maternal Health (AIM) safety bundle on substance use to ensure evidence-informed best practices

Provide ongoing education for clinical & community based perinatal providers on Alcohol Use Disorder screening and intervention in the pregnancy and postpartum periods

Provide educational & training resources to increase understanding of perinatal providers on the use of naltrexone and other medication assisted options during the perinatal period to prevent return to use to address alcohol use disorder

Provide continued support for education training on bias and stigma prevention for clinical and community based perinatal providers on substance misuse in the preconception through postpartum period, with a special focus on the risk of return to use in the postpartum period

Practice warm handoffs and increase follow-up appointments for those with a history of substance use

Screening at Prenatal Visit

Rationale and goal of screening for alcohol use at the prenatal visit → to assess risk

- (1) Pts are there in office
- (2) Review alcohol use IN pregnancy (we probably do well) and pre-pregnancy (not as well)
- (3) Pregnant people resume prior alcohol use postpartum
- (4) Identification of at-risk drinking, even if not drinking in pregnancy, can set the tone for attention to at risk drinking postpartum**

Screening Tools

Audit C:

Short version

If you prefer history taking and discussion:

- How often do you have any alcohol?
- How many drinks, how often, how many at a time?

LET'S TALK

HELP YOUR PATIENTS ACCURATELY DISCUSS THEIR ALCOHOL CONSUMPTION WITH YOU

WHAT IS ONE DRINK?

A SINGLE BEER
OR
12 FL. OZ
ABOUT 5% ALCOHOL

=

A SINGLE SHOT
OR
1.5 FL. OZ
ABOUT 40% ALCOHOL

=

A SINGLE GLASS OF WINE
OR
5 FL. OZ
ABOUT 12% ALCOHOL

FOR MORE INFORMATION:
Visit the CDC website for information on alcohol SBI and FASDs:
<https://www.cdc.gov/ncbddd/fasd/alcohol-screening.html>

Alcohol use disorders identification test consumption (AUDIT C)

This alcohol harm assessment tool consists of the consumption questions from the full alcohol use disorders identification test (AUDIT).

Questions	Scoring system					Your score
	0	1	2	3	4	
How often do you have a drink containing alcohol?	Never	Monthly or less	2 to 4 times per month	2 to 3 times per week	4 or more times per week	
How many units of alcohol do you drink on a typical day when you are drinking?	0 to 2	3 to 4	5 to 6	7 to 9	10 or more	
How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	

AUDIT C score	
----------------------	--

Scoring:

- A total of 5 or more is a positive screen
- 0 to 4 indicates low risk
- 5 to 7 indicates increasing risk
- 8 to 10 indicates higher risk
- 11 to 12 indicates possible dependence

[Alcohol use disorders identification test for consumption \(AUDIT C\)](#)

AUDIT-C for Alcohol Use

<https://www.mdcalc.com/calc/2021/audit-c-alcohol-use>

AUDIT-C for Alcohol Use

Screens for unhealthy alcohol use in patients who may not be alcohol-dependent.

When to Use ▾ Pearls/Pitfalls ▾ Why Use ▾

How often did you have a drink containing alcohol in the past year?

Never	0
Monthly or less	+1
Two to four times a month	+2
Two to three times per week	+3
Four or more times a week	+4

How many drinks containing alcohol did you have on a typical day when you were drinking in the past year?

1 or 2 drinks	0
3 or 4	+1
5 or 6	+2
7 to 9	+3
10 or more	+4

How often did you have six or more drinks on one occasion in the past year?

Never	0
Less than monthly	+1
Monthly	+2
Weekly	+3
Daily or almost daily	+4

3 points

For females: Scores ≥ 3 are consistent with alcohol misuse. For males: Normal alcohol consumption.

Copy Results 📄 Next Steps >>>



A part of Children's Integrated Services

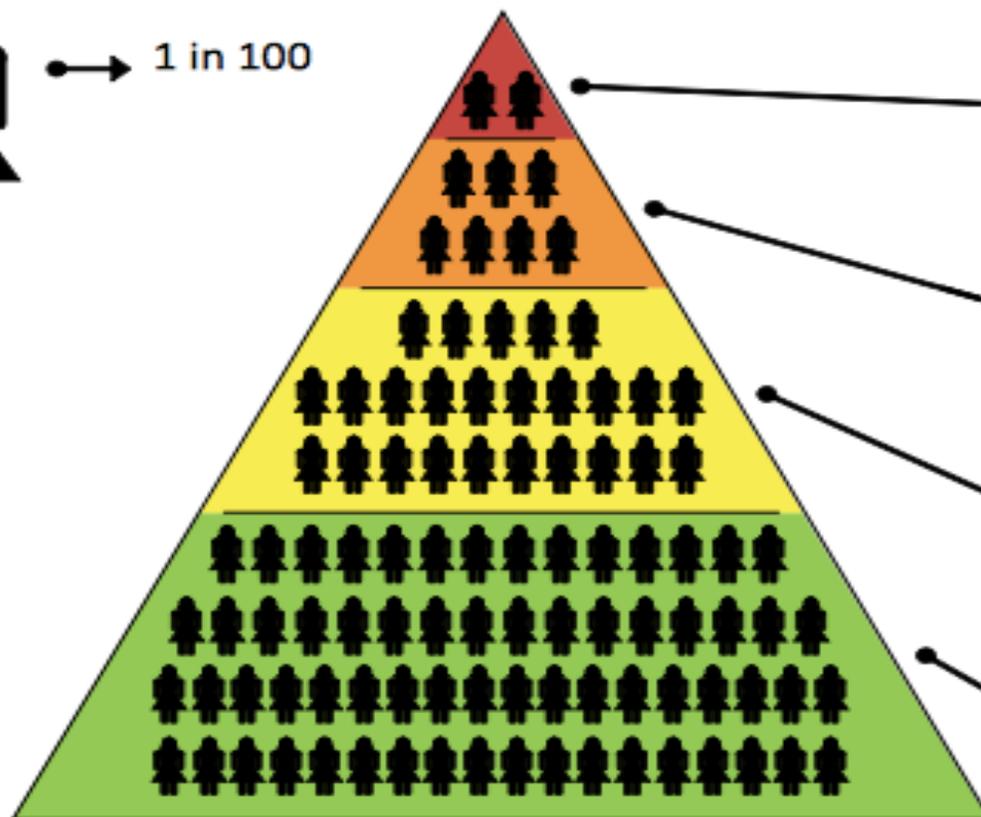
**NURSE HOME
VISITING
PROGRAM**

This is the tool used by Nurse Home Visiting across the State at regular intervals throughout pregnancy and postpartum

How many others drink as much as you?



→ 1 in 100



AUDIT-C Score (in points)

Severe Risk : 8-12 points
Only 2% drink in this range
98% drink less

High Risk: 6-7 points
7 % drink in this range
91% drink less

Moderate Risk : 3-5 points
25 % drink in this range
66% drink less

Low Risk: 0-2 points
66 % drink in this range or
do not drink at all

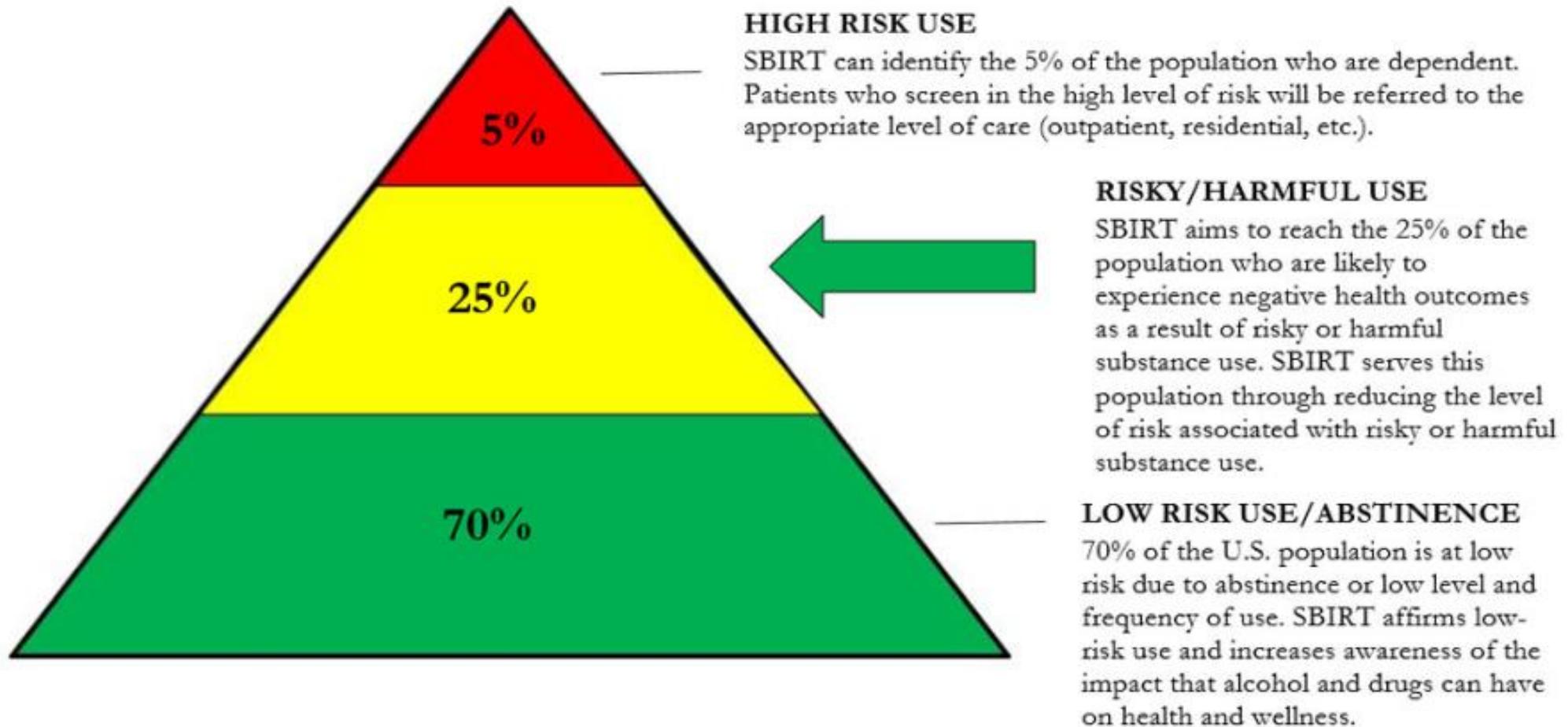
The **AUDIT-C** is a questionnaire given to thousands of VA patients. This triangle shows how your drinking compares to Female Veterans, age 29 or younger.

Women who score 3 or higher drink above recommended limits and are at increased risks for harm.

Source: Survey of Healthcare Experiences of Patients, 2008, VA Office of Quality and Performance

Action Items for At-Risk Drinking Patients:

- Initiate conversations during pregnancy to assess use in pregnancy
- Educate about risks returning to drinking postpartum
- Flag chart to have Provider revisit conversation and education postpartum



Diagnosis

There are multiple diagnoses associated:

1. Harmful use
2. Alcohol dependence
3. Alcohol Use Disorder

For additional education on diagnosis please reference ICD-11 and the DSM-5 or consult a Substance Use Provider.

Interventions

Psychosocial Interventions:

Appropriate Diagnosis:

- Harmful use
- Alcohol dependence (can be indicated)
- Alcohol Use Disorder

Consider psychosocial interventions for at risk alcohol use, including pre-pregnancy even if not currently using because higher likelihood of returning to use postpartum

Pharmacotherapy Interventions:

Appropriate Diagnosis:

- Alcohol Use Disorder

Psychosocial Interventions

For ALL patients who may benefit from intervention (including at-risk):

- Alcohol use disorder receiving any form of psychosocial intervention had a 28% greater likelihood of achieving alcohol abstinence within 3 months compared with treatment as usual:
 - Cognitive Behavioral Therapy [CBT]
 - Contingency Management
 - Motivational Interviewing or Motivational Enhancement Therapy,
 - Coping-skills training
 - Cochrane review also indicated that manualized twelve step facilitation (TSF) therapy was more effective in reaching or maintaining abstinence than other structured psychosocial interventions, including CBT

Pharmacotherapy Intervention

For patients with Alcohol Use Disorder who may benefit from pharmacotherapy intervention:

Small number of approved alcohol use disorder medications are available (and implementable in primary care), the marked under-utilization of alcohol use disorder therapies has limited their potential public health effect

- Disulfiram-can not be used in pregnancy and is not preferred in any patient
- Acamprosate-can be used in pregnancy
- Naltrexone (tablet or depot)-can be used in pregnancy

Pharmacotherapy Intervention

Benefit of treatment to stop alcohol use will almost always outweigh the risk:

- Alcohol is a teratogen that has effects through pregnancy (not just first trimester)
- Pharmacotherapy is effective to reduce ETOH use and recommendations have changed over the past ten years
- Naltrexone used in pregnancy for OUD (metanalysis OBGYN 2024, total n=274) and there are reasonable safety data-stop 7-10 days prior to delivery
- Shared decision making: no trials of naltrexone and alcohol use disorder in pregnancy (JAM 2024: one case series of 3 pts with AUD; prevalence FASD US 1-5%)
- Can use acamprosate but naltrexone preferred

(OBGYN, March 2024)

Pharmacotherapy Intervention

Dosing Recommendations:

- Naltrexone 50 mg/day
- Stop 1 week prior to delivery
- Avoid long-acting injectable naltrexone-creates difficulty with pain control
- For some people side effects can include nausea; reassess as needed

Drugs (2021) 81:739–748
<https://doi.org/10.1007/s40265-021-01509-x>

LEADING ARTICLE



Pharmacotherapies for the Treatment of Alcohol Use Disorders During Pregnancy: Time to Reconsider?

Erin Kelty¹ · Mishka Terplan² · Melanie Greenland³ · David Preen¹

Accepted: 24 March 2021 / Published online: 8 April 2021
© The Author(s), under exclusive licence to Springer Nature Switzerland AG 2021

(OBGYN, March 2024)

Discontinuing Pharmacotherapy

- Discontinuation of medication for AUD is high in pregnancy (no data on alcohol use)
- Discontinuation extended into postpartum
- Given the known resumption of pre-pregnancy alcohol intake after delivery, people who stop MAUD in pregnancy are at risk for return to at risk alcohol intake postpartum

Key Points To Share with Patients:

- Naltrexone: minimal excretion, c/w breastfeeding
- Acamprosate: low oral bioavailability, effects on neonate unlikely

Discontinuation of treatment for alcohol use disorder during pregnancy and postpartum in the United States

Caitlin E. Martin, MD MPH¹, Jennifer Bello-Kottenstette, MD MS², Bridget M. Galati, DO³, Joanna L. Buss, MS⁴, Mishka Terplan, MD MPH⁵, Hadrée E. Jones, PhD⁶, Kathleen T. Mitchell, MHS LCADC⁷, Silvia S. Martins, MD PhD⁸, Richard A. Gruzca, PhD², Elizabeth A. Suarez, PhD^{9,10}, Kevin Y. Xu, MD MPH^{*,3}

Alcohol Clin Exp Res (Hoboken). Author manuscript; available in PMC 2025 August 26.

Pregnancy & Neonatal Considerations

Fetal Alcohol Syndrome Disorder rates are difficult to gather as diagnosis of FASD is difficult and is probably underdiagnosed.

Diagnosis of FASD remains challenging:

- poor reliability of self-reported maternal drinking histories
- an absence of sensitive biomarkers
- infrequency of diagnostic dysmorphic facial features among individuals with fetal alcohol spectrum disorder
- Different diagnostic systems and disagreements over criteria

Other outcomes:

- SGA
- reduced birth weight
- Preeclampsia
- sPTB

CDC, MMWR 2022
Lancet Neurol 2019; 18: 760–70

The effects of low to moderate alcohol consumption and binge drinking in early pregnancy on behaviour in 5-year-old children: a prospective cohort study on 1628 children*

Å Skogerbo, ^a US Kesmodel, ^{b,c} CH Denny, ^d MIS Kjaersgaard, ^e T Wimberley, ^e NI Landro, ^f EL Mortensen^g

Association Between Maternal Alcohol Consumption in Early Pregnancy and Pregnancy Outcomes

Fergus P. McCarthy, PhD, MD, Linda M. O’Keeffe, BS, Ali S. Khashan, PhD, MS, Robyn A. North, PhD, MD, Lucilla Poston, PhD, Lesley M. E. McCowan, MD, FRANZCOG, Philip N. Baker, FRCOG, DM, Gus A. Dekker, PhD, MD, Claire T. Roberts, PhD, James J. Walker, MD, FRCOG, and Louise C. Kenny, PhD, MD

Alcohol and Breastfeeding

<i>Substance</i>	<i>Peak effect</i>	<i>Half-life</i>	<i>RID (%)</i>
Alcohol	0.5–1.5 hours ²³⁷	4–5 hours ²³⁷	16 ⁹
Nicotine	0.25 hours ²³⁷	1–2 hours ²³⁷	N/A
Cannabis (THC)	0.25–0.5 hours ²³⁷	25–36 hours ²³⁷	0.4–8.7 ⁹

- Occasional alcohol use during lactation = 50–82%
- The reported incidence of binge drinking among breastfeeding mothers is significantly lower at 6–7%.
- Pharmacokinetic studies demonstrate that alcohol transfers into breast milk readily
- The amount of alcohol in breast milk is reduced by the passage of time from alcohol consumption (no accumulation).

Drinking alcohol while breastfeeding may also result in dose-dependent reductions in children’s academic abilities, becoming clinically significant with riskier amounts of consumption such as frequent binge drinking (difficult to control variables)

Breastfeeding Academy 2023

Recommendation:

- Wait 2 hours after drinking to breastfeed
- Pump and dump prior to 2 hours if needed

Lived Experience Reflection



Resources – Patient-Facing

Offer Peer Support:

- Regional Turning Point Centers: <https://vtrecoverynetwork.org/recovery-organizations/>

Offer AA:

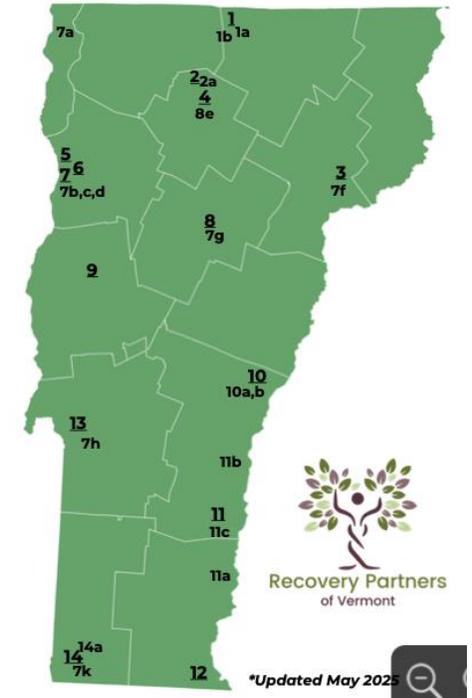
- <https://aavt.org/>
- (802) 802-AAVT (2288) → 24/7 confidential support

Offer VT HelpLink:

- <https://vthelplink.org/>
- 802-565-5465 → Call or Text “LINK” for support

Breastfeeding & Substance Use Handout:

- <https://go.uvm.edu/0iv4y>



Resources – Provider-facing

ACOG

<https://www.acog.org/programs/fasd/tools-and-resources>

NIH Learning Resources:

<https://www.niaaa.nih.gov/health-professionals-communities/core-resource-on-alcohol>

VT Dept. of Health Resources:

<https://www.healthvermont.gov/family/family-planning-pregnancy/substance-use-pregnancy-information-providers>

Breastfeeding & Substance Use:

- <https://go.uvm.edu/ia2xm> – Clinic Poster
- <https://go.uvm.edu/nreoj> – sample guideline for inpatient use

Reach out if you're looking for specific tools/resources for screening, treating, or supporting patients with alcohol use.

Thank You

Contact Us:

VCHIP.PQCVT@med.uvm.edu

Marjorie.Meyer@uvmhealth.org

Evaluation:



<https://www.surveymonkey.com/r/CNWN8TW>

