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OB/GYN Survey on FAS and Alcohol

In October 1993, the Alaska Fetal Alcohol Syndrome Prevention Project,* with the endorsement of the Alaska Section of the American College of Obstetricians and Gynecologists, surveyed Alaska's obstetricians and gynecologists (N=43) to assess their Knowledge, Attitudes, Beliefs, and Behaviors (KABBs) regarding fetal alcohol syndrome (FAS) and alcohol abuse issues. As of 10 December, 29 (67%) had responded.

Twenty-six (90%) respondents agreed with the statement that FAS is an identifiable and diagnosable syndrome, and 23 (79%) agreed that making a diagnosis of FAS can improve treatment plans for the affected child.

All of the respondents agreed that it is the ob/gyn's role to address alcohol abuse problems among patients and families. The majority reported feeling somewhat (59%) or very prepared (28%) to deal with patients in the area of alcohol abuse.

- 22 (76%) indicated they "Always" inform their patients about the dangers of alcohol abuse on the developing fetus.
- 27 (93%) responded they "Always" ask obstetric patients if they use alcohol.
- 26 (90%) reported ever referring a woman with an alcohol abuse problem to a treatment program or counseling.
- 26 (90%) indicated they had delivered babies with drug-induced complications.

Respondents reported that on average they saw 8 obstetric patients whom they knew or strongly suspected had an alcohol abuse problem during the last year. Although 23 (79%) indicated they "Always" discussed the topic of alcohol abuse with these patients, only 15 (52%) indicated they "Always" referred these patients to alcohol abuse inpatient or outpatient services. When asked how frequently they noted alcohol use on the birth certificate when they delivered an infant affected by alcohol, 11 (38%) answered "Always," 5 (17%) "Sometimes," 3 (10%) "Rarely," and 3 (10%) "Never."

Twenty-eight (97%) agreed that identifying prenatal alcohol abuse can improve treatment plans for the pregnancy. Only 3 (10%) indicated they thought discussing alcohol abuse would frighten or anger patients and/or deter them from continuing to see them.

Most, 28 (97%), indicated that alcohol abuse is not easily identifiable. The respondents were asked if alcohol-abusing pregnant women should be reported to the state's Division of Family and Youth Services: 15 (52%) agreed, and 7 (24%) disagreed.

When asked if alcohol abuse occurs primarily among minorities, 26 (90%) disagreed; 2 (17%) agreed. However, when asked if complications from prenatal alcohol abuse primarily affects Alaska Natives, the number agreeing increased to 10 (35%).

When asked what kinds of support they would find useful in dealing with women with alcohol abuse problems, 25 (86%) indicated literature on FAS and alcohol abuse for their patients, and a list of resources for women with alcohol abuse problems; 18 (62%) answered a registry of specialists in women's treatment issues available for consultation; 14 (48%) said physician materials or training on identifying alcohol abuse; 20 (69%) indicated a pregnancy substance abuse checklist/questionnaires; and 8 (28%) indicated training or consultation in alcohol abuse counseling.

Most respondents (93%) were in private practice; 2 (7%) had a hospital-based practice. Eighteen (62%) respondents were male. On average the respondents had been in practice in Alaska for 10.6 years and saw a mean of 64 obstetric patients in a typical month, range 5-300.

Discussion

All ob/gyn respondents agreed that it is their role to address alcohol abuse problems among patients and their families, and the majority feel prepared to deal with patients in the area of alcohol abuse. However, only 52% reported that they always refer patients to alcohol abuse inpatient or outpatient services. These data indicate that mechanisms should be put in place to facilitate referrals from physicians for alcohol-abusing patients. Respondents felt strongly that identifying prenatal abuse can improve treatment plans for pregnancy.

Alcohol abuse and FAS literature for patients and a list of resources for women with alcohol abuse problems were noted as helpful kinds of support by over 86% of the respondents. A pregnancy substance use checklist or questionnaire and a registry of specialists in women's treatment issues available for consultation were also noted as helpful by over 62% of respondents.

*The Alaska Fetal Alcohol Syndrome Prevention Project is a collaborative effort involving the Alaska Department of Health and Social Services, the Indian Health Service, and the Centers for Disease Control and Prevention.