

Postpartum Depression: Alcohol Use and Misuse (Identifying Concerns)

Part II :

Screening Tools to Identify Alcohol Use Concerns

Dr. Davina Moss, Ph.D. C.R.C., C.A.S.A.C.-M



Part II
Postpartum Depression:
Alcohol use and misuse
Screening Tools to Identify Alcohol
Use concerns

Learner Outcome

Postpartum Depression: Alcohol use and misuse Part II: Screening Tools to identify alcohol concerns

The purpose/goal(s) of this activity is for participants to be able to: Become aware of the various screening tools that could be used.

(1) Learning Objective: The learner will apply the knowledge to enhance their interaction with women that are pregnant.

0.5 Contact Hours

This activity has been approved by Northeast Multistate Division (NEMSD) for 0.5 contact hours. NEMSD is accredited as an approver of nursing continuing professional development by the American Nurses Credentialing Center's Commission on Accreditation

Disclosures and Successful Completion

Disclosures:

- No relevant financial relationships were identified for any other individuals with the ability to control the content of the activity.
- There will be no discussion of off-label usage of any products

Successful Completion:

- To successfully complete this activity and receive 0.5 Contact Hour(s), you must attend the entirety of the program and complete the post-test and evaluation at the end of the session

Postpartum Concerns

- Lack of Sleep / Exhaustion
- Overwhelmed with responsibilities
- Challenges with chest feeding
- Lack of a social network
- Loneliness
- Sadness
- Confusion about changes in the body during postpartum
- Social Determinants of Health

Why is screening for alcohol important?

- 1 out of 13 women report drinking while pregnant
- Only 17% of pregnant women talked with a health care professional about their drinking.
- Alcohol use during pregnancy increases the risk of miscarriage, still birth, and fetal alcohol spectrum disorders (FASD)
- FASD is completely avoidable if a woman does not drink while she is pregnant.
- There is no known safe amount of alcohol to use while pregnant.

<https://www.aap.org/en/patient-care/fetal-alcohol-spectrum-disorders/screening-for-prenatal-alcohol-exposure/>

Short Brief Intervention Referral to Treatment (SBIRT)

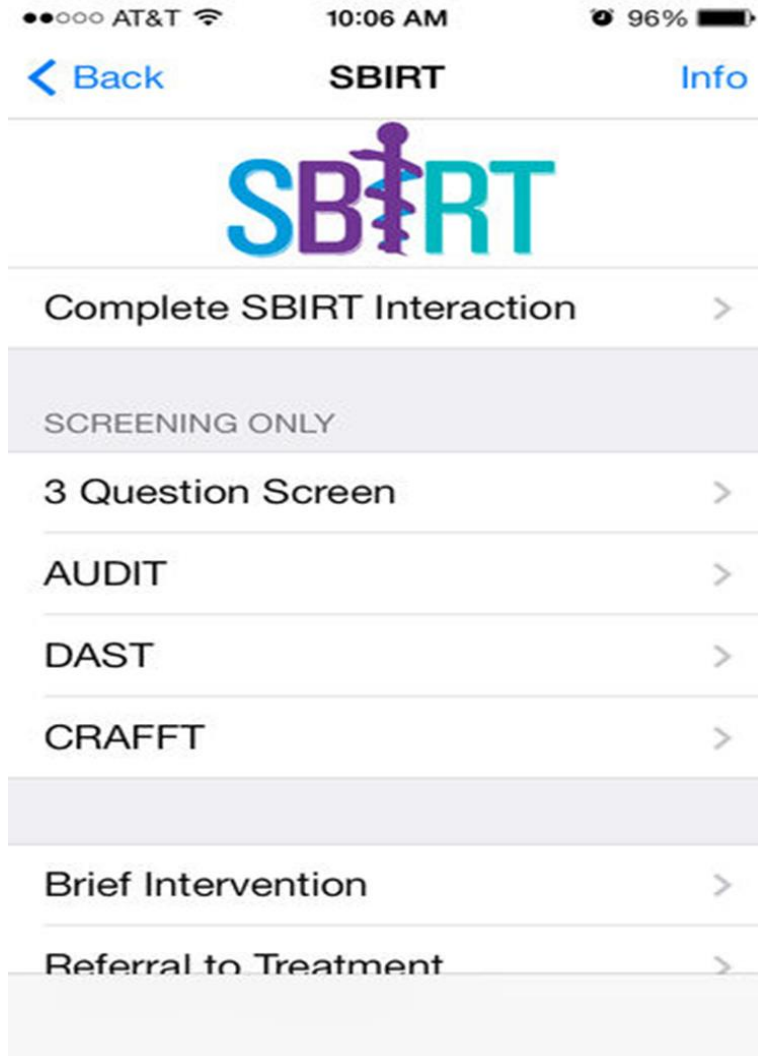
- a. It has been studied equally for men and women
- b. The assessment will allow the medical personnel to address addiction concerns sooner before situations are “out of hand.”

Addiction Technology Transfer Center Network. (2011). SBIRT curriculum. Retrieved from <http://attcnetwork.org/home/>.

Screening Brief Intervention Referral to Treatment (SBIRT)

- Short Brief Intervention Referral to Treatment
- Useful to screen women in primary care offices and OB GYN offices
- Originated in the state of Colorado primary care offices
- Expanded to other states including NYS
- APP of the SBIRT is available

SBIRT APP



T-ACE Screening Tool

- **T-ACE** is a measurement tool of four questions that are significant identifiers of risk drinking (i.e., alcohol intake sufficient to potentially damage the embryo/fetus).
- The T-ACE is completed at intake. The T-ACE score has a range of 0-5. The value of each answer to the four questions is totaled to determine the final T-ACE score.
- **Note:**
- 1 Drink = 12 oz beer = 12 oz cooler = 5 oz wine = 1 mixed drink (1.5 oz. hard liquor)
- Binge (drinking) = consuming 5 or more alcoholic drinks on an occasion

https://www.mirecc.va.gov/visn22/T-ACE_alcohol_screen.pdf

TWEAK Test

T. Tolerance: How many drinks can you “hold”?

Record number of drinks on line at right. __ __ 1

W. Have close friends or relatives **Worried or Complained** about your drinking in the past year?

Yes 🕒 ①

No 🕒 ①

E. Eye-Opener: Do you sometimes take a drink in the morning when you first get up?

• Yes 🕒 ①

• No 🕒 ①

A. Amnesia (Blackouts): Has a friend or family member ever told you about things you said or did while you were drinking that you could not remember?

Yes 🕒 ①

No 🕒 ①

K(C). Do you sometimes feel the need to **Cut Down** on your drinking?

Yes 🕒 ①

No 🕒 ①

<http://local.sbirtraining.com>

Addiction Severity Index (ASI)

- A 200-item assessment that has seven subscales that take information from the past 30 days and ask questions surrounding:
 - drug history
 - legal
 - family issues
 - psychiatric issues
 - medical status and other forms of support.

Addiction Severity Index Assessment (ASI)

- Useful for women because of identifying the areas of concern that are most noted for women.
- The assessment has been administered to the following populations: pregnant, homeless and mental health diagnosis
- women and men were equally studied with appropriate norms.

Validated Screening Tools: Pregnant Women

- T-ACE: Tolerance, Annoyed, Cut-down, Eye-opener
- TWEAK: Tolerance, Worried, Eye-opener, Amnesia (blackouts), (K) Cut-down

AUDIT

Alcohol Use Disorder Identification Test

- What is it?
 - Ten questions, self-administered or through an interview; addresses recent alcohol use, alcohol dependence symptoms, and alcohol-related problems
 - Developed by World Health Organization (WHO)

AUDIT Domain

Domains	Question Number	Item Content
Hazard Alcohol Use	1 2 3	Frequency of drinking Typical quantity Frequency of heavy drinking
Harmful Alcohol Use	7 8 9 10	Guilt after drinking Blackouts Alcohol-related injuries Others concerned about drinking

Overview of Part II

- The two standard screening tools for alcohol and pregnant women: TWEAK and the T-ACE
- The Screening Brief Intervention Referral to Treatment is a universal screening that has additional screening tools
- 1 in 13 women drink during pregnancy
- Fetal Alcohol Spectrum Disorders can be prevented with appropriate screening tools for alcohol

Questions?

Thank you for your interest and engagement

Dr. Davina Moss, Ph.D.
C.R.C., C.A.S.A.C.-M, N.C.C.

Davina.Moss@pdawny.com

