

Quarterly Snapshot

June 28, 2024 Alcohol Consumption

Risk Factors and Potential Complications of Consuming Alcohol During Pregnancy among Pregnant Women in Wyoming

PUBLIC HEALTH

Consuming alcohol during pregnancy carries the risk of miscarriage, low birth weight, premature birth, sudden infant death syndrome (SIDS), and fetal alcohol spectrum disorders (FASD). 3

According to 2016-2022 Pregnancy Risk Assessment Monitoring System (PRAMS) data, <u>6.4%</u> of women reported drinking some amount of alcohol in an average week during the last three months of pregnancy.

Alcohol Consumption Discussed During Prenatal Care Visit

Among women who gave birth from 2016-2022, **95.5%** reported being asked at any of their prenatal visits if they were drinking alcohol.

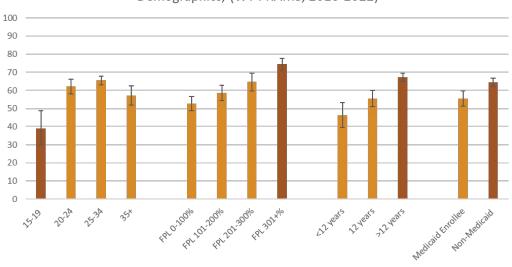
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<u>63.8%</u> of women in Wyoming who gave birth between 2012-2015 reported that during any of their prenatal care visits, a doctor, nurse, or other healthcare worker talked with them about how drinking alcohol could affect their baby. While this indicates a possible increase in messaging around alcohol consumption at prenatal visits, it should be noted that the language of the question is different.



Drinking 3 Months Before Pregnancy

Studies show that drinking alcohol before pregnancy, as well as during pregnancy, can pose health risks to the baby. We examined alcohol consumption three months before pregnancy to compare it to drinking habits during pregnancy. The graph below shows the percentage of mothers who reported drinking before pregnancy by select demographics.^{1,2,3}



Percent of Mothers Drinking 3 Months Before Pregnancy by Select Demographics, (WY PRAMS, 2016-2022)

Among women who gave birth from 2016-2022, significantly fewer women aged 15-19 reported drinking three months before pregnancy (38.9%) compared to women aged 20-24, 25-34 and 35+. Significantly more women living at 301+% of the Federal Poverty Level (FPL) reported drinking alcohol three months before pregnancy (74.5%) compared to women living at all three lower FPLs, and significantly more women with more than 12 years of education reported drinking (67.2%) compared to those with less education. Significantly more women who were not enrolled in Medicaid at the time of delivery reported drinking before pregnancy (64.5%) compared to women who were enrolled in Medicaid at delivery.

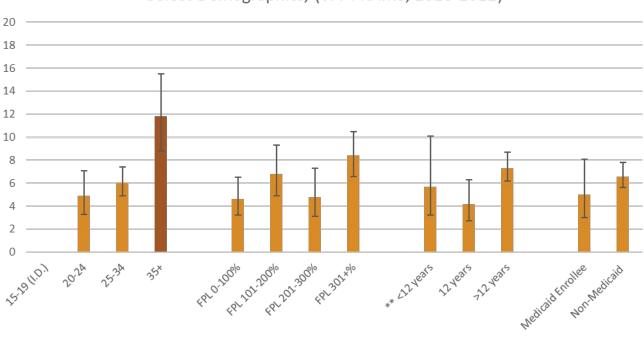
Among women who gave birth from 2012-2015, similar trends among those who reported drinking three months before pregnancy were seen. Significantly fewer women aged 15-19 reported drinking before pregnancy (38.0%) compared with older women, significantly more women with more than 12 years of education (38.1%) reported drinking compared to those with less education, and significantly more women that lived at 301%+FPL (72.4%) reported drinking compared to women living at lower FPLs. No differences were seen between women with Medicaid and women without Medicaid at the time of birth in this time period.

Among women who gave birth from 2016-2022, <u>62.4%</u> reported drinking some alcohol in an average week in the three months before pregnancy.



Drinking the Last 3 Months of Pregnancy

As stated, **6.4%** of women who gave birth from 2016-2022 reported drinking some alcohol in an average week during the last three months of pregnancy. The graph below shows the percentage of mothers who reported drinking during the last three months of pregnancy by select demographics.



Percent of Mothers Drinking the Last 3 Months of Pregnancy by Select Demographics, (WY PRAMS, 2016-2022)

Among women who gave birth from 2016-2022, significantly more women aged 35+ reported drinking during the last three months of pregnancy (11.8%) compared to younger women. Similarly, among women who gave birth from 2012-2015, significantly more women aged 35+ (11.1%) and aged 24-34 (7.1%) reported drinking during the last three months of pregnancy compared to younger women.

No significant differences were seen when comparing women in different FPLs and women with different amounts of education. In addition, no differences were seen when comparing women enrolled in Medicaid at delivery compared to those not enrolled in Medicaid.

It should be noted that alcohol consumption among all demographic groups decreased significantly during pregnancy compared to before pregnancy.

** Indicates that the sample size should be interpreted with caution because the sample size is less than 20.

Because of the Interpret with Caution, the significant finding is not highlighted.

(I.D.) Indicates Insufficient Data to Report because the sample size is less than or equal to 5. Because of the insufficient data, it is not included.

Changes in Alcohol Consumption Amount Before and During Pregnancy

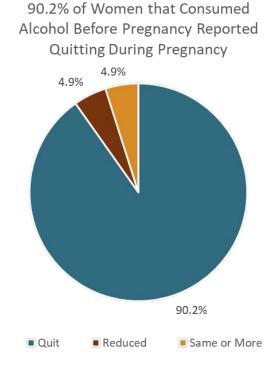
PUBLIC HEALTH

Of women who gave birth from 2016-2022 and reported drinking before pregnancy, a majority (90.2%) reported quitting drinking during pregnancy.

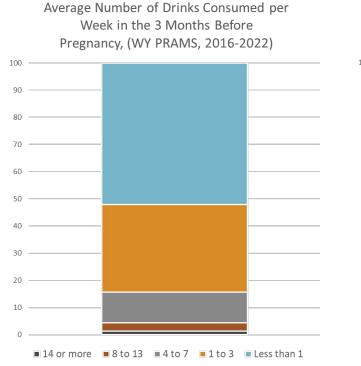
Additionally, 4.9% of women who reported drinking before pregnancy reported reducing the average amount of alcohol consumed per week during pregnancy.

The graphs below show that women who drank during pregnancy consumed fewer drinks per week on average than women who drank before pregnancy.

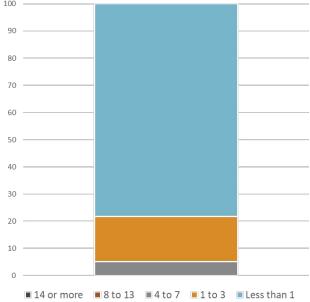
32.3% of women who drank before pregnancy reported drinking, on average, 1 to 3 drinks per week compared to the 16.7% who drank during pregnancy. Additionally, 15.6% of women who drank before pregnancy reported drinking, on average, four or more drinks per week compared to 5.1% who drank during pregnancy.



YOMING



Average Number of Drinks Consumed per Week in the Last 3 Months of Pregnancy, (WY PRAMS, 2016-2022)



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Summary Statement

Encouragingly, data from the Wyoming Pregnancy Risk Assessment Monitoring System (PRAMS) show that among women who gave birth from 2016-2022, the majority of those who reported drinking some alcohol before pregnancy quit during pregnancy. Additionally, those who did not quit reduced their average weekly alcohol intake during pregnancy. There is also an indication that providers and other healthcare workers are discussing alcohol consumption during pregnancy with a majority of women at their prenatal visits.

However, no differences in alcohol consumption, either before or during pregnancy, were seen among women giving birth from 2016-2022 compared to those who gave birth from 2012-2015. In both time frames, PRAMS data shows that older women, those living at higher FPLs, those with more education, and those not enrolled in Medicaid at delivery continue to be more likely to report drinking alcohol in the three months before pregnancy. In addition, more older women continue to report drinking alcohol during the last three months of pregnancy compared to younger women. These findings highlight where prevention efforts may need to focus regarding drinking alcohol during pregnancy.



References:

1: National Library of Medicine. March 9, 2020. *Maternal alcohol intakes before and during pregnancy: Impact on the mother and infant outcome to 18 months*. [Accessed 2024, July 16]

2: Scientific Reports. June 22, 2020. Alcohol consumption before pregnancy causes detrimental fetal development and maternal metabolic disorders. [Accessed 2024, July 16]

3: U.S. Centers for Disease Control and Prevention. May 15, 2024. *About Alcohol Use During Pregnancy*. [Accessed 2024, June 19]

Helpful Resources:

Alcoholics Anonymous (A.A.): <u>https://www.aa.org/?Media=PlayFlash</u>

FASD Family Navigator: https://fasdunited.org/family-navigator/

NIAAA Alcohol Treatment Navigator: <u>https://alcoholtreatment.niaaa.nih.gov/</u>

SAMHSA Treatment Locator: <u>https://www.findtreatment.gov/</u>

Wyoming Maternal and Child Health Epidemiology Unit Website: <u>https://health.wyo.gov/publichealth/chronic-disease-and-maternal-child-health-epidemiology-unit/mch</u> <u>-epi/</u>

Wyoming PRAMS Website:

<u>https://health.wyo.gov/publichealth/chronic-disease-and-maternal-child-health-epidemiology-unit/mch</u> <u>-epi/pregnancy-risk-assessment-monitoring-system-prams/</u>

Wyoming PRAMS estimates are computed using sampling weights. Statistical significance between weighted estimates was established utilizing chi-square tests with a 0.05 significance level. 95% confidence intervals are displayed after the estimates in parentheses.