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**Reducing the Risk of Alcohol-exposed Pregnancies:  
A Study of Motivational Counseling in Community Settings**  
The Project CHOICES Intervention Research Group  
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Exposure to alcohol during pregnancy is a leading non-genetic cause of birth defects and developmental disabilities in the United States. Fetal Alcohol Syndrome (FAS) is one of the most profound conditions resulting from alcohol exposure during pregnancy. It involves lifelong impairments to the child's intellectual, cognitive, and psychosocial functioning. National surveys find that most women are aware of the adverse effects of alcohol use during pregnancy, and most refrain from drinking once they recognize they are pregnant.

However, CDC studies have found that most women do not know they are pregnant until well into the first trimester, and that approximately one in eight women of childbearing age in the U.S. report engaging in binge drinking ( $\geq$  five standard drinks in a single day). Prevention of FAS, and other adverse outcomes of exposure to alcohol during pregnancy, requires identifying the women who are at risk prior to pregnancy and then providing them with effective risk-reduction interventions.

Project CHOICES is one such intervention. Project CHOICES is a collaboration between CDC and three university partners: Nova Southeastern University (Ft. Lauderdale, FL), Virginia Commonwealth University (Richmond, VA), and University of Texas at Houston (Houston, TX). Project CHOICES differs from other approaches to reducing alcohol-exposed pregnancies because it targets high-risk women before they became pregnant and focuses on both reducing risky drinking and postponing pregnancy until risky drinking is resolved.

**What are the findings of this study?**

This study found that motivational counseling, focusing on both reducing risk drinking and engaging in the use of contraception, is a feasible and promising intervention in a population of women at high risk for alcohol-exposed pregnancy. The option of having two choices for achieving the outcome did appear to be appealing. Approximately one in four women chose the option of effective contraception as their primary route to reducing their risk for an alcohol-exposed pregnancy.

The intervention consisted of four motivational counseling sessions and one consultation visit for family planning. Outcome measures included intervention completion rates, alcohol use (frequency, quantity, and bingeing), effective contraception use, and risk for an alcohol-exposed pregnancy. Among women who completed the program, 68.5% were no longer at risk for an alcohol-exposed pregnancy; 12.6% who completed the program reduced their drinking only; 23% used effective contraception only; and 32.9% reported both. Results were consistent across six diverse, high-risk, community-based settings.

A randomized controlled trial of this intervention is now underway to further study the efficacy of this approach.

For more information, visit [www.cdc.gov/ncbddd/fas](http://www.cdc.gov/ncbddd/fas)

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