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Dear Dr. Chandra:

Alcohol-related birth defects remain among the most common preventable causes of birth defects within the United States. Recognizing this important public health issue, in 2000 Congress mandated that the Secretary establish “a comprehensive Fetal Alcohol Syndrome and Fetal Alcohol Effect prevention, intervention and services delivery program” that includes “public and community awareness programs concerning Fetal Alcohol Syndrome and Fetal Alcohol Effect” through the Public Health Service Act, (42 U.S.C. Section 280f), as amended by Public Law 105-392. A copy of this legislation is provided as Attachment 1.

CDC accomplished important work in support of this legislation, and though it sunset in 2007, CDC’s National Center on Birth Defects and Developmental Disabilities (NCBDDD) continues to receive congressional support for its FASD prevention, intervention, and awareness efforts as evidenced in FY 2009 House Report 110-231, Page 111 and FY 2009 Senate Report 110-107, Page 90-91, respectively. Relevant language from each report is provided in Attachment 2.

Maternal alcohol consumption during pregnancy may result in a child being born with lifelong conditions known as fetal alcohol spectrum disorders (FASDs). FASDs may include a range of physical and cognitive disabilities, including abnormal facial features, growth deficiencies, and central nervous system problems along with possible health concerns with learning, memory, attention span, communication, vision, and hearing (CDC, 2014). FASDs are completely preventable, as long as women refrain from consuming alcohol while pregnant. The CDC currently recommends abstaining from alcohol use throughout pregnancy, because there is no known safe amount or time to drink during pregnancy (CDC, 2014). Nevertheless, women of reproductive age -- some pregnant and some who may become pregnant -- continue to consume alcohol. Because nearly half of all pregnancies are unplanned, these recommendations also apply to sexually active women of reproductive age who drink alcohol and use ineffective contraception.

A recent review of data from CDC’s Behavioral Risk Factor Surveillance System (BRFSS) for the years 2006 through 2010 revealed that 7.6% of pregnant women (or 1 in 13) and 51.5% of nonpregnant women (or 1 in 2) reported drinking alcohol in the past 30 days. Approximately 1.4% of pregnant women (or 1 in 71) and 15.0% of nonpregnant women (or 1 in 7) reported binge drinking in the past 30 days (MMWR, 2012). NCBDDD’s 2011-2015 Strategic Plan for the Division of Birth Defects and Developmental Disabilities supports the reduction of Alcohol-Exposed Pregnancies (AEP) among women of reproduction age (CDC, 2011). However, until recently, NCBDDD’s ability to monitor AEP risk among reproductive age women had been severely limited by the absence of an appropriate data system that consistently collects

information on alcohol use, fertility status, sexual activity, and contraception use. After thorough review of several national databases, the NCBDDD identified the NSFG as the most promising data source to meet our program's need to monitor AEP risk among U.S. women. This new initiative resulted in the incorporation of additional alcohol questions (BRFSS-based) on the NSFG beginning in 2011.

Utilizing the 2002 NSFG data, NCBDDD conducted an initial evaluation of prevalence and characteristics of women at risk for an alcohol-exposed pregnancy. Estimates derived from this study revealed that nearly 2 million non-pregnant women in the United States (or 1 in 30) were at risk for an alcohol-exposed pregnancy in the month before they were interviewed, including more than 600,000 women who were binge drinking.

NCBDDD is utilizing alcohol data collected through the NSFG to generate periodic, national estimates of the proportion of U.S. women who are at risk for an alcohol-exposed pregnancy utilizing the BRFSS-based alcohol consumption questions. The national estimates generated from the NSFG data will be used to better inform existing NCBDDD programs aimed at reducing AEPs. This information will also be used to assess alcohol consumption volume and frequency and to assist in the development of targeted intervention strategies for women of reproductive age.

We plan to publish our findings in peer reviewed scientific journals. In addition, the findings may be incorporated into educational materials to raise awareness of FASDs, and potentially used to develop new prevention activities and activities aimed at reducing the risk of alcohol-exposed pregnancy among women of reproductive age.

Clearly, NSFG is critical to support our program's data needs, and I look forward to our continued collaboration in these efforts.

Sincerely,

Patricia P. Green, MSPH  
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Prevention Research Branch, NCBDDD

cc: Joe Sniezek, MD, MPH, Chief PRB  
Kendall R. Anderson, Deputy Chief, PRB  
Nancy E. Cheal, MS, PhD, Team Lead, FAS Prevention Team

**References**

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