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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. As this is an important public health issue, legislation authorizing the work of the National Center on Birth Defects and Developmental Disabilities (NCBDDD) mandates that the Secretary establish “a comprehensive Fetal Alcohol Syndrome and Fetal Alcohol Effect prevention, intervention and services delivery program” that includes, but is not limited to, “public and community awareness programs concerning Fetal Alcohol Syndrome and Fetal Alcohol Effect” through the Public Health Service Act, (42 U.S.C. Section 399H [280f]), as amended by Public Law 115-52, Enacted August 18, 2017. A copy of this legislation is provided as Attachment X.

CDC’s National Center on Birth Defects and Developmental Disabilities (NCBDDD) continues to receive congressional support for its fetal alcohol spectrum disorders (FASDs) prevention, intervention, and awareness efforts as evidenced in FY 2008 House Report 110-231, Page 111 and FY 2008 Senate Report 110-107, Page 90-91, respectively. Relevant language from each report is provided in Attachment X.

Alcohol is a teratogen. Prenatal alcohol exposure is associated with a range of complications and poor reproductive outcomes and can cause fetal alcohol spectrum disorders (FASDs), which are characterized by lifelong physical, behavioral, and intellectual disabilities (Sokol, Delaney-Black, & Nordstrom, 2003; Bailey & Sokol, 2011; Streissguth et al., 2004; Green, McKnight-Eily, Tan, Mejia, & Denny, 2016).

The 2015–2020 Dietary Guidelines for Americans recommend that adults who choose to drink should do so in moderation: up to one drink per day for women and up to two drinks per day for men (US Department of Health and Human Services and US Department of Agriculture, 2015). However, these guidelines also recommend that some populations not consume any alcohol, including pregnant women and women who might be pregnant, as well as persons younger than the legal drinking age of 21 years (US Department of Health and Human Services and US Department of Agriculture, 2015).

In 2005, the U.S. Surgeon General released an updated advisory to women to raise awareness about FASDs (US Department of Health and Human Services, 2005). The advisory called for pregnant women and women considering pregnancy to abstain from drinking alcohol to reduce their risk for an alcohol-exposed pregnancy. Despite these known risks and warnings, a recent CDC study of alcohol use among reproductive-aged women found that 10.2% of pregnant

women reported drinking any amount of alcohol during the past month and 3.1% reported that they binge drank (consumed four or more drinks on one occasion) (Tan, Denny, Cheal, Sniezek, & Kanny, 2015).

Prior to becoming a funder of the National Survey of Family Growth, NCBDDD's ability to monitor alcohol-exposed pregnancy (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. The NSFG provides NCBDDD an excellent and consistent source of high quality data to estimate alcohol-exposed pregnancy risk.

In 2016, NCBDDD analyzed the 2011-2013 NSFG data for a CDC Vital Signs Morbidity and Mortality Weekly Report on alcohol-exposed pregnancies in the United States (Green, McKnight-Eily, Tan, Mejia, & Denny, 2016). This important analysis revealed that approximately 3.3 million women aged 15–44 years reported drinking alcohol in the past month even though they had sex and did not use contraception, and thus were at risk for an alcohol-exposed pregnancy. The validity of data estimates was not called to question. The response to corresponding communication materials, however, highlighted the need to revisit communication messages to ensure they are clear to the public.

We plan to continue to analyze NSFG data, including alcohol consumption among men and 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 strategies aimed at reducing the risk of alcohol-exposed pregnancy.

Clearly, NSFG remains critical to NCBDDD's data needs, and we look forward to our continued collaboration in these efforts.

Sincerely,

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cc:

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