

AUD Pregnancy Treatment Pathway

1. Invite Conversation

"I check in with all of my patients about their alcohol use. Would it be alright if I ask you some questions?"

Yes

2. Initial Screen

"Do you sometimes drink beer, wine, or other alcoholic beverages?"

If yes, remain non-judgmental, caring, and curious about what alcohol use means to the person.

No

No Drinking

If someone has successfully met their personal goal of drinking less, offer encouragement.

If the patient indicates they have recently discontinued drinking, ask how that is feeling for them.

Offer support if appropriate. Remind the patient that no alcohol during pregnancy is best, but **refrain from passing judgment** as having a therapeutic, trusting relationship is integral to ensuring the person stays engaged in care.

Yes

3. Full Screen

Screening tools validated for use during pregnancy: AUDIT-C, T-ACE, or TWEAK for adults. CRAFFT for youth.

High Risk

Low-moderate Risk

Note: any amount of alcohol in pregnancy increases risk of adverse birth and lifelong outcomes.

- Brief Intervention
- Care options to consider based on patient's goals:
 - Psychosocial treatment
 - Psychosocial supports
 - Harm reduction
 - Nutrition/vitamin supplementation

4. AUD Diagnosis

AUD diagnostic interview using the DSM-5

5. Assessment and Care Planning

<2 DSM-5 CRITERIA

2-3 DSM-5 CRITERIA

Mild AUD

4-5 DSM-5 CRITERIA

Moderate AUD

>6 DSM-5 CRITERIA

Severe AUD

- Brief Intervention
- Care options to consider based on patient's goals:
 - Nutrition/vitamin supplementation
 - Psychosocial supports
 - Harm reduction
 - Psychosocial treatment

- Withdrawal management, if the patient wants to quit
- Pharmacotherapy
- Consider a referral to a perinatal expert