

Medications for Alcohol Use Disorder for Pregnant & Postpartum Women

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Housekeeping



This training is brought to you by Providers Clinical Support System – Medications for Alcohol Use Disorder (PCSS-MAUD). PCSS-MAUD aims to enhance the capacity of healthcare professionals to identify, prevent, and treat alcohol use disorder.

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Learning Objectives

- 01 | Describe the risks of consuming alcohol during pregnancy
- 02 | Discuss the risks and benefits of prescribing MAUD during pregnancy
- 03 | Explore strategies for effectively managing alcohol withdrawal in pregnant women

Prevalence

1 in 9 pregnant women report alcohol use during pregnancy



Rising Drinking Rates During Pregnancy

Current drinking (having at least one drink of any alcoholic beverage in the past 30 days) among pregnant women aged 18-44 increased from 9.2% in 2011 to 11.3% in 2018 in pregnant patients.

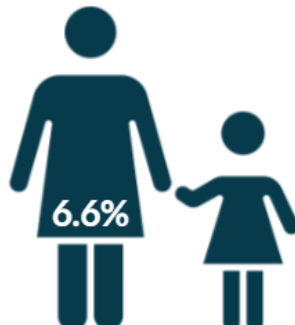


Prevalence of AUD in the Past Year by Life Stage (2024)



6.3%

Pregnant Women



6.6%

Parenting Women



13%

Not Pregnant, Not Parenting

History

1968



correlation
between neonatal
abnormalities and
in utero alcohol
exposure was first
documented

1977



US government
issued first
warning about
alcohol exposure
in pregnancy

1981



US Surgeon General
issued statement that
"women who are
pregnant (or considering
pregnancy) should not
drink alcoholic
beverages"



Binge Drinking

For women, 4 or more drinks
consumed on one occasion

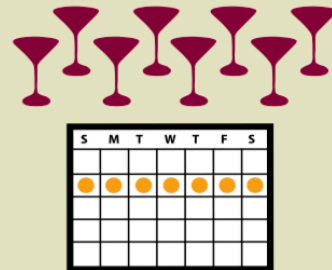


For men, 5 or more drinks
consumed on one occasion



Heavy Drinking

For women, 8 or more drinks
per week



For men, 15 or more drinks
per week



Any alcohol used by pregnant women



Any alcohol used by those under the age of 21 years

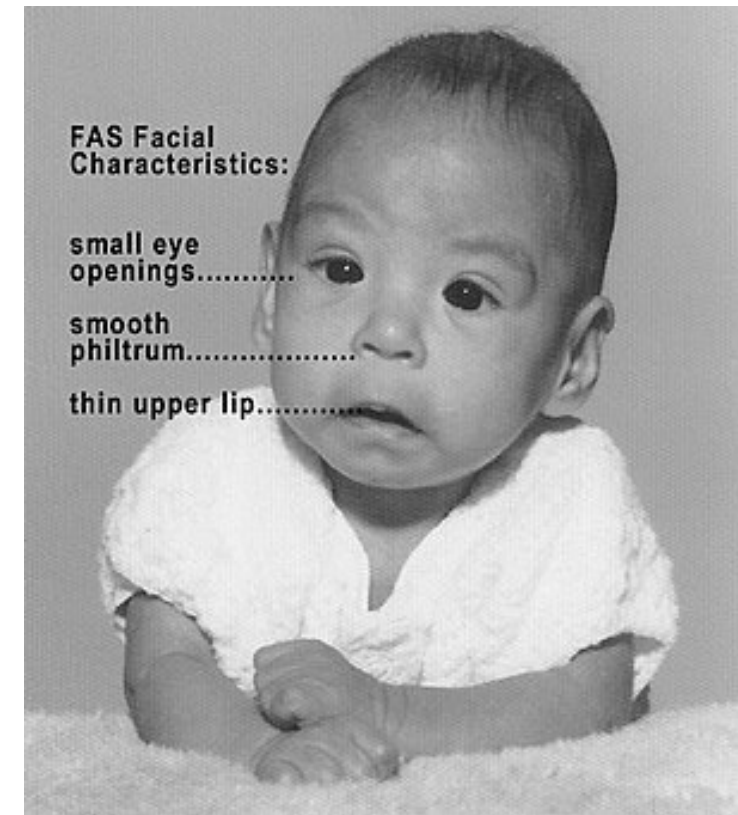


Risks of alcohol use during pregnancy

- Fetal alcohol spectrum disorders (FASDs)
- Miscarriage
- Stillbirth
- Preterm birth
- Low birth weight
- Sudden infant death syndrome (SIDS)
- Other physical problems - heart, kidney issues, abnormal facial characteristics

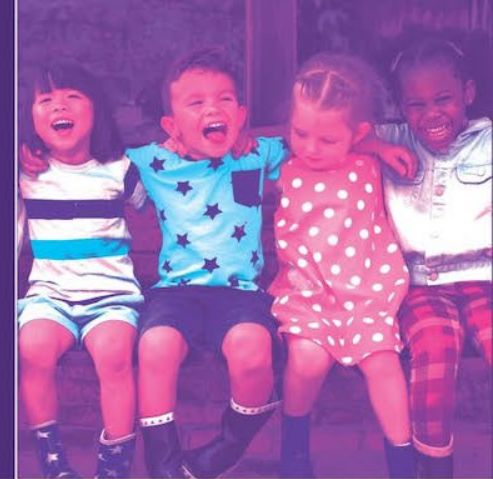
Fetal Alcohol Spectrum Disorders (FASD)

- Clinical features
- Short palpebral fissures
- Smooth philtrum
- Thin upper lip vermilion
- Neuropsychological features
- Hearing, speech, language disorders
- Developmental delay
- Cognitive impairments



FETAL ALCOHOL SPECTRUM DISORDERS (FASDs)

ARE A GROUP OF DIAGNOSES THAT CAN OCCUR IN A PERSON WHO WAS EXPOSED TO ALCOHOL BEFORE BIRTH.



1 IN 20

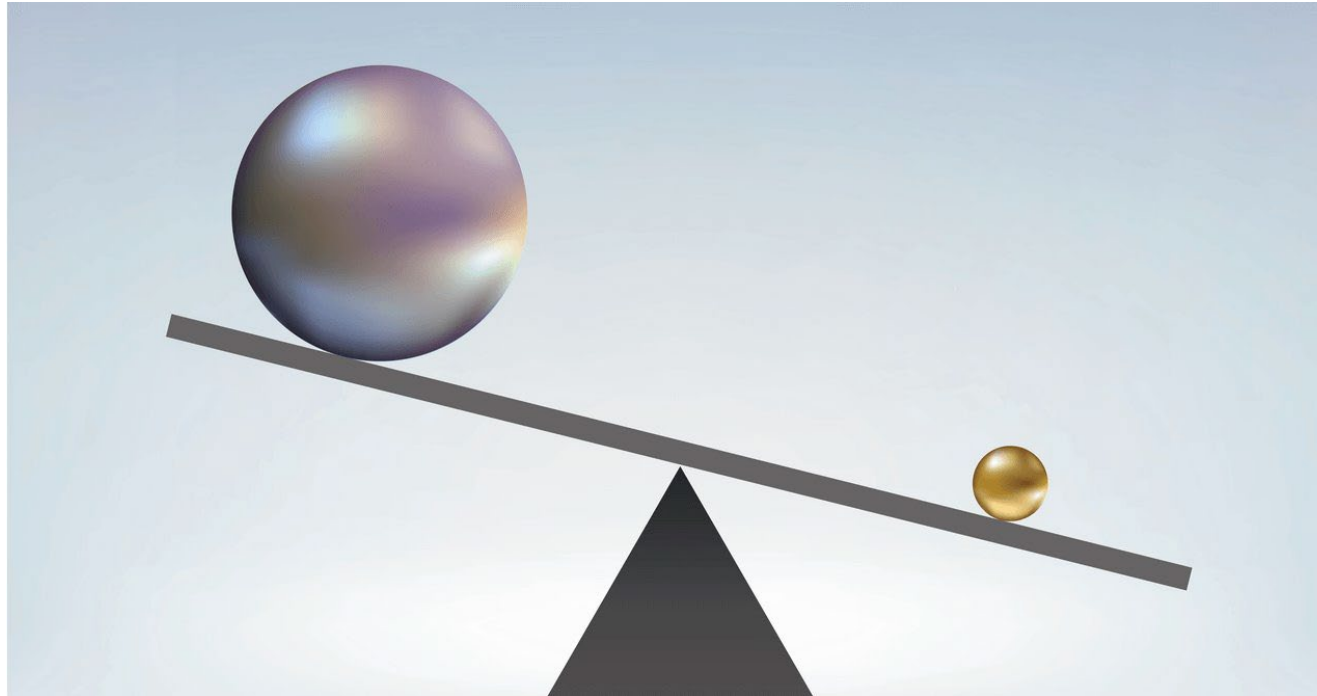
Up to 1 in 20 U.S. school children may have FASDs.



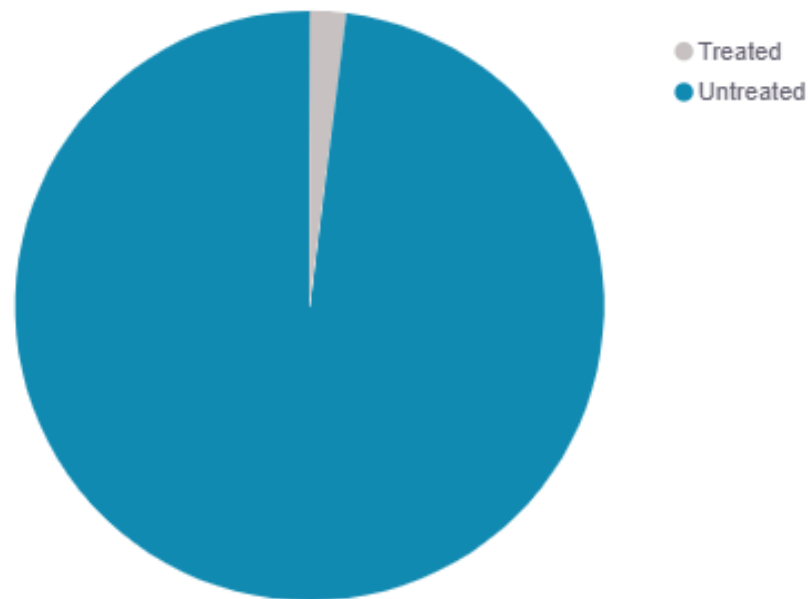
Non-pharmacologic treatment

- Screening and brief intervention have been shown to decrease alcohol use during pregnancy
- Many pregnant women are not receiving these interventions despite reporting their alcohol use to healthcare providers
- Multiple validated screening tools to use during pregnancy
 - AUDIT-C
 - T-ACE
 - TWEAK

MAUD in pregnancy



Treatment Gap



In a 2024 study, fewer than 2% of pregnant patients in a sample with alcohol-related diagnoses received any of the three FDA-approved medications for the treatment of alcohol use disorder, highlighting a significant missed opportunity to support better outcomes during pregnancy and postpartum.

Naltrexone

- Studies in pregnant people are on medication for opioid use disorder
- Data are limited but thus far do not indicate harm
- Dosing:
 - Oral: Average dose: 50 mg orally once a day
Duration of therapy: 12 weeks
 - Intramuscular: 380 mg intramuscularly every 4 weeks/once a month



Acamprosate

- Pre-clinical/animal studies show no association with congenital malformations or adverse pregnancy outcomes
- Clinical data is retrospective and limited, but thus far has not indicated harm
- **Dosing:** 666 mg orally 3 times a day



Disulfiram

- Aldehyde dehydrogenase inhibitor – leads to high levels of acetaldehyde in the blood
- Potential for teratogenicity/congenital malformations
- **Not** recommended to use in pregnancy or people planning pregnancy



Summary

Disulfiram	Naltrexone/Naltrexone XR	Acamprosate
250-500mg PO Daily	25-50mg PO daily 100mg/100mg/150mg(3x week) 380mg IM monthly	666mg PO three times daily
Aversive therapy	Opioid antagonist	GABA/glutamate stabilizer
Motivated patient	Reduces cravings	Reduces cravings
Social supports	Harm reduction	Post acute withdrawal
Metabolized by liver	Metabolized by liver	Metabolized through kidneys
Contraindicated in decompensated liver and advanced heart failure	Cannot be on opioids, Weigh risk vs benefit for decompensated liver disease	Compliance is challenging, Contraindicated in advanced chronic kidney disease
NOT recommended for pregnant individuals	Recommended for pregnant individuals	Recommended for pregnant individuals

Risks of alcohol withdrawal during pregnancy

- Dehydration
- Electrolyte imbalances
- Seizures
- Delirium Tremens (DTs)
- Untreated withdrawal symptoms may lead to continued use
- Fetal distress or fetal demise
- Uterine Hypoperfusion
- Placental Abruption
- Preterm labor or miscarriage
- Death

Withdrawal management

- Recommend inpatient alcohol withdrawal management for pregnant patients with CIWA-Ar scores ≥ 10
- Benzodiazepines:
 - Recommended medication for withdrawal
 - Not associated with congenital malformations
- Use of benzodiazepines in pregnancy can lead to neonatal withdrawal, hypotonia at birth and NICU admission
- Minimal data on long-term neurodevelopmental effects after exposure
- The risk of continued alcohol use and/or severe maternal withdrawal are significantly higher than the use of benzodiazepines in pregnancy

Alcohol use postpartum

- Most women, even those using heavily stop using alcohol during pregnancy
- The rate of return to use after pregnancy is high
- Pregnancy is a time to address problematic drinking for long-term health

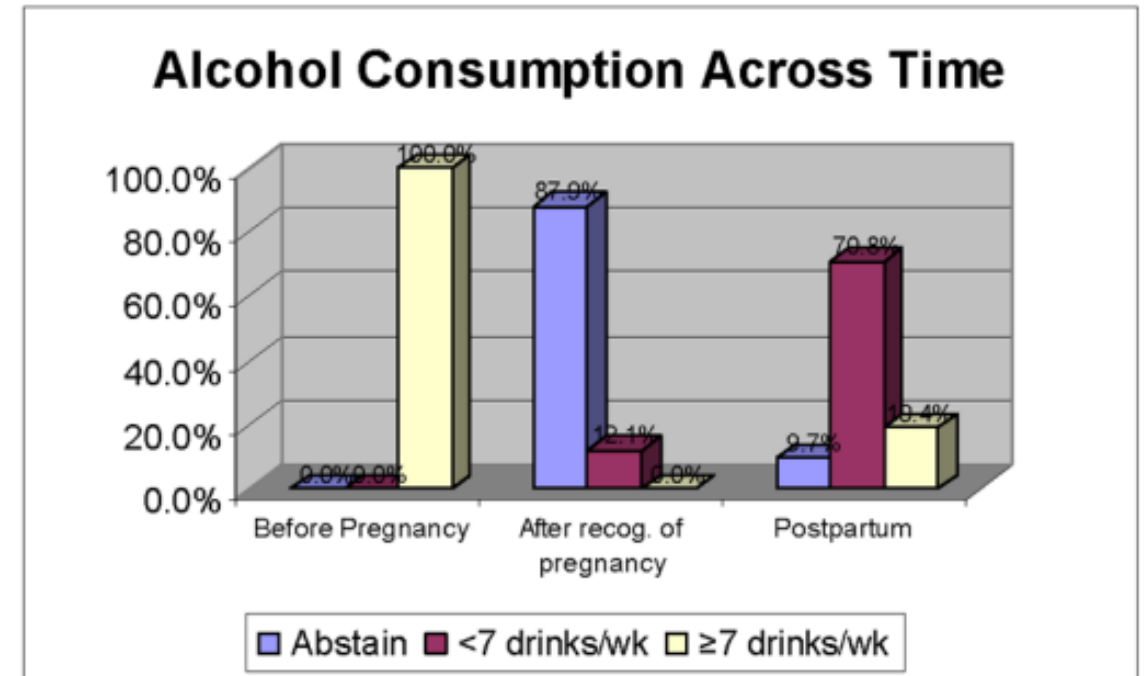
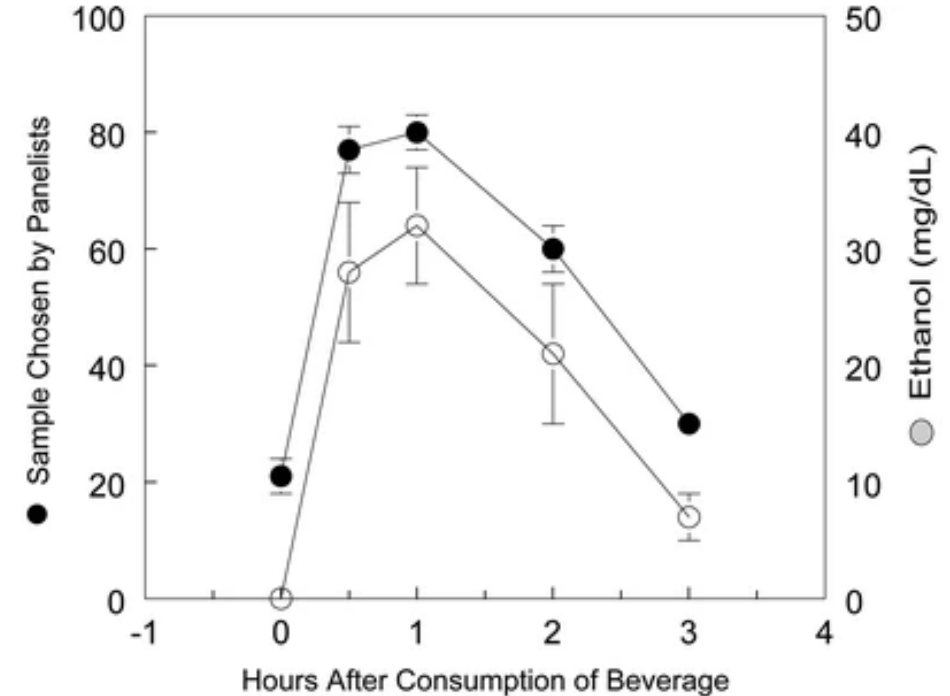


Figure 1.
Alcohol consumption across time. Recog. = recognition; wk = week.

Alcohol and lactation

- Alcohol readily passes to breastmilk
- Concentrations in the breastmilk are similar to those in the blood
- Peak in blood/breastmilk is 30-60 minutes after consumption
- Advise patients to abstain from or minimize alcohol use during breastfeeding to prevent harm to the developing infant
- MAUD
 - Breastfeeding while taking naltrexone is safe
 - Breastfeeding while taking acamprosate is **not** recommended



Mennella JA, Beauchamp GK. The transfer of alcohol to human milk – effects on flavor and the infant's behavior. *NEJM*. 1991;325:981-985. DOI: 10.1056/NEJM199110033251401

Ramsey KS, Stancliff S, Stevens LC, et al. Substance use disorder treatment in pregnant adults. Baltimore (MD): Johns Hopkins University; 2021 Jul. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK572854/>

TABLE 1	Professional Recommendations Regarding Alcohol and Lactation	
	Drink Amounts	Timing Recommendation
ACOG	Drinking more than two drinks per day on a regular basis may be harmful to your baby...	If you want to have an occasional alcoholic drink, wait at least 2 hours after a single drink before you breastfeed. The alcohol will leave your milk as it leaves your bloodstream — there is no need to express and discard your milk. (Breastfeeding FAQ) A mother should be encouraged by her health care provider to wait 3-4 hours after a single drink before breastfeeding. (CO 496)
AAP	Although binge drinking should be avoided, occasional, limited ingestion (0.5 g of alcohol/kg/d; equivalent to 8 oz wine or 2 cans of beer per day) may be acceptable.	Breastfeeding or pumping is okay 2 hours after the last drink.
AAFP	Although it is safest for nursing mothers to consume no alcohol, small amounts of alcohol (e.g., one service of wine or beer per day) appear to be safe.	It is ideal to wait 2 to 2.5 hours after finishing the alcoholic beverage to nurse again.
CDC	Not drinking alcohol is the safest option for breastfeeding mothers. However, moderate alcohol consumption (up to 1 drink/day) is not known to be harmful to the infant...	... especially if the mother waits at least 2 hours after a single drink before nursing.

Sources: At-risk drinking and alcohol dependence: obstetric and gynecologic implications. Committee Opinion No. 496. American College of Obstetricians and Gynecologists. Obstet Gynecol 2011;118:383–8; <https://www.acog.org/womens-health/faqs/breastfeeding-your-baby>; The Transfer of Drugs and Therapeutics Into Human Breast Milk: An Update on Selected Topics Hari Cheryl Sachs and COMMITTEE ON DRUGS Pediatrics September 2013, 132 (3) e796–e809; DOI: <https://doi.org/10.1542/peds.2013-1985>; <https://www.aafp.org/about/policies/all/breastfeeding-position-paper.html#appendix2>; <https://www.cdc.gov/breastfeeding/breastfeeding-special-circumstances/vaccinations-medications-drugs/alcohol.html>

Crowe S, Wright T. Alcohol and breastfeeding: What are the risks? *Contemporary OB/GYN Journal*. 2021;66(8). <https://www.contemporaryobgyn.net/view/alcohol-and-breastfeeding-what-are-the-risks->

Summary

- Alcohol use during pregnancy can result in Fetal Alcohol Spectrum Disorder (FASD) and other health complications for both mother and baby
- Screening and brief interventions are effective in reducing alcohol use in pregnant individuals
- Can offer naltrexone and acamprosate for MAUD in pregnancy
- Risks of MAUD may outweigh risks of alcohol use during pregnancy



Questions?

Resources

- On-demand module: [MAUD and Alcohol Use Services for Pregnant and Postpartum Women](#), 1.5 CE credits available
- Factsheet: [Safety of MAUD during pregnancy](#)
- Factsheet: [Alcohol Use and Breastfeeding](#)

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