What Steps Can Women Take For Healthier Babies?

Not all birth defects can be prevented. But a woman can increase her own chance of having a healthy baby. Many birth defects happen very early in pregnancy, sometimes before a woman even knows she is pregnant. Remember that about half of all pregnancies are unplanned. Here are some steps a woman can take to get ready for a healthy pregnancy:

- Take a vitamin with 400 micrograms (mcg) folic acid
- every day.
- Avoid alcohol, tobacco, and street drugs.
- Keep hands clean by washing them often with soap and water to prevent infections.
- See a health care professional regularly.
- Talk with the health care
- professional about any medical
- problems and medicine use
- (both prescription and overthe-counter).

- Ask about avoiding any substances at work or at home that might be harful to a developing baby.
- Eat a healthy, balanced diet.
- Avoid unpasteurized (raw) milk and foods made from it.
- Avoid eating raw or undercooked meat.

While Pregnant:

- Keep up these healthy habits.
- Get early prenatal care and go to every appointment.

Want to Know More?

Ask your health care professional or local health department how to plan for a healthy baby.

Call the Centers for Disease Control and Prevention (CDC) at 1-800-CDC INFO (1-800-232-4636), or visit http://www.cdc.gov/birthdefects or http:// www.cdc.gov/pregnancy

Visit the March of Dimes website http://marchofdimes.com

Call the Birth Defects Registry or Genetics Program at your state health department.

This brochure was developed in partnership with the National Birth Defects Prevention Network (NBDPN).

The National Birth Defects Prevention Network (NBDPN) is a national network of birth defects programs and individuals working at local, state, and national levels in birth defects surveillance, research, and prevention.

Important information about... **Preventing Birth Defects**



Centers for Disease Control and Prevention National Center on Birth Defects and Developmental Disabilities



What are Birth Defects?

Birth defects are abnormal conditions that happen before or at the time of birth. Some are mild–like an extra finger or toe. Some are very serious–like a heart defect. They can cause physical, mental, or medical problems. Some, like Down syndrome or sickle cell anemia, are caused by genetic factors. Others are caused by certain drugs, medicines or chemicals. But the causes of most birth defects are still a mystery. Researchers are working hard to learn the causes of birth defects so that we can find ways to prevent them.

Did You Know?

- Birth defects are the leading cause of death in children less than one year of age-causing one in every five deaths.
- 18 babies die each day in the U.S. as the result of a birth defect. Defects of the heart and limbs are the most common kinds of birth defects.
- Millions of dollars are spent every year for the care and treatment of children with birth defects. Birth defects are a serious problem.

How Serious are Birth Defects?

One in 33 babies is born with a birth defect. Many people believe that birth defects only happen to other people. Birth defects can and do happen in any family. About 120,000 babies in the U.S. each year have birth defects.

What is the Good News?

The good news is that new ways of preventing and treating birth defects are being found. Genes that may cause birth defects are being found every day, providing hope for new treatments and cures. Genetic counseling provide parents with information about their risks

based on family history, age, ethnic or racial background, or other factors. Better health care for mothers with problems like diabetes or seizures can improve their chances of having healthy babies. Immunization prevents infections like German measles (rubella) that can harm unborn babies.



Did You Know?

All women who could get pregnant should get 400 micrograms (400 mcg or 0.4 mg) of folic acid every day to help prevent some types of serious birth defects. Folic acid is a B-vitamin that can reduce the risk of birth defects of the brain and spine.

Today, babies born with birth defects can live longer and healthier lives. Special care after birth and newborn screening tests can help these babies. Many states keep track of how often and where birth defects happen. Your state may be able to tell you about birth defects and services that may help you or someone you know.



Prevent Birth Defects

now is the time

Take a vitamin with 400 micrograms (mcg) of folic acid every day.

Don't smoke or drink alcohol.

Talk to your doctor about vaccinations (shots).

Whether or not you are planning a pregnancy, now is the time to prevent birth defects.

Visit www.cdc.gov/ncbddd to learn more about preventing birth defects.

Wash your hands often with soap and water to prevent infections.

See your health care professional regularly.

This poster was developed in partnership with the National Birth Defects Prevention Network. CS217643-A

National Center on Birth Defects and Developmental Disabilities

Division of Birth Defects and Developmental Disabilities



Prevenga los defectos de nacimiento







Ahora es el momento!

Tome una vitamina que contenga 400 microgramos (mcg) de ácido fólico todos los días.

No fume ni tome alcohol.

Hable con su médico sobre las vacunas.

Aunque no esté planeando quedar embarazada, ahora es el momento de prevenir los defectos de nacimiento.

Visite www.cdc.gov/ncbddd/Spanish/

Lávese frecuentemente las manos con agua y jabón para prevenir las infecciones.

para aprender más sobre

cómo prevenir los defectos de

nacimiento.

Vaya a sus chequeos médicos de rutina.

Afiche elaborado en colaboración con la Red Nacional para la Prevención de Defectos Congénitos. ^{CS217643-A}

Centro Nacional de Defectos Congénitos y Discapacidades del Desarrollo

División de Defectos Congénitos y Discapacidades del Desarrollo



FETAL ALCOHOL SPECTRUM DISORDERS AMONG NATIVE AMERICANS



Native American cultures, which encompass American Indian, Alaska Native and Native Hawaiian tribes, are rich with history, tradition, spirituality, and art. There are 562 Federally recognized tribes across the United States,¹ each with its own distinctive identity. However, one thing many tribes share is alcohol problems and other health disparities.

Native American populations experience significant health issues compared with the general population. They have higher death rates from alcoholism, tuberculosis, diabetes, accidents, suicide, homicide, and other causes. Their life expectancy is 6 years lower than the U.S. average.²

WHAT IS THE SCOPE OF FASD AMONG NATIVE AMERICAN POPULATIONS?

Native Americans have some of the highest rates of fetal alcohol syndrome in the Nation. Among some tribes, the rates are as high as 1.5 to 2.5 per 1,000 live births.³ Among others, the rates are comparable to that of the general population in the United States and range between 0.2 to 1.0.^{3,4}

Alcoholism is one of the most significant public health problems for Native Americans. They are five times more likely than whites to die of alcohol-related causes, including liver disease. They also have higher rates of drunk driving and related deaths than the general population.⁵

Some tribes are leading the way toward preventing and treating alcohol problems in Indian Country through education, training, and other strategies.

WHAT ARE FETAL ALCOHOL SPECTRUM DISORDERS?

"Fetal alcohol spectrum disorders" (FASD) is an umbrella term describing the range of effects that can occur in an individual whose mother drank alcohol during pregnancy. These effects may include physical, mental, behavioral, and/or learning disabilities with possible lifelong implications. The term FASD is not used as a clinical diagnosis. It refers to conditions such as fetal alcohol syndrome (FAS), alcohol-related neurodevelopmental disorder (ARND), and alcohol-related birth defects (ARBD). Each year, at least 40,000 babies are born with an FASD, costing the Nation up to \$6 billion. The average lifetime cost for one individual with FAS is approximately \$1.4 million.⁶

WHY IS FASD A PROBLEM AMONG NATIVE AMERICANS?

The underlying causes of health disparities are complex. The history of Native Americans is filled with violence, oppression, displacement, and loss of self-determination. This legacy of trauma is believed to be a factor in many problems, including alcohol abuse.⁷

Poverty and inadequate access to health care also play a role. About 32 percent of Native Americans live below the poverty level, compared with 13 percent of all Americans.² In addition, Native American communities are very young, with a median age of 24. This is almost 10 years younger than the overall population.² This difference tends to magnify the impact of binge drinking and risky behaviors, which are more common among youth.⁸

FASD, as well as alcoholism and alcohol abuse, are serious problems in some Native communities. However, the stereotype of the drunken Indian is misleading. In some tribes, alcohol use is similar to or lower than the general U.S. population. On a typical day, abstinence is common.^{9,10}

WHAT IS BEING DONE TO ADDRESS FASD AMONG NATIVE AMERICANS?

Services are greatly needed to address FASD in Native American communities, including prevention efforts and interventions for children and adults with an FASD.

The prevalence of FAS in Alaska is 5.6 per 1,000 live births for American Indians/Alaska Natives, compared with 1.5 per 1,000 in the State overall.⁵



An assessment of 10 tribal reservations and five urban Indian Community Health Centers showed that such services were limited or nonexistent.11

Interventions should:

- Incorporate tribal practices, combining mainstream, evidence-based strategies with traditional elements such as talking circles and ceremonies
- Address alcohol issues in families to break the cycle of alcohol abuse, since FASD is often a multigenerational problem
- Incorporate collaborative, holistic approaches both at home and school for people with an FASD, such as training in effective parenting and teaching strategies

The Substance Abuse and Mental Health Services Administration's FASD Center for Excellence is working with tribal leaders to develop culturally appropriate resources, provide training on prevention and intervention, and identify best practices. Building on the cultural strengths of Native American communities can support positive outcomes at all stages, from early intervention for infants to adult support services.

Pregnancy is a sacred time for many Native Americans. Many tribes share the belief that individuals must consider the impact of their decisions on the next seven generations. Preventing alcohol abuse during pregnancy is a powerful way to protect future generations and ensure that all children have a healthy start, free of FASD.

RESOURCES

Washington State Department of Social and Health Services. Journey Through the Healing Circle series. To order, contact the Washington State Alcohol/Drug Clearinghouse at 206-725-9696 or visit www1.dshs.wa.gov.

National Indian Child Welfare Association. Beyond the Gloom and Doom: Tools for Help and Hope With Native People Affected by Fetal Alcohol Syndrome and Related Neuro-Developmental Disorders. To order, call 503-222-4044 or visit www.nicwa.org.

Center for Substance Abuse Prevention. Drinking and Your Pregnancy. To order call 800-729-6686 or visit http://ncadistore.samhsa.gov/catalog/productDetails.aspx? ProductID=17174

REFERENCES

1. 68 Federal Register 68179-68184. December 5, 2003. Part III. Department of the Interior. Bureau of Indian Affairs. Indian Entities Recognized and Eligible To Receive Services From the United States Bureau of Indian Affairs. Notice.

http://homer.ornl.gov/oepa/rules/68/68fr68179.pdf

- Indian Health Service. Trends in Indian Health, 2000-2001. Rockville, 2. MD: U.S. Department of Health and Human Services. www.ihs.gov/NonMedicalPrograms/IHS_Stats/Trends00.asp
- Centers for Disease Control and Prevention. 2002. Fetal alcohol 3. syndrome—Alaska, Arizona, Colorado, and New York, 1995–1997. MMWR 51(20):433-435.

www.cdc.gov/mmwr/preview/mmwrhtml/mm5120a2.htm

- May, P.A., and Gossage, J.P. 2001. Estimating the prevalence of fetal 4. alcohol syndrome: A summary. Alcohol Research & Health 25(3):159-167. www.niaaa.nih.gov/publications/arh25-3/159-167.htm
- Office on Women's Health. National Women's Health Information 5. Center. No date. Health Problems in American Indian/Alaska Native Women. Washington, DC: U.S. Department of Health and Human Services. www.4woman.gov/faq/american_indian.htm

- Lupton, C.; Burd, L.; and Harwood R. 2004. Cost of fetal alcohol spectrum disorders. American Journal of Medical Genetics 127C (671):42-50.
- 7. Center for Substance Abuse Prevention. 1994. Gathering of Native Americans. Rockville, MD: Substance Abuse and Mental Health Services Administration. p2001.health.org/CTI05/Cti05ttl.htm
- May, P.A. 1995. The epidemiology of alcohol abuse among American 8. Indians: The mythical and real properties. American Indian Culture and Research Journal 18(2):121-143. www.ihs.gov/publicinfo/ publications/healthprovider/issues/IHSProMar2.asp
- May, P.A., and Gossage, P. 2001. New data on the epidemiology of 9. adult drinking and substance use among American Indians of the northern states: Male and female data on prevalence, patterns, and consequences. American Indian and Alaska Native Mental Health Research 10(2):1-26.
- 10. Spicer, P.; Beals, J.; Croy, C.; et al. 2003. The prevalence of DSM-III-R alcohol dependence in two American Indian populations. Alcoholism: Clinical and Experimental Research 27(11):1785-1797.
- 11. SAMHSA FASD Center for Excellence. FASD in Indian Country Site Visit: Final Report Executive Summary. March 2004. http://fasdcenter.samhsa.gov/documents/ FASDNASiteVisitExSum0404.pdf

Stop and think. If you're pregnant, don't drink. For more information, visit fasdcenter.samhsa.gov or call 866-STOPFAS.



www.stopalcoholabuse.gov



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