Background
Alcohol consumption during pregnancy is the leading cause of preventable neurocognitive delay in the US. Alcohol use during pregnancy has a broad impact, including increased risk for birth defects, lower IQ, and negative developmental 
outcomes. Women attending STD clinics likely constitute a population at high risk for an alcohol-related pregnancy (ARP).

Methods
During 16 months (9/2010 – 12/2011), two STD clinics (in Baltimore and Denver) screened visits for eligible women. Internationally born, aged 18-44, not using effective contraception, and drinking alcohol at high-risk levels (9+ standard drinks on one occasion or >7 in one week) during the last three months. All women were offered the CHOICES intervention, consisting of two motivational interviewing-based sessions with a trained interventionist, to explore contraceptive and alcohol use. Two family planning (FP) visits were offered to participants. The Denver clinic is an integrated STD/FP clinic while Baltimore’s STD clinic referred a separate FP clinician. Women were interviewed about contraception and alcohol use for the preceding 30 days, at 3 and 6 months (both sites), and 9 months (Denver) after the first session. Reduced risk for ARP was defined as: drinking below high-risk levels; and/or using effective contraception; condom use always; abstinence from sex.

Results
1,912 female visits were conducted during this time with 1,466 (77%) meeting screening criteria. 972 (64%) met all eligibility criteria. Of eligible women, 300 (31%) exceeded 240 of those (90%) opted or required for session 1, and 103, 102 (53%) received or attended family planning visits. Of women reaching the follow-up window, rates of reduced ARP risk at 3 and 6 months were 79% (61/87) and 82% (35/41). In Baltimore, 85% of women were Black/African-American and 5% Hispanic, with 45% up to 18-24, 44% 25-34, and 3% 35-44. In Denver, 43% were White, 43% Black/African-American and 4% Hispanic, with 33% up to 18-24, 41% 25-34 and 6% 35-44. Thirty-month follow-up was gathered in 14 women (7 Baltimore, 6 Denver) and 9-month in 26 women (Denver).

Conclusions
1. Women attending the intervention had reduced risk for ARP on follow-up.
2. Rates were similar at both clinics, but the ways women chose to lower risk differed, with more women in Baltimore choosing abstinence and condom use, and more women in Denver choosing reduced alcohol and effective contraception.
3. Baseline drinking patterns differ between the sites, with women in Baltimore having more binge days but women in Denver drinking more on drinking days.
4. Preliminary data limit by small numbers, suggest that adherence to the new behaviors does drop off by 9 months after the intervention.

Implications
STD clinic effectively serves as outreach for ARP for which is common in this population. The CHOICES intervention may motivate behavior change that lowers the risk for ARP.

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References

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STD CHOICES: A CDC-FUNDED DEMONSTRATION PROJECT TO REDUCE THE RISK OF ALCOHOL-EXPOSED PREGNANCIES (AEP) IN WOMEN ATTENDING URBAN STD CLINICS

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