

Prenatal alcohol exposure (PAE) AUDIT-C assessment

AUDIT-C Questions	Score	
	Pre-recognition of pregnancy ¹	Post-recognition of pregnancy ²
Pregnancy recognition = _____ weeks gestation		
How often did you have a drink containing alcohol? 0 1 2 3 4 Never Monthly or less 2-4 times 2-3 times 4+ a month a week. a week		
How many standard drinks of alcohol did you have in a typical day when you were drinking? 0 1 2 3 4 1 or 2 3 or 4 5 or 6 7-9 10+		
How often did you have six or more standard drinks on one occasion? 0 1 2 3 4 Never Less than monthly Monthly Weekly Daily/Almost Daily		

¹ from conception to recognition. ² From recognition for the rest of the pregnancy.

Total score for pre-recognition:

Total score for post-recognition:

AUDIT-C Score	Alcohol risk category
0	No risk of alcohol related harm
1-2	Low risk of alcohol related harm
3-4	Medium risk of alcohol related harm
≥5	High risk of alcohol related harm

Further information regarding AUDIT-C scores

There may be situations where practitioners want to be able to provide additional information to a woman or person who is pregnant or planning a pregnancy based on their AUDIT-C scores. The following recommendations are summarised from Goldman, Anderson, Dunlop and Wiggers (2017).

AUDIT-C Score	Recommended advice
0 = no risk of harm	Provide positive reinforcement and encourage clients to continue not to drink any alcohol during pregnancy. A score of zero indicates no risk of alcohol-related harm to the embryo/fetus. Advise that it is safest not to drink any alcohol at all during pregnancy. Advise that the risk of harm to the developing embryo/fetus increases with increasing amounts and frequency of alcohol consumption and that any score above zero indicates potential risk to the embryo/fetus.
1 - 2 = low risk of harm	Advise that the risk to the embryo/fetus is likely to be low, but it is safest not to drink any alcohol at all during pregnancy. Advise that the risk of harm to the developing embryo/fetus increases with increasing amounts and frequency of alcohol consumption and that any score above zero indicates potential risk to the embryo/fetus. Encourage the client to stop drinking alcohol during pregnancy and arrange a follow-up sessions as required.
3 - 4 = medium risk of harm	Advise that the safest option is not to drink alcohol during pregnancy. Discuss that the AUDIT-C score indicates drinking is at a level of increasing risk for the person's health. Advise that the risk of harm to the developing embryo/fetus increases with increasing amounts and frequency of alcohol consumption. Discuss the effects of current alcohol consumption levels and outline health concerns for both the client and their baby. Reinforce the benefits of stopping drinking at any stage during pregnancy to minimise further risk to the client and baby. Ask the client how they feel about cutting down or stopping and establish: • Positives and negatives of taking action. • How confident they are in being able to cut down or stop. • Tips, strategies and plans for taking action. • If they would like assistance, including from support networks and partners.

	• Offer to arrange referrals if additional support is required. If you suspect that the client may be alcohol dependent refer to a local specialist treatment service.
5+=high risk of harm	Discuss that the AUDIT-C score indicates that drinking is at a level of high risk for their health and high risk for the baby's health. Discuss positives and negatives of taking action and determine what support is required to be able to cut down or stop. Refer to a specialist alcohol service as they may be at risk of alcohol dependence. Specialist support should be organised before advising her to cut or stop alcohol consumption, as without support alcohol withdrawal can be dangerous to both the client and the baby's health.

Note. Question 3 of the AUDIT-C is consistent with the original AUDIT-C, which was developed in Australia where the standard drink size is 10 grams of ethanol, 6 or more standard drinks refers to an intake of 60 grams or more. Practitioners may have seen other versions of the AUDIT-C where this question is 5 or more drinks, which is based on U.S standard drink sizes of 12 to 14 grams of ethanol (Dawson et al 2005).

The AUDIT-C risk categories included here and in Figure 9 (p. 57) are based on an evidence review completed by Goldman and colleagues (2017) regarding the use of the AUDIT-C with pregnant Australian women.

References

Dawson DA, Grant BF, Stinson FS, Zhou Y. Effectiveness of the derived Alcohol Use Disorders Identification Test (AUDIT-C) in screening for alcohol use disorders and risk drinking in the US general population. *Alcohol: Clinical and Experimental Research*. 2005;29(5):844-54.

Goldman S, Anderson A, Dunlop A, Wiggers J. Using the AUDIT-C with Pregnant Australian Women: Evidence Review. Newcastle, NSW: Hunter New England Local Health District and the University of Newcastle, 2017.