



A CUP OF HEALTH WITH CDC

Shepard Award Winners, Part 3: Dr. R. Louise Floyd

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[Announcer] This podcast is presented by the Centers for Disease Control and Prevention. CDC — safer, healthier people.

[Dr. Gaynes] Welcome to this special edition of *A Cup of Health with CDC*, a weekly feature of the MMWR, the Morbidity and Mortality Weekly Report. I'm your host, Dr. Robert Gaynes.

This is a final podcast in a short series of interviews with recipients of the prestigious Charles C. Shepard Award, which is presented annually to a CDC scientist in recognition of his or her work and the impact of that work on public health. We are privileged to be speaking with Dr. Louise Floyd, this year's winner of the Shepard Science Award for her publication on prevention and control of fetal alcohol syndrome.

Dr. Floyd is the Lead for the Fetal Alcohol Syndrome Prevention Team in CDC's National Center on Birth Defects and Developmental Disabilities. Congratulations and welcome to the show, Louise.

[Dr. Floyd] Thank you, Bob.

[Dr. Gaynes] Louise, how long have you been with CDC?

[Dr. Floyd] I've been with CDC twenty years now.

[Dr. Gaynes] How did you come to work in the field of birth defects and developmental disabilities?

[Dr. Floyd] Well, when I joined CDC in 1988, I initially was working on a study that was aimed at preventing smoking during pregnancy. During that time, it was clear that smoking during pregnancy was a leading cause of low birthweight, and I joined that team. We finished the study, and shortly thereafter I had an opportunity to apply for a position that was aimed at preventing fetal alcohol syndrome, which included preventing alcohol use during pregnancy. I knew that many of the therapies or the interventions were similar, so I applied for the position and became the team leader for the fetal alcohol syndrome section.

[Dr. Gaynes] You've done some ground-breaking work on fetal alcohol syndrome, sometimes called FAS. First, for those listeners not familiar with this problem, can you tell us what fetal alcohol syndrome is?

[Dr. Floyd] Yes. Fetal alcohol syndrome is a pattern of malformations or disorders of facial characteristics, growth parameters, and selected neurological and cognitive problems that result from this exposure.

[Dr. Gaynes] Louise, what led you to research this particular problem?

[Dr. Floyd] Fetal alcohol syndrome was first recognized in 1973. We know that there are severe, adverse effects of prenatal alcohol exposure. What is hard to determine is what the scope of this is. In the early nineties, CDC decided to make some strategic decisions about where we fit into the scheme of things, in terms of this particular condition. And we determined that we could add to the field by looking at the prevention of alcohol-exposed pregnancy, which is the precursor of fetal alcohol syndrome.

[Dr. Gaynes] Louise, briefly tell us, how common is prenatal alcohol exposure and what are the effective ways to prevent FAS?

[Dr. Floyd] One in eight pregnant women report they drank some during pregnancy; two to three percent of women who are pregnant say they binge drank, which is five or more drinks on one occasion. These patterns are highly related to more severe outcomes, such as fetal alcohol syndrome. Lower levels are related to more subtle findings that can include learning disabilities, growth disorders. We wanted to find those women who were drinking at these levels before they became pregnant. So we designed a study to find those women, and through a collaboration with three university research teams, we designed four sessions of a brief intervention focused on two alternatives. Women can avoid having an alcohol-exposed pregnancy if they do one of two things: stop drinking or use effective contraception. And then we went into counseling sessions with these women that looked at their drinking, gave them personalized feedback, helped them develop a plan for change, goals for that, and then followed them up. Also, we provided them with a contraceptive consultation visit, so they had two ways of reducing their risk for an alcohol-exposed pregnancy. And what we actually found was for those women who were in the intervention, they had a twofold increase in odds of reducing alcohol-exposed pregnancies, compared to the control group. Some changes occurred in both groups, but within the intervention group, more of those women chose to change both risky behaviors.

[Dr. Gaynes] Louise, can you tell us, what is your proudest or most satisfying accomplishment?

[Dr. Floyd] Well, I think Project Choices of my career. It has been a very effective intervention. It has been acknowledged and is being used by other agencies, including Substance Abuse Mental Health Services Administration. We're working with the Indian Health Service to tailor it to women in Indian communities. And in Project Choices, we were serving the highest of the high risk: women in jails, women in alcohol and drug treatment centers, women coming into inner city GYN clinics. And we were able to keep seventy percent of those women in the study to the end. And I think we made a difference in their lives.

[Dr. Gaynes] And can you give us some insight into your current work?

[Dr. Floyd] Well, what we're doing now is continuing with Project Choices to develop materials that allow us to disseminate it — train health-care providers in a variety of diverse settings within the community — to implement this. And we also are looking at the fact that many of these women have so many problems — it's not just alcohol. Seventy percent of our population were smokers, over ninety percent had been treated for alcohol and drug use before, so they need more than just an alcohol intervention. And we're looking at how many interventions can you bundle and still be effective?

[Dr. Gaynes] And finally, what are your future goals?

[Dr. Floyd] My future goals would be to end up finding an intervention that will allow us to help women who are not planning a pregnancy become as healthy as they can so that, when they do become pregnant, they're ready, and the best outcome for both themselves and their infants is the result.

[Dr. Gaynes] Louise, again, congratulations on this great honor, and thanks again for taking time to visit with us.

[Dr. Floyd] Thank you.

[Dr. Gaynes] That's it for this special edition of *A Cup of Health with CDC*. Be sure and join us each week for our regular podcasts. Until then, be well. This is Dr. Robert Gaynes for *A Cup of Health with CDC*.

[Announcer] For the most accurate health information, visit www.cdc.gov or call 1-800-CDC-INFO, 24/7.