

# Alcohol and pregnancy:

## A guide for health professionals

### Key points

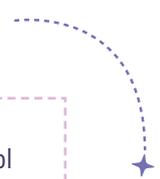
- Alcohol consumption during pregnancy can increase the risk of miscarriage, premature birth, stillbirth, low birthweight, being born small for gestational age and Fetal Alcohol Spectrum Disorder (FASD).
- The brain starts developing very early, and brain development continues throughout the pregnancy. The developing brain is very sensitive to damage from alcohol.
- Alcohol impacts fetal development across all stages of pregnancy and impacts on different organs and systems of the body such as the heart, kidneys and lungs.
- All types of alcohol have the potential to damage the developing baby, be it wine, beer or spirits, and no threshold level or amount of alcohol has been established as safe in pregnancy.
- Health professionals are a trusted source of information about alcohol use during pregnancy.
- People want to be given clear and consistent advice about alcohol and pregnancy by their health professional.
- The three item Alcohol Use Disorders Identification Test - Consumption (the AUDIT-C) can be used to assess alcohol use for people who are pregnant or planning a pregnancy.
- There are opportunities to ask about alcohol during pre-conception care, early in pregnancy and throughout the pregnancy.

### Women who are pregnant or planning a pregnancy should not drink alcohol.

*National Health and Medical Research Council (NHMRC) Australian Guidelines to Reduce Health Risks from Drinking Alcohol, 2020<sup>1</sup>*

### Important things to know

- Alcohol consumption during pregnancy can:
  - o increase the risk for miscarriage or stillbirth
  - o increase the risk of premature birth, low birth weight, and being born small for gestational age
  - o disrupt the development of all organs and systems of the body, resulting in an array of neurobehavioural and physical outcomes collectively known as Fetal Alcohol Spectrum Disorder (FASD).<sup>2</sup>

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- The risk of harm to the fetus from alcohol exposure increases proportionately with the amount of alcohol consumed and the frequency of alcohol consumption.
  - A variety of maternal and fetal factors, including genetic factors, metabolic rates, and maternal diet can influence the risks from drinking alcohol while pregnant. Therefore, it is impossible to predict the exact level of risk in each individual pregnancy.
  - Given individual variability, research is not able to concretely determine a safe amount of alcohol use during pregnancy.
  - The National Health and Medical Research Council's (NHMRC) Australian Guidelines to Reduce Health Risks from Drinking Alcohol (2020) (Alcohol Guidelines), recommend women who are pregnant or planning a pregnancy should not drink alcohol.
  - Alcohol has the potential to impact all stages of pregnancy, including:
    - o fertilisation
    - o implantation
    - o development of the embryo
    - o development of the fetus
    - o development of the placenta
    - o ongoing placental functioning
  - Alcohol passes freely from the mother to the developing baby via the placenta.
  - There is no safe time to drink alcohol during pregnancy. There are certain periods when the potential risks from alcohol exposure are greatest. For example, very early in the pregnancy (such as 3-8 weeks post-conception) the embryo undergoes organogenesis, a very sensitive period involving rapid cell division and differentiation to provide the foundations of the body systems.
  - The brain starts developing early in pregnancy and brain development continues throughout the pregnancy. The prenatal brain is very sensitive to the impacts of alcohol exposure.
  - Alcohol exposure at critical periods (such as when the heart, kidneys and lungs are developing) can impact development, leading to congenital abnormalities – which can be structural or functional.

## Why it's important to ask about alcohol

Health professionals are a trusted source of information about alcohol use during pregnancy, and people trust the advice you provide.

Research shows that people want clear and consistent messages about alcohol as early as possible in pregnancy.<sup>3</sup>

Anyone who is pregnant or planning a pregnancy can be asked about the frequency and quantity of their alcohol use with a validated screening tool, such as the three-item Alcohol Use Disorders Identification Test – Consumption (AUDIT-C).

Find out more in the resource *Using the AUDIT-C for assessment of alcohol use in pregnancy: a resource for health professionals* at [everymomentmatters.org.au](https://everymomentmatters.org.au)



## Pre-conception care

When someone indicates they are planning to have children now or in the future, you can ask about their contraception options and alcohol use. This is a vital time, as most people are not aware of the exact moment of conception, and could be drinking alcohol without knowing they are pregnant.

When a person says they are planning a pregnancy, this is a great opportunity to discuss alcohol, as part of routine care.

## Early pregnancy

When someone finds out they are pregnant, you can ask about their alcohol consumption as part of the routine care you provide at an initial visit. This is a great time to answer any questions someone might have, and provide information and any further support that may be required.

Early pregnancy is a key opportunity to provide advice for the remainder of a pregnancy and can help set behavioural intentions for the months to come.

## Throughout pregnancy

Even if you have asked about alcohol use at an earlier stage, checking in throughout the pregnancy is important. A person may not have previously felt comfortable talking about their alcohol use, or may not have been ready to discuss this issue.

It is important to approach discussions about alcohol use in pregnancy in a non-judgemental, trauma-informed manner so as not to stigmatise the individual you are talking with.

Being a 'trauma-informed' service provider means learning to see every aspect of your service or program from the perspective of the person who has experienced or is experiencing violence or trauma.<sup>4</sup> For some people, risk reduction might be more feasible to start with, or should replace complete abstinence.

It is also important to consider whether the person requires additional support to stop drinking alcohol. For people who are drinking at high levels, it can be harmful to stop without treatment and support such as detox, medication and counselling.

## More information about Fetal Alcohol Spectrum Disorder (FASD)

FASD is a lifelong condition in which individuals may experience challenges in a range of different domains including executive functioning, learning and memory, adaptive functioning, and academic performance.

✦ Presentations for children with FASD are heterogeneous, due to the wide range of paternal, maternal and child factors that influence prenatal development, coupled with differences in dose and timing of prenatal alcohol exposure.<sup>5</sup>

Individuals with FASD may be at risk of a range of long-term physical health problems, including cardiovascular, metabolic, and allergy and immune issues.<sup>6</sup>

While the risk of adverse pregnancy and infant outcomes increases with higher amounts and frequency of alcohol exposure, the impacts of lower, less frequent exposure is difficult to determine, due to a range of methodological limitations inherent in the research. That is why the NHMRC Alcohol Guidelines recommend people who are pregnant or planning a pregnancy should not drink alcohol.

## More information and support

### NHMRC Australian Guidelines to Reduce Health Risks from Drinking Alcohol (2020)

The National Health and Medical Research Council's guidelines provide health professionals, policy makers and the Australian community with evidence-based advice on the health effects of drinking alcohol:  
[nhmrc.gov.au/alcohol](http://nhmrc.gov.au/alcohol)

### Alcohol and other drugs

The National Alcohol and Other Drug Hotline offers support, information, counselling and referral to services for individuals, family and friends, General Practitioners and other health professionals:  
**1800 250 015** or [drughelp.gov.au](http://drughelp.gov.au)

### Talking to people who are pregnant about their alcohol consumption

The Women Want to Know resources can help you have conversations with people about alcohol and pregnancy: [health.gov.au/resources/collections/women-want-to-know-resources](http://health.gov.au/resources/collections/women-want-to-know-resources)

### Fetal Alcohol Spectrum Disorder (FASD)

To learn more about FASD visit the FASD Hub [fasdhub.org.au](http://fasdhub.org.au) NOFASD's website [nofasd.org.au](http://nofasd.org.au) or call the NOFASD hotline on **1800 860 613**

### Trauma-informed information and resources

To learn more about trauma-informed practice, visit the Blue Knot Foundation [blueknot.org.au/resources/publications/practice-guidelines](http://blueknot.org.au/resources/publications/practice-guidelines). You can also visit New Terrain to find tools to integrate trauma and gender informed responses into substance use practice and policy [https://bccwh.bc.ca/wp-content/uploads/2018/06/NewTerrain\\_FinalOnlinePDF.pdf](https://bccwh.bc.ca/wp-content/uploads/2018/06/NewTerrain_FinalOnlinePDF.pdf)

Learn more about alcohol, pregnancy, breastfeeding and Fetal Alcohol Spectrum Disorder at [everymomentmatters.org.au](http://everymomentmatters.org.au)

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Learn more about FARE at [fare.org.au](http://fare.org.au)

#### References

<sup>1</sup>National Health and Medical Research Council, Australian Research Council and Universities Australia. (2020). Australian Guidelines to Reduce Health Risks from Drinking Alcohol. Canberra, ACT: Commonwealth of Australia, Canberra.

<sup>2</sup>Anderson, A.E., Hure, A. J., Kay-Lambkin, F. J., et al. (2014). Women's perceptions of information about alcohol use during pregnancy: A qualitative study. *BMC Public Health*, 14, 1048.

<sup>3</sup>Mattson, S. N., Bernes, G.A., Doyle, L. R. (2019). Fetal alcohol spectrum disorders: A review of the neurobehavioral deficits associated with prenatal alcohol exposure. *Alcohol Clin Exp Res*, 43(6), 1046-1062.

<sup>4</sup>CanFASD. (2019). Pregnancy, alcohol and trauma-informed practice. [FASD-Info-Sheet-Pregnancy-Alcohol-and-Trauma-informed-Practice.pdf](https://www.canfasd.ca/files/2019/05/FASD-Info-Sheet-Pregnancy-Alcohol-and-Trauma-informed-Practice.pdf) ([canfasd.ca](http://canfasd.ca))

<sup>5</sup>Ehrhart, F., Roozen, S., Verbeek, J. et al. (2019). Review and gap analysis: Molecular pathways leading to fetal alcohol spectrum disorders. *Mol Psychiatry*, 24, 10-17.

<sup>6</sup>Akison, L. K., Reid, N., Wyllie, M., Moritz, K. M. (2019). Adverse health outcomes in offspring associated with fetal alcohol exposure: A systematic review of clinical and preclinical studies with a focus on metabolic and body composition outcomes. *Alcohol Clin Exp Res*, 43, 1324-43.