



## ALCOHOL CONSUMPTION IN PREGNANCY

*Information in this leaflet is general in nature and should not take the place of advice from your health care provider. With every pregnancy there is a 3 to 5% risk of having a baby with a birth defect.*

### Alcohol Consumption in Pregnancy

Women are more quickly affected by alcohol than men. Women are also more vulnerable to both the short-term and long-term effects of alcohol misuse because of their size, body type, and the way their bodies process alcohol<sup>1</sup>. Pregnancy and genetic factors may also influence how alcohol is metabolised and therefore have an effect on blood alcohol levels<sup>2</sup>.

The alcohol in the bloodstream of a pregnant woman crosses the placenta and in sufficient quantities can disrupt the baby's normal development. The sensitivity of the baby to the adverse effects of alcohol varies between women and also depends on the stage in the pregnancy when the alcohol is consumed. The likelihood of an adverse fetal effect increases with increased intake and frequency of alcohol consumption as well as lifestyle factors such as other drugs and diet<sup>3</sup>.

For this reason the current Australian Guidelines to reduce Health Risks from Drinking Alcohol<sup>4</sup> advise

- **Maternal alcohol consumption can harm the developing fetus**
- **For women who are pregnant or planning a pregnancy, not drinking is the safest option**

There is good quality evidence that alcohol consumption at excessive levels can be damaging to the developing fetus, however the minimum or threshold level at which alcohol poses a significant threat to pregnancy is not known<sup>3</sup>.

The level of risk to the fetus is likely to be low if a woman has consumed only small amounts of alcohol before she knew she was pregnant or during pregnancy<sup>4</sup>.

**Stopping drinking at any time in the pregnancy will reduce the risk to the baby.**

When considering your alcohol intake remember that one Australian standard drink contains 10g alcohol. This approximates to 260mL of full strength beer= 475mL of light beer= 100mL wine= 30mL spirits.

If you are concerned about your alcohol intake or are finding it hard to reduce or stop drinking you should consider discussing it with your local doctor or with a specialist alcohol counselling service (see below).

- Alcohol and Drug Information Service (ADIS) is a 24 hour confidential telephone counselling service. Call **(02) 9361 8000** or toll free **1800 422 599**.
- Area Health Services also offer specialised support for alcohol management. Discuss where you may be able to go for assistance with your midwife or doctor.

*For more information call MotherSafe: NSW Medications in Pregnancy and Breastfeeding Service on 9382 6539 (Sydney Metropolitan Area) or 1800 647 848 (Non-Metropolitan Area) Monday -Friday 9am-4pm (excluding public holidays)*



**What are the consequences associated with high level and/or sustained alcohol consumption in pregnancy?**

- Fetal Alcohol Syndrome (FAS) <sup>5</sup>

A prolonged high level of drinking can lead to FAS in the baby. Women who are chronic heavy drinkers are at increased risk of having a baby with FAS. Fetal Alcohol Syndrome is the most severe and clinically recognisable form of alcohol damage caused while the baby is in the uterus. Characteristics include a pattern of distinct facial features, growth restriction and central nervous system (CNS) abnormalities. Consequences for the child may include developmental delay, behavioural or emotional problems and learning difficulties.

- Fetal Alcohol Spectrum Disorders (FASD) <sup>5</sup>

This is a term which describes the range of developmental effects that can occur in children exposed to alcohol while in the uterus. The disorder manifests as brain damage, usually in the absence of physical symptoms. Consequences for the child may include learning difficulties and behavioural problems. These may range from mild to more significant.

**Any concerns about the child's development after birth should be discussed with a health professional. Early diagnosis and treatment has been found to considerably improve the long term outcome for children affected <sup>5,6</sup>.**

References:

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2. Nulman I, et al Fetal Alcohol Syndrome in Koren, G (ed). Maternal-Fetal Toxicology. A Clinician's Guide. 3<sup>rd</sup> ed. New York. Marcel Dekker Inc. 2001 p 467-493.
3. The Royal Australian and New Zealand College of Obstetricians and Gynaecologists. College Statement. Alcohol in Pregnancy. June 2008. <http://www.ranzcog.edu.au/publications/statements/C-gen13.pdf> Accessed 17<sup>th</sup> April, 2009.
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5. Centre for Addiction and Mental Health. Exposure to Psychotropic Medications and other substances during Pregnancy and Lactation. A Handbook for Health Care Providers. 2007
6. Alcohol and Pregnancy project. Alcohol and Pregnancy and Fetal Alcohol Spectrum Disorder: a Resource for Health Professionals (1<sup>st</sup> revision). Perth: Telethon Institute for Child Health Research; 2009.

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