

Alcohol and Pregnancy

When a pregnant woman drinks, the alcohol in her blood stream enters that of her unborn child, and this may affect the child from conception onwards, throughout the pregnancy. It is difficult to identify exactly the lower levels at which alcohol can cause harm to the child, and for this reason a woman may consider not drinking at all, out of caution.

There is clear research evidence that episodes of drinking that are above the guidelines set for low-risk drinking by the general population, considerably increase the risk of miscarriage, low birth weight, cognitive defects (affecting one or more abilities such as attention, intelligence, language, and memory) and congenital abnormalities. Heavy bouts of drinking maximise that risk, and the first few weeks after conception are the most vulnerable period

However, the limited available evidence suggests that drinking within the guideline levels set for pregnant women is unlikely to have any significant effect on the child. Good antenatal care, good diet, sufficient fluid intake, and not smoking are also very important in containing risk and providing a healthy environment for the unborn child.

The Australian Alcohol Guidelines recommend that women who are pregnant or might soon become pregnant:

- may consider not drinking at all;
- most importantly, should never become intoxicated;
- if they choose to drink, over a week, should have less than 7 standard drinks, AND, on any one day, no more than 2 standard drinks (spread over at least two hours);
- should note that the risk is highest in the earlier stages of pregnancy, including the time from conception to the first missed period.

These guidelines are based on what is known from the evidence available up until 2001, about the effects of alcohol on the unborn child.

- Alcohol in a woman's blood stream enters that of her unborn child, and this may affect the child from conception onwards.
- The most important consideration for women is to avoid a high blood alcohol level at any time during the pregnancy.

- The first weeks after conception are probably the most critical in relation to alcohol, and the woman is usually unaware of the pregnancy at this stage. The guidelines are therefore important not only for women who are pregnant, but also for those who may soon become pregnant.
- It is difficult to identify exactly the lower levels of drinking at which alcohol may cause harm to the child and, for this reason, a woman may consider not drinking at all.
- Nevertheless, while more high quality research is needed, the limited available evidence indicates that averaging less than one drink per day has no measurable impact on children's physical and mental development.

There is clear evidence that:

drinking alcohol above the guideline levels during pregnancy considerably increases the risk of variety of harmful effects on the unborn child, and that that risk is increased by bouts of heavy drinking:

- At these higher levels of drinking, it has been found that the greater the amount of alcohol consumed, the greater the likelihood of injury to the unborn child.



ALCOHOL IN A WOMAN'S BLOOD STREAM MAY AFFECT HER UNBORN CHILD

- At least four main areas of harm have been identified: foetal death, congenital malformation, growth retardation, and behavioural deficits. The most severe types of harm that are linked with high levels of drinking are gross congenital abnormalities and foetal alcohol syndrome (FAS, which includes physical abnormalities, growth retardation and neurological dysfunction with developmental delay).

There is also some evidence, but less clear, that:

- When alcohol is consumed at low to moderate levels (that is, within low-risk guidelines for the general population) during pregnancy, it is possible that there may be some subtle effects that are currently unable to be detected. While there is insufficient evidence of such effects, women may choose not to drink at all, out of caution.
- Some groups of women appear to be more vulnerable to the effects of alcohol on the foetus, for example, women with poor overall health status or health problems such as high blood pressure or poor nutrition, smokers, and older women. Out of caution, women who are at this higher level of risk may choose not to drink at all.

Health professionals who are involved in providing ante-natal care should:

- be informed about the effects of high risk drinking during pregnancy, and
- take advantage of opportunities to provide advice on low risk drinking during pregnancy.

Women who are breastfeeding are advised:

- that alcohol in the blood stream passes into breast milk, and although there is little research

evidence available about the effect that this has on the baby, some practitioners report that, even at relatively low levels of drinking, it may reduce the amount of milk available and cause irritability, poor feeding and sleep disturbance in the infant.

- not to exceed the levels of drinking recommended during pregnancy, and may consider not drinking at all, given these concerns.

Other relevant Fact Sheets:

- *What is a standard drink?*
- *Alcohol and women's health*

Principal source

National Health and Medical Research Council (NHMRC) (2001). *Australian Alcohol Guidelines: Health Risks and Benefits*. NHMRC, Canberra.

Other sources

Laslett A, Donath S, and Dietze P (2002). Long-term consequences of alcohol consumption. In: *National Alcohol Research Agenda*. Commonwealth Department of Health and Ageing, Canberra.

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