

HEALTH

MANATŪ HAUORA

# Alcohol and Pregnancy

A practical guide  
for health  
professionals

2010

[New Zealand Government](#)



# **Alcohol and Pregnancy**

**A practical guide  
for health  
professionals**

Citation: Ministry of Health. 2010. *Alcohol and Pregnancy: A practical guide for health professionals*. Wellington: Ministry of Health.

Published in September 2010 by the Ministry of Health  
PO Box 5013, Wellington 6145, New Zealand

ISBN 978-0-478-35995-4 (Print)  
ISBN 978-0-478-35992-3 (Online)  
HP 5133

This document is available on the Ministry of Health's website:  
<http://www.moh.govt.nz>



MANATŪ HAUORA



# Contents

<b>Acknowledgements .....</b>	<b>iv</b>
<b>About Alcohol and Pregnancy.....</b>	<b>1</b>
Introduction .....	1
Health professionals making a difference .....	2
Drinking patterns .....	3
Consequences of drinking alcohol in pregnancy .....	3
<b>A Guide to Addressing Alcohol Use in Pregnancy.....</b>	<b>8</b>
1. Ask about and assess alcohol consumption .....	8
2. Advise not to drink and the reasons why.....	9
3. Assisting and arranging referral .....	12
<b>After Pregnancy .....</b>	<b>14</b>
Alcohol and breastfeeding .....	14
Suspecting FASD .....	14
<b>Further Information .....</b>	<b>15</b>
Information and resources .....	15
Training/ongoing learning opportunities .....	16
<b>Appendix 1: AUDIT-C Assessment Tool .....</b>	<b>17</b>
<b>Appendix 2: Standard Drinks Guide.....</b>	<b>19</b>
<b>References.....</b>	<b>20</b>



# Acknowledgements

We would like to thank the individuals who commented on this resource and the Alcohol Advisory Council of New Zealand (ALAC) for assisting in developing and printing this resource.

We would also like to acknowledge the Telethon Institute for Child Health Research, Alcohol and Pregnancy Project's *Alcohol and Pregnancy and Fetal Alcohol Spectrum Disorder: A resource for health professionals (1st revision)*. Perth: Telethon Institute for Child Health Research; 2009 <http://www.ichr.uwa.edu.au/alcoholandpregnancy> in producing this resource.



# About Alcohol and Pregnancy

The Ministry of Health advises that there is no known safe level of alcohol use at any stage of pregnancy.

## Introduction

The Ministry of Health advises that there is no known safe level of alcohol use at any stage of pregnancy. This includes the time around conception. The best advice is for a woman to stop drinking alcohol while pregnant or when planning a pregnancy (Ministry of Health 2009a).<sup>1</sup> This advice is supported by the Alcohol Advisory Council of New Zealand (ALAC).

The purpose of this resource is to prompt and support primary care health professionals to:

- **ask** women who are planning a pregnancy or are pregnant if they are drinking alcohol
- provide brief **advice** about not drinking alcohol when planning a pregnancy or when pregnant and explain why
- **assist** women who are having difficulty stopping, or whose drinking is problematic, and refer them to a specialist addiction treatment service.

This is not a comprehensive guideline. It is a short resource to encourage and promote good practice. Summaries are provided on the potential consequences of drinking alcohol in pregnancy, including fetal alcohol spectrum disorder. A practical three-step guide is provided, as well as information on making referrals and how to access further learning opportunities and reference resources.

---

1 This resource, *Alcohol and Pregnancy: When you drink alcohol so does your baby* can be ordered from the Ministry of Health's health education resource website [www.health.govt.nz](http://www.health.govt.nz)

## Health professionals making a difference

Advising women not to drink alcohol when pregnant or planning to be pregnant, explaining the consequences and supporting drinkers to stop when pregnant are simple prevention tasks that can have a big impact. Health professionals have a key role in providing this advice (often called brief interventions) as well as the ideal opportunity to do so.

Brief interventions are characterised by their low intensity and short duration, consisting of one to three sessions of counselling and education. The cumulative evidence shows that clinically significant reductions in drinking and alcohol-related problems can follow from brief interventions (Babor et al 2010).

A New Zealand study on what health professionals know and do about alcohol and other drug use during pregnancy found that a large proportion of health professionals reported routinely asking about the use of alcohol (78 percent). They were, however, less aware of or less likely to use any standard questionnaire to screen for risk due to alcohol consumption. In this study, health professionals reported the following barriers to asking their patients about the use of alcohol.

- It was the first visit and they had not established a relationship or rapport with the patient.
- The patient was from an ethnic, cultural or socioeconomic group which the health professional believed put them at ‘no’ or ‘low’ risk for problems.
- There is no clear procedure in the clinical environment for managing women who report they are using alcohol or other drugs (Woules 2009).

## Drinking patterns

Pregnancy is a time when women are making many changes, including changing patterns of alcohol consumption. However, it is not known how routinely the recommended advice on not drinking alcohol during pregnancy is being provided to those pregnant women who continue to drink.

Over recent decades there have been changes in New Zealand women's drinking patterns. Women's consumption has been increasing across all ages, but particularly among young women (Law Commission 2010). Results from the 2007/08 New Zealand Alcohol and Drug Use Survey showed that over a quarter of women who had been pregnant in the past three years reported drinking alcohol when pregnant (28.7 percent). However, it is not known whether the women knew they were pregnant when they consumed alcohol (Ministry of Health 2009b).

Reasons why women drink alcohol during pregnancy may include not knowing about the pregnancy or about the potential consequences of alcohol exposure to the fetus. It may also be to cope with the stress of life's problems, or because it is a social norm.

## Consequences of drinking alcohol in pregnancy

The consequences of drinking alcohol in pregnancy include the risk of miscarriage and stillbirth and the risk of a baby being born with a range of lifelong effects. Fetal alcohol spectrum disorder (FASD) is the term used to describe the effects on a child. The following information provides a brief evidence-based summary of the consequences of drinking during pregnancy.

### How alcohol affects the fetus and child

Alcohol is a teratogen – a substance that may affect the development of a fetus. Alcohol passes freely through the placenta and reaches concentrations in the fetus that are as high as those in the mother.

However, the fetus has only a limited ability to metabolise alcohol.

Miscarriage and stillbirth are among the consequences of alcohol exposure in pregnancy. In the child, alcohol exposure in pregnancy can result in prematurity, brain damage, birth defects, growth restriction, developmental delay, and cognitive, social, emotional and behavioural deficits.

As the child grows, the social and behavioural problems associated with alcohol exposure in pregnancy may become more apparent. Intellectual and behavioural characteristics in individuals exposed to alcohol in pregnancy include low IQ, inattention, impulsivity, aggression and problems with social interaction.

## Evidence of risk<sup>2</sup>

The amount of alcohol that is safe for the fetus has not been determined. Damage to the fetus is more likely to occur with high amounts of alcohol and, in particular, a pattern of drinking where high amounts of alcohol are consumed on any one occasion. There is controversy about the consequences of low to moderate alcohol consumption in pregnancy. Some studies – though not all – show links between alcohol and low birthweight, miscarriage, stillbirth, birth defects, and developmental and neurobehavioural problems.

Research on the relationship between alcohol consumption during pregnancy and child outcomes is complicated by multiple prenatal and childhood factors, and the difficulty of obtaining accurate information on the level of exposure. The relationship between alcohol consumption and risk is one of dose response, not one where there is a threshold of consumption over which damage to the fetus occurs.

Not all children exposed to alcohol during pregnancy will be affected, or affected to the same degree, and a broad range of effects is possible. The level of harm is related to the amount of alcohol

---

2 The information in this section is based on Alcohol and Pregnancy Project 2009.

consumed, the frequency of consumption and the timing of the exposure. The effects of alcohol use in pregnancy on the fetus are also influenced by a number of other factors, such as the general health and nutritional status of the mother, genetic factors, socioeconomic status, other drug use, psychological wellbeing and combinations of these factors. The level of risk to the fetus is, therefore, hard to predict.

## **Amount and frequency of consumption and timing of exposure**

All types of alcoholic beverages can be harmful during pregnancy, and the risk to the fetus is proportional to the amount of alcohol consumed. Frequent heavy drinking poses the highest risk of detrimental effects to the fetus, and damage is more likely to occur with high blood alcohol levels.

There is no safe time to drink alcohol during pregnancy. Alcohol exposure can have consequences for the development of the fetus throughout pregnancy, and variation in effects can be due to the stage of development of the fetus at the time of exposure.

The level of alcohol consumption during pregnancy below which no damage to the fetus will occur is not known.

## **Fetal alcohol spectrum disorder**

Fetal alcohol spectrum disorder (FASD) is a general term that was introduced in 2004 to describe the range of effects that can occur in an individual who was exposed to alcohol in utero. The effects include physical, mental, behavioural and learning disabilities, with life-long implications.

FASD is not a diagnostic term. It refers to a spectrum of disorders and includes the diagnostic terms fetal alcohol syndrome (FAS), alcohol-related birth defects (ARBD) and alcohol-related neurodevelopmental disorder (ARND).

The accurate diagnosis of these conditions is often complex. For example, the characteristic facial features often associated with fetal alcohol syndrome may not be evident at birth, can be subtle, tend to normalise in adolescence and may be difficult to detect in some ethnic groups. Normal facial characteristics and those associated with other syndromes may be similar to typical fetal alcohol syndrome facial characteristics.

Children with diagnoses included under the umbrella term FASD can have:

- brain damage
- birth defects
- poor growth
- developmental delay
- difficulty hearing
- difficulty sleeping
- problems with vision
- difficulty remembering
- a short attention span
- language and speech deficits
- low IQ
- problems with abstract thinking
- poor judgement
- social and behavioural problems
- difficulty forming and maintaining relationships
- characteristic facial features.

Listed below are common features and characteristics of the FASD conditions. It is not an exhaustive list. Confirmed alcohol exposure in pregnancy is a feature of all the conditions:

- fetal alcohol syndrome:
  - characteristic facial features (such as a flat mid-face, low nasal bridge, short nose, thin upper lip)
  - growth restriction
  - central nervous system abnormalities
- alcohol-related birth defects:
  - birth defects (including cardiac, skeletal, auditory, ocular, renal defects)
- alcohol-related neurodevelopmental disorder:
  - central nervous system neurodevelopmental abnormalities (such as decreased head size at birth, structural brain abnormalities, abnormal neurological signs for age)
  - evidence of a complex pattern of behavioural or cognitive abnormalities inconsistent with the child's developmental level and that cannot be explained by familial background or environment.



# A Guide to Addressing Alcohol Use in Pregnancy

The following three-step process can be used as an intervention guide when working with women who are planning a pregnancy or who are pregnant.

1. **Ask** about alcohol use, and record and assess the level of alcohol consumption.
2. **Advise** about not drinking alcohol if a woman is planning to be, or is, pregnant and explain why.
3. **Assist** women to stop drinking alcohol while pregnant, and arrange referrals to addiction treatment services for those who are unable to stop.

## 1. Ask about and assess alcohol consumption

It is good practice to ask all pregnant women and those who are planning to be pregnant about their alcohol use. This can be done as part of a broader well women check that also covers tobacco and other drug use.

It is important to avoid making assumptions about drinking behaviour based on women's socioeconomic status, education or ethnicity, as alcohol use during pregnancy crosses all socioeconomic, educational and ethnic boundaries. There are, however, some groups of women for whom it is particularly important to ask about alcohol use during their pregnancy. These include:

- women with a history of risky drinking and who have an unplanned pregnancy
- women who already have a child with FASD
- women who have FASD themselves.

It is useful to record information on alcohol use to help prompt follow-up conversations. Recording information on the quantity, frequency and pattern of consumption can also help support accurate diagnosis of FASD in the future if there are any concerns with a child.

When there are concerns about drinking, an internationally recognised assessment screening tool is the Alcohol Use Disorders Identification Test – Consumption (AUDIT-C) (refer to Appendix 1). AUDIT-C provides a quick assessment of how much and how often a woman is drinking alcohol. Prior to using this tool, it may also be useful to explain standard drinks (1 standard drink = 10 g alcohol) to help the accuracy of recall of the number of alcoholic drinks consumed (refer to Appendix 2).

## 2. Advise not to drink and the reasons why

The earlier a woman is provided with brief advice about not drinking alcohol and the consequences, and makes changes to her drinking, the less likely it is that there will be any impact from alcohol exposure on the developing fetus.

The following key messages are in the Ministry of Health pamphlet *Alcohol and Pregnancy: When you drink alcohol so does your baby* (Ministry of Health 2009a), which is regularly given to pregnant women and the messages can be reinforced verbally.

- There is no known safe level of alcohol use at any stage during pregnancy.
- Your unborn baby has no protection from the alcohol you drink.
- The best advice is to stop drinking alcohol if you are pregnant or planning a pregnancy.
- It is never too late to stop drinking during pregnancy.
- If you can't stop your drinking or are worried about the amount of alcohol you drink, get help.

The following information provides brief suggestions for how to advise about alcohol use before and during pregnancy.

## How to advise about alcohol use before and during pregnancy

### **Advise: ‘No alcohol in pregnancy is the safest choice’**

Advise women to stop drinking alcohol if they are planning a pregnancy or if they are pregnant. Use a clear, forward statement such as one of the following.

- When planning a pregnancy it is safest to stop drinking alcohol before becoming pregnant.
- No alcohol in pregnancy is the safest choice.
- If you think you are pregnant, the safest choice is to stop drinking alcohol.
- There is no safe time to drink alcohol during pregnancy.
- There is no known safe amount of alcohol to drink during pregnancy.

If a woman is unable to stop drinking alcohol, advise her to reduce her alcohol intake as much as possible and avoid intoxication, and arrange for further support.

### **Advice about the potential consequences**

All women should be given information on the consequences of drinking alcohol during pregnancy and be advised that even though the amount that is safe for the fetus is not known, the Ministry of Health’s advice is that the safest option is not to drink. Some of the consequences of drinking alcohol during pregnancy can include:

- brain damage

- poor growth
- developmental delay
- birth defects
- social and behavioural problems
- low IQ.

The consequences are life-long and may not be evident at birth.

### **Women who drank before they knew they were pregnant**

Some messages that may be helpful to use in conversation with women who have concerns include the following.

- The level of risk to the fetus is difficult to predict.
- Stopping drinking at any time in the pregnancy will reduce the risk to the fetus.
- The likely risk of harm to the fetus is low if only small amounts of alcohol have been consumed before they knew they were pregnant.
- Any concerns about the child's development after birth should be raised with a health professional.

### **Not ready to disclose pregnancy?**

If a woman is not ready to disclose to others the fact that she is pregnant, health professionals can offer advice on how to deal with social situations such as parties or workplace events that involve alcohol. Women could use the following examples.

- Tell people you are on a health kick.
- Tell people that you are having an alcohol-free day.
- Tell people you are the designated driver.

### 3. Assisting and arranging referral

For many women, advice from health professionals about not drinking during pregnancy and the reasons why is enough to change drinking behaviour. Not everyone is ready to change, however. Involving a woman's family, support people and wider community to support her to make changes in drinking behaviour can be very helpful.

Alcohol use often does not occur in isolation from other social and emotional risk factors for pregnancy. It may therefore be useful to consider a range of health behaviours (eg, tobacco and other drug use, nutrition, stress levels, social support and emotional wellbeing) when addressing alcohol use in pregnancy.

Women who indicate that they will continue to drink should be advised not to drink and be provided with advice on where to find further information and support, including how to self-refer to addiction treatment services to help them to stop drinking while pregnant. They should also be asked about their progress at future visits. Women who drink regularly at a level and frequency that suggests binge drinking or dependence should be referred to addiction treatment services for a full assessment and support.

Depending on the addiction treatment service, referral can be self-referral, or from a health professional or a non-health agency. For preferential referral, it is useful to inform the service that the referral is for a pregnant woman. Information about services and the referral process is available from the following sources.

- **National Addictions Treatment Directory**

<http://www.addictionshelp.org.nz>.

This website contains a regionalised database of all addiction treatment and advice services available in New Zealand. It provides information on how to access, and the referral process for, each service, including self-help groups.

- **Alcohol Drug Helpline: 0800 787 797**, which is free from a landline or a mobile phone and is available 10 am to 10 pm, seven days a week. The helpline is an information, referral and intervention service that offers free, confidential information, help and support. Women can be encouraged to ring the 0800 helpline or access the website for information, and advice on how to self-refer to a service. General helpline information about alcohol and drugs is also available on the website <http://www.addictionshelp.org.nz>

Once a referral is made, women can expect to be given an appointment at the service. At this appointment it is usual to go through an assessment process where they are asked about their general health, drinking and drug-taking history, and any concerns they may have. Women will be assisted to set goals and may be offered one-on-one counselling and follow-up support.

Most services are generic adult services, except for in the Auckland region, where the Community Alcohol and Drug Service runs a Pregnancy and Parental Service. This service provides assessment, information and support to pregnant women and parents of children under three years of age.



# After Pregnancy

## Alcohol and breastfeeding

The best advice is to continue to avoid alcohol while breastfeeding, especially during the first month, as alcohol passes through the breast milk to the baby. This can affect the baby's growth and motor development.

Depending on a woman's weight, it takes nearly two hours for her body to rid itself of one standard drink. If a woman does choose to drink now and then, they should be advised to wait until after they have breastfed their baby, and to wait for two hours or longer until they breastfeed again after drinking alcohol. It is also possible to plan ahead to express and store milk that doesn't contain alcohol and then discard milk after drinking alcohol in order to maintain supply.

## Suspecting FASD

If a child is at risk of or suspected of having characteristics consistent with FASD, any concerns should be discussed with the parents and an offer made to refer the child to a paediatrician experienced in the diagnosis and management of FASD.



# Further Information

## Information and resources

### Ministry of Health resources

- Alcohol and Pregnancy: *When you drink so does your baby* – a health education pamphlet, available from [www.healthed.govt.nz](http://www.healthed.govt.nz)
- *Food and Nutrition Guidelines for Pregnant and Breastfeeding Women* – a guideline for health professionals, available from [www.moh.govt.nz](http://www.moh.govt.nz)
- *Your Pregnancy* – an information booklet for women about pregnancy, available from [www.healthed.govt.nz](http://www.healthed.govt.nz)
- *Eating for Healthy Pregnant Women* – a health education pamphlet, available from [www.healthed.govt.nz](http://www.healthed.govt.nz)

### ALAC resources

- *The Straight-up Guide to Standard Drinks* – a health education resource, available from [www.alcohol.org.nz](http://www.alcohol.org.nz)
- information on alcohol and pregnancy and FASD, available from [www.alcohol.org.nz](http://www.alcohol.org.nz)

### Alcohol Healthwatch resources

- information about alcohol, available from [www.ahw.org.nz](http://www.ahw.org.nz)
- information about FASD and the Fetal Alcohol Network NZ, available from [www.fan.org.nz](http://www.fan.org.nz)

## Training/ongoing learning opportunities

The Pregnancy and Parental Services at the Auckland Community Alcohol and Drug Service can offer consultation to other agencies working with pregnant women. Contact details are [www.cads.org.nz](http://www.cads.org.nz), phone (09) 845 1818. Useful documents and websites for ongoing learning include:

- the UK Department of Health's Alcohol Identification and Brief Advice (IBA) e-learning module for health professionals [www.alcohollearningcentre.org.uk/eLearning/IBA/](http://www.alcohollearningcentre.org.uk/eLearning/IBA/)
- *Fetal Alcohol Spectrum Disorder: A guide for healthcare professionals*, produced by the British Medical Association Board of Science, 2007 [www.bma.org.nz](http://www.bma.org.nz)
- *Australian Guidelines to Reduce Health Risks from Drinking Alcohol*, produced by the Australian Government, National Health and Medical Research Council, 2009 [www.nhmrc.gov.au](http://www.nhmrc.gov.au)
- NHS Health Scotland – alcohol resources [www.healthscotland.com/topics/health/alcohol/index.aspx](http://www.healthscotland.com/topics/health/alcohol/index.aspx)
- US Centers for Disease Control and Prevention – information on alcohol, pregnancy and foetal alcohol spectrum disorder [www.cdc.gov](http://www.cdc.gov)
- Government of Ontario, Canada, Health Nexus Santé, *Best Start Resources on Alcohol and Pregnancy* [www.beststart.org/resources/alc\\_reduction/index.html](http://www.beststart.org/resources/alc_reduction/index.html)
- T Babor, R Caetano, S Casswell et al, *Alcohol No Ordinary Commodity: Research and alcohol policy* (2nd edition), New York: Oxford University Press, 2010
- TF Babor, JC Higgins-Biddle, *Brief Intervention for Hazardous and Harmful Drinking: A manual for use in primary care*, Geneva: World Health Organization, 2001.



# Appendix 1: AUDIT-C Assessment Tool

The AUDIT-C assessment tool (World Health Organization Alcohol Use Disorders Identification Test – Consumption) can be used to provide a quick assessment of how much and how often a woman is drinking alcohol. AUDIT-C is the first three questions of the longer AUDIT tool, which is a more comprehensive assessment of problem drinking. Both tools are internationally recognised and widely used.

Questions	0	1	2	3	4	Score
1. How often do you have a drink containing alcohol?	Never	Monthly or less	2–4 times a month	2–3 times a week	4 or more times a week	
2. How many drinks containing alcohol do you have on a typical day when you are drinking?	1 or 2	3 or 4	5 or 6	7 to 9	10 or more	
3. How often do you have six or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
					<b>Total</b>	

Source: World Health Organization. 2001. *AUDIT: The Alcohol Use Disorders Identification Test: Guidelines for use in primary care*. Geneva: World Health Organization.

## Scoring and interpreting AUDIT-C

Add the scores (shown in the top line) for each of the three questions for a total score out of 12. The following total scores provide an indication of whether to advise no alcohol use and/or refer the woman to a specialist addiction treatment service. They are a guide only.

0–3 Low-risk drinking (advise no use)

4–5 Moderate-risk drinking (advise no use and use professional judgement to consider referral to a specialist addiction service)

≥6 High-risk drinking (definite referral to a specialist addiction service)

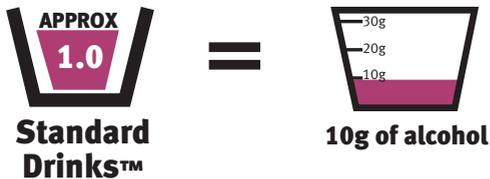
There is no known safe level of alcohol use at any stage of pregnancy.

## Appendix 2: Standard Drinks Guide

When talking with women about their drinking, it may be useful to explain the uniform standard drinks measures to help obtain an accurate assessment of their drinking patterns. Keeping track of how much alcohol is consumed can be difficult. Not everyone is aware of the size of standard drinks and so may underestimate the number of alcoholic drinks they are consuming. It is useful to have some understanding of alcohol units to quickly calculate how much women are drinking and assess the likely impacts on their health and wellbeing.

The New Zealand standard drinks measure contains 10 g of alcohol. All alcoholic containers now have the standard drinks content on the label. This label will indicate how many standard drinks are in the container. For example, a 330 ml can of beer, a 100 ml glass of table wine or a 30 ml shot of straight spirits all contain approximately 10 grams of alcohol, depending on the alcohol percentage, so are all one standard drink. Many single-serve bottles, cans and glasses contain more than one standard drink, however.

The symbol used is shown below.



More information on standard drinks is available on ALAC's website [www.alcohol.org.nz](http://www.alcohol.org.nz), including their pamphlet *The Straight-up Guide to Standard Drinks*, which provides a guide of how many standard drinks are contained in a range of alcoholic containers.



## References

Alcohol and Pregnancy Project. 2009. *Alcohol and Pregnancy and Fetal Alcohol Spectrum Disorder: A resource for health professionals (1st revision)*. Perth: Telethon Institute for Child Health Research.

Babor T, Caetano R, Casswell S et al. 2010. *Alcohol No Ordinary Commodity: Research and alcohol policy* (2nd edition). New York: Oxford University Press

Law Commission. 2010. *Alcohol in Our Lives: Curbing the harm*. A Report of the Review of the Regulatory Framework for the Sale and Supply of Liquor. Wellington: Law Commission.

Ministry of Health. 2009a. *Alcohol and Pregnancy: When you drink alcohol so does your baby*. Wellington: Ministry of Health.

Ministry of Health. 2009b. *Alcohol in New Zealand: Key results of the 2007/08 New Zealand Alcohol and Drug Use Survey*. Wellington: Ministry of Health.

World Health Organization. 2001. *AUDIT: The Alcohol Use Disorders Identification Test: Guidelines for use in primary care*. Geneva: World Health Organization.

Wouldes T. 2009. *What Health Professionals Know and Do About Alcohol and Other Drug Use During Pregnancy: A research report in collaboration with Alcohol Healthwatch*. Auckland: The University of Auckland. URL: <http://www.ahw.org.nz>

HEALTH

MANATŪ HAUORA