

Hazards of alcohol use by pregnant women and women of reproductive age

More than half of pregnant New Zealand women drink alcohol before they realise they are pregnant.

Alcohol use in pregnancy can cause fetal alcohol spectrum disorder (FASD), miscarriage and stillbirth.

All women of reproductive age should be asked about alcohol use.

Advise women to stop drinking alcohol while pregnant or when planning a pregnancy.

Women may drink alcohol not knowing they are pregnant

55% of pregnant New Zealand women drink alcohol before they realise they are pregnant. In doing this they inadvertently expose the developing baby to risk.ⁱ

- 40% of pregnancies in New Zealand are unplanned.ⁱⁱ
- 76% of New Zealand women drink alcohol and, of these, 11% drink in a hazardous way. Hazardous drinking is higher among 18 to 24-year-old women (29%) and 25 to 34-year-old women (16%).ⁱⁱⁱ
- There is no known safe level of alcohol use in pregnancy.^{iv}

Harm caused by alcohol use in pregnancy

Fetal alcohol spectrum disorder (FASD) is thought to affect at least 1 in 100 New Zealand children,^v resulting in lifelong physical and mental disabilities.

Alcohol freely crosses the placental barrier. Alcohol and the toxic metabolite of alcohol acetaldehyde can damage the developing baby's cells.^{vi}

Miscarriage and stillbirth are among the consequences of alcohol exposure in pregnancy, quite apart from the spectrum of effects associated with FASD.^{vii}

Advice for primary care health professionals

It should be normal practice to ask all women of reproductive age about their alcohol use.^{viii} Ideally, at-risk drinking should be identified before pregnancy, allowing for change.

- The best advice you can give a woman is to stop drinking alcohol while pregnant or when planning a pregnancy, and explain why.^{ix}
- Create a safe, non-judgemental environment for women to discuss issues.
- Provide clear information and advice. Women expect you and their primary care team to advise them about alcohol and pregnancy.^x
- Brief interventions are effective.^{xi}
- There is always benefit in stopping drinking alcohol at any stage of pregnancy.



FASD

Fetal alcohol spectrum disorder (FASD) is an umbrella term that describes the range of effects that can occur in a person who was exposed to alcohol during pregnancy. These effects include brain damage, birth defects, poor growth, developmental delay, and social and emotional problems. These effects are lifelong and may not become apparent until a child reaches school age and problems emerge at school and at home.

For more information

ABC Alcohol for Pregnancy – A guide for health professionals: Two-sided, A4 printable resource providing a practical, three-step guide to discussing alcohol use in pregnancy with women. Available from alcoholpregnancy.org.nz

Pregnant? Trying? Don't drink: Leaflet for women on pregnancy and alcohol. A4 printable version available from alcoholpregnancy.org.nz or leaflets can be ordered by emailing alcoholpregnancy@hpa.org.nz

Alcohol and Pregnancy – A practical guide for health professionals: Booklet outlining the risks of alcohol use during pregnancy, how to advise women about these risks and how to refer to specialist services. Available from health.govt.nz/system/files/documents/publications/alcohol-pregnancy-practical-guide-health-professionals.pdf

Pregnancy & Alcohol Cessation Toolkit – An education resource for health professionals: Online educational toolkit that includes videos showing health professionals discussing drinking during pregnancy with female patients. Available from akoaootearoa.ac.nz/projects/pact

Women Want to Know (Australia): Resources include a leaflet for health professionals on pregnancy and alcohol, a leaflet on assessing alcohol consumption in pregnancy using AUDIT-C and videos showing health professionals discussing alcohol and pregnancy with women. Available from alcohol.gov.au/internet/alcohol/publishing.nsf/Content/wwtk

References

- i. Ministry of Health. (2015). *Alcohol use 2012/13: New Zealand Health Survey*. Wellington: Ministry of Health.
- ii. Morton, S.M.B., Atatoa Carr, P.E., Bandara, D.K., Grant, C.C., Ivory, V.C., Kingi, T.R., ... Waldie, K.E. (2010). *Growing Up in New Zealand: A longitudinal study of New Zealand children and their families. Report 1: Before we are born*. Auckland: Growing Up in New Zealand.
- iii. Ministry of Health. (2014b). *New Zealand Health Survey 2013/14 adult data tables: Health status, health behaviour and risk factors*. Retrieved from www.health.govt.nz/publication/annual-update-key-results-2013-14-new-zealand-health-survey
- iv. National Health and Medical Research Council. (2009). *Australian guidelines to reduce health risks from drinking alcohol*. Canberra: NHMRC.
- v. Connor, J., & Casswell, S. (2012). Alcohol-related harm to others in New Zealand: Evidence of the burden and gaps in knowledge. *New Zealand Medical Journal*, 125(1360), 11-27.
- vi. Hard, M., Einarson, T. & Koren, G. (2001). The role of acetaldehyde in pregnancy outcome after prenatal alcohol exposure. *Therapeutic Drug Monitoring* 23(4), 286-292.
- vii. O'Leary, C.M. (2004). Fetal alcohol syndrome: diagnosis, epidemiology, and developmental outcomes. *Journal of Paediatrics and Child Health* 40(1-2), 2-7.
- viii. National Task Force on Fetal Alcohol Syndrome and Fetal Alcohol Effect (2009). *Reducing alcohol-exposed pregnancies: A report of the National Task Force on Fetal Alcohol Syndrome and Fetal Alcohol Effect*. Atlanta, GA: Centers for Disease Control and Prevention.
- ix. Ministry of Health (2010). *Alcohol and pregnancy: A practical guide for health professionals*. Wellington: Ministry of Health.
- x. Parackal, S., Parackal, M., Ferguson, E. & Harraway, J. (2006). *Awareness of the effects of alcohol use during pregnancy among New Zealand women of childbearing age. A report submitted to the Alcohol Advisory Council and Ministry of Health*. University of Otago.
- xi. Stade, B., Bailey, C., Dzendoletas, D., Sgro, M., Dowswell, T., & Bennett, D. (2009). Psychological and/or educational interventions for reducing alcohol consumption in pregnant women and women planning pregnancy. *Cochrane Database Systematic Review* 2, CD004228.