



Information for **health professionals** on **pregnancy & alcohol**

Australian women consider health professionals to be the best source of information about alcohol use during pregnancy and trust the advice they give.¹

For women who are pregnant or planning pregnancy not drinking is the safest option

The National Health and Medical Research Council's *Australian Guidelines to Reduce Health Risks from Drinking Alcohol* specify that:

Maternal alcohol consumption can harm the developing fetus or breastfeeding baby.

- For women who are pregnant or planning pregnancy, not drinking is the safest option.
- For women who are breastfeeding, not drinking is the safest option.²

Evidence supporting the pregnancy and breastfeeding alcohol guidelines

No studies have definitively established a safe level of alcohol consumption and there is no known level of alcohol consumption in pregnancy where no damage to a fetus will occur.^{3,4}

Alcohol is a teratogen which may affect the development of a fetus. Alcohol and acetaldehyde can damage developing fetal cells and impair placental/fetal blood flow, leading to hypoxia.³

Alcohol consumption during pregnancy may result in miscarriage or stillbirth and may adversely affect lactation, infant behaviour (eg feeding) and psychomotor development of the breastfed baby.³

In the child, alcohol exposure in utero can result in Fetal Alcohol Spectrum Disorders (FASD) which includes premature birth, 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 inattention, impulsivity, aggression and problems with social interaction.³

About the Women Want to Know project

The *Women Want to Know* project was developed by the Foundation for Alcohol Research and Education (FARE) in collaboration with leading health professional bodies across Australia.

The *Women Want to Know* project is funded by the Australian Government Department of Health.

For more information on the *Women Want to Know* project visit www.alcohol.gov.au



97%

of Australian women
want to be asked about
alcohol use during
pregnancy⁵

Ask all pregnant women and women planning pregnancy about their alcohol consumption

With the health of their developing baby in mind, many women will be willing to change their alcohol consumption if advised to do so.⁶ As a health professional you can positively influence a woman's choices about alcohol during pregnancy and help her have the healthiest baby possible.

One easy way to discuss alcohol consumption with pregnant women or women planning pregnancy is to use the 5As. Used extensively in smoking cessation, this evidence-based framework helps structure a conversation that is appropriate to the patient.⁷

THE 5As ARE:

ASK all women of childbearing age and pregnant women about their alcohol use. This is important as close to 50% of all pregnancies are unplanned.⁸

ASSESS and record the level of risk of women's alcohol consumption using tools such as AUDIT-C.⁹

ADVISE all women that:

- No alcohol is the safest choice when pregnant or planning pregnancy.
- An amount of alcohol that is safe for the fetus has not been determined.

Women who have consumed alcohol in pregnancy should be advised that:

- The level of risk to the fetus is hard to predict and the risk of harm to the fetus is likely to be low if only small amounts of alcohol have been consumed;
- Stopping drinking at any time in the pregnancy will reduce the risk to the fetus; and
- Any concerns about the baby's development should be raised with a health professional.

ASSIST women to stop or reduce alcohol consumption through:

- Positive reinforcement for women who are already abstaining;
- Advising on the consequences of alcohol exposure to the fetus;
- Encouraging women to seek the support of their partner and loved ones in abstaining; and
- Conducting brief intervention or motivational interviewing with the aim of supporting women to abstain, and where this is not possible, to reduce alcohol intake and avoid intoxication.

ARRANGE for further support for women by planning additional consultations or by referral to specialist services and support groups.

For more information on the National Health and Medical Research Council's *Australian Guidelines to Reduce Health Risks from Drinking Alcohol* go to: <http://www.nhmrc.gov.au/your-health/alcohol-guidelines>

For more information about talking to pregnant women about their alcohol consumption and the *Women Want to Know* project go to www.alcohol.gov.au

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¹ Peadon, E., Payne, J., Parsons, B., Bower, C., Elliott, E., Henley, N., D'Antoine, H. (2007) Alcohol and pregnancy: Women's knowledge, attitudes and practice. *Journal of Paediatrics and Child Health* 43 (7-8): A12

² National Health and Medical Research Council (2009). *Australian guidelines to reduce health risks from drinking alcohol*. Commonwealth of Australia, Canberra.

³ O'Leary, C., Nassar, N., Kurinczuk, J. and Bower, C. (2009). The effect of maternal alcohol consumption on fetal growth and preterm birth. *BJOG: An International Journal of Obstetrics and Gynaecology* 116: 390-400

⁴ Henderson, J., Gray, R., Brocklehurst, P. (2007). Systematic review of the effects of low-moderate prenatal alcohol exposure on pregnancy outcomes. *BJOG: An International Journal of Obstetrics and Gynaecology* 114 (3): 243-252.

⁵ Peadon E, Payne J, Henley N, O'Leary C, D'Antoine H, Bartu A, Bower C, Elliott E. (2011). How do women want to be informed about alcohol use in pregnancy? In: *Book of Abstracts. 4th International Conference on Fetal Alcohol Spectrum Disorders 2011. The Power of Knowledge. Integrating Research, Policy, and Promoting Practice Around the World.* March 2-5, 2011, Vancouver, Canada.

⁶ Peadon, E., Payne, J., Henley, N., D'Antoine, H., Bartu, A., O'Leary, C., Bower, C. and Elliott, E. (2010). Women's knowledge and attitudes regarding alcohol consumption in pregnancy: a national survey. *BMC Public Health* Vol 10: 510.

⁷ Goldstein, M., Whitlock, E. and DePue, J. (2004) Multiple behavioral risk factor interventions in primary care. Summary of research evidence. *American Journal of Preventive Medicine*; 27 (2 Suppl):61-79.

⁸ Colvin, L., Payne, J., Parsons, D., Kurinczuk, J.J. and Bower, C. (2007). Alcohol consumption during pregnancy in non-indigenous West Australian women. *Alcoholism Clinical and Experimental Research* Feb 31 (2): 276-84.

⁹ Dawson, D., Grant, B., Stinson, F. and Zhou, Y. (2005). Effectiveness of the Derived Alcohol Use Disorders Identification Test (AUDIT-C) and Risky Drinking in the US General Population. *Alcohol Clinical and Experimental Research* Vol 29, 5 pp: 844-854.