



ALCOHOL AND PREGNANCY

About alcohol

Alcohol is a depressant, which means it slows down the activity in your brain. It can affect your concentration and coordination. It can also affect your response time in unexpected situations. In small doses, alcohol can make you feel relaxed and more confident. In large doses it can cause unconsciousness and even death.

Alcohol and pregnancy

Alcohol passes from your blood to the baby's blood through the placenta. It is thought to affect the baby's developing brain. Heavy alcohol use is linked to miscarriage, premature birth, stillbirth and high blood pressure. You may also have more vomiting and be more dehydrated. Alcohol use during pregnancy is linked to diabetes and a higher likelihood of having a small baby; this is because alcohol can slow the baby's growth.

There are no known safe levels of alcohol use in pregnancy. It is safest to stop drinking alcohol before you get pregnant and to not drink at all during pregnancy¹.

It is impossible to predict how much an unborn baby is going to be affected by alcohol because every mother and baby is different. This is why no drinking in pregnancy is the safest option. Even drinking less than one standard drink per day (without feeling tipsy or drunk) may or may not cause damage to unborn babies. Until further research information is available it is safest not to drink at all.

Unborn babies are most at risk when women drink large quantities of alcohol, or binge drink at any time during pregnancy. If you drink small amounts of alcohol in the period before you knew you were pregnant, the risk to your baby's health is low. Low level drinking is less than seven standard drinks a week (see chart at back) and no more than two standard drinks on any one day.

The effects of alcohol on unborn babies during pregnancy can range from mild to severe. Four known disorders, known as Fetal Alcohol Spectrum Disorder (FASD), are linked to unborn babies being exposed to alcohol during pregnancy.

The three disorders are:

- » fetal alcohol effects
- » fetal alcohol related birth disorders
- » alcohol-related neurodevelopmental disorder.

The fourth disorder is **Fetal Alcohol Syndrome (FAS)** a condition caused by heavy alcohol use during pregnancy. Alcohol restricts the baby's brain and overall growth and development resulting in:

- » serious learning difficulties
- » intellectual disability
- » poor eyesight and hearing
- » poor coordination and motor skills
- » defects of the face and bones
- » heart, liver and kidney defects
- » slow physical growth after birth
- » behavioural problems.

Talk with your doctor or midwife about your alcohol use as early as possible during your pregnancy.

Counselling in pregnancy

Pregnancy can motivate you to cut down or stop your use of alcohol. A counsellor can help you with strategies to cut your alcohol use if you find it hard. Different people often need different strategies that work for them.

Counselling may also help you with personal issues that might be behind your desire to drink. Your midwife or social worker can link you with counselling services in your area or you can call Directline (details at the end of the page).

If you are pregnant already and you are drinking heavily or regularly you may need to attend a detox program. Your doctor or midwife can talk with you about this and help to arrange it.

If your partner drinks heavily, they also need to cut down or stop drinking alcohol during the pregnancy and after the birth. This is necessary to support you and to prepare for their own role as a parent once the baby is born.

Pregnancy care

For women with ongoing drinking problems, it is recommended that you reduce the effects of alcohol in the following ways:

- » Regular pregnancy care is important to ensure that you are healthy and that your baby is growing well.
- » Avoid dehydration by drinking plenty of water. You may need a Vitamin B supplement – your midwife or doctor will advise you about this.
- » You may need dietary supplements such as iron and calcium throughout your pregnancy. All women should take folate before conceiving and for at least the first three months of their pregnancy.
- » Seek support and advice from your doctor or a drug and alcohol service to help you to withdraw from alcohol safely. If you drink heavily or regularly you may need medication to help you withdraw or detox. Withdrawing from heavy alcohol use suddenly (cold turkey) can be very dangerous for you and your baby.
- » If you have a serious alcohol problem and are pregnant, it is recommended that you attend a large hospital for your antenatal care and management of your alcohol consumption. You need expert care for both you and your baby.

Symptoms such as, nausea, vomiting and constipation are common during pregnancy. You may need a referral to a dietitian. Your doctor or midwife can help with this. Good dental care is important for all pregnant women.

After the baby is born

Babies affected by large amounts of alcohol during the pregnancy, can suffer alcohol withdrawal when they are born.

After the birth, your baby will be reviewed by a doctor. The baby may need to stay in hospital for up to five days and be observed for signs of withdrawal. These signs include:

- » shaking
- » irritability
- » seizures (fitting)
- » bloated (swollen) tummy
- » vomiting.

Some babies also have trouble feeding and gaining weight. If this occurs, they may require a longer stay in hospital.

Breastfeeding

Alcohol passes into breast milk and can affect the baby in a number of ways. It can affect feeding, sleeping and baby's movements. It can also reduce your milk supply.

Current recommendations about alcohol and breastfeeding are¹:

- » It is safer not to drink at all when you are breastfeeding.
- » Avoid drinking alcohol in the first month following birth to allow breastfeeding and milk supply to become established.
- » Do not have more than two standard drinks per day (see chart at back).
- » Express milk before you drink alcohol and store it until baby needs to be fed. This is so the baby has milk available that does not have alcohol in it.
- » Breastfeed before drinking and do not breastfeed again until your blood alcohol level is zero (this will take one hour for every standard drink you have). If you feel at all tipsy or drunk it is not a good idea to breastfeed. If expressed breast milk is not available, use infant formula and prepare according to the instructions.
- » If you are planning to drink heavily, there needs to be a responsible adult caring for your baby who understands safe sleeping guidelines and is not affected by alcohol or drugs.
- » Breastfeeding while intoxicated may change your baby's feeding, sleeping and activity patterns.

Sudden Unexpected Death in Infancy (SUDI)

Sudden Unexpected Death in Infancy (SUDI) is a sleep related death in the first year of life. Research has identified several ways to care for your baby that will reduce the risk of SUDI.

If you smoke, use drugs, alcohol or medicines that make you feel drowsy, sleeping with your baby is dangerous. Anything that makes you sleep deeply will make it hard for you to respond properly to your baby's needs and ensure their safety.

Safe Sleeping Guidelines

The six ways to sleep your baby safely and reduce the risk of Sudden Unexpected Death in Infancy (SUDI) are:

- » Sleep baby on back
- » Keep head & face uncovered
- » Keep baby smoke free before & after birth
- » Safe sleeping environment night & day
- » No soft surfaces or bulky bedding
- » Sleep baby in safe cot in parents' room
- » Breastfeed baby

For more information, speak with your midwife or doctor or visit www.rednose.com.au/section/safe-sleeping

Your baby's development

Research shows that heavy and frequent alcohol use during pregnancy may lead to significant behavioural and learning problems in children that can still be there when they are adults. The more alcohol that is consumed during pregnancy, the more likely it is that the child will experience these long term learning and behavioural problems.

If your baby has been exposed to alcohol while you were pregnant, your baby should be seen regularly by a doctor that specialises in children's health (a paediatrician). Regular visits with the Maternal and Child Health Nurse are also important.

For more information

On the Women's website

www.thewomens.org.au/wm-pregnancy-drugs-alcohol

Women's Alcohol and Drug Service

Royal Women's Hospital
8.30am–5.30pm Monday to Friday
Tel: (03) 8345 3931
Email: wads@thewomens.org.au

DirectLine

DirectLine is part of Turning Point's state-wide telephone service network, providing 24-hour, seven day counselling, information and referral to alcohol and drug treatment and support services throughout Victoria. DirectLine is a free, anonymous and confidential service. | Tel: 1800 888 236

Quit

Visit this website to help you quit or help you find out more about how smoking harms you.
Tel: 137 848 | www.quit.org.au

Red Nose

Tel: 1300 308 307 | www.rednose.com.au

Reference

1. National Health and Medical Research Centre 2009

Standard drink measurements



^ Alcohol Volume

These are only an approximate number of standard drinks. Always read the container for the exact number of standard drinks.

DISCLAIMER This fact sheet provides general information only. For specific advice about your baby or your healthcare needs, you should seek advice from your health professional. The Royal Women's Hospital does not accept any responsibility for loss or damage arising from your reliance on this fact sheet instead of seeing a health professional. If you or your baby require urgent medical attention, please contact your nearest emergency department. © The Royal Women's Hospital 2016 - 2018