Why do girls and women drink alcohol during pregnancy?

Information for Service Providers

"It is safest not to drink alcohol during pregnancy."

Yet, 11% of Canadian women continue to drink after learning they are pregnant.
Many service providers struggle to understand why a woman drinks during pregnancy.

6 Reasons Girls and Women May Drink During Pregnancy

1. Women are unaware they are pregnant.

Approximately 50% of pregnancies are unplanned. Most women will stop drinking when they learn they are pregnant. It's important to have conversations with women about alcohol use before they become pregnant.

2. Women are unaware of the extent of damage alcohol can cause the fetus.

While Fetal Alcohol Spectrum Disorder (FASD) is the leading known cause of developmental disability, the range of harms of alcohol during pregnancy is still debated in the media, Science has yet to determine all the factors that affect how alcohol can affect a developing fetus.

3. Women underestimate the harms alcohol consumption can cause because they know other women who drank during pregnancy and their children appear healthy.

While many women are aware of the possible harms of alcohol, tobacco and other drugs, the effects can be varied, invisible and only apparent years down the road.

4. Alcohol use is the norm in their social group, so abstaining may be difficult.

For some women, it can be hard to abstain when it's expected that they drink, especially if people don't yet know they are pregnant. Alcohol use is often an integral part of business networking, socializing and relationships.

5. Women may be using alcohol to cope with difficult life situations such as violence, depression, poverty or isolation.

Many women can find it difficult to stop drinking when their life circumstances remain challenging during pregnancy or if they have few alternatives for finding support and treatment.

6. Women may struggle with alcohol addiction.

Addiction spans all segments of society and can be a concern long before pregnancy. In some cases, pregnancy can be an opportunity to address addictions issues, but in other cases, harm reduction approaches should be considered until a woman is ready to address her addiction.

Research shows that drinking alcohol during pregnancy is most consistently predicted by:

1) how much women drank before they were pregnant; and 2) being in an abusive relationship

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It is safest not to drink during pregnancy. What does this mean?

Information for Service Providers

According to Canada's Low Risk Alcohol Drinking Guidelines:
"The safest option during pregnancy or when planning to become pregnant, or about to breastfeed, is to not drink alcohol at all."

These guidelines were developed by a team of independent Canadian and international experts, on behalf of the National Alcohol Strategy Advisory Committee, and are based on the most recent and best available scientific research and evidence.

NO SAFE TIME

"Zero for Nine" is best

There is no threshold of alcohol use in pregnancy that has been definitively been proven to be safe. Exposure to alcohol at any time in a pregnancy can affect the fetus's brain. Even from the very start of pregnancy, alcohol can have serious and permanent consequences.

What to Tell Women:

There is no safe time to drink alcohol during pregnancy. Your baby's brain is developing throughout pregnancy. In fact, it is best to stop drinking before you get pregnant.

NO SAFE KIND

Binge drinking = More than 3 drinks

Any type of alcohol can harm the fetus (beer, coolers, wine or spirits). Some of these drinks have higher alcohol content per volume than others. What matters is the amount and frequency of alcohol consumed, not the type of drink. Binge drinking and heavy drinking are very harmful to a fetus.

What to Tell Women:

All types of alcohol can harm your baby (beer, coolers, wine, or spirits). Binge drinking and heavy drinking are very harmful to a baby.

NO SAFE AMOUNT

While some studies have shown minimal risk of harm at lower levels of consumption (e.g., 1-2 drinks a week), the potential for misunderstanding standard drink sizes and the impossibility of calculating in other individual risks (e.g., genetics, the effects of nutrition and stress and other substance use) means that the safest course of action is to avoid alcohol completely.

What to Tell Women:

It is best not to drink any alcohol during your pregnancy. There is no known safe level of alcohol use during pregnancy.

WHAT ABOUT BREASTFEEDING?

Alcohol passes into a women's bloodstream and into her breast milk at similar levels. While babies are exposed to a very small amount of the alcohol a mother drinks, they do have a rapidly developing central nervous system and an underdeveloped ability to metabolize alcohol. At present, there is only limited research on the effects of alcohol during breastfeeding.

What to Tell Women:

Having an occasional alcoholic drink has not been shown to be harmful to a breastfed infant. Ideally it is best to avoid breastfeeding for about 2 hours after drinking one alcoholic beverage.

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Alcohol, Contraception, and Preconception

Information for Service Providers

Most FASD prevention efforts focus on **avoiding alcohol use during pregnancy**, *but another option is to* **prevent pregnancy during alcohol use.**

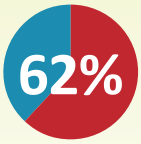
Service providers can work towards ensuring effective and accessible contraception for all women who drink alcohol during their childbearing years and can address alcohol use with women who are considering or planning a pregnancy.

Strategies for Reducing Alcohol-Exposed Pregnancies

1. **Reducing alcohol use**
2. **Increasing use of effective contraception**
3. **Both reducing alcohol use and increasing use of effective contraception**

Alcohol Use and Unplanned Pregnancies

50% Approximately one half of all pregnancies are unplanned. The highest rate of unintended pregnancy occurs in the age group of women at highest risk of binge drinking (ages 15 to 19)



62% Percentage of women who report drinking alcohol in the three months prior to pregnancy

11% Percentage of women who report binge drinking before knowing they were pregnant

Preconception Care: Helping Women Prepare for Pregnancy

While 50% of pregnancies are unplanned, this also means that 50% of pregnancies are planned. Service providers can help women to consider:

- What are the reasons I choose to drink?
- In what ways is alcohol a part of my life?
- How would I feel about not drinking at all at the next party I am invited to?
- Do I associate drinking with smoking, eating, watching TV, having sex or other activities?

Can alcohol use affect fertility?

Emerging research suggests that alcohol use can have both short- and long-term effects of fertility.

- Light drinking (1-5 drinks a week) can reduce a woman's chances of conceiving
- Long-term heavy drinking can cause adult women to have irregular periods or stop ovulating, cause periods to stop altogether or they can have an early menopause.
- Heavy drinkers who do become pregnant are more likely to have a miscarriage
- Heavy drinking or binge drinking can lead to vomiting and reduce the effectiveness of the birth control pill (emergency contraception is an option)

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Treatment and care for pregnant women who use alcohol and/or other drugs

Information for Service Providers

Women dependent on alcohol are at the highest risk of having a child born with Fetal Alcohol Spectrum Disorder. What are some of the ways service providers can support pregnant women with serious alcohol and/or other substance use concerns?

HOW CAN YOU HELP?

1. Find out more about specialized prenatal supports and services for women with addictions in your community. Advocate for women and help to reduce barriers to timely and effective care and supports.

2. Many women with addictions are able to stop or significantly reduce their alcohol consumption during pregnancy. Provide encouragement and positive feedback about even the smallest changes. If abstinence does not appear achievable, consider harm reduction approaches.

3. Substance use often intersects with issues such as poverty, unsafe or inadequate housing, violence and abuse, food insecurity, and other health and social issues. Help women deal with their immediate needs and issues.

4. Some women may be reluctant to discuss their substance use or to seek care and support. Give them time. Relationships take time to build and it's never too late to address alcohol use during pregnancy.

5. Support women who are at-risk to self-refer to governmental services for prenatal support and to build a relationship with child welfare services.

TOP BARRIERS

To Seeking Help and Support Reported by Pregnant Women who Use Alcohol:

- Shame and guilt
- Fear of child welfare involvement and/or having a child removed from their care
- Feelings of depression and low self-esteem
- Belief or hope that they can change without help
- Unsupportive or controlling partner
- Not having enough information about available services
- Waiting lists at addictions treatment agencies

TOP SUPPORTS

Reported by Pregnant Women who Use Alcohol:

- Supportive service providers
- Supportive family members
- Supportive friends/recovery group members
- Children as motivators to get help
- Health problems as motivators

References

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Pregnancy, Alcohol, and Trauma-informed Practice

Information for Service Providers

Current or past experiences of violence and trauma are one of the major reasons why a woman may continue to drink throughout her pregnancy. Being a "trauma-informed" service provider means learning to see every aspect of your service or program from the perspective of a woman who has experienced or is experiencing violence or trauma.

What is Trauma?

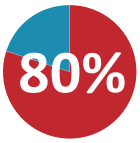
Trauma can result from early experiences in life such as child abuse, neglect, and witnessing violence as well as later experiences such as violence, accidents, natural disaster, war, and sudden unexpected loss. Trauma results from experiences that overwhelm an individual's capacity to cope.

- Post-Traumatic Stress Disorder (PTSD) is a diagnosis used to describe one type of mental health response that can result from trauma.
- Using substances to cope is very common amongst women with current or past experiences of trauma.

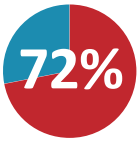
A Strong Relationship; Violence, Trauma, and FASD

In a study of 80 mothers who had given birth to a child with FASD:

95% had been seriously sexually, physically, or emotionally abused as a child or adult



80% had a major mental illness, with the most prevalent (77%) being Post-Traumatic Stress Disorder (PTSD)



72% felt unable to reduce their alcohol use because they were in an abusive relationship

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Changing the Conversation

Working from a trauma-informed perspective means changing how we think and talk about alcohol use during pregnancy.

"Why is this woman continuing to drink alcohol and placing her child at risk of FASD?"	"Even though she knows the facts, there's a reason she's still drinking. I wonder...."
"She doesn't care about her baby."	"She's making decisions to keep herself and her baby safe."
"I just need to show her how bad drinking during pregnancy is."	"I need to show her that it's safe for her to share what's happening in her life and that I am able to support her."
"Her drinking is a problem."	"Her drinking is an attempt to cope with problems."
"What is wrong with this woman?"	"What happened to this woman?"

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Alcohol, Pregnancy and Partner Support

Information for Service Providers

Many women are more likely to avoid alcohol during pregnancy if their partners support them in doing so. Conversely, women find it more difficult to reduce their drinking when their partners oppose that decision or take steps to undermine their efforts. If a woman's partner is supportive of her decision regarding reducing alcohol use during pregnancy, service providers can involve partners in supporting healthy alcohol-free pregnancies.

5 Ways Partners Can Support Women

Service providers can talk to women about what they would find supportive. Some of the things women might find helpful include having their partner:

1. Take A 'Pause'
From alcohol during the pregnancy by quitting or cutting down. Avoid drinking around her and in social situations when they are together.

2. Tell Family, Friends
And anyone offering her alcohol that there is no known safe time to drink alcohol during pregnancy and no known safe amount.

3. Offer Her Non-alcoholic Drinks
(e.g., mocktails) and bring non-alcoholic drinks to social events.

4. Take Part
In social and recreational activities with her that don't involve alcohol.

5. Help Reduce
The stress in her life. (You can ask her for specific details of how you might do this.)

Many partners want to support their pregnant partners. Service providers can involve partners, directly and indirectly, by:

- Including information about how partners can support women in both preconception and prenatal materials.
- Asking women if they would like to invite their partner or a close family member or friend to their next appointment to discuss how they can support them in achieving an alcohol free pregnancy, as well as making healthy choices overall.
- Sharing suggestions of how soon-to-be parents can be supportive of their pregnant partners. Encourage partners to ask pregnant women what kind of support she needs to avoid alcohol, reduce stress, and still have fun.

★ **Remember, a partner can be male or female and that some women may not have the support of a partner and may rely on family or friends.**

Many partners are interested in thinking about or changing their own alcohol and drug use as they prepare for parenthood. Service providers can provide information and connect partners with community resources. (It's best to do this separately from a woman's care and treatment.)

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Girls, Alcohol and Pregnancy

Information for Service Providers

Alcohol use during pregnancy is strongly related to alcohol use before pregnancy. Prevention efforts support women's health across the lifespan, starting with girls and young women. Service providers can offer girls with the opportunity for safe discussion about reproductive health concerns, contraception, pregnancy, alcohol use, and related issues such as sexuality, mental wellness, and body image.

Brief Interventions with Girls

15 OPPORTUNITIES FOR DISCUSSION, SKILL-BUILDING AND SUPPORT

1. Talk about low-risk alcohol use in the context of Canada's Low-Risk Alcohol Drinking Guidelines.
2. Start conversations based on girls' needs and interests. Alcohol use and misuse is often associated with other issues such as body weight, depression, anxiety, and tobacco use.
3. Provide information about youth-friendly services in the community.
4. Role-model how to have conversations about alcohol use with parents, siblings and other family members.
5. Some girls may not be interested in changing their alcohol use. Discuss strategies for effective contraception and ensuring personal safety and safety of friends while drinking.
6. Discuss how individual responses to alcohol can vary significantly depending on body size, genetics, hunger, other drugs, and medication use. Help girls find their limit.
7. Provide information about how women's bodies metabolize alcohol differently from men's.
8. Discuss how alcohol use can have consequences of particular concern for women, such as increased rates of breast cancer.
9. Help girls see the bigger picture and discuss what constitutes “risky” or “heavy” drinking.
10. Ensure sexually active girls know how, when, and where to access regular contraception, and, if needed, emergency contraception.
11. Discuss how contraceptive methods, including barrier methods and oral contraception, may be less effective if girls have been drinking heavily and vomiting. Provide information about alternate forms of contraception, long acting reversible contraceptives and emergency contraception.
12. Some girls might be interested in discussing alcohol marketing. Help girls critique the messages they are often presented with in mass media and advertising.
13. Some girls may use alcohol to cope with stress and/or difficult life circumstances. Respect that they are doing the best they can, listen to their concerns, and support the development of additional ways of coping.
14. Know how to identify possible signs of alcohol dependence and discuss these warning signs with girls who have questions about their own use and possible misuse.
15. Discuss alcohol use in the context of smoking, marijuana use, and other substance use. Alcohol use doesn't always happen in isolation. Girls may request information and support related to other substance use first.

FASD prevention begins long before pregnancy. Support girls' autonomy by giving them the knowledge, resources and support to make healthy choices around alcohol and contraception.

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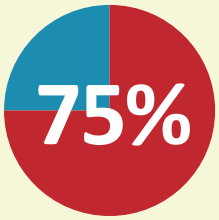
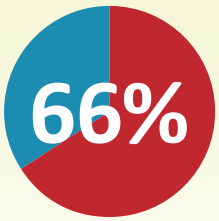
Young Women, Alcohol and Pregnancy

Information for Service Providers

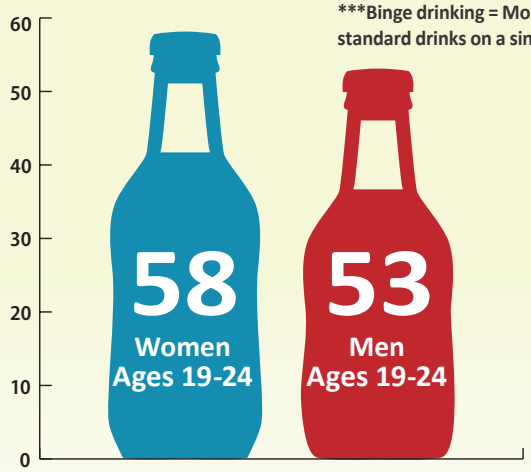
Alcohol use during pregnancy is strongly related to alcohol use before pregnancy. Rather than narrowly focusing on changing women's behaviours during pregnancy, FASD prevention efforts can support women's health across the lifespan, starting with girls and young women. For example, service providers can support young women in learning more about low-risk drinking guidelines and potential short- and long-term harms and risks of alcohol use.



75% of young women ages 15-24 drink alcohol



66% of young women ages 15-24 have had sex at least once



The rate of binge drinking in women ages 19-24 is increasing and is higher than any other age group of women and higher than in men of the same age.

Women's bodies break down alcohol differently because:

1. Women have less water in their bodies to help dilute the alcohol in their blood streams.
2. Women's bodies absorb alcohol at a slower rate.
3. Women have lower levels of a particular enzyme that breaks down alcohol in their bodies.

Canada's Low-Risk Alcohol Drinking Guidelines

To miminize the risk of harms from drinking, Canada's Low-Risk Alcohol Drinking Guidelines suggest women and men follow daily and weekly limits.

- Have no more than 2 standard drinks on most days (3 for men).
- Have no more than 3 standard drinks on any single occasion (4 for men).
- Have no more than 10 standard drinks per week (15 for men).

Making Healthy Choices

Service providers can offer young women the opportunity to consider how much they drink, why they drink, and to make healthy and well informed choices about alcohol use:

- What is my relationship with alcohol?
- When do I drink? When I'm stressed? Sad? Tired?
- How do I know my limit?
- Do I feel comfortable telling friends that I might not feel like drinking?

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