

Information for you

Published in February 2015 (Reviewed in January 2018)

Alcohol and pregnancy

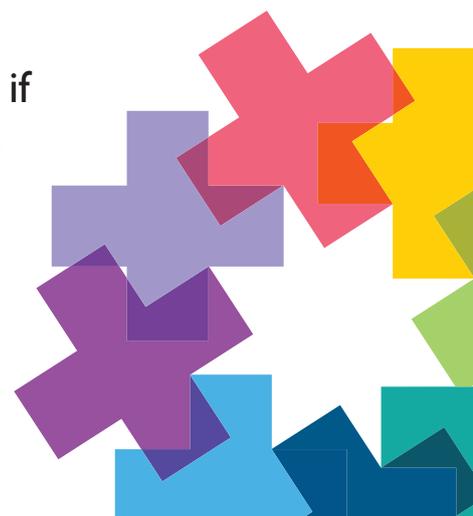
About this information

This information is for you if you are pregnant or are planning to have a baby. It outlines the effects of drinking alcohol on your baby's development in the uterus (womb). It may also be helpful if you are a partner, relative or friend of someone who is pregnant or planning a pregnancy and want to know more about the effects of drinking alcohol during pregnancy or while planning to have a baby.

A glossary of all medical terms is available on the RCOG website at:
www.rcog.org.uk/en/patients/medical-terms.

Key points

- The safest approach is not to drink alcohol at all if you are pregnant, if you think you could become pregnant or if you are breastfeeding.
- Although the risk of harm to the baby is low with small amounts of alcohol before becoming



aware of the pregnancy, there is no 'safe' level of alcohol to drink when you are pregnant.

- Drinking alcohol during pregnancy can affect the way your baby develops and grows in the uterus (womb), your baby's health at birth, and your child's long-term health.
- Drinking heavily throughout pregnancy can result in your baby having severe physical and mental disability known as fetal alcohol syndrome (FAS).
- It is important that you tell your healthcare professional(s) about your drinking so that appropriate support and information can be offered to you.

How will drinking alcohol affect my unborn baby?

Avoiding alcohol during pregnancy is the safest option. There is no proven safe amount of alcohol a woman can drink during pregnancy.

If you drink alcohol during pregnancy, some alcohol will pass through the placenta to your baby. The more you drink the greater is the risk of harm to your baby.

Drinking heavily during pregnancy can:

- increase your chances of miscarriage
- affect the way your baby develops in the uterus and, in particular, the way your baby's brain develops
- affect the way your baby grows in the uterus by causing the placenta not to work as well as it should – this is known as fetal growth restriction (for more information, see the RCOG patient information *Having a small baby*, which is available online at: www.rcog.org.uk/en/patients/patient-leaflets/having-a-small-baby)
- increase the risk of a stillbirth
- increase the risk of premature labour

- make your baby more prone to illness in infancy and in childhood, and also as an adult
- cause fetal alcohol spectrum disorder (FASD) or fetal alcohol syndrome (FAS) – see below for more information on both FASD and FAS.

The more you drink, the more your baby's growth will be affected and the less healthy your baby will be. However, if you cut down or stop drinking altogether, your baby will start to grow at a normal rate. Stopping drinking at any point during pregnancy can be beneficial. However, in some instances, the effects of heavy drinking on your baby cannot be reversed.

What are fetal alcohol spectrum disorder (FASD) and fetal alcohol syndrome (FAS)?

Drinking heavily during pregnancy can cause fetal alcohol spectrum disorder (FASD) or fetal alcohol syndrome (FAS).

While FASD is less severe than FAS, children with FASD can have learning difficulties, problems with behaviour, physical disability, and emotional and psychiatric problems that last a lifetime. Whether or not a baby is affected mildly or severely with FASD is directly linked to how much and how often a woman drinks during pregnancy.

Heavy drinking of alcohol or drinking alcohol regularly in pregnancy is harmful for babies and may result in a serious condition called fetal alcohol syndrome (FAS). Children with FAS usually have severe physical and mental disability. For more information, see the resources available from NOFAS (National Organisation for Foetal Alcohol Syndrome-UK) at: www.nofas-uk.org.

What if I am thinking of having a baby?

If you are planning a pregnancy, it is advisable not to drink alcohol during this time. Either partner drinking heavily while trying to become pregnant, can make it more difficult to conceive.

I have just discovered I am pregnant and I have been drinking. What does this mean for my baby?

Most babies will be fine. Talk to your midwife or doctor who will be able to advise you.

Will I be asked how much alcohol I drink when I am pregnant?

At your antenatal appointment, your midwife will ask you about your medical history and your lifestyle. This will include talking about your alcohol intake, if any.

Your midwife will offer you information and support on how to cut down or stop drinking alcohol.

Can I drink alcohol if I want to breastfeed?

The safest option is to avoid alcohol during breastfeeding as alcohol can find its way into your breast milk. Regular drinking during breastfeeding may affect your baby's development.

If you do choose to drink, it is safest not to drink more than 14 units per week and best to spread your drinks evenly during the week.

Support for you

There are a number of reasons why women might drink too much alcohol while they are pregnant:

- they might not know they are pregnant
- they might feel under pressure to drink when with friends
- they might be trying to cope with problems and stress
- they might not be aware of the risks of drinking alcohol during pregnancy.

If you would like to talk to someone about your drinking, you can speak to your midwife, **obstetrician**, practice nurse, GP or health visitor. Once they know how you are feeling and why you are drinking, the person you tell will be in a better position to offer you the right help and information.

It may be helpful to think about the questions below:

- How much and how often have you been drinking?
- Are you unable to remember what happened on an occasion when you were drinking?
- Has your behaviour changed because of your drinking?
- Has a relative, friend, work colleague, doctor or health worker expressed concern about your drinking?

You will be supported directly or given advice about where to find local counselling or support services available to you. See the *Further information* section below.

Making a choice

Shared Decision Making

If you are asked to make a choice, you may have lots of questions that you want to ask. You may also want to talk over your options with your family or friends. It can help to write a list of the questions you want answered and take it to your appointment.



Ask 3 Questions

To begin with, try to make sure you get the answers to three key questions if you are asked to make a choice about your healthcare.

1. What are my options?
2. What are the pros and cons of each option for me?
3. How do I get support to help me make a decision that is right for me?

*

Ask 3 Questions is based on Shepherd HL, et al. Three questions that patients can ask to improve the quality of information physicians give about treatment options: A cross-over trial. *Patient Education and Counselling*, 2011;84: 379-85



<https://www.aquanw.nhs.uk/SDM>

Further information

UK Chief Medical Officers' Low Risk Drinking Guidelines (Department of Health, 2016), which is available at: www.gov.uk/government/publications/alcohol-consumption-advice-on-low-risk-drinking

Drinkline is the national alcohol helpline: if you're worried about your own or someone else's drinking, you can call this free helpline, in complete confidence; call 0300 123 1110 (weekdays 9 am to 8 pm, or weekends 11 am to 4 pm)

NOFAS-UK (National Organisation for Foetal Alcohol Syndrome-UK): www.nofas-uk.org

The FASD Trust: www.fasdtrust.co.uk

Sources and acknowledgements

This information has been developed by the RCOG Patient Information Committee. It is based on the *UK Chief Medical Officers' Low Risk Drinking Guidelines* (Department of Health, 2016), which is available at: www.gov.uk/government/publications/alcohol-consumption-advice-on-low-risk-drinking.

This leaflet was reviewed before publication by the RCOG Women's Network and by the RCOG Women's Voices Involvement Panel.