Alcohol and pregnancy

About this information
This information is for you if you are pregnant or are planning to have a baby. It gives advice about what is thought to be a safe amount of alcohol to drink before and during your pregnancy. It outlines the effects of drinking above a safe limit on your baby’s development in the womb. It also tells you about available information and support if you are drinking above a safe limit.

How is alcohol measured?
Units are a simple way of expressing the amount of pure alcohol in a drink. One unit equals 10 ml or 8 g of pure alcohol.

The number of units in a drink is based on two things: how big the drink is and how strong it is. For example, there is more alcohol in spirits, like gin and vodka, than there is in the same amount of wine.

The table below is a rough guide to the units of alcohol in standard measures of different drinks. This is an approximation and may vary depending on the brand of your drink and the size of the measure.

<table>
<thead>
<tr>
<th>Alcoholic drink</th>
<th>Amount</th>
<th>Alcohol by volume (ABV) – strength</th>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>Small glass of white/red/rosé wine</td>
<td>125 ml</td>
<td>12%</td>
<td>1.5</td>
</tr>
<tr>
<td>Standard glass of white/red/rosé wine</td>
<td>175 ml</td>
<td>12%</td>
<td>2.1</td>
</tr>
<tr>
<td>Large glass of white/red/rosé wine</td>
<td>250 ml</td>
<td>12%</td>
<td>3</td>
</tr>
<tr>
<td>Higher strength lager/beer/cider</td>
<td>1 pint</td>
<td>5.2%</td>
<td>3</td>
</tr>
<tr>
<td>Lower strength lager/beer/cider</td>
<td>1 pint</td>
<td>3.6%</td>
<td>2</td>
</tr>
<tr>
<td>Can of lager/beer/cider</td>
<td>440 ml</td>
<td>4.5%</td>
<td>2</td>
</tr>
<tr>
<td>Alcopop</td>
<td>275 ml</td>
<td>5.5%</td>
<td>1.5</td>
</tr>
<tr>
<td>Single small shot of spirits (e.g. gin, rum, whisky, vodka, tequila, sambuca)</td>
<td>25 ml</td>
<td>40%</td>
<td>1</td>
</tr>
<tr>
<td>Single large shot of spirits</td>
<td>35 ml</td>
<td>40%</td>
<td>1.4</td>
</tr>
</tbody>
</table>
How will drinking alcohol affect my unborn baby?

If you drink alcohol during pregnancy, some will pass through the placenta to your baby.

Drinking at around the time of conception and during the first three months of pregnancy may increase your chance of miscarriage.

Drinking more than the recommended amount of alcohol at any stage during pregnancy can:

- affect the way your baby develops in the womb, in particular, the way your baby’s brain develops
- affect the way your baby grows in the womb 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 at: www.rcog.org.uk/en/patients/patient-leaflets/having-a-small-baby. 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.)
- increase the risk of a stillbirth
- increase the risk of premature labour
- make your baby more prone to illness in infancy and childhood, and as an adult
- cause fetal alcohol spectrum disorder and fetal alcohol syndrome (see below).

If you cut down or stop drinking at any point during pregnancy, it can make a difference to your baby. However, in some instances, once the damage has been done, it cannot be reversed.

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

Drinking more than the recommended amount of alcohol in pregnancy can cause fetal alcohol spectrum disorder (FASD). 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 her pregnancy.

Heavy alcohol use or regular alcohol use in pregnancy is harmful for babies and may result in a severe form of FASD called fetal alcohol syndrome (FAS). Children with this syndrome usually have severe physical and mental disability. For more information, see the patient information from NOFAS (National Organisation for Fetal Alcohol Syndrome – UK) at: www.nofas-uk.org.

How much is safe to drink during pregnancy?

There is no proven safe amount of alcohol that you can drink during pregnancy. It is also often difficult to work out just how much you are drinking, especially if you have a drink at home. The only way to be certain that your baby is not harmed by alcohol is not to drink at all during pregnancy or while breastfeeding.

It is recommended that you do not drink alcohol during the first three months of pregnancy. Drinking small amounts of alcohol after this time does not appear to be harmful for the unborn baby, but you should not:

- drink more than one or two units, and then not more than once or twice per week
- binge drink (which for a woman is when she has six units or more of alcohol on any one occasion).

To make sure that you stay within the recommended amount, you need to check how strong your drink is, how large your glass is and how full your glass is.
What about if I am thinking of having a baby?
If you are planning a pregnancy, it is advisable not to drink alcohol at all during this time.

Either partner drinking heavily (over six units per day) before pregnancy can make it more difficult to conceive.

If you are a heavy drinker and then stop drinking immediately, you could have serious side effects. If you want to stop drinking, you should discuss this first with your doctor who will be able to help you to manage any side effects.

I have just discovered I am pregnant and I have been drinking. What does this mean for my baby?
Most babies will be fine but it depends on how much you have been drinking. 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 drinking alcohol.

If you drink more than the recommended amount, 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?
You should not drink more than one or two units, more than once or twice a 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 know the risks of drinking alcohol during pregnancy.

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

It may be helpful to think about the questions below:

- Do you have six or more drinks on one occasion more than once a month?
- 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 local counselling or support services. See useful information and support groups below.
Key points

- Drinking too much alcohol during pregnancy can affect the way your baby develops and grows in the womb, your baby’s health at birth, and your child’s health and ability to learn (learning difficulties).
- It is recommended that you do not drink any alcohol during the first three months of pregnancy or while trying for a baby.
- The safest approach is to not to drink at all during pregnancy, although drinking small amounts of alcohol after three months of pregnancy (not more than one or two units, not more than once or twice a week) does not appear to be harmful.
- Drinking heavily throughout pregnancy can result in your baby having severe physical and mental disability known as fetal alcohol syndrome.
- It is important that you tell your healthcare professional(s) about your drinking. Depending on your situation, appropriate information and support will be offered.

Useful information


Drinkline: telephone 0300 123 1110. This helpline is open from 9 am to 8 pm on weekdays and from 11 am to 4 pm on weekends. This is a free and confidential helpline for people who need help and support with their own or someone else’s drinking.


FASD Trust: www.fasdtrust.co.uk

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?

http://www.advancingqualityalliance.nhs.uk/SDM/
Sources and acknowledgements


This leaflet was reviewed before publication by the RCOG Women’s Voices Involvement Panel.

The RCOG produces guidelines as an educational aid to good clinical practice. They present recognised methods and techniques of clinical practice, based on published evidence, for consideration by obstetricians and gynaecologists and other relevant health professionals. This means that RCOG guidelines are unlike protocols or guidelines issued by employers, as they are not intended to be prescriptive directions defining a single course of management.

A glossary of all medical terms is available on the RCOG website at: [www.rcog.org.uk/womens-health/patient-information/medical-terms-explained](http://www.rcog.org.uk/womens-health/patient-information/medical-terms-explained).

**A final note**

The Royal College of Obstetricians and Gynaecologists produces patient information for the public. The ultimate judgement regarding a particular clinical procedure or treatment plan must be made by the doctor or other attendant in the light of the clinical data presented and the diagnostic and treatment options available. Departure from the local prescriptive protocols or guidelines should be fully documented in the patient’s case notes at the time the relevant decision is taken.

All RCOG guidelines are subject to review and both minor and major amendments on an ongoing basis. Please always visit [www.rcog.org.uk](http://www.rcog.org.uk) for the most up-to-date version of this guideline.