

Who Drinks Alcohol During Pregnancy?

Background/Evidence

Women are likely to drink during pregnancy for one of the following six reasons:


- they are unaware they are pregnant
- they are unaware of the extent of damage alcohol can cause the fetus
- they know other women who drink during pregnancy and their children appear healthy
- alcohol use is the norm in their social group
- they are using alcohol to cope with violence, depression, poverty or isolation
- they may have an alcohol addiction ^[1,2]

Most Fetal Alcohol Spectrum Disorder (FASD) prevention efforts focus on providing information to women who are already pregnant, or planning to be, about the effects of alcohol on the developing fetus ^[3]. Unfortunately, these efforts miss many women who will drink during pregnancy.

Many 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 years) ^[4]. Young women also tend to realize they are pregnant later in term ^[5]. Research has shown that brief interventions with non-pregnant women of reproductive age can not only reduce at-risk drinking, but importantly increase the use of effective contraception ^[6].

For women who are pregnant and aware of the risks of alcohol use but struggle to abstain due to social pressure, difficult life circumstances, or addiction, an approach which focuses solely on providing information and promoting abstinence can compound the stigma and shame they may already be experiencing. Feeling ashamed or judged for their struggles with alcohol or other drugs may trigger a pregnant woman's need to drink to self-soothe and also hinder her accessing appropriate services that could help her and her child ^[7,8].





Many diverse groups of women are more likely to consume alcohol during pregnancy, including women who:

- are older (over 30) and who are young (under 18)
- have high income or who are unemployed or living in poverty
- are in an abusive relationship
- use other substances
- are depressed
- are coping with trauma
- have a partner who drinks heavily
- are coping with the intergenerational effects of colonization ^[9-12]

For women with lower-paying jobs, alcohol use in pregnancy is connected to other factors that can negatively affect fetal health – using tobacco, not accessing early prenatal care and not taking folic acid supplements ^[13]. Women experiencing violence/abuse (from all age and socio-economic categories) are more likely to drink and smoke during pregnancy ^[9, 14].


Indigenous women are less likely to drink alcohol than non-Aboriginal women in Canada ^[15]. Indigenous women who do consume alcohol are more likely to be heavy drinkers for the reasons identified above: that is poverty, experience of violence and abuse and related determinants of health ^[16].

It is important to know that a range of interconnected factors can influence fetal health both positively or negatively. For example, scientists have found that various nutritional supports such as iron and choline will improve fetal outcomes when the mother is consuming alcohol ^[17, 18].

For all of these reasons, focusing on the larger context of women's health and well-being before and during pregnancy is critical. It is consistent with what is known about best practices in working with younger women around substance use – where it has been found that a harm reduction, skill-based and gender-specific approach, rather than a zero-tolerance, information only, substance only lens is usually more effective ^[19].


What You Can Do To Help

Alcohol use during pregnancy is still often a taboo subject for both women and service providers. As service providers we need to be aware of how our knowledge and beliefs influence our willingness to have these important conversations. Women might be anxious about the alcohol they drank prior to knowing they were pregnant, be fearful of judgment and child welfare involvement if they are having a hard time stopping drinking, or be uncomfortable asking questions about even small amounts of alcohol.



Here are some of the ways service providers can help facilitate discussion of alcohol and health.

1. Discuss alcohol use with women before pregnancy as a routine part of the care and support you provide to women (e.g., during annual check-ups, or when discussing nutrition, mental wellness, or contraception).
2. Ask women what they already know about the effects of drinking during pregnancy before providing any additional information they may need. After sharing the information, ask women how it fits for them, or how it connects with their experience.
3. If a woman is sexually active and consuming alcohol on a regular basis or at risky levels, help her obtain contraception that works for her. Ensure that she understands that if she becomes pregnant there will be at least a few weeks before it is confirmed, and that the developing fetus is particularly vulnerable to the effects of alcohol during this period.
4. If a woman has questions about her alcohol use prior to becoming aware of her pregnancy, talk to her frankly about possible effects from low, moderate, and heavy alcohol use as well as some of the protective factors (e.g., nutrition). Reassure her it is never too late to reduce or stop drinking to help her baby, and that low-level consumption of alcohol in early pregnancy is not an indication for termination of pregnancy.
5. If a woman is considering or planning a pregnancy, discuss the role of alcohol in her life currently and the changes (e.g., nutrition, smoking, managing stress, ensuring she is in a healthy relationship) she might consider making now, during pregnancy, while breastfeeding and as a mother.
6. If a woman is having a hard time saying 'no' to alcohol in social or business situations, help her brainstorm reasons to give for not drinking: "I'm on a health kick." "I'm taking antibiotics." "I'm doing a cleanse." Offer to role play it with her, so that she gets more comfortable making the statements.
7. Discuss 'mocktails' and how it can help for her to take her own non-alcoholic drinks to social events.
8. Women usually don't drink in isolation. If a woman is having a hard time stopping or reducing alcohol use, ask if there are people or things going on in her life that might be making it hard to cut back.
9. Talk to her about whether her partner is supportive of her not drinking and whether it would be helpful or possible for her partner to abstain, too.
10. Don't assume that a woman's partner is supportive, or that she is safe in her relationship. Have information available about local resources that address violence against women in relationships. Many women do not disclose that they are experiencing abuse, even if directly asked, so it is useful to have this information available where it can be discreetly picked up.

- 
11. If a woman trusts you enough to share that she is in an abusive relationship, be prepared to listen non-judgmentally, to offer empathy, and to ask if there is anything you can do to support her efforts to keep herself safe (e. g., to develop a safety plan). Respect that she knows her own situation best. If you have concerns about the safety of her children, let her know this, and either support her in calling child protection services herself, or do so yourself with her full knowledge.
 12. If a woman is drinking to help her cope with the impact of previous traumatic experiences and / or with mental health concerns, let her know that many women find it helpful to address these underlying issues before (or at the same time as) addressing their alcohol use. Finding other coping strategies can help with reducing alcohol use.
 13. Be mindful of the difficult situations in which many pregnant women find themselves. Have information available regarding resources in your community such as subsidized housing, income assistance, the Healthy Baby financial benefit, prenatal vitamins, women’s groups, and Healthy Baby community support programs.
 14. If a woman is struggling with addiction, be prepared to talk with her about her options. While pregnancy and motherhood can be an important motivator for a woman to make changes to her alcohol use, let her know that her own health and well-being are important, too. Help her to feel that she can make changes in her drinking, and that there is hope. Encourage any small changes on the way to abstinence, or any harm reduction measures.

Resources & Tools for Service Providers

Canada’s Low Risk Drinking Guidelines

<http://www.ccsa.ca/Eng/topics/alcohol/drinking-guidelines/Pages/default.aspx>

This website hosted by the Canadian Centre on Substance Abuse provides information about Canada’s Low Risk Drinking Guidelines. They describe drinking practices that balance the health benefits while minimizing risks including identifying sex-specific consumption levels for women. Includes resources for service providers to support the promotion and implementation of the LRDG’s such as:

Guidelines for Healthcare Providers to Promote Low-Risk Drinking among Patients

<http://www.ccsa.ca/Resource%20Library/2012-Guidelines-For-Healthcare-Providers-to-Promote-Low-Risk-Drinking-Among-Patients-en.pdf>

Alcohol Use in Pregnancy Consensus Clinical Guidelines (Society of Obstetricians and Gynaecologists of Canada, 2010)

<http://sogc.org/wp-content/uploads/2013/01/gui245CPG1008E.pdf>

Clinical Practice Guidelines with national standards of care for the screening and recording of alcohol use and counseling on alcohol use of women of child-bearing age and pregnant women based on the most up-to-date evidence.



Motherisk

www.motherisk.org or 1-877-FAS-INFO (1-877-327-4636)

Includes up-to-date information for professionals and mothers about alcohol, drugs, and pregnancy. A toll-free helpline is available 9am to 5pm with information in English or French based on continuing research and study by Motherisk's specialized team of physicians, psychologists, pharmacologists and counselors.

Reducing the Impact: Working with pregnant women who live in difficult life situations

http://www.beststart.org/resources/anti_poverty/pdf/REDUCE.pdf

Developed by Best Start, this resource manual for service providers who work with pregnant women includes research, strategies, recommendations and references to further resources. It helps service providers to understand the complexity of socio-economic status (SES) and how to provide appropriate consideration for pregnant women living with low SES.

SMART guide

https://www.gov.mb.ca/healthychild/fasd/fasd_smartguide.pdf

This is a manual for service providers on how to have conversations with pregnant women about their alcohol use, using Motivational Interviewing approaches and Stages of Change theory.

Addiction Foundation of Manitoba's Knowledge Exchange

<http://afm.mb.ca/resources/resource-collection/>

The most comprehensive information source on substance use and misuse, problem gambling and related issues in Manitoba. It offers up-to-date, reliable information on issues, trends and research in the addictions field. AFM also hosts a large collection of fast fact sheets on a wide range of topics available for free either by download or mail. To view the sheets visit: <http://afm.mb.ca/resources/publications/>

Heavy Alcohol Use Among Girls & Young Women: Practical Tools and Resources for Practitioners and Girls' Programmers

http://coalescing-vc.org/virtualLearning/section3/documents/BCCEWH_Preventing_Heavy_Alcohol_Use_Among_Girls_Young_Women_Practical_Tools_Resources_for_Pr.pdf

Developed by the BC Centre of Excellence for Women's Health and the Girls' Action Foundation, a list of print and multimedia resources related to prevention of heavy alcohol use by girls and young women girls' group facilitators and other service providers.

Girls, Women, Alcohol and Pregnancy Blog

<https://fasdprevention.wordpress.com>

The purpose of this blog is to share news, research findings, new resources and perspectives on FASD prevention across Canada. This is an active site with frequent new posts and an archive section to support practitioners in their work.



A Study of the Service Needs of Pregnant Addicted Women

<http://www.pwhce.ca/studyServiceNeeds.htm>

Commissioned by Manitoba Health and produced by the Prairie Women's Health Centre of Excellence, this qualitative study explores the experiences and service needs of pregnant women living in Manitoba from their perspective as well as the perspective of service providers.

Resources & Tools to Share with Women

Teen Talk

www.teentalk.ca

Teen Talk is a Youth Health Education Program part of Klinik Community Health Centre. This website provides information on sexuality, reproductive health, body image, substance use awareness, mental health, issues of diversity and anti-violence issues.

Sexuality Education Resource Centre MB

www.serc.mb.ca

This website offers sexual health information including birth control options and information on safer sex practices.

Girls, Women and Alcohol: Making Informed Choices

http://www.gov.mb.ca/healthychild/fasd/alcohol_women.pdf

This resource presents low risk drinking guidelines as they apply to women, describes factors influencing girls' and women's drinking, highlights sex- and gender-specific health considerations with regard to drinking; and discusses where to find support and more information for those who wish to learn more.

Be with Child Without Alcohol

<http://www.withchildwithoutalcohol.com/>

Created by Manitoba Liquor & Lotteries, this short guide can be downloaded from the website or ordered in hard copy at no cost in English, French, Cree and Ojibway.

Canada's Low Risk Drinking Guidelines

<http://www.ccsa.ca/Resource%20Library/2012-Canada-Low-Risk-Alcohol-Drinking-Guidelines-Brochure-en.pdf>

This tri-fold brochure briefly states the guidelines for men, women and during pregnancy.

Alcohol Reality Check

<http://www.carbc.ca/PublicationsResources/SelfHelpTreatment/AlcoholRealityCheck.aspx>

Developed by the Centre for Addictions Research of BC, this simple on-line test asks a few questions to allow users to figure out if they drink too much and if their drinking habits are unhealthy or putting them at risk of becoming dependent.



Babies Best Chance, Parents' Handbook of Pregnancy and Baby Care

www.health.gov.bc.ca/library/publications/year/2013/bbc.pdf

Developed by the BC Ministry of Health, this reference guide help new parents from pregnancy, through birth, and in the parenting of a baby up to six months of age with easy to read information including information about alcohol and the risks and health effects of drinking alcohol.

Health Before Pregnancy Workbook

http://www.beststart.org/resources/rep_health/Health_Before_pregnancy_2011_FULL.pdf

In an interactive format, this workbook for young adults and couples raises issues that can affect both women and men and the health of their future children and provides answers to commonly asked questions people think about as they consider parenting.

Healthy Choices in Pregnancy Fact Sheet

<http://www.nccah-ccnsa.ca/Publications/Lists/Publications/Attachments/73/Pregnancy.pdf>

This four-page information sheet was developed by the National Collaborating Centre for Aboriginal Health and provides information for First Nations, Inuit and Métis women about reducing risks during pregnancy and creating a circle of support.

It Takes a Village – Maternal Child Health Booklet

<http://thehealthyaboriginal.net/portfolio-item/maternal-child-health-it-takes-a-village/>

Developed by the Healthy Aboriginal Network, this is a comic booklet about Lara, a young, aboriginal mom-to-be. She is visited by Danis, a stranger, who teaches her about the importance of having a healthy pregnancy, including eating healthy foods, avoiding alcohol and respecting the traditional knowledge of her elders.

Give and Take: A Booklet for Pregnant Women about Alcohol and Other Drugs

<http://www.aware.on.ca/sites/default/files/Give-and-Take.pdf>

Booklet written by women to support pregnant women who struggle with substance use issues. It provides information about the effects of alcohol and other drugs on pregnancy and breastfeeding and acknowledges that many women find it difficult to quit or cut down substance use during pregnancy.



From Evidence-to-Practice: Self-Assessment and/or Discussion Questions

The following questions are intended to support direct-service providers and system planners in reflection on their current practices, policies, and procedures in relation to pregnant women and mothers who use substances. These questions can be used for self assessment or as a tool for group discussion and collective reflective practice.

1. What do we know about the different reasons some women might drink during pregnancy?
2. Do we have conversations with all women of childbearing age that we work with about their alcohol use? About their effective use of contraception?
3. What do we know about Canada's Low Risk Drinking Guidelines, especially as they pertain to women?
4. What do we know about the effects of drinking during pregnancy?
5. If women we work with are considering pregnancy, do we discuss the role of alcohol in her life and the changes she may consider making now, during pregnancy, while breastfeeding and as a mother?
6. What do we do to support pregnant women to not drink in business or social situations?
7. Do we understand the links between alcohol use, mental health issues, trauma, and violence against women in relationships?
8. How do we ask questions that don't assume a woman's partner is supportive or that she is safe in her relationship?
9. Do we know how best to respond if a woman tells us about difficulties in her life?
10. Do we have information about local resources available to women (e.g., around pregnancy, substance use treatment, violence/abuse, mental health concerns, housing, low cost or free food or practical items, women's groups, advocacy and outreach)?
11. Are we able to respond non-judgmentally and respectfully when a woman shares with us that she is consuming alcohol during pregnancy?
12. Do we use harm reduction approaches if a woman shares with us that she is consuming alcohol during pregnancy?



Referrals

Teen Clinics

www.teenclinic.ca

Teen Clinics offer free and confidential health and medical services for youth in schools or community health centres throughout Manitoba. Visit the website for a listing of locations.

Project CHOICES

www.projectchoices.ca

A Winnipeg based program for girls and women supporting healthy choices around alcohol use, pregnancy and birth control. Participants are offered up to 4 sessions with a counsellor and a visit with a nurse to get information about birth control options.

Healthy Baby Program

The [Manitoba Prenatal Benefit](http://www.gov.mb.ca/healthychild/healthybaby/mpb.html) provides pregnant women with a net income of less than \$32,000 with a monthly cheque to help buy healthy foods during pregnancy. To download an application form visit: <http://www.gov.mb.ca/healthychild/healthybaby/mpb.html> or phone Healthy Child Manitoba at (204) 945-1301 or toll free 1-888-848-0140.

[Healthy Baby Community Support Programs](http://www.gov.mb.ca/healthychild/healthybaby/csp.html) are offered across the province for women who are pregnant or have a baby under the age of one. These drop-in, group programs offer information, support and resources on prenatal and postnatal nutrition and health, breastfeeding, parenting tips and lifestyle choices and the opportunity to connect with other parents. For a complete list of programs visit: <http://www.gov.mb.ca/healthychild/healthybaby/csp.html>

Public Health Services

<http://www.gov.mb.ca/health/publichealth/offices.html>

This website provides contact information for all public health offices in Manitoba.

Motherisk

www.motherisk.org or 1-877-FAS-INFO (1-877-327-4636)

Includes up-to-date information for professionals and mothers about alcohol, drugs, and pregnancy. A toll-free helpline is available 9am to 5pm with information in English or French based on continuing research and study by Motherisk's specialized team of physicians, psychologists, pharmacologists and counselors.

Directory of Adult Addictions Services

<http://www.gov.mb.ca/healthyliving/addictions/adult.html>

All provincially funded addictions agencies are listed on this website including their contact information, purpose and eligibility criteria.



Directory of Youth Addictions Services

<http://www.gov.mb.ca/healthyliving/addictions/youth.html>

All provincially funded addictions agencies are listed on this website including their contact information, purpose and eligibility criteria.

Provincial Central Intake – Youth Addictions Service

1-877-710-3999

Family Violence Prevention Program

<http://www.gov.mb.ca/fs/fvpp/> or 1-877-977-0007

The Family Violence Prevention Program (FVPP) supports special services for abused women and their children and for men living with family violence. There are 33 agencies across Manitoba that provide help for people affected by family violence: 10 women’s shelters, nine women’s resource centers, four residential second-stage housing programs and fourteen specialized programs. Contact the Family Violence Prevention Program to receive guidance on making the most appropriate referral.


Mental Health Information and Services

In Winnipeg: Clinic Crisis Line: 204-786-8686 or 1-888-322-3019

Outside of Winnipeg: Manitoba Farm and Rural Support Services: 1-866-367-3276

References

1. Flynn, H.A. and S.T. Chermack, *Prenatal alcohol use: The role of lifetime problems with alcohol, drugs, depression, and violence*. Journal of Studies on Alcohol and Drugs, 2008. **69**(4): p. 500-509.
2. France, K., et al., *Health professionals addressing alcohol use with pregnant women in Western Australia: Barriers and strategies for communication*. Substance Use & Misuse, 2010. **45**(10): p. 1474-1490.
3. Cismaru, M., et al., *Preventing fetal alcohol spectrum disorders: the role of protection motivation theory*. Health Marketing Quarterly, 2010. **27**(1): p. 66-85.
4. Ahmad N, et al., *Canadian Addiction Survey (CAS): Focus on gender.*, 2008, Health Canada: Ottawa.
5. Cornelius, M., H. Lebow, and N. Day, *Attitudes and knowledge about drinking: Relationships with drinking behaviour among pregnant teenagers*. Journal of Drug Education, 1997. **27**(3): p. 231-243.
6. Velasquez, M.M., et al., *A dual-focus motivational intervention to reduce the risk of alcohol-exposed pregnancy*. Cognitive and Behavioral Practice, 2010. **17**(2): p. 203-212.
7. Marcellus, L., *Feminist Ethics Must Inform Practice: Interventions with perinatal substance users*. Health Care for Women International, 2004. **25**: p. 730-742.
8. Poole, N. and B. Isaac, *Apprehensions: Barriers to Treatment for Substance Using Mothers*, 2001, BC Centre of Excellence for Women’s Health: Vancouver, BC.

- 
9. Skagerstróm, J., G. Chang, and P. Nilsen, *Predictors of Drinking During Pregnancy: A Systematic Review*. Journal of Women's Health (15409996), 2011. **20**(6): p. 901-913.
 10. Niccols, A., C.A. Dell, and S. Clarke, *Treatment Issues for Aboriginal Mothers with Substance Use Problems and Their Children*. International Journal of Mental Health and Addiction, 2009. **8**: p. 320-335.
 11. Best Start, *Keys to a Successful Alcohol and Pregnancy Communication Campaign*, 2003, Best Start: Toronto, Ontario.
 12. Bakhireva, L.N., et al., *Paternal Drinking, Intimate Relationship Quality, and Alcohol Consumption in Pregnant Ukrainian Women*. Journal of Studies on Alcohol and Drugs, 2011. **72**(4): p. 536-544.
 13. Agopian, A.J., et al., *Differences in folic acid use, prenatal care, smoking, and drinking in early pregnancy by occupation*. Preventive Medicine: An International Journal Devoted to Practice and Theory, 2012. **55**(4): p. 341-345.
 14. Fanslow, J., et al., *Violence during pregnancy: Associations with pregnancy intendedness, pregnancy-related care, and alcohol and tobacco use among a representative sample of New Zealand women*. Australian & New Zealand Journal of Obstetrics & Gynaecology, 2008. **48**(4): p. 398-404.
 15. Assembly of First Nations, *Longitudinal Health Survey (RHS): Our Voice, Our Survey, Our Reality. Selected Results from RHS Phase 1 (2002/03)*, in *Longitudinal Health Survey (RHS): Our Voice, Our Survey, Our Reality* March 2007: www.rhs-ers.ca
 16. George, M.A., et al., *Bridging the research gap: Aboriginal and academic collaboration in FASD prevention. The Healthy Communities, Mothers and Children Project*. Alaska Medicine 2007. **49**(2 Suppl): p. 139-41.
 17. Rufer, E.S., et al., *Adequacy of Maternal Iron Status Protects against Behavioral, Neuroanatomical, and Growth Deficits in Fetal Alcohol Spectrum Disorders*. Public Library of Science, 2012. **7**(10): p. 1-12.
 18. Ballard, M.S., M.X. Sun, and J.N. Ko, *Vitamin A, folate, and choline as a possible preventive intervention to fetal alcohol syndrome*. Medical Hypotheses, 2012. **78**(4): p. 489-493.
 19. Reist, D. *Current prevention work with BC youth, and some possible directions for moving forth*. in *Symposium on Heavy Alcohol Use Among Girls and Young Women Gender-Informed Primary Prevention Approaches for BC*. 2010. Vancouver, BC.