



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

### Background/Evidence

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" <sup>[1]</sup>. While these guidelines have been developed based on the most recent and best available scientific research and evidence <sup>[2]</sup>, the topic of the safety of alcohol use during pregnancy continues to be debated in the media.

It has been shown that a pregnant woman who reports having consumed 7–14 standard drinks per week is more likely to have a baby with birth defects or complications, and that drinking five or more drinks per occasion places the fetus at greatest risk of one of the diagnoses that fall under the umbrella of Fetal Alcohol Spectrum Disorder (FASD) <sup>[3,4]</sup>. At the same time, reviews of available research find no consistent evidence of harm at lower levels of consumption <sup>[4-8]</sup>. Research studies with animals do suggest that small doses of alcohol can affect fetal brain development <sup>[9]</sup>. However, for ethical and legal reasons, definitive human studies have not been conducted.

While the risk from light consumption during pregnancy appears very low, there is no known threshold of alcohol use in pregnancy that has been definitively proven to be safe. As well, not enough is understood about how individual-level factors such as nutrition, genetics, and other substance use can interact to affect outcomes. Given the low threshold at which risk has been established in some studies, the potential for misunderstanding drink sizes and actual alcohol content of various types of drinks, the precautionary principle suggests that the safest course of action for a pregnant woman or someone planning to become pregnant is to avoid alcohol completely.





Alcohol use is not a contraindication to breastfeeding. Service providers can have an important role in discussing reasonable alcohol intake with breastfeeding mothers and ensuring that women are aware that having an occasional alcoholic drink has not been shown to be harmful to a breastfed infant<sup>[10, 11]</sup>. Alcohol passes into a woman's bloodstream and into her breast milk at similar levels. The concentration of alcohol in the mother's blood and breast milk peaks at 30-60 minutes after consumption. Alcohol does not stay in the mother's milk over time. The process that clears alcohol out of her bloodstream over a few hours also clears alcohol out of her milk. As such, breastfeeding mothers can abstain from drinking prior to breastfeeding or can store breast milk if planning to drink at levels that would result in alcohol still being present at the next feed<sup>[2, 12]</sup>. Public health nurses can help women develop a specific plan for how to breastfeed safely and consume alcohol.

Data from Healthy Child Manitoba's Families First Screen shows that 14% of women in Manitoba drank alcohol during pregnancy (2007 – 2013). Nearly half (49%) of those women reported drinking more than 7 drinks per week or binge drinking (5 or more drinks) before the recognition of pregnancy. This data suggests the importance of discussing alcohol use with women who are planning to become pregnant and discussing contraceptive use with women who are sexually active and consuming alcohol. Discussing alcohol use with women of childbearing years before they are pregnant is important as many women do not change their alcohol use until they actually have the pregnancy confirmed, resulting in alcohol exposure during the first two months of fetal development.

## What You Can Do To Help

You can support women in applying "It is safest not to drink during pregnancy" to their lives, depending on their stage of life and personal preferences. Talk to women about some of the actions they can take and provide them with the information they need to make healthy choices for themselves.

1. If she is not pregnant, she can:
  - avoid drinking at risky levels and self-assess her drinking according to Canada's Low-Risk Drinking Guidelines
  - if she is drinking, use birth control effectively every time she has intercourse
2. If she is considering or planning a pregnancy, she can:
  - stop drinking *before* she gets pregnant (safest)
  - not drink while trying to conceive or not using effective contraception (safest)
  - not drink between ovulating and getting her period each menstrual cycle
  - stop drinking if she thinks she could be pregnant
3. If she is pregnant, she can:
  - stop drinking as soon as she finds out (safest)
  - not drink during her entire pregnancy through all three trimesters (safest)
  - not drink heavily, reduce and keep to lowest level of consumption possible (discuss harm reduction strategies that she has tried or might try).

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4. If she is breastfeeding, she can:
    - not drink while breastfeeding, particularly during the first three months
    - breastfeed her baby first, before drinking alcohol. If her baby is not ready to feed, she can hand express/pump milk and store it for later use
    - eat food before and during the consumption of alcohol to help to slow down the absorption of alcohol into the blood and breast milk
    - have an alternate feeding plan in place for her baby when she will be drinking. For example, she could give feedings of stored expressed breast milk (preferable to maintain her milk supply)
    - hand express or pump a small amount of breast milk as needed for comfort until enough hours have elapsed to rid her milk of alcohol. "Pumping and dumping" breast milk will not accelerate elimination of alcohol from breast milk. Only time allows the alcohol level in the breast milk to drop
  
  5. If she is breastfeeding and thinking of drinking more than 2 drinks per occasion, she can:
    - ask someone she trusts to care for her baby until she is no longer influenced by alcohol.
    - keep up her milk supply by pumping or hand expressing whenever her baby would normally have fed until the time when alcohol should have cleared her milk (about four hours after drinking 2 drinks). See the table "Time from beginning of drinking until clearance of alcohol from breast milk for women of various body weights" from the Best Start Resource Centre here. ([www.beststart.org/resources/alc\\_reduction/pdf/brstfd\\_alc\\_deskref\\_eng.pdf](http://www.beststart.org/resources/alc_reduction/pdf/brstfd_alc_deskref_eng.pdf))

The options above allow you to tailor your conversation with women, offer choice, and maintain engagement while exchanging information about making healthy choices for themselves. Note that helping girls and women reduce harms associated with alcohol use and contraception, such as eating well, reducing stress, exercising, having strong social connections can be part of these conversations. Note also that girls and women who have FASD themselves will need individualized tailored assistance.



## Resources & Tools for Service Providers

### **Alcohol Use and Pregnancy Consensus Clinical Guidelines**

<http://sogc.org/wpcontent/uploads/2013/01/gui245CPG1008E.pdf>

This Clinical Practice Guideline (2010) by the Society of Obstetricians and Gynecologists of Canada (SOGC) provides the 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. Key recommendations are provided along with helpful strategies and resources for communication, screening, and brief interventions.

### **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 Screening, Brief Intervention and Referral Website**

<http://www.sbir-diba.ca/>

This website by The College of Family Physicians of Canada and Canadian Centre on Substance Abuse provides a Clinical Guide, Screening and Assessment, Brief Intervention and Follow-up and Support Protocol, as well as information and resources on patient sub-populations, including women, alcohol and pregnancy and alcohol and breastfeeding.

### **Best Start Drinking Alcohol while Breastfeeding Resource with Timetable**

[http://www.beststart.org/resources/alc\\_reduction/pdf/brstfd\\_alc\\_deskref\\_eng.pdf](http://www.beststart.org/resources/alc_reduction/pdf/brstfd_alc_deskref_eng.pdf)

This two-page resource promotes breastfeeding as the optimal method of infant nutrition. It provides important information for health care providers about reducing any possible negative effects of alcohol while continuing to support breastfeeding. It also provides a table for mothers of infants who go several hours without breastfeeding to assist in scheduling their alcohol consumption around breastfeeding.

### **Health Professionals Working With First Nations, Inuit, and Métis: A Companion Piece**

[http://www.aboriginalsexualhealth.ca/documents/13AHI\\_HlthProfWork-w-Aboriginals-CompanPiece\\_web8x11.pdf](http://www.aboriginalsexualhealth.ca/documents/13AHI_HlthProfWork-w-Aboriginals-CompanPiece_web8x11.pdf)

A companion to the Health Professionals Working With First Nations, Inuit, and Métis Consensus Guidelines (<http://sogc.org/guidelines/health-professionals-working-with-firstnations-inuit-and-metis-consensus-guideline/>) by the Society of Obstetricians and Gynaecologists of Canada. Developed with the National Aboriginal Health Organization, this SIX page guide includes case-study scenarios, clinical tips and informative graphics.



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

[http://coalescing-](http://coalescing-vc.org/virtualLearning/section3/documents/BCCEWH_Preventing_Heavy_Alcohol_Use_Among_Girls_Young_Women_Practical_Tools_Resources_for_Pr.pdf)

[vc.org/virtualLearning/section3/documents/BCCEWH Preventing Heavy Alcohol Use Among Girls Young Women Practical Tools Resources for Pr.pdf](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.

## **Resources & Tools to Share with Women**

### **Girls, Women and Alcohol: Making Informed Choices**

[http://www.gov.mb.ca/healthychild/fasd/alcohol\\_women.pdf](http://www.gov.mb.ca/healthychild/fasd/alcohol_women.pdf)

This resource contains information on low-risk drinking, risks of heavy drinking, individual responses to alcohol, considerations for women, supporting someone close to you, and Manitoba specific resources.

### **Alcohol and Pregnancy: The Straight Up Facts Infographic**

[http://www.gov.mb.ca/healthychild/fasd/fasd\\_alcoholinfo.pdf](http://www.gov.mb.ca/healthychild/fasd/fasd_alcoholinfo.pdf)

This one page infographic presents an overview of the 'straight up facts' on alcohol and pregnancy in Canada for a general audience which can be shared with women.

### **Health Before Pregnancy Workbook**

[http://www.beststart.org/resources/rep\\_health/Health\\_Before\\_pregnancy\\_2011\\_FULL.pdf](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.

### **BC Partners for Mental Health and Addictions Information, Alcohol and Pregnancy Sheet**

[http://www.heretohelp.bc.ca/sites/default/files/LRDG\\_Pregnancy.pdf](http://www.heretohelp.bc.ca/sites/default/files/LRDG_Pregnancy.pdf)

This one-page Alcohol pregnancy sheet highlights Canada's Low-Risk Alcohol Drinking Guidelines for women during pregnancy, when planning to become pregnant and before, breastfeeding. It also highlights research on the effects of drinking during pregnancy, breastfeeding, and the percentage of women who drink during pregnancy.



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

<http://www.healthyfamiliesbc.ca/parenting>

Developed by the BC Ministry of Health, this reference guide helps 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.

### **Best Start Mixing Alcohol and Breastfeeding**

[http://www.beststart.org/resources/alc\\_reduction/breastfeed\\_and\\_alcohol\\_bro\\_A21E.pdf](http://www.beststart.org/resources/alc_reduction/breastfeed_and_alcohol_bro_A21E.pdf)

This pamphlet for mothers and partners is about drinking alcohol while breastfeeding. It highlights the importance of breastfeeding, how alcohol is transferred to the breast milk, how alcohol affects the milk supply, and what effect breast milk containing alcohol can have on a baby, ways of reducing the risks to your baby if you are breastfeeding and drinking alcohol on a special occasion or drinking more than 2 drinks on an occasion.

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

The following questions are intended to support direct-service providers, program leaders, 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. Is my agency/organization having conversations with all pregnant women and women of childbearing age about their alcohol consumption? Are we identifying at-risk drinking before pregnancy?
2. As service providers, do we create a safe environment for women to discuss alcohol consumption? How is this done?
3. Do we inform our clients that discussing alcohol and options for support for women at risk is part of routine women's health care?
4. Are we aware of the risk factors associated with alcohol use in women of reproductive age?
5. What brief interventions, if any, are being engaged in with women about at-risk drinking?
6. What harm reduction strategies are being shared with women who continue to use alcohol during pregnancy?
7. What efforts are made to advocate for pregnant women to be given priority access to withdrawal management and treatment?
8. How are we discussing low levels of alcohol consumption in early pregnancy with women?



## Referrals

### Healthy Baby Program

The **Manitoba Prenatal Benefit** 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** 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.

### Breastfeeding Telephone Support (24 hour phone line):

Health Links/Info Santé at 204-788-8667 OR Toll Free at 1-888-315-9257

### Project CHOICES

[www.projectchoices.ca](http://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.

### Teen Clinics

[www.teenclinic.ca](http://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.

### 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



## Motherisk

[www.motherisk.org](http://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.

## References

1. Canadian Centre on Substance Abuse, *Canada's Low-Risk Alcohol Drinking Guidelines*, in *For these guidelines "a drink" means* 2012.
2. Butt, P., et al., *Alcohol and health in Canada: A summary of evidence and guidelines for low-risk drinking*, 2011, Canadian Centre on Substance Abuse: Ottawa, ON.
3. U.S. Department of Health & Human Services, *U.S. Surgeon General Advisory on Alcohol Use in Pregnancy*, 2005, Author: Washington, DC:.
4. O'Leary, C.M. and C. Bower, *Guidelines for pregnancy: What's an acceptable risk, and how is the evidence (finally) shaping up?* Drug and Alcohol Review, 2012. **31**(2): p. 170-183.
5. Henderson, J., R. Gray, and P. Brocklehurst, *Systematic review of effects of low moderate prenatal alcohol exposure on pregnancy outcome*. British Journal of Obstetrics and Gynaecology, 2007. **114**(3): p. 243–252.
6. Holman, C.D., et al., *NHMRC recommendations on abstinence from alcohol in pregnancy*. Medical Journal of Australia, 1996. **164**(3): p. 699.
7. Royal College of Obstetricians and Gynaecologists, *Alcohol consumption and the outcomes of pregnancy*, in *RCOG Statement No. 5*. 2006, Royal College of Obstetricians and Gynaecologists: London, United Kingdom
8. Testa, M., B. Quigley, and R. Das Eiden, *The effects of prenatal alcohol exposure on infant mental development: A meta-analytical review*. Alcohol & Alcoholism, 2003. **38**(4): p. 295–304.
9. Whitehall, J.S., *National guidelines on alcohol use: a dissenting opinion*. MJA, 2007. **186**(1): p. 35- 37.
10. Giglia, R. and C. Binns, *Alcohol and lactation: A systematic review*. Nutrition & Dietetics, 2006. **63**(103–116).
11. Giglia, R.C., *Alcohol and lactation: An updated systematic review*. Nutrition & Dietetics, 2010. **67**(4): p. 237-243.
12. Best Start, *Mixing Alcohol and Breastfeeding: Resource for mothers and partners about drinking alcohol while breastfeeding*, B. Start, Editor 2013: Toronto, Ontario.