

## AlcoholNZ article

### Title

**Drinking alcohol during pregnancy – An overview and new research**

### At a glance

- This article was published in print form in HPA's June 2015 *AlcoholNZ* magazine (available on [alcohol.org.nz/alcoholnz](http://alcohol.org.nz/alcoholnz)).
- It outlines research findings about alcohol use and pregnancy from the Ministry of Health's 2012/13 *New Zealand Health Survey* and from HPA-commissioned qualitative research and a literature review undertaken by Research New Zealand. The full reports of the research are available on [hpa.org.nz](http://hpa.org.nz).
- About one in five women who were pregnant in the last 12 months drank alcohol at some point in their most recent pregnancy. Younger women were more likely than older women to drink alcohol during pregnancy.
- One in three women stopped drinking before pregnancy and one in two stopped drinking when they became aware of their pregnancy.
- Factors that influenced women's attitudes and behaviours towards drinking alcohol during pregnancy include desire to drink, level of anxiety about the baby's health and wellbeing, knowledge and understanding of risks and the effects on the developing baby, and advice from a lead maternity carer.

### Citation

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# Drinking alcohol during pregnancy

## An overview and new research

*As most people know, drinking alcohol during pregnancy can affect the developing baby. When a pregnant woman drinks alcohol, the alcohol in her blood passes freely through the placenta and reaches concentrations in the baby that are as high as those in the mother. Unlike the mother, the baby has only a limited ability to metabolise alcohol (Heller & Burd, 2014).*

The consequences of drinking alcohol during pregnancy can include miscarriage, stillbirth or premature birth or a child being born with life-long physical, mental, behavioural and learning disabilities. Fetal alcohol spectrum disorders (FASD) is the term used to describe the range of effects that can occur to a child. It includes diagnostic disorders such as fetal alcohol syndrome (Ministry of Health, 2010). The prevalence of FASD is conservatively estimated at 600 or more New Zealand children born with FASD each year (Connor & Casswell, 2012). However, the number of New Zealand pregnancies harmed by alcohol exposure and the exact number of people affected by FASD are unknown.

What is also not known is how much alcohol is safe for a developing fetus. The level of harm is related to the amount of alcohol consumed, the frequency and timing of consumption, and other factors such as the mother's health and genetic factors. There is strong evidence that drinking excessive amounts of alcohol during pregnancy can damage a developing fetus, but the minimum level at which alcohol begins to affect a baby is not known. A 'no-effect' level has not been established (National Health and Medical Research Council, 2009).

What is known is that FASD is preventable. The New Zealand Ministry of Health and the Health Promotion Agency (HPA) both advise that women should not drink alcohol while pregnant or when planning a pregnancy as there is no known safe level of alcohol consumption at any stage of pregnancy (Ministry of Health, 2010; Health Promotion Agency, 2014). Similar positions are held by The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (2014) and the New Zealand College of Midwives (2009).

Despite advice, many New Zealand women drink alcohol at some time in their pregnancy, although most do stop drinking or reduce their drinking when they know they are pregnant (Ministry of Health, 2015). Unplanned pregnancies are at higher risk of exposure to alcohol because women have not reduced their alcohol consumption in anticipation of getting pregnant, and recognition of an unplanned pregnancy tends to happen later than a planned pregnancy (Mallard, Connor & Houghton, 2013).

The rest of this article outlines recently released research findings about alcohol use and pregnancy, including from the Ministry of Health's 2012/13 New Zealand Health Survey (NZHS) and from a qualitative research project and a literature review that HPA commissioned to inform its programme of work to reduce alcohol consumption during pregnancy.

## **Alcohol and pregnancy – what new data shows**

National data about alcohol use and attitudes towards alcohol, including drinking during pregnancy, provides a useful national picture and helps to monitor trends. In the Ministry of Health's 2012/13 NZHS, 565 women who were pregnant in the previous 12 months answered questions about alcohol use during pregnancy (Ministry of Health, 2015). Key findings are summarised below:

### ***Rates of alcohol consumption during pregnancy***

- About one in five women (19%) who were pregnant in the last 12 months drank alcohol at some point in their most recent pregnancy.
- Younger women were more likely than older women to drink alcohol during pregnancy (28% of women aged 15 to 24 years compared with 17% of women aged 25 to 34 years and 13% of women aged 35 to 54 years).
- The highest rates for drinking during pregnancy were for Māori women (34% compared with 20% for European/Other women, 10% for Pacific women and 4.3% for Asian women).

### ***Changes to drinking behaviour leading up to and during pregnancy***

- Most women who were pregnant in the last 12 months altered their drinking behaviour leading up to and during pregnancy.
- One in three women (31%) stopped drinking before pregnancy, and one in two (55%) stopped drinking when they became aware of their pregnancy.
- One in six women (about 15%) continued to drink during most of their recent pregnancy. Of this group, the majority (8.5%) reduced their drinking while pregnant.

### ***Drinking behaviour before pregnancy***

- Most women (78%) who were pregnant in the last 12 months and who drank during their pregnancy reported risky drinking at some point in the past year (defined as drinking more than four standard drinks on one occasion).
- Of these women who reported drinking during their most recent pregnancy, 89% of those aged 15 to 24 years and 73% of those aged 25 to 34 years reported risky drinking in the past year.

## Advice not to drink during pregnancy

- More than two-thirds (68%) of women who were pregnant in the last 12 months and who had ever drunk alcohol received advice not to drink during pregnancy.
- About half (49%) of those advised not to drink while pregnant were advised by general practitioners (GPs). Of those who were advised not to drink by someone other than a GP, this advice was received from another health professional (eg, nurse, midwife or obstetrician), a spouse or partner, a relative or a friend (Ministry of Health, 2015).

A fuller analysis of this NZHS data can be found in the Ministry of Health publication *Alcohol Use 2012/13: New Zealand Health Survey* available to download at [health.govt.nz](http://health.govt.nz).

## Understanding factors that influence alcohol use during pregnancy

Having an understanding of the factors that influence alcohol use during pregnancy is helpful when developing prevention strategies. The qualitative research project *Insights from women about drinking alcohol during pregnancy* (Research New Zealand, 2014b) was commissioned by HPA to inform its alcohol and pregnancy work programme and to help fill a gap in New Zealand research identified in the companion literature review (Research New Zealand, 2014a). The overall objective of this research was to identify and understand the factors that influence alcohol drinking practices during pregnancy among different groups of New Zealand women.

Face-to-face interviews were conducted during July 2014 with 24 women from the greater Wellington region. These women were either pregnant at the time or were recent mothers and held the attitude that either it's not OK to drink at all or it's OK to drink a little, occasionally.

The following factors were found to have influenced these women's attitudes and behaviours towards drinking alcohol during pregnancy:

- *A woman's desire to drink alcohol during pregnancy.* This was largely determined by pre-pregnancy drinking behaviour. Women who hardly drank pre-pregnancy found it easy to stop drinking when pregnant; those who enjoyed drinking before they became pregnant were less inclined to give up alcohol completely during pregnancy.
- *A woman's level of anxiety about baby's health and wellbeing.* Women who were more anxious were more risk averse, so not drinking alcohol was an easy choice. This tended to include women whose pregnancy was planned, those for whom it was their first pregnancy and those who were older or very young.
- *A woman's knowledge and understanding or misunderstanding of the risks and immediate/short-term effects of alcohol for the developing baby and the potential longer-term/permanent impacts.* All women understood that drinking excessive amounts of alcohol could have detrimental effects on their babies, but women were less knowledgeable about the effects of moderate or less frequent drinking. Women who believed there could be long-term effects of low to moderate alcohol consumption imagined these effects to be relatively minor. Those who had researched the topic found the evidence inconclusive and, in the absence of information to the contrary, concluded that it was OK to drink a little, occasionally, during pregnancy. A few assumed that their babies were protected by the placental barrier.
- *Advice from a lead maternity carer, especially a midwife.* The stronger a woman's relationship with her midwife, the more likely she was to ask for and follow his or her advice. Most women recalled receiving advice not to drink alcohol from their midwife and/or doctor, but few recalled this being backed up with any information or discussion about the topic.

## What other literature shows

The literature review *Drinking alcohol during pregnancy* (Research New Zealand, 2014a) reviewed recent New Zealand and international published literature related to alcohol and pregnancy. Highlights include the following:

- Predictors of drinking during pregnancy that are consistently identified in the literature are: frequent and/or high alcohol consumption prior to pregnancy; alcohol problems; being abused or exposed to violence; social or psychological factors such as anxiety and depression; older age; higher socio-economic status; and smoking.
- Women drinking at high-risk levels after the first trimester are more likely than other pregnant women to be younger, have lower levels of education, be single parents and smoke cigarettes or use recreational drugs.
- The majority of women know that stopping alcohol use is an important behaviour associated with increasing the chances of having a healthy baby, although many women have limited knowledge about the specific effects of alcohol on the unborn child.
- Health care providers are seen as a key source of information for pregnant women and can act as endorsers or spokespersons for prevention messages.

Further research findings about alcohol and pregnancy can be found in the literature review and the qualitative research report that are published on HPA's websites – [alcohol.org.nz](http://alcohol.org.nz) and [hpa.org.nz](http://hpa.org.nz).

## Prevention strategies

The challenge then is what can and should be done to prevent and reduce alcohol use during pregnancy. Making a difference requires a range of strategies by many players at many levels.

A comprehensive approach is needed to reduce alcohol-exposed pregnancies. This should include population-based strategies as well as targeted, individual-level interventions. It should also address the diverse needs of all women of childbearing age, including those who are pregnant, those who are trying to become pregnant and those who might become pregnant (National Task Force on Fetal Alcohol Syndrome and Fetal Alcohol Effect, 2009).

HPA's alcohol and pregnancy work, which is focused on reducing alcohol drinking during pregnancy, includes all of these components. A comprehensive approach has been developed that includes marketing and communication strategies to raise population awareness of the risks of drinking in pregnancy, and activities to support health professionals to provide brief advice routinely to women at risk of alcohol-exposed pregnancies. HPA is also supporting efforts to ensure effective support and treatment for those women at greatest risk of having alcohol-exposed pregnancies.

The first phase of HPA's alcohol and pregnancy communications begins in mid-June 2015. The campaign will use digital channels, such as social networking sites and online advertising, to target young women who drink with a message that if there is any chance you could be pregnant, don't drink alcohol.



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