

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

## Information for Service Providers

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." These guidelines were developed by a team of independent Canadian and international experts, on behalf of the National Alcohol Strategy Advisory Committee, and are based on the most recent and best available scientific research and evidence.

### NO SAFE TIME

"Zero for Nine" is best.

There is no threshold of alcohol use in pregnancy that has been definitively been proven to be safe. Exposure to alcohol at any time in a pregnancy can affect the fetus's brain. Even from the very start of pregnancy, alcohol can have serious and permanent consequences.

**What to Tell Women:** There is no safe time to drink alcohol during pregnancy. Your baby's brain is developing throughout pregnancy. In fact, it is best to stop drinking before you get pregnant.

### NO SAFE KIND

Binge drinking =  
More than 3 drinks

Any type of alcohol can harm the fetus (beer, coolers, wine or spirits). Some of these drinks have higher alcohol content per volume than others. What matters is the amount and frequency of alcohol consumed, not the type of drink. Binge drinking and heavy drinking are very harmful to a fetus.

**What to Tell Women:** All types of alcohol can harm your baby (beer, coolers, wine, or spirits). Binge drinking and heavy drinking are very harmful to a baby.

### NO SAFE AMOUNT



While some studies have shown minimal risk of harm at lower levels of consumption (e.g., 1-2 drinks a week), the potential for misunderstanding standard drink sizes and the impossibility of calculating in other individual risks (e.g., genetics, the effects of nutrition and stress and other substance use) means that the safest course of action is to avoid alcohol completely.

**What to Tell Women:** It is best not to drink any alcohol during your pregnancy. There is no *known* safe level of alcohol use during pregnancy.

## WHAT ABOUT BREASTFEEDING?

Alcohol passes into a woman's bloodstream and into her breast milk at similar levels. While babies are exposed to a very small amount of the alcohol a mother drinks, they do have a rapidly developing central nervous system and an underdeveloped ability to metabolize alcohol. At present, there is, only limited research on the effects of alcohol during breastfeeding.

**What to Tell Women:** Having an occasional alcoholic drink has not been shown to be harmful to a breastfed infant. Ideally it is best to avoid breastfeeding for about 2 hours after drinking one alcoholic beverage.

### References

1. Best Start Resource Centre. (2013). Mixing Alcohol and Breastfeeding: Resource for mothers and partners about drinking alcohol while breastfeeding, Best Start Resource Centre: Toronto, Ontario.
2. Butt, P., Beirness, D., Gliksman, L., Paradis, C., & Stockwell, T. (2011). Alcohol and health in Canada: A summary of evidence and guidelines for low-risk drinking. Ottawa, ON: Canadian Centre on Substance Abuse.



## **2. 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" [1]. While these guidelines have been developed based on the most recent and best available scientific research and evidence [2], 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 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) [3, 4]. At the same time, reviews of available research find no consistent evidence of harm at lower levels of consumption [4-8]. Research studies with animals do suggest that small doses of alcohol can affect fetal brain development [9]. 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 [10, 11]. 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 [2, 12].

Data from the 2009 Canadian Maternity Experiences Survey indicate that 62.4% of women reported drinking alcohol during the three months prior to pregnancy but only 10.5% of the

women surveyed reported that they consumed alcohol during pregnancy; 0.7% of these women drank frequently and 9.7% infrequently. Binge drinking was reported by 11% of women before the recognition of pregnancy [13, 14]. These data suggest 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 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).
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. She could give feedings of stored expressed breast milk (preferable to maintain her milk supply) or formula if needed. She could also pump and store breast milk before drinking.
  - 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 her drinking
  - 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. The 6<sup>th</sup> sheet in this series discusses how women may want to involve partners and families in learning about how they might be supportive.

## ***Selected Resources & Tools***

### **For Service Providers:**

**Alcohol Use and Pregnancy Consensus Clinical Guidelines** <http://sogc.org/wp-content/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 Alcohol Drinking Guidelines**

<http://www.ccsa.ca/eng/priorities/alcohol/canada-low-risk-alcohol-drinking-guidelines/Pages/default.aspx>

The Canadian Centre on Substance Abuse (CCSA) website is the “go to” for information on Canada's Low-Risk Alcohol Drinking Guidelines (LRDG). Here you will find [resources](#) that have been developed 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/2012%20CCSA%20Documents/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 pregnant and alcohol and 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-first-nations-inuit-and-metis-consensus-guideline/>) by the Society of Obstetricians and Gynaecologists of Canada. Developed with the National Aboriginal Health Organization, this 6-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://www.bccewh.bc.ca/news-events/documents/BCCEWHPreventingHeavyAlcoholUseAmongGirlsYoungWomen\\_PracticalToolsResourcesforPractitionersGi.pdf](http://www.bccewh.bc.ca/news-events/documents/BCCEWHPreventingHeavyAlcoholUseAmongGirlsYoungWomen_PracticalToolsResourcesforPractitionersGi.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.

### **For women:**

**You may find the following resources helpful to share 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.

#### **BCCEWH Women and Alcohol: A Women's Health Resource Booklet**

<http://www.health.gov.bc.ca/women-and-children/pdf/women-and-alcohol-brochure.pdf>

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

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

<http://fasdprevention.files.wordpress.com/2012/02/alcohol-and-pregnancy-infographic-feb-2012.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.

### **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 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.

### **Best Start Alcohol and Pregnancy Pamphlet**

[http://www.beststart.org/resources/alc\\_reduction/pdf/bs\\_brochure\\_lr.pdf](http://www.beststart.org/resources/alc_reduction/pdf/bs_brochure_lr.pdf)

This pamphlet addresses common questions women have around alcohol and pregnancy including, 'What happens if I drink alcohol when I am pregnant?' and 'What if I had a couple of drinks before I knew I was pregnant?'. It highlights the key message: so safe time, no safe kind, no safe amount and shares information on what is FASD, as well as resources for women who need help to stop drinking.

### **HealthLink BC Pregnancy and Alcohol Use (available in various languages)**

<http://www.healthlinkbc.ca/healthfiles/hfile38d.stm>

This HealthLink BC website page offers straight forward answers to many questions women have, including, what are the risks of drinking alcohol during pregnancy?, how much alcohol is risky?, is there any safe time to drink alcohol during pregnancy?, what drinks are harmful?, what if I drank alcohol before knowing I was pregnant?, what else can I do to reduce the risks?, etc. Resources are BC-specific.

### **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 breastmilk, how alcohol affects the milk supply, and what effect breastmilk 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.

### **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.

## ***From Evidence-to-Practice***

### **Self-Assessment and 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 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 with 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***

### **Alcohol & Drug Information & Referral Service**

1-800-663-1441 Lower Mainland: (604) 660-9382

This service is available to people across BC needing help with any kind of substance use issues 24 hours a day. It provides multi-lingual information and referral to education, prevention and treatment services and agencies around the province. There are programs in some BC communities that provide women-only services, and that prioritize pregnant women.

### **BC Association of Pregnancy Outreach Programs**

<http://www.bcapop.ca/>

Pregnancy Outreach Programs (POPs) are located all over BC and provide free prenatal and early parenting support to women who experience health or lifestyle challenges during pregnancy, birth and the transition to parenting. The website provides information, resources, and contact information for programs across the province. 1-604-314-8797

### **First Nation, Métis and Inuit Specific Programs**

If you are living in a First Nations community, contact your local health centre, community health nurse, or community health representative. If you are living outside your First Nations community or feel uncomfortable accessing service through your First Nation, contact your local BC Aboriginal Friendship Centre, Pregnancy Outreach Program, or your local health authority's public health nursing or mental health and substance use team.

BC Association of Friendship Centre's <http://www.bcaafc.com/bc-friendship-centres>

First Nations Health Authority <http://www.fnha.ca/about/regions>

Metis Nation BC - <http://www.mnbc.ca/>

### **Here to Help**

<http://www.heretohelp.bc.ca/>

A website of the BC Partners for Mental Health and Addictions. Self-help resources in multiple languages.

### **Local BC Public Health Unit**

Go here to find out the services that are available in your area – search for maternal child health services.

Vancouver Coastal Health Authority - [http://www.vch.ca/locations\\_and\\_services](http://www.vch.ca/locations_and_services)

Island Health Authority - <http://www.viha.ca/locations>

Interior Health Authority - <http://www.interiorhealth.ca/FindUs/Pages/default.aspx>

Fraser Health Authority - [http://www.fraserhealth.ca/find\\_us/](http://www.fraserhealth.ca/find_us/)

Northern Health Authority - <http://www.northernhealth.ca/OurServices/ContactUs.aspx>

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**Mental Health Information Line:** 310-6789 (no area code needed)

A provincial line that is answered 24/7/365. It provides empowering emotional support, information on appropriate referral options and a wide range of support relating to mental health concerns. The Here to Help website provides additional information, screening self-tests, and self-help resources related to mental health and substance use.

### **Motherisk**

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

### **Options for Sexual Health BC**

<https://www.optionsforsexualhealth.org/>

Provides services on sexual health, birth control and pregnancy through clinics, education programs and the 1-800-SEX-SENSE information and referral line. See their [clinic finder](#)



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