

This fact sheet arises from the project Building Capacity, which has received funding from the European Union, in the framework of the Public Health Programme. Sole responsibility for the contents of this publication lies with the author. The Executive Agency is not responsible for any use of the information that may be contained herein. The contents of this fact sheet are based on the discussions and outcomes of the AER Alcohol Peer Reviews that took place between 2007-2009 as part of the Building Capacity project.



Facts & Figures

- Even if the total amount of alcohol consumption has dropped over the past years, there is an increase of harmful drinking patterns.
- Not all women stop drinking alcohol when pregnant. 25-50% continue, even at harmful levels.

(Alcohol in Europe Report, 2006)

- Alcohol consumption during pregnancy may cause congenital birth defects.
- There is no such thing as “safe drinking” in pregnancy.

(March of Dimes)



What happens when a pregnant woman drinks?

When a pregnant woman drinks, alcohol passes through the placenta to her foetus. In the immature body of the foetus, alcohol is broken down much more slowly than in an adult's body. As a result, the alcohol level of the baby's blood can be higher and remain elevated for a longer time than the level in the mother's blood. This may affect the child from conception onwards, throughout the pregnancy and it sometimes causes the baby to suffer lifelong damage.

It is difficult to identify with precision the lower levels at which alcohol can cause harm to the child, and for this reason a woman may consider not drinking at all, out of caution. (Australian alcohol guidelines)

From a child perspective, it is safest if the mother abstains from alcohol consumption during pregnancy or when planning a pregnancy. Even small to moderate doses of alcohol intake might exert a negative affect on children. Children exposed to prenatal alcohol intake may show a significant increase of cognitive and socio emotional problems. (Swedish National Institute of Public Health).

The brain and the central nervous system of the child are developed during the whole period of pregnancy. No evidence is shown that dinking during the early weeks is less dangerous than other periods.

Foetal Alcohol Spectrum Disorders (FASDs)

Drinking alcohol during pregnancy can cause a wide range of physical and mental birth defects. The term “foetal alcohol spectrum disorders” (FASDs) is used to describe the many problems associated with exposure to alcohol before birth.

Although many women are aware that heavy drinking during pregnancy can cause birth defects, they often do not realise that moderate or even light drinking may also harm the foetus. In fact, no level of alcohol use during pregnancy has been proven safe. Therefore it is recommended that pregnant women do not drink any alcohol, including beer, wine, wine coolers and liquor, throughout their pregnancy and while nursing. In addition, because women often do not know they are pregnant for a few months, women who may be pregnant or who are attempting to become pregnant should not drink alcohol.

Recent surveys indicate that about 1 in 12 pregnant women drink during pregnancy. About 1 in 30 pregnant women report binge drinking (five or more drinks on any one occasion). Binge drinking or heavily drinking women increase the risk of alcohol-related damage to their babies to a high extent. (www.marchofdimes.com/professionals/14332_1170.asp)

What is foetal alcohol syndrome (FAS)?

FAS is one of the most common known causes of mental retardation. It is the only cause that is entirely preventable. Studies by the Centres for Disease Control and Prevention (CDC) suggest that between 1,000 and 6,000 babies in the United States are born yearly with FAS. (www.cdc.gov/alcohol/index.htm)

Babies with FAS are abnormally small at birth and usually do not catch up on growth as they get older. They have characteristic facial features, including small eyes, a thin upper lip and smooth skin in place of the normal groove between the nose and upper lip. Their organs, especially the heart, may not form properly. Many babies with FAS also have a brain that is small and abnormally formed. Most have some degree of mental disability. Many have poor coordination, a short attention span and emotional and behavioural problems.

The effects of FAS and other FASDs last a lifetime. Even if not mentally retarded, persons with FAS and other FASDs are at high risk for psychological and behavioural problems and criminal behaviour. Very often it is difficult for them to keep a steady job and to live without assistance. (www.marchofdimes.com/professionals/14332_1170.asp)

And the father?

There is no proof that alcohol consumption of the father affects the development of the foetus.

(www.marchofdimes.com/professionals/14332_1170.asp)

But men can help their partner avoid alcohol by not drinking during their partner’s pregnancy.



Regions' main problems regarding alcohol & pregnancy

The 4th AER Alcohol Peer Review, which took place in Katowice, Silesia-PL on 18th March 2009, focused on the prevention of alcohol-related harm during pregnancy.

During the discussions, participants underlined the **biggest problems regions encounter** with regards to alcohol & pregnancy, especially:

- changing drinking patterns among women, a relatively new problem in all regions
- increasing amount of teenage mothers with a poor social situation
- general ignorance of the damages that might be caused
- even professionals are not always aware of the problem in order to detect it in time
- women with a poor social situation and with alcohol problems often don't have any contact with professionals in the health sector or in social services
- in the healthcare sector, there are rarely routines for diagnosing and treatment children with FAS
- the economic situation is getting worse and there are not enough funds available for prevention campaigns
- alcohol is accepted and used by professionals in health care and this might stop them from asking questions about the alcohol consumption of their patients
- preventive measures are not really popular amongst politicians as they don't show short term results...

What needs to be changed?

- As alcohol is a socially accepted commodity, people's mentality towards alcohol has to change.
- Better statistics are needed: in order to be able to work on prevention measures and information campaigns, the real numbers have to be known.
- Education for doctors, nurses, midwives and teachers: more knowledge about the subject is needed. Gaining this knowledge has to be made attractive.
- Education and information directed to young people about the risks of drinking alcohol during pregnancy.
- Create diagnostic centres for treatment and consultations for children with FAS.
- Cooperation between NGOs and political authorities needs to be developed.

Some examples of regions' actions

In **Jönköping** (S) there is an attempt to change routines: The first visit to the maternity health care centre is scheduled earlier. Questions regarding alcohol consumption are asked in a different way, in order to identify women with hazardous drinking patterns. The entire team of professionals work on education and information.

Devon (UK) tries to develop and adapt special education programmes that target young people before they get pregnant.

In **Slaskie** (PL) the work of parents associations is supported in order to create awareness about the risks and to help (foster) parents with sick children.

Catalunya (E) has developed new standardised training programmes for professionals and policies are adapted to the evidence shown in science.

Prevention and Intervention

Birth defects caused by the alcohol consumption of the mother can be avoided. Efficient prevention campaigns try to tackle the problem at different levels:

- Information campaigns address future mothers and the society around (doctors, nurses, teachers, social workers etc), but even well educated persons still think that there is no risk when you drink small amounts of alcohol.
- Special information needs to be given to young people as they often have a different social behaviour. Teenage pregnancies are increasing across Europe.
- The earlier the problem is detected the more help can be given to the mother and child. Early intervention can support the development of children who have suffered damages due to their mother's alcohol consumption.
- New interview models have to be developed to identify persons with dangerous alcohol consumption patterns.
- The husband/partner and people living close to a future mother can help prevent pregnant women from drinking alcohol.

Regions have a key role to play in informing and educating the public.

Furthermore, regions with competences in organising and financing healthcare services can emphasise prevention and identification campaigns.

School based educational programmes should include the health promotional aspect

(AER Peer Review on Alcohol & Pregnancy, Katowice, Silesia-PL, 18 March 2009)



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- Further information on the AER Peer-Reviews is available at: <http://www.aer.eu/main-issues/health/alcohol-prevention/aer-alcohol-peer-reviews.html>