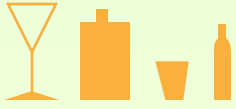


Why do girls and women drink alcohol during pregnancy?

Information for Service Providers



"It is safest not to drink alcohol during pregnancy." Yet, 11% of Canadian women continue to drink after learning they are pregnant. Many service providers struggle to understand why a woman drinks during pregnancy.

6 Reasons Why Girls & Women May Drink During Pregnancy

1. Women are unaware they are pregnant.

Approximately 50% of pregnancies are unplanned. Most women will stop drinking when they learn they are pregnant. It is important to have conversations with women about alcohol use *before* they become pregnant.

2. Women are unaware of the extent of damage alcohol can cause the fetus.

While Fetal Alcohol Spectrum Disorder is the leading known cause of developmental disability, the range of harms of alcohol during pregnancy is still debated in the media and science has yet to determine all the factors that affect how alcohol can affect a developing fetus.

3. Women underestimate the harms alcohol consumption can cause because they know other women who drank during pregnancy and their children appear healthy.

While many women are aware of the possible harms of alcohol, tobacco and other drugs, the effects can be varied, invisible, and only apparent years down the road.

4. Alcohol use is the norm in their social group and abstaining may therefore be difficult.

For some women, it can be hard to abstain when it's expected that they drink, especially if people don't yet know they are pregnant. Alcohol use is often an integral part of business networking, socializing, and relationships.

5. Women may be using alcohol to cope with difficult life situations such as violence, depression, poverty, or isolation.

Many women can find it difficult to stop drinking when their life circumstances remain challenging during pregnancy or if they have few alternatives for finding support and treatment.

6. Women may struggle with alcohol addiction.

Addiction spans all segments of society and can be a concern long before pregnancy. In some cases, pregnancy can be an opportunity to address addictions issues, but in other cases, harm reduction approaches should be considered until a woman is ready to address her addiction.

Research shows that drinking alcohol during pregnancy is most consistently predicted by: 1) how much women drank before they were pregnant; and 2) being in an abusive relationship.

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1. Who Drinks Alcohol During Pregnancy?

Background/Evidence

Women are more likely to drink during pregnancy for one of the six reasons described above [1, 2]. Most 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].

Aboriginal women are less likely to drink alcohol than non-Aboriginal women in Canada [15]. And some First Nations communities have alcohol policies that support not drinking [16]. Aboriginal women who do consume alcohol are more likely to be heavy drinkers for the reasons identified above: that is material disadvantage, experience of violence and abuse and related determinants of health [17].

It is important to know that a range of interconnected factors can influence fetal health negatively, or act as moderators. For example, scientists have found that various nutritional supports such as iron and choline will improve FASD outcome [18, 19].

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 [20].

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' 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 best her own situation. 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, prenatal vitamins and food vouchers, women's groups, advocacy and outreach.
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.

Selected Resources & Tools

For service providers:

Canada's Low Risk Drinking Guidelines

<http://www.lrdg.net>

Website includes information, tools, and resources on low-risk drinking for health and safety. The Low-Risk Drinking Guidelines (LRDG's) are suggestions to assist adults to make informed decisions about their alcohol consumption. 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/2012%20CCSA%20Documents/2012-Guidelines-For-Healthcare-Providers-to-Promote-Low-Risk-Drinking-Among-Patients-en.pdf>

Alcohol Use in Pregnancy Consensus Clinical Guideline (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 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 current 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.

For women:

You may find the following resources helpful to share with women.

Options for Sexual Health

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

Up-to-date information about birth control, including where to access 60 clinics across BC offering confidential, nonjudgmental, youth-friendly, pro-choice, and sex-positive information about birth control options, including low-cost and free products. You can also submit questions online regarding sexual health, or call 1-800-SEX-SENSE.

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 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.

Alcohol Reality Check

<http://carbc.ca/AlcoholRealityCheck.aspx>

Developed by the Centre for Addictions Research of BC, this simple 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

<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.

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://www.thehealthyaboriginal.net/comics/tav.pdf>

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.

Fact Sheets on Women and Substance Use

<http://www.albertahealthservices.ca/2668.asp>

The 'Effects Series' developed by Alberta Health Services includes seven fact sheets designed to give women specific information about the health effects of various drugs, with a special focus

on how drug use may affect pregnancy, birth and child development. The six fact sheets in the 'Woman and Substance Use Information Series' provides information directed to women about specific issues related to their substance abuse, as well as how alcohol and drugs affect the fetus during pregnancy.

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, 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. 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 the 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 me/us that she is consuming alcohol during pregnancy?

Referrals

Alcohol & Drug Information & Referral Service

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

This service is available to people across B.C. 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 Health Unit <http://www.health.gov.bc.ca/socsec>

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

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/

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

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 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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