

Consensus Statement: **Alcohol and Pregnancy**

The New Zealand College of Midwives recognises that there is no known safe level of alcohol consumption at any stage of pregnancy. Therefore parents planning a pregnancy and women who are pregnant should be advised not to drink alcohol.

Rationale:

- Women's drinking does not happen in isolation. It is shaped by their social, environmental and cultural context. In New Zealand, this context includes the normalisation of alcohol consumption within our culture, particularly at social events. ^{1, 4}
- Alcohol passes freely through the placenta and reaches concentrations in the fetus that are as high as those in the mother. ^{1, 2, 3}
- Alcohol is a teratogen – a substance that may affect the development of a fetus. ^{1, 2, 3}
- Drinking alcohol during pregnancy can cause the baby to be born with a range of alcohol-related birth impairments known as Fetal Alcohol Spectrum Disorder (FASD) ^{1, 2, 4}
 - FASD is an umbrella term for a range of lifelong physical, cognitive and behavioral impairments of varying severity including Fetal Alcohol Syndrome (FAS).
- Drinking alcohol during pregnancy also increases the risks of miscarriage, prematurity and stillbirth.
- Risk of alcohol harm to the fetus is proportional to the amount of alcohol consumed. Damage to the fetus is more likely to occur with high blood alcohol levels. ^{1, 3, 4}
- There is no known safe level of alcohol consumption during pregnancy ^{1, 3, 4}
- There is no known safe time to drink alcohol during pregnancy. ^{1, 2, 4}

Practice Guidance:

Midwives have a role in advising women against alcohol consumption during pregnancy, explaining the potential consequences and supporting women to address their alcohol use during pregnancy. ^{1, 4}

- Ask all pregnant women about their alcohol use and identify the level of alcohol consumption.
- Advise women about the potential risks of drinking alcohol in pregnancy.
- Inform women that stopping drinking at any time in the pregnancy will reduce the potential risks to her baby.
- Assist women who are unable to stop drinking by offering referrals to available counselling and addiction treatment services.
- Be cognizant of risks to the pregnancy when planning care with the woman if drinking persists, including early referral for the baby postnatally if FASD is a concern.
- Take into consideration that alcohol use often does not occur in isolation from other social and emotional risk factors for pregnancy including tobacco and other drug use, stress levels, social supports and emotional wellbeing.

References:

- ¹ Ministry of Health. 2010. Alcohol and Pregnancy: A practical guide for health Professionals. Wellington: Ministry of Health.
- ² Research New Zealand. (2014). Drinking alcohol during pregnancy: A literature review. Wellington: Health Promotion Agency.
- ³ Heller, M. and Burd, L. (2014). Review of ethanol dispersion, distribution, and elimination from the fetal compartment. *Birth Defects Research (Part A)* 100: 277-283.
- ⁴ FASD Working Group. 2016. Taking Action on Fetal Alcohol Spectrum Disorder: 2016–2019: An action plan. Wellington: Ministry of Health.

Resources:

Alcohol Advisory Council of New Zealand (ALAC)
www.alcohol.org.nz

Alcohol Healthwatch Resources
www.ahw.co.nz

Fetal Alcohol New Zealand Trust (FANZ)
www.fan.org.nz

Health Promotion Agency
www.alcohol.org.nz

Ratification:

*This statement was ratified at the New Zealand College of Midwives AGM 25 August 1995
References updated January 2001, 2009, 2018
Statement reviewed April 2005, 2009, August 2018*

The purpose of New Zealand College of Midwives Consensus Statements is to provide women, midwives and the maternity services with the profession's position on any given situation. The guidelines are designed to educate and support best practice. All position statements are regularly reviewed and updated in line with evidence-based practice.