# Using alcohol during pregnancy and breastfeeding



#### About alcohol

Alcohol is a depressant (a downer). It affects your concentration and coordination, and how quickly you respond in unexpected situations. In small doses, alcohol can make you feel relaxed and more confident. In large doses it can cause unconsciousness and even death.

Alcohol and pregnancy

Babies get the nutrients they need to grow from their mother's blood through the placenta. When you drink alcohol, it gets into your blood stream and is passed to your baby. This means if you drink a glass of wine your baby is drinking it too. Babies don't process alcohol as quickly as adults, so their blood alcohol level remains high for longer.

Alcohol affects your baby's growth and development in the womb. It is especially dangerous in the first trimester of your pregnancy (the first 13 weeks) when the brain and major organs are forming. Their brain continues to develop throughout pregnancy so alcohol can affect it at any point.

Alcohol use in pregnancy is linked to miscarriage, premature birth and stillbirth. It can also lead to babies that are:

- smaller at birth
- sicker at birth (low Apgar scores)
- unsettled and irritable
- have abnormal sleep patterns

If born prematurely, your baby will need to stay in a neonatal special care nursery

Drinking alcohol can also leave you dehydrated which contributes to nausea and vomiting in pregnancy.

There are no known safe levels of alcohol use in pregnancy. It is safest to stop drinking alcohol before you get pregnant and to not drink at all during pregnancy or while breastfeeding.

# Fetal Alcohol Spectrum Disorder

Fetal alcohol spectrum disorder (FASD) affects babies who have been exposed to alcohol in the womb. The more alcohol that is consumed the greater the risk of FASD. FASD can be mild or severe and may result in life-long problems with learning and development. Infants and children with FASD may have:

- serious learning difficulties
- intellectual disability
- poor eyesight and hearing
- poor coordination and motor skills
- defects of the face and bones
- · heart, liver and kidney defects
- slow physical growth after birth
- · behavioural problems.

It is important that you talk with your doctor or midwife about your alcohol use as early as possible during your pregnancy. This will help prevent FASD and, if affected, allow your baby to be diagnosed more quickly and get the help and support they need. If exposed to alcohol while you were pregnant, your baby should be seen regularly by a doctor that specialises in children's health (a paediatrician). Regular visits with the Maternal and Child Health Nurse are also important.

# Counselling in pregnancy

Pregnancy can motivate you to cut down or stop your use of alcohol. A counsellor can help you with strategies to cut your alcohol use if you find it hard.

Counselling may also help you with personal issues that might be behind your desire to drink. Your midwife or social worker can link you with counselling services in your area or you can call DirectLine (see below).

If you are pregnant already and drinking heavily or regularly, you may need to attend a 'detox' program and may need medication to help you withdraw or detox. Your doctor or midwife can talk with you about this and help to arrange it.

Do not try to stop heavy alcohol use "cold turkey", it may cause you to have seizures which can be harmful to you and your baby. Talk with your doctor or midwife before you stop drinking alcohol; they can help make it safer for both of you.

If your partner drinks heavily, they also should prepare to cut down or stop drinking alcohol during the pregnancy and after the birth. This is necessary to support you and to prepare for their own role as a parent once the baby is born.

#### Pregnancy care

Women with ongoing drinking problems can reduce the effects of alcohol in the following ways:

- Regular pregnancy care is important to ensure that you are healthy and that your baby is growing well.
- Drink plenty of water to avoid dehydration.
   You may need a vitamin B supplement your midwife or doctor will advise you about this.
- You may need dietary supplements such as iron and calcium throughout your pregnancy.
   All women should take folate before getting pregnant and for at least the first three months of their pregnancy.

- If you are pregnant and have a serious alcohol problem, it is best to attend a large hospital for your antenatal care and management of your alcohol use. You need expert care for both you and your baby.
- Symptoms such as nausea, vomiting and constipation are common during pregnancy.
   You may need a referral to a dietitian. Your doctor or midwife can help with this.
- Good dental care is important for all pregnant women.

# After the baby is born

Babies affected by large amounts of alcohol during the pregnancy, can suffer alcohol withdrawal when they are born. Withdrawal symptoms usually start 3-12 hours after birth.

After the birth, your baby will be reviewed by a doctor. Your baby may need to stay in hospital for up to five days and be observed for signs of withdrawal. These signs include:

- shaking, sweating
- · irritability and unable to settle
- seizures (fitting)
- bloated (swollen) tummy
- vomiting.

Some babies also have trouble feeding and gaining weight. If this occurs, your baby may need a longer stay in hospital.

# Breastfeeding

Alcohol passes freely into breast milk and can affect your baby's feeding, sleeping and movements. It can also reduce your milk supply.

Australian Government guidelines recommend that you:

- avoid drinking alcohol when you are breastfeeding
- avoid drinking alcohol in the first six weeks following birth to allow breastfeeding and milk supply to become established
- should not drink at all while breastfeeding if your baby is premature.

Babies' brains continue to grow and develop rapidly after they are born. Alcohol is extremely toxic to the developing infant brain, so you should be very cautious if you choose to drink alcohol while breastfeeding.

If you do choose to drink alcohol and breastfeed, the following may help you reduce harm to your baby:

- Avoid having more than two standard drinks per day (see chart below).
- Breastfeed before drinking and try not to breastfeed again until your blood alcohol level is zero (this will take about 1.5 to 2 hours for every standard drink you have.
- If you have had no more than 2 standard drinks and your baby wakes and needs a feed before you are free of alcohol, it is best to breastfeed rather than give infant formula. If you have had more than 2 standard drinks, feed with previously expressed breast milk or infant formula.
- Eat before and while you are drinking alcohol.
- Download the Feed Safe app. Enter your weight and what you have drunk into the app to find out when you are alcohol free (see below for details).
- If you are planning to drink heavily, there needs to be a responsible adult caring for your baby who:
  - understands safe sleeping guidelines
  - is not affected by alcohol or drugs
  - knows how to feed expressed breast milk or make up infant formula correctly.
- Express milk before you drink alcohol and store
  it until baby needs to be fed so that there is
  milk available that does not have alcohol in it.
  For information on how to store your breast
  milk see the fact sheet Expressing Breast Milk.

When you drink alcohol, your body produces around 20 percent less breast milk. This is because alcohol stops the breast from producing oxytocin, a hormone which helps eject milk from the breast. Your baby is likely to be less satisfied and unsettled when breastfeeding with alcohol in the milk.

# Sudden Unexpected Death in Infancy (SUDI)

Sudden Unexpected Death in Infancy (SUDI; includes SIDS) is a sleep related death in the first year of life.

If you smoke, use drugs, alcohol or medicines that make you feel drowsy, sleeping with your baby is very dangerous. Anything that makes you sleep deeply will make it hard for you to respond properly to your baby's needs and ensure their safety.

# Safe Sleeping Guidelines

The six ways to sleep your baby safely and reduce the risk of Sudden Unexpected Death in Infancy (SUDI) are:

- 1. Sleep baby on their back
- 2. Keep head and face uncovered
- 3. Keep baby smoke free before and after birth
- 4. Safe sleeping environment night and day. No soft surfaces or bulky bedding
- 5. Sleep baby in safe cot in parents' room
- 6. Breastfeed baby.

It is important that a baby is in a smoke free environment at all times, sleeps in their own cot (never on the couch or in an adult bed), lies on their back without their face or head covered with their feet touching the bottom of the cot, which makes wriggling under the blankets less likely.

For more information, speak with your midwife or doctor or visit

rednose.com.au/section/safe-sleeping

#### For more information

# Women's Alcohol and Drug Service

Royal Women's Hospital 8.30am-5.30pm Monday to Friday (03) 8345 3931

wads@thewomens.org.au

#### On the Women's website

Pregnancy, drugs & alcohol information thewomens.org.au/wm-pregnancy-drugs-alcohol

Expressing breast milk fact sheet thewomens.org.au/fs-ebm

#### DirectLine

DirectLine is part of Turning Point's state-wide telephone service network, providing 24-hour, seven-day counselling, information and referral to alcohol and drug treatment and support services throughout Victoria.

DirectLine is a free, anonymous and confidential service.

1800 888 236

# NHMRC updated guidelines

nhmrc.gov.au/health-advice/alcohol

#### Quit

Visit this website to help you quit smoking or help you find out more about how smoking harms you. 137 848 | quit.org.au

#### Feed Safe

The Feed Safe app answers common questions about alcohol and breastfeeding. feedsafe.net

#### Red Nose

1300 308 307 | rednose.com



<sup>^</sup> Alcohol Volume

These are only an approximate number of standard drinks. Always read the container for the exact number of standard drinks.

#### References

National Health and Medical Research Centre 2019 <a href="https://www.nhmrc.gov.au/about-us/publications/australian-guidelines">https://www.nhmrc.gov.au/about-us/publications/australian-guidelines</a>

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