

Government Policies on Alcohol and Pregnancy

BACKGROUND

Over the past decade the issue of alcohol and pregnancy has received increased attention in large measure due to the association between excessive alcohol consumption during pregnancy and fetal alcohol effects (FAE) or fetal alcohol syndrome (FAS). While many scientists agree that there is sufficient scientific information to justify warning against excessive consumption of alcohol during pregnancy many feel that there is insufficient evidence regarding moderate consumption of alcohol during pregnancy and the effect it might have on a developing fetus.¹ This lack of knowledge poses challenges for governments that choose to make recommendations on this issue.

As with other policies concerning alcohol consumption, governments differ on the advice they offer to the general public. The purpose of this report is to compare government guidelines on the issue of alcohol and pregnancy. The guidelines examined in this report either come from a national government or a major medical research institution which routinely advises governments on this or other alcohol-related issues. The sixteen countries included in this report are those that responded to our request for information. They are: Australia, Austria, Belgium, Canada, Denmark, France, Germany, Ireland, the Netherlands, New Zealand, Portugal, Spain, Sweden, Switzerland, the United Kingdom and the United States of America. Of these sixteen countries seven – Belgium, France, Germany, the Netherlands, Portugal, Spain and Switzerland – had no official recommendations on the use of alcohol by pregnant women or for women trying to get pregnant. The table below summarizes the information we received.

OCCASIONAL DRINKING POLICIES

Of those countries that have a stated policy, the United Kingdom and New Zealand are the only governments of the sixteen examined to not recommend abstinence during pregnancy. The Royal College of Obstetricians and Gynecologists (RCOG), for example, states that “There is no conclusive evidence of adverse effects in either growth or IQ at levels of consumption below 120 grams (15 units) per week. Nonetheless, it is recommended that women should be careful about alcohol consumption in pregnancy and limit this to no more than one standard drink per day.”²

The British *Sensible Drinking Guidelines* is one of the few government guidelines which explains the tricky position in which governments find themselves when trying to inform the public about alcohol and pregnancy. “The problem of giving accurate advice and information about sensible drinking is nowhere more evident than in this area...In spite of increasing scientific work on

women's drinking over the last ten years, there is still a less secure scientific literature from which to make conclusions about women as compared with men."³ The guidelines go on to explain what is known about women's health and alcohol consumption. While recognizing that "alcohol consumption (other than at very low levels) is associated with particular risks to fetal and early infant development,"⁴ their conclusion is that "women who are trying to become pregnant or are at any stage of pregnancy, should not drink more than 1 or 2 units of alcohol once or twice a week, and should avoid episodes of intoxication."⁵

In New Zealand, the Royal New Zealand College of Obstetricians and Gynaecologists (RNZCOG) takes a stand similar to the United Kingdom but with no recommendation on units of drink. The guidelines state: "There is no conclusive evidence of adverse effects in either growth of IQ at levels of consumption below 15 units per week. In the US the Surgeon General has advised total abstinence in pregnancy...given that no absolute safe limit has yet been defined. However, few people deliberately stop drinking altogether preconceptually and thus many newly pregnant mothers will unwittingly imbibe before the pregnancy is diagnosed. If one has in place a policy stating that no amount of alcohol is safe then there is a great potential for unnecessary anxiety, guilt and requests for therapeutic abortion..."⁶

Government Guidelines and Recommendations on Alcohol and Pregnancy				
	Abstinence	Occasional, small amount	Max. 1 standard drink/day	Sources
Australia	Yes	No	No	National Health and Medical Research Council
Austria	Yes	No	No	Federal Ministry for Health and Consumer Protection
Belgium	-	-	-	No policy and/or recommendations
Canada	Yes ¹ /Yes ²	Yes/No	No/No	¹ Health Canada; ² Addiction Research Foundation
Denmark	Yes	No	No	The National Board of Health
France	-	-	-	No policy and/or recommendations
Germany	-	-	-	No policy and/or recommendations
Ireland	Yes	No	No	Department of Health
The Netherlands	-	-	-	No policy and/or recommendations
New Zealand	No	Yes	No	New Zealand College of Obstetricians and Gynaecologists
Portugal	-	-	-	No policy and/or recommendations
Spain	-	-	-	No policy and/or recommendations
Sweden	Yes	No	No	The Swedish Alcohol Retail Monopoly
Switzerland	-	-	-	No policy and/or recommendations
United Kingdom	No ¹ /No ²	Yes/Yes	Yes/(Less)	¹ Royal College of Obstetricians and Gynaecologists; ² Department of Health
United States	Yes	No	No	Department of Health and Human Services

Most researchers who study the issue of alcohol and pregnancy would agree that excessive alcohol consumption on a daily basis increases the harm posed to the fetus and in some instances to the mother. They might also agree that there is no known threshold below which it is absolutely safe to the fetus for a pregnant women to drink. The British *Sensible Drinking Guidelines* have accentuated that low levels of alcohol consumption are not associated with FAE or FAS; most other governments that have policies recommend that pregnant women should not drink at all, although they vary in how categorical they are in giving this advice.

ABSTINENCE POLICIES

In the United States, for example, the issue of alcohol and pregnancy is dealt with briefly under the “Who Should Not Drink?” section of *Nutrition and Your Health: Dietary Guidelines for Americans*. The American advice is “Women who are trying to conceive or who are pregnant [should not drink]. Major birth defects, including fetal alcohol syndrome, have been attributed to heavy drinking by the mother while pregnant. While there is no conclusive evidence that an occasional drink is harmful to the fetus or to the pregnant woman, a safe level of alcohol intake during pregnancy has not been established.”⁷

This acknowledgment that an occasional drink may do no harm to the fetus is also explained in the recommendations given by the Government of Ireland in its National Alcohol Policy. Having explained the effect drinking alcohol has on the developing fetus, the document concludes: “...because of the critical growth and development that occurs during the first few months of foetal development, women who have any reason to believe they are pregnant should refrain from alcohol consumption during this time. The best message to pregnant women is *less is better for you and the baby*. An occasional drink may do no harm, but cutting out drink completely eliminates any possible risks”[italics in original].⁸

In Canada, a joint statement written by national associations representing medical, nursing and midwifery disciplines, aboriginal and multicultural groups and other organizations known for their work in the area of FAS/FAE, explain in some detail what FAS/FAE are and how they are caused. They state that “alcohol can damage the fetus throughout pregnancy, not just in the first trimester [and that] the brain and central nervous system of the unborn child are especially sensitive to pre-natal alcohol exposure.”⁹ They do state that FAS is more likely to occur following continuous or heavy alcohol intake during pregnancy. Consequently, *the prudent choice for women who are or may become pregnant is to abstain from alcohol*”[italics in original].¹⁰ Contrast these strong statements with the Joint Statement’s Recommendations for Prevention, point 7, from the same document. This point suggests to the practitioner that “women who consumed small amounts of alcohol occasionally during pregnancy [be informed] that the risk to the fetus is likely minimal. [This] risk is relative to the amount of alcohol consumed, body type, nutritional health and other life-style characteristics specific to the expectant mother.”¹¹ Lastly, “if exposure has occurred, the health professional should inform mothers that stopping at anytime will have benefits for both fetus and mother.”¹²

The Addiction Research Foundation in Canada also addresses the issue of alcohol and pregnancy in its *Guidelines for Low-Risk Drinking* but is perhaps less adamant in their conclusions though the recommendation is the same. The guidelines state that pregnant women are “best advised to abstain from alcohol”¹³ basing their recommendation on the risk of FAS and FAE. The focus on what it calls “episodic drinking and drinking during the first trimester of pregnancy” are the times which “appear to represent particularly risky behaviors.”¹⁴ It then goes on to reach the same recommendations as the Joint Statement and adds: “Indeed, given the relatively higher risk involved in the first trimester of pregnancy, it would be advisable for women who are seeking to become pregnant to avoid drinking.”¹⁵

This caution is also echoed by the Australians in their “Is there a safe level of daily consumption of alcohol for men and women?” issued by the National Health and Medical Research Council. They offer a number of studies which argue the advantages and disadvantages of alcohol consumption during pregnancy and then offer this caveat: “The apparent variability in the foetal response to alcohol remains to be understood, thus caution needs to be exercised when suggesting any guidelines.”¹⁶ They conclude: “At our current level of knowledge, responsible drinking during pregnancy must still be considered to be abstinence.”¹⁷

In Denmark, the National Board of Health distributes a pamphlet regarding alcohol. In its short section on alcohol and pregnancy it states: “When a pregnant woman drinks beer, wine or spirits the alcohol is transferred with the blood to the embryo, so it gets the same blood alcohol level as its mother. There is no safe limit for how much alcohol a pregnant woman can drink without risking an injury to the embryo. Therefore it is best to avoid alcohol during pregnancy.”¹⁸

The Federal Ministry for Health and Human Protection in Austria explicitly warns against moderate drinking. They state “Even moderate drinking during pregnancy has proven itself to increase the risk of miscarriage or of growth impairment to the unborn child.”¹⁹ And in its rules about drinking, they state: “The low risk level of alcohol for women is less than that for men. In order to protect the child, one should abstain from consuming alcohol during pregnancy.”²⁰

Sweden also has an abstinence message for pregnant women both when a woman is planning to get pregnant — “...all women ought to refrain from alcohol the very moment they plan to get pregnant...”[unauthorized translation]²¹ — and when the woman is pregnant. Like Canada, there is concern for the woman who may have been drinking alcohol but not known she was pregnant. The advice is: “In all probability, nothing has happened [to the unborn child]. Do not worry about the past, but look forward. If you have not already quit, refrain from all alcohol as of today, even low-alcohol beer. Even addicted women have great chances to give birth to healthy babies if they quit drinking.”[unauthorized translation]²²

NO OFFICIAL POLICIES

Belgium, France, Germany, the Netherlands, Portugal, Spain and Switzerland have no official policy regarding alcohol and pregnancy. The reason given by a Dutch government official for the lack of a Dutch policy was that drinking among pregnant women was not problematic in the Netherlands when the issue was studied by the government in 1988. In addition, it was felt that a

message of moderate/reducing consumption during pregnancy could best be communicated through their general practitioners and women's contacts at the health centers.

Prevention information on this issue is also provided in Facts on Alcohol which contains official communications regarding information on alcohol for the Netherlands. Here the National Institute for Health Improvement and Illness Prevention stresses the physical defects that can occur if "a pregnant woman...consumes alcohol."²³ They point out that the risk of damage occurs after inebriety and if alcohol is consumed daily, especially in combination with smoking."²⁴ The Netherlands is the only country reviewed that mentions alcohol and breast-feeding concluding that it is "unwise to consume alcohol" during this period. It is also the only country that mentions the effects of male drinking and pregnancy. "...[A]lcohol consumption by the male can affect conception as well as the unborn child. Alcohol abuse can damage the male sperm, leading to the risk of diminished fertility."²⁵ The evidence offered to support this statement is experiments with male animals, and it is acknowledged that while they "suspect that the same applies to humans...no hard facts have been produced yet."²⁶

In Spain, where they also have no official policy, alcohol and pregnancy is addressed in a publication called *Alcohol and Public Health*, which is a report produced by the Ministry of Health and Consumer Affairs. It offers the following advice: "With regard to pregnant women, there is no safe limit (there is no safe level of consumption or perhaps it is impossible to define it) and the **ONLY VALID RECOMMENDATION** is **TOTAL ABSTINENCE**, and this is the recommendation of the American Academy of Pediatrics"[boldface in original].²⁷

SUMMARY

As the discussion above indicates, most governments that have policies on alcohol and pregnancy recommend that women do not consume alcohol during pregnancy especially in the first trimester. While some governments acknowledge that there is no known threshold below which consuming alcohol is safe and point out that an occasional drink may do no harm, only the United Kingdom and New Zealand do not actually recommend abstinence during pregnancy.

References

- ¹ Olsen, J. (1992). Chapter 11: Recommendations. *International Journal of Epidemiology*, 21 (Suppl.), 582-583.
- ² Royal College of Obstetricians and Gynaecologists (1996). *Alcohol Consumption in Pregnancy (RCOG Guideline, No. 9)*. London: Royal College of Obstetricians and Gynaecologists. Quote p. 3.
- ³ UK Department of Health (1995). *Sensible Drinking: The Report of an Inter-Departmental Working Group*. London: Department of Health. Quote p. 23.
- ⁴ *Ibid.*, p. 30.
- ⁵ *Ibid.*, p. 34.
- ⁶ The Royal New Zealand College of Obstetricians and Gynaecologists (1998). *Alcohol and pregnancy*. Quote p. 4.
- ⁷ US Department of Health and Human Services (1995). *Nutrition and Your Health: Dietary Guidelines for Americans* [On-line brochure, 50 pages]. Available: http://www.pueblo.gsa.gov/cic_text/food/dietgd/cover.html. 9 October 1998. Quote pp.48-49.
- ⁸ Irish Department of Health and Children (1996). *National Alcohol Policy*. Dublin: Department of Health and Children. Quote p. 30.
- ⁹ Health Canada/Santé Canada. (1996). *Joint Statement: Prevention of Fetal Alcohol Syndrome (FAS) Fetal Alcohol Effects (FAE) in Canada*. Ottawa: Health Canada/Santé Canada. Quote p. 4.
- ¹⁰ *Ibid.*, p. 5.
- ¹¹ *Ibid.*, p. 6.
- ¹² *Ibid.*
- ¹³ Addiction Research Foundation/Fondation de la recherche sur la toxicomanie (1993). *Low-Risk Drinking: How Much is Enough?* Toronto: Addiction Research Foundation/Fondation de la recherche sur la toxicomanie. Quote p. 3.
- ¹⁴ *Ibid.*
- ¹⁵ *Ibid.*
- ¹⁶ Australian National Health and Medical Research Council (1992). *Is there a safe level of daily consumption of alcohol for men and women?* Fyshwick ACT: Pirie Printers Pty Limited. Quote p. 36.
- ¹⁷ *Ibid.*
- ¹⁸ Sundhedsstyrelsen. (1997). *Fakta om alkohol* [Brochure]. Copenhagen: Sundhedsstyrelsen. Quote p. 17.
- ¹⁹ Österreichisches Bundesministerium für Gesundheit und Konsumentenschutz. *Der ganz normale Alkoholkonsum und seine gesundheitlichen Folgen* [Standard Alcohol Consumption and its Consequences for Health] [Brochure]. Wien: Bundesministerium für Gesundheit und Konsumentenschutz. Quote p. 9.
- ²⁰ *Ibid.*
- ²¹ The Swedish Alcohol Retail Monopoly [Systembolaget] (1998) "On whose side are you?", S-103 84 Stockholm, Sweden. Quote p.4.
- ²² *Ibid.*
- ²³ Nationaal Instituut voor Gezondheidsbevordering en Ziektepreventie (1996). *Feiten over Alcohol* [Facts on Alcohol] (8th ed.) . Amsterdam: Project Alcohol Voorlichting en Preventie/NIGZ. Quote section 6.6.
- ²⁴ *Ibid.*
- ²⁵ *Ibid.*
- ²⁶ *Ibid.*
- ²⁷ Ministerio de Sanidad y Consumo, Direccion General de Salud Publica, Subdireccion General de Epidemiologia, Promocion y Educacion para la Salud (1994). *Alcohol and Public Health (Technical Reports Series No. 1)*. Madrid: Ministerio de Sanidad y Consumo. Quote p. 45.

ICAP The International Center for Alcohol Policies (ICAP) is dedicated to helping reduce the abuse of alcohol worldwide and to promoting understanding of the role of alcohol in society through dialogue and partnerships involving the beverage alcohol industry, the public health community and others interested in alcohol policy. ICAP is a not-for-profit organization supported by eleven major international beverage alcohol companies.

Other *ICAP Reports* include:

- **Issue 1:** Safe Alcohol Consumption: A Comparison of *Nutrition and Your Health: Dietary Guidelines for Americans* and *Sensible Drinking*
- **Issue 2:** The Limits of Binge Drinking
- **Issue 3:** Health Warning Labels
- **Issue 4:** Drinking Age Limits
- **Issue 5:** What Is a “Standard Drink”?

International Center for Alcohol Policies

1519 New Hampshire Avenue, NW

Washington, DC 20036

Phone: 202-986-1159

Fax: 202-986-2080

Email: mgrant@igc.apc.org

Web site: www.icap.org