

# Alcohol and pregnancy: information for you



Royal College of  
Obstetricians and  
Gynaecologists

Setting standards to improve women's health

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## Key points

- Fetal alcohol syndrome is the name given to a combination of features diagnosed in the baby after birth. It is caused by a woman drinking heavily throughout pregnancy.
- Alcohol can have other effects on the baby which are known as fetal alcohol spectrum disorder (FASD).
- When a woman drinks during pregnancy, the alcohol passes from her blood stream through the placenta and into the baby's blood stream.
- The safest approach in pregnancy is to choose not to drink at all.
- Small amounts of alcohol during pregnancy (not more than one to two units, not more than once or twice a week) have not been shown to be harmful.
- Alcohol is measured in units. One unit of alcohol is the equivalent of a half a pint of lager or beer, a glass of wine or a single shot of a spirit (gin, vodka, rum).

- When an individual drinks five or more units of alcohol on one occasion, this is known as binge drinking.
- Regular binge drinking, around conception and in early pregnancy, is particularly harmful to a woman and her baby.
- Heavy drinking is often related to unprotected sexual intercourse, which may result in an unplanned pregnancy and sexually transmitted infection.
- It is important that you share information with your healthcare professional(s) about your drinking. Depending on your situation, your healthcare professional will then be able to offer you appropriate information and support.
- Information about treatment and support is available from your:
  - practice nurse or GP at your general practice
  - midwife or obstetrician at your hospital.

## About this information

This information is for you if you are pregnant or you are planning on becoming pregnant.

This information outlines the effects of drinking alcohol during pregnancy and provides advice about what is probably a safe amount to drink before and during your pregnancy. It also tells you about:

- a safe limit when you are not pregnant
- a safe limit when you are pregnant (both before and after the pregnancy is confirmed)
- available information and support if you are drinking above a safe limit
- the effect of drinking above a safe limit on the baby's development in the womb
- the effect of drinking above a safe limit while breastfeeding.

This information will help you to make informed choices about your own drinking. It aims to help you and your healthcare team make the best decisions about your care.

This information does **not** tell you in detail about:

- fetal alcohol syndrome
- fetal alcohol spectrum disorder.

Some of the recommendations here may not apply to you. This could be because of some other illness you have, your general health, your wishes, or some or all of these things. If you think the treatment or care you get does not match what we describe here, then you should discuss this with your doctor, midwife, or another member of your healthcare team.

## How does alcohol affect pregnancy?

When a woman drinks alcohol during pregnancy, the alcohol passes from her blood stream through the placenta and into the baby's blood stream. When a woman is drinking regularly during this time, the alcohol can disrupt the baby's normal development in the womb.

Drinking alcohol during pregnancy can affect:

- the way the baby develops in the womb
- the baby's health at birth
- the baby's susceptibility to illness in infancy, childhood, adolescence and adult life
- the child's ability to learn (learning difficulties).

The effects of drinking alcohol are most harmful for the baby when a woman drinks just before and during pregnancy. When a woman cuts down or stops drinking at any point during pregnancy, it can make a difference to the baby. However, in some instances, once the damage has been done, this cannot be reversed.

If you are a heavy drinker and then stop drinking immediately, you could experience side effects such as withdrawal, delirium and other difficulties. So if you want to stop drinking, you should discuss this first with your healthcare professional, who will be able to help you to manage any side effects.

## How is alcohol measured?

In the UK, alcohol is measured in units. One unit of alcohol is defined as 10 ml (millilitres) by volume (ABV) or 7.9 grams by weight of pure ethanol.

All alcohol sold in the UK above 1.2% ABV should indicate how strong it is in percentages (%). For example, a bottle of wine is about 12% strength. A bottle of whisky is about 40% strength. The higher the percentage, the more alcohol a drink has in it. A glass of whisky, therefore, is stronger than a glass of wine.

The table below is a rough guide to the units of alcohol in standard measures of different drinks. This is an approximation and may vary depending on the brand of your drink and the size of the measure.

Drinks poured at home tend to be larger measures than those provided in pubs and restaurants.

For women who are **not** pregnant, the UK Government's maximum recommended number of units is 14 units per week.

- Light drinking is defined as under 2 units a day.
- Heavy drinking is defined as over 6 units a day.

### A guide to units of alcohol

#### BEER, CIDER AND ALCOPOPS

	Strength (ABV)	Half pint (units)	Pint (units)	Bottle/can (units)		Bottle 1 litre (units)
				(330 ml)	(500 ml)	
<b>Ordinary strength beer, lager or cider, e.g.</b> draught beer, Heineken, Woodpecker	3–4%	1	2	1.5	2	–
<b>'Export' strength beer, lager or cider, e.g.</b> Stella, Budweiser, Kronenbourg, Strongbow	5%	1.25	2.5	2	3	–
<b>Extra strong beer, lager or cider, e.g.</b> Special Brew, Diamond White, Tennants Extra	8–9%	2.5	5	3	5.5	11
<b>Alcopops, e.g.</b> Bacardi Breezer, Smirnoff Ice, Reef, Archers, Hooch	5%	–	–	1.7	–	–

#### WINE AND SPIRITS

	Strength (ABV)	Small glass/pub measure (units)	Wine glass* (units)	Bottle 750 ml (units)
<b>Table wine</b>	10–12%	–	1.5	9
<b>Fortified wine</b> (sherry, Martini, port)	15–20%	0.8	2–3	14
<b>Spirits</b> (whisky, vodka, gin)	40%	1	–	30

\* some measures of wine are more than this.

Source: Reproduced from the Royal College of Psychiatrists leaflet: *Information for the public: alcohol and depression, help is at hand*; January 2004)  
[www.rcpsych.ac.uk/info/help/alcohol/AlcoholDepression.pdf](http://www.rcpsych.ac.uk/info/help/alcohol/AlcoholDepression.pdf)

## How much is safe to drink during pregnancy?

Information about this is often unclear and conflicting. This can be confusing. There are only a few studies in this area and not everyone agrees with what these studies show.

Based on the best evidence to date, the Royal College of Obstetricians and Gynaecologists recommends that the only way to be absolutely certain that your baby is not harmed by alcohol is not to drink at all during pregnancy or while you are trying for a baby.

If you do drink, you should:

- not drink more than a safe amount, which is defined as not more than one or two units, not more than once or twice per week (see section 'How is alcohol measured?')
- avoid binge drinking (see section on 'What is binge drinking?') and becoming drunk.

To ensure you stay within the recommended amount, you need to check:

- how strong your drink is
- how large your glass is
- how full your glass is.

## What is binge drinking?

Binge drinking is when a person has five or more units of alcohol on any one occasion. When a person is binge drinking, they may become drunk.

Social drinking now forms part of modern life. One aspect of social drinking is becoming drunk. One of the effects of becoming drunk is that it removes an individual's ability to think rationally. When a woman drinks heavily and becomes drunk, she is more likely to have unprotected sex. The consequence of unprotected sex can be unplanned pregnancy and sexually transmitted infection.

When a woman gets drunk regularly during pregnancy, there are potentially harmful effects upon the baby (see section 'What is fetal alcohol syndrome?').

Some women want to talk about their drinking, others don't. Your healthcare professional is there to listen and offer support if you are drinking during pregnancy (see section on 'Support for you').

## What happens if I drink too much before I'm pregnant?

If you are planning a pregnancy, it is advisable to stay within a safe limit during this time.

Alcohol can affect a woman and a man's ability to conceive.

Drinking heavily (over 6 units per day) before and during pregnancy can:

- affect your ability to conceive
- increase the risk of early miscarriage.

Binge drinking can affect the way you think about yourself and the way you behave in social situations. Binge drinking can affect your relationships and your lifestyle. A baby, in turn, may be affected indirectly by these changes.

Many pregnancies are unplanned. You may have had a 'one-off' binge and then later discover that you conceived at or around this time. Many women in this situation want to know whether any harm was caused to the baby as a result of the 'one-off' binge. They want to know whether it is safe to continue with the pregnancy.

A single episode of binge drinking around the time of conception is less likely to be harmful to a woman or her baby.

## What happens if I've had a one-off binge, unprotected sex and don't want to get pregnant?

- You should ask your healthcare professional for full information about emergency contraception. Emergency contraception can only be used within a specific time and not if you are already pregnant. You should ask your healthcare professional for full information about screening for sexually transmitted infection and advice about regular contraception.
- If you find you are pregnant and decide to continue with your pregnancy, then you should stay within the recommended amount for the rest of your pregnancy.

## What happens if I'm drinking too much during pregnancy?

If you are drinking more than two units on more than two occasions a week (that is, above the recommended amount), then there is an increased risk of:

- miscarriage
- stillbirth
- poor growth and development in the womb
- the baby being born too early

- the baby being born too small
- the baby being affected with a physical disability after birth
- the baby having learning difficulties
- the baby being susceptible to illness later on in adult life.

## Miscarriage

Heavy drinking (over 6 units per day) can cause miscarriage.

## Poor growth and development in the womb

If a woman drinks more than a safe amount during pregnancy, the alcohol can affect the baby's growth and development, in particular, the way the baby's brain develops.

In the second half of pregnancy, the baby's growth is affected by the amount of alcohol a woman drinks. The more she drinks, the less the baby grows. If a woman cuts down or stops drinking altogether, the baby will start to grow at a normal rate. Disability at birth (for the baby) is three times more common in women who drink more than 4.5 units a day (the equivalent of about 35 g), compared with women who consume less or none at all.

Alcohol can affect the way the baby's brain develops in the womb. Using modern scanning techniques, such as magnetic resonance imaging (MRI) and positron emission tomography (PET) scans, it is now possible to identify exactly which parts of the brain are affected by alcohol and when damage occurred during pregnancy. Once brain damage has occurred, it cannot be reversed, even if a woman stops drinking.

Physical disability is more common in the babies of women who continue to drink heavily throughout pregnancy.

## After birth

If a woman drinks more than a safe amount of alcohol throughout pregnancy, this can affect the baby after birth. The effects include:

- learning difficulties
- low academic achievement
- behaviour problems
- physical disability
- psychological problems
- psychiatric problems.



## What is fetal alcohol syndrome?

A diagnosis of fetal alcohol syndrome is made after birth. It is very uncommon and does not occur unless the woman drinks very heavily throughout pregnancy (over 6 units a day). Once the baby is born, there is no cure for fetal alcohol syndrome.

## What is fetal alcohol spectrum disorder?

Fetal alcohol spectrum disorder is a milder form of fetal alcohol syndrome and occurs when a woman drinks more than 2 units a day during her pregnancy.

Whether or not a baby is affected mildly or severely with FASD is directly linked to how much and how often a woman drinks during her pregnancy. If drinking is reduced and a woman stays within the recommended limit, some of the potentially damaging effects can be reversed. The baby will begin to grow normally in the womb.

## Is FASD always the correct diagnosis?

Your doctor should not assume that just because you drank alcohol during pregnancy, your baby has FASD. There are many disorders that have similar features to FASD. Your doctor should offer tests for these disorders before making a diagnosis of FASD. You should be given full information about the disorders being tested for.

## Support for you

Your pregnancy may have been confirmed several months ago or only recently. Since then, you may have been thinking about how much you usually drink. Many women try to cut down for the remainder of their pregnancy because they know this can make a real difference to the baby and themselves. Others try to cut down but are unable to do so without support.

Whatever your stage of pregnancy and however much you are drinking, there will be other women in the same situation as you, feeling as you do.

## "I don't want to talk about my drinking"

Some women know that they are drinking too much and feel unable to talk about this. When you are also pregnant, this makes it seem worse. They may feel guilty or ashamed, as if they have something to hide. Other women feel that if they do open up, they will be judged in some way, perhaps even discriminated against. They think they will be seen as an 'unfit mother' and worry that social services may get involved.



## "I'm trying to cut down but finding it difficult on my own"

Some women try to cut down or stop drinking during pregnancy but find this difficult. You may have tried to cut down and then started drinking again.

## "My drinking is not a problem"

Sometimes a person's drinking gets out of control without them intending this or without them realising it. If you think this could be you, it may be helpful to think about the questions below:

- Do you have six or more drinks on one occasion more than once a month?
- Are you unable to remember what happened on an occasion when you were drinking?
- Has your behaviour changed because of your drinking?
- Has a relative, friend, work colleague, doctor or health worker expressed concern about your drinking?

If you feel concerned about your drinking, you should seek help from your practice nurse, GP or midwife in the first instance.

## "Who can I talk to?"

Although it can be difficult to talk about how much you are drinking when you are pregnant, the benefits of telling someone are that:

- this person is listening to you in confidence
- once this person knows how you are feeling, what you are going through and why you are drinking, he or she is in a better position to offer you and your baby effective help and information
- you may begin to feel differently about your drinking.

If you would like to talk to someone about your drinking, you could:

- speak with your practice nurse or GP at your general practice or talk with your midwife or health visitor. They can support you directly or give you advice about local counselling or support services
- phone Drinkline on 0800 917 8262. This helpline is open 24 hours a day, every day of the week. This is a free and confidential helpline for people who need help and support with their own or someone else's drinking
- contact the 'Down your drink' website: [www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/AlcoholMisuse](http://www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/AlcoholMisuse). This tells individuals what they need to know to stay drinking sensibly. The programme takes less than an hour a week over six weeks. It's free and confidential. It is an NHS service

- visit Alcohol Concern sites, such as [www.howsyourdrink.org.uk](http://www.howsyourdrink.org.uk)
- visit the Royal College of Psychiatrists website at [www.rcpsych.org.ac.uk](http://www.rcpsych.org.ac.uk)
- contact your local alcohol help centre.

## Is there anything else I should know?

- There is evidence that heavy drinking is associated with a low sperm count. If your partner is drinking heavily, you may find it more difficult to conceive as a couple. Your healthcare professional should provide you with full information.
- At your antenatal appointment your midwife will ask you about your medical history and your lifestyle. This will include talking about drinking alcohol. You should be given full information about the recommended alcohol limits. It is dangerous to drink with some medicines such as tranquillisers and sedatives. Always check if you are not sure. You may have read that women who drink heavily during pregnancy have an increased risk of a premature labour. The evidence for this is currently inconclusive.
- The antenatal appointment is also a good time to talk about diet, exercise, smoking, the effects of any prescribed medicines or drugs and use of any recreational/street drugs. If you are taking any medicines or drugs tell your healthcare professional as some drugs including recreational drugs can affect the developing baby. Do **not** stop any prescribed medicines until you have taken advice. For further information about exercise in pregnancy see RCOG patient information on *Recreational Exercise and Pregnancy* at [www.rcog.org.uk](http://www.rcog.org.uk).
- Once you have had your baby, you should stay within the recommended level of alcohol while you are breastfeeding (nor more than one or two units, not more than once or twice a week).

## Sources and acknowledgements

This information is based on the Royal College of Obstetricians and Gynaecologists statement *Alcohol Consumption and the Outcomes of Pregnancy* published in 2006. The Statement contains a full list of the sources of evidence we have used. You can find it online at: [www.rcog.org.uk/resources/Public/pdf/alcohol\\_pregnancy\\_rcog\\_statement5a.pdf](http://www.rcog.org.uk/resources/Public/pdf/alcohol_pregnancy_rcog_statement5a.pdf).

This information has been developed by the Patient Information Subgroup of the RCOG Guidelines and Audit Committee, with input from the Consumers' Forum and the authors of the clinical guideline. The final version is the responsibility of the Guidelines and Audit Committee of the RCOG.

## Useful additional information

Alcohol Concern

[www.howsyourdrink.org.uk](http://www.howsyourdrink.org.uk)

Drinkline

Tel: 0800 917 8282 (open 24 hours a day, 7 days a week)

Fetal Alcohol Syndrome Trust

PO Box 30

Walton

Liverpool L9 8HU

Tel: 0151 474 7943

Email: [margiemurch@blueyonder.co.uk](mailto:margiemurch@blueyonder.co.uk)

Web: [www.medicouncilalcol.demon.co.uk/FAST/fast.htm](http://www.medicouncilalcol.demon.co.uk/FAST/fast.htm)

FASaware UK

Email: [fasawareuk@blueyonder.co.uk](mailto:fasawareuk@blueyonder.co.uk)

Web: [www.fasaware.co.uk](http://www.fasaware.co.uk)

Web: <http://fasstar.com/UK>

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London NW1 4LB

Tel: 0207 487 4445

Email: [mca@medicouncilalcol.demon.co.uk](mailto:mca@medicouncilalcol.demon.co.uk)

Web: [www.medicouncilalcol.demon.co.uk](http://www.medicouncilalcol.demon.co.uk)

National Childbirth Trust

Alexandra House

Oldham Terrace

London W3 6NH

Tel: 0870 7703236

Enquiry line: 0870 444 8707

Email: [enquiries@national-childbirth-trust.co.uk](mailto:enquiries@national-childbirth-trust.co.uk)

Web: [www.nct.org.uk](http://www.nct.org.uk)

NOFAS-UK (National Organisation for Fetal Alcohol Syndrome-United Kingdom)

165 Beaufort Park

London

NW11 6DA

Email: [info@nofas-uk.org](mailto:info@nofas-uk.org)

Web: [www.nofas-uk.org](http://www.nofas-uk.org)

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**A FINAL NOTE**

The Royal College of Obstetricians and Gynaecologists produces patient information for the public. This is based on guidelines which present recognised methods and techniques of clinical practice, based on published evidence. The ultimate judgement regarding a particular clinical procedure or treatment plan must be made by the doctor or other attendant in the light of the clinical data presented and the diagnostic and treatment options available.

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