

# Alcohol in Pregnancy

## British Pregnancy Advisory Service briefing

### What is the official advice given to women about drinking in pregnancy?

The Chief Medical Officers of the UK [advise](#) that 'if you are pregnant or planning a pregnancy, the safest approach is not to drink alcohol at all'. This advice has been in place since 2007, prior to which pregnant women were advised not to drink 'more than one or two units of alcohol once or twice a week'.

When developed, the 2007 advice caused some controversy: particularly because, as the DH admitted, there was no new evidence to support the change. Rather, the recommendation of abstinence was justified on the grounds that women might not understand what was meant by advice to drink more moderately. Then Deputy Chief Medical Officer Dr Fiona Adshead [explained](#):

'We have strengthened our advice to women to help ensure that no-one underestimates the risk to the developing foetus of drinking above the recommended safe levels... The advice... is now straightforward and stresses that it is better to avoid drinking alcohol completely.'

### What impact does the advice have on women?

Those who advocate telling pregnant woman to abstain from alcohol completely seem to assume that such advice is benign. The idea is that if a woman doesn't drink, her baby may not have problems; and if her baby does have problems, she will know that her drinking is not to blame – so why not just stop drinking?

This view distorts both the personal and the policy consequences of policing pregnant women's drinking behaviour. As noted above, those women who would otherwise enjoy the odd glass of wine but follow the 'complete abstinence' advice in pre-conception and pregnancy are deprived of an enjoyable, relaxing and sociable activity for over nine months of their pregnancy, without an evidence base.

Meanwhile those women who will have been drinking alcohol before realising they were pregnant, or decided to 'choose to drink' their one or two units a week, are incited to feel guilty and anxious, particularly if their baby develops some problems.

Given that only about [55% of pregnancies in the UK are planned](#), the extension of the guidelines to cover not only on pregnant women but also those who are considering becoming pregnant has a sizeable impact on all women of reproductive age.

One [2015 study in Sweden](#) found that while 84% of women reported drinking alcohol in the year preceding pregnancy, 93.5% of those reported total abstinence after pregnancy recognition, while 90% of the remainder consumed a maximum of one standard drink per occasion. Women are seen to respond to public health messages when it comes to their own health and pregnancy – making clear that continued, high-level alcohol consumption is likely less to a lack of understanding of public health advice and more about either addiction or additional complicating lifestyle factors.

It is important to emphasise that the controversy surrounding official advice about drinking in pregnancy relates to low to moderate levels of drinking, rather than heavy drinking.

Pregnant women who have problems with alcoholism need medical help and support. But most pregnant women are not suffering from alcoholism. They are simply women who might enjoy the odd glass of wine during the nine long months of pregnancy. Indeed, not so long ago some alcohol intake (most notably, Guinness) was positively [encouraged](#) by the medical profession.

## What is Foetal Alcohol Syndrome?

Concerns about the effect of drinking alcohol in pregnancy are based on an extrapolation from concerns about the effects of heavy alcohol consumption on some children born to women with severe alcohol problems.

FAS is a complex condition, denoting a collection of features including retarded growth, facial abnormalities and intellectual impairment, and there is continuing uncertainty in the medical community over the relationship between alcohol consumption and harm to the foetus. There were 252 diagnoses of the syndrome in England in 2012-2013.

FAS is known to be associated with heavy alcohol consumption. However, as the British Medical Association (BMA) [notes](#), 'only four to five per cent of children born to women who consumed large amounts of alcohol during pregnancy are affected by the full syndrome presentation'. The BMA also explains:

'The damage caused by alcohol on the developing foetus is dependent on the level of maternal alcohol consumption, the pattern of alcohol exposure and the stage of pregnancy during which alcohol is consumed. This is confounded by a number of other risk factors including the genetic makeup of the mother and the foetus, the nutritional status of the mother, hormonal interactions, polydrug use (including tobacco use), general health of the mother, stress, maternal age and low socioeconomic status. For example, research to identify specific genetic factors contributing to FASD has found that polymorphisms of the gene for the alcohol dehydrogenase enzyme ADH1B in both the mother and the foetus, can contribute to FASD vulnerability.'

In other words: many factors, including nutrition and poverty can affect whether a foetus develops the kind of anomalies associated with FAS. It is not simply about the mother's alcohol intake, and cannot be explained by that alone.

## How is Foetal Alcohol Syndrome presented today?

The message promoted to pregnant women today is that drinking any amount of alcohol in pregnancy can lead to a range of problems with their babies, which go far beyond the symptoms associated with FAS. These range from lowered IQ to mood disorders, sleep disorders and behavioural disorders, and are categorised under the wide-ranging label of 'Foetal Alcohol Spectrum Disorder'.

In this way, women are encouraged to view any problem that their child develops as somehow related to the amount of alcohol she drank during pregnancy. The lobby group National Organisation on Foetal Alcohol Syndrome (NoFAS), for example, [claims](#) that alcohol use during pregnancy is 'the leading preventable cause of birth defects, developmental disabilities and learning disabilities'.

It is worth dwelling on the difference between the initial diagnoses of FAS, and the approach taken by organisations such as NoFAS. The initial labelling of FAS came out of the identification of babies with particular, clear and severe disorders, born to a group of women known to be heavy drinkers, and from there it was discovered that there was an association between heavy alcohol use and birth defects in some women.

By contrast, the argument that alcohol is the 'leading preventable cause' of a wide range of disabilities, ranging from physical abnormalities to emotional or behavioural problems and also ranging in severity, is used to draw an association between any problem a child might have and any alcohol consumption in pregnancy.

It should be obvious that this is a specious argument. Even women who abstain completely from alcohol during pregnancy – as many women increasingly do – give birth to children who develop the kind of problems described by NoFAS as 'Foetal Alcohol Spectrum Disorder'. The presumption of NoFAS's argument is that if women abstained during pregnancy, these problems would disappear; yet clearly, they would not.

The effect of widening the definition of FAS to include any abnormalities or problems exhibited by babies is to reverse the process of causality. Rather than evidence being sought that proves a causal relationship between alcohol and birth defects, the existence of birth defects and a wide range of other problems in some babies is simply treated de facto as evidence that the mother must have drunk some alcohol during her pregnancy, and that her baby's problems are the result of this.

Childhood emotional development is an extremely complex issue and many parents whose children do develop behavioural and emotional problems will find that they do so for no apparent reason. Often, these types of problems are not somebody's "fault", they just occur.

## Recent studies about the effects of drinking in pregnancy

Studies about the impact of drinking during pregnancy diverge noticeably in their assessment of the likely impact of particularly low level drinking (1-2 units a week) on pregnancy outcomes. Headlines, unfortunately, tend to simplify and sensationalise study findings; and the sheer number of reports tends to create the impression that drinking in pregnancy is a problem – which can have a significant impact on the wellbeing of women who may have drunk alcohol prior to discovering they were pregnant.

Some recent studies of note include:

- *Mamluk L, Edwards HB, Savović J, et al. Low alcohol consumption and pregnancy and childhood outcomes: time to change guidelines indicating apparently 'safe' levels of alcohol during pregnancy? A systematic review and meta-analyses. BMJ Open 2017;7:e015410. doi: 10.1136/bmjopen-2016-015410.*

This study aimed to determine the effects of low-to-moderate levels of alcohol consumption in pregnancy on pregnancy and longer-term childhood outcomes. It found that the evidence of the effects of drinking up to two units a week was 'sparse', and highlighted the fact that women who drink low levels of alcohol in pregnancy are disproportionately likely to be of higher socioeconomic position and that these characteristics are 'associated with better pregnancy and cognitive outcomes'.

Essentially, **it concludes that there is no evidence that low levels of drinking during pregnancy negatively impact pregnancy or childhood outcomes.**

- *McQuire, C, Mukherjee, R, Hurt, L, Higgins, A, Greene, G, Farewell, D, Kemp, A & Paranjothy, S, 2019, 'Screening prevalence of fetal alcohol spectrum disorders in a region of the United Kingdom: A population-based birth-cohort study'. Preventive Medicine, vol 118., pp. 344-351.*

This study aimed to identify the prevalence of Foetal Alcohol Spectrum Disorders in the UK based on an algorithm the authors created from evidence of alcohol consumption collected from pregnant women in 1991-1992. They conclude that 7.2% of children screened positive for FASD when all of the pregnancy information was present and analysed, but that their algorithm predicts a general population prevalence of 17%.

The base evidence from this study is problematic as in 1992 the advice given to women was not to abstain from alcohol completely. Over this time period, wider alcohol consumption in UK society has declined, and thus any finding is unlikely to be representative of current prevalence.

Prof Jean Golding, Emeritus Professor of Paediatric and Perinatal Epidemiology, University of Bristol, said of the study:

“The authors of this study have created a screening tool with the aim of identifying children with the fetal alcohol spectrum disorder. They have used very detailed and complex data collected from their pregnancies until the children were 15 years old and developed an algorithm to identify affected children.

“However, **there is no hard evidence given that this algorithm works.** The women had to have drunk some alcohol in pregnancy for their children to be considered; the algorithm then took account of the presence of reduced growth, behaviour, mental and/or motor development to come to a conclusion that the child was adversely affected by the mother having drunk alcohol in pregnancy. This might be appropriate if the authors had shown that using this algorithm among children of women who had not drunk alcohol in pregnancy revealed a very much smaller proportion of affected children. **As it stands, this study cannot be considered to provide an appropriate indicator of the incidence of the fetal alcohol effects.**”

- *Popova, S, Lange, S, Probst, C, Gmel, G & Rehm, J, 2017 'Estimation of national, regional, and global prevalence of alcohol use during pregnancy and fetal alcohol syndrome: a systematic review and meta-analysis'. Lancet Glob Health 2017; 5: e290-99.*

This study aimed to estimate the prevalence of alcohol use during pregnancy and FAS in the general population. It concluded that 1 in 67 women who consumed alcohol during pregnancy would deliver a child with FAS.

The resulting figures were based on studies of FAS prevalence between 1973 (first identification) and 2015, and of alcohol consumption during pregnancy between 1984 and 2014. Given the change in alcohol consumption and diagnostic techniques in the last 45 years, it would be difficult to conclude that this reflects an accurate picture of either alcohol consumption or FAS prevalence at the current time.

## What is the law on drinking alcohol in pregnancy?

The increasingly prevalent conclusion that any drinking in pregnancy constitutes preventable harm to the foetus risks creating a complex legal framework which holds women legally accountable for the decisions they make during their pregnancy.

The Court of Appeal ruled in December 2014 that the mother of a child born with Foetal Alcohol Syndrome did not commit a crime under the Offences Against the Person Act 1861 by drinking excessively during pregnancy. This was an extremely important ruling, affirming that women must be able to make their own decisions about their pregnancies.

The charities [British Pregnancy Advisory Service \(BPAS\)](#) and [Birthrights](#) intervened in the [case](#) because they believed it would establish a damaging legal precedent. In seeking to establish that the damage caused to a foetus through heavy drinking was a criminal offence, the case called into question women's legal status while pregnant. Any ruling that drinking while pregnant constituted a 'crime of violence' could have paved the way to the criminalisation of pregnant women's behaviour.

This case, *CP v The Criminal Injuries Compensation Authority*, confirmed that a woman cannot be held criminally liable for the effects on her foetus of substances consumed in pregnancy. The extreme consequences of this approach have been witnessed in the USA, through the use of ['foetal protection laws'](#) against allegedly drug-abusing women and in a number of South American countries where women have been jailed for miscarrying because the court judged her behaviour to amount to culpable homicide.

However, there remains a powerful presumption in Britain that pregnant women should not drink at all in pregnancy, because of the possible effects of alcohol on the developing foetus. This is enshrined in healthcare guidance, and promoted by the health professionals who a woman will see over the course of her pregnancy.