

Alcohol Use and Pregnancy

Fact sheet for healthcare providers



There is no known safe amount or form of alcohol consumption while pregnant or nursing. That includes spirits, wine, beer and coolers.

Prenatal alcohol exposure increases the risk of miscarriage, stillbirth, preterm birth, and Fetal Alcohol Spectrum Disorder (FASD). Because fetal brain and body development

occurs throughout pregnancy, alcohol can cause harm at any stage. No alcohol during pregnancy is safest.

Health care providers can help people make informed decisions about alcohol consumption by sharing clear information on the risks and having supportive, non-judgmental conversations.

Factors to consider in alcohol use

Most individuals who are trying to get pregnant, find out they are pregnant, or are breast/chest feeding stop or reduce alcohol consumption. However, there are a variety of reasons some pregnant individuals from all socioeconomic and ethnic backgrounds may find it difficult.

- They have lived experience with violence, trauma, health challenges or substance use.
- Stigma makes it difficult for them to ask for and access support from health care providers or friends and family.
- Alcohol is readily available and normalized in day-to-day life.
- They do not have a support network or environment that supports non-use.

Potential health impacts of alcohol

While trying to get pregnant

Alcohol use may:

- Reduce fertility in both partners
- Decrease the likelihood of conception

During pregnancy

For individuals who are pregnant, alcohol use may:

- Lead to increased fall risk
- Increase risks for hypertensive disorders and placental abnormalities

Alcohol can cross the placenta and reach the fetus, which can lead to:

- Higher risk of miscarriage or stillbirth
- Increased risk of low birth weight and preterm birth
- Fetal Alcohol Spectrum Disorder (FASD), which can include lifelong challenges with:
 - Learning, memory, attention, and executive functioning
 - Communication and social skills
 - Emotional regulation and mental health
 - Physical health and motor skills

While breast/chest feeding

Alcohol can pass into breast milk, which can lead to:

- Disrupted suckling and infant sleep patterns
- Reduced milk production or stopping breastfeeding early
- Impacts on a baby's growth, movement, sleep or ability to learn

Clinical guidance on alcohol consumption

- Discuss risks and counsel that the safest option is no alcohol use.
- Inform them that binge and heavy drinking pose the greatest risk, but no amount is safe.
- Emphasize that it's never too late to make a change, and stopping or reducing use at any time can reduce the potential impacts.
- Reassure patients who drank before learning they were pregnant that others have done this.
- If abstinence is difficult or not possible, support reduction and connect patients with non-judgemental supports.
- Provide information on low-risk drinking guidelines when relevant.
- Encourage support from partners, families, and communities.



How to talk to patients about alcohol use

Normalize and support disclosure

- Ask about alcohol use routinely
- Reassure patients that conversations are judgement-free
- Acknowledge concerns about stigma or repercussions

Use a harm reduction approach

- Recognize that stopping use may not be immediately achievable
- Support reduction in frequency and amount when stopping is not possible
- For those breastfeeding, suggest pumping and storing milk in advance can be helpful, since alcohol levels in breast milk peak 30 – 60 minutes after drinking
- Be mindful of language and avoid "blaming" or "shaming" narratives
- Place focus on the substance instead of the individual's behaviour, for example, "If a baby is exposed to alcohol," instead of, "If you drink alcohol."

Respect autonomy and context

- Provide clear, balanced information on risks and options
- Avoid assumptions about motivation or intent
- Consider factors such as mental health, stress, trauma, and socioeconomic impacts

Emphasize seeking and accepting support

- Reinforce that it's never too late to reduce or stop use
- Encourage their partner and/or support network to help achieve non-use or reduction goals
- Connect patients with available community resources



For more information, resources and support, patients and health care providers can visit:

KnowMyLimits.ca