

Surgeon General's Advisory on Alcohol Use in Pregnancy

Thirty-two years ago, United States researchers first recognized fetal alcohol syndrome (FAS). FAS is characterized by growth deficiencies (or, decreased growth), abnormal facial features (specific facial features), and central nervous system (or, brain) abnormalities. FAS falls under the spectrum of adverse outcomes caused by prenatal alcohol exposure called Fetal Alcohol Spectrum Disorders (FASD). The discovery of FAS led to considerable public education and awareness initiatives informing women to limit the amount of alcohol they consume while pregnant. But since that time, more has been learned about the effects of alcohol on a fetus. It is now clear that no amount of alcohol can be considered safe.

I now wish to emphasize to prospective parents, healthcare practitioners, and all childbearing-aged women, especially those who are pregnant, the importance of not drinking alcohol if a woman is pregnant or considering becoming pregnant.

Based on the current, best science available we now know the following:

- Alcohol consumed during pregnancy increases the risk of alcohol related birth defects, including growth deficiencies, facial abnormalities, central nervous system impairment, behavioral disorders, and impaired intellectual development.
- No amount of alcohol consumption can be considered safe during pregnancy.
- Alcohol can damage a fetus at any stage of pregnancy. Damage can occur in the earliest weeks of pregnancy, even before a woman knows that she is pregnant.
- The cognitive deficits and behavioral problems resulting from prenatal alcohol exposure are lifelong.
- Alcohol-related birth defects are completely preventable.

For these reasons:

1. A pregnant woman should not drink alcohol during pregnancy.
2. A pregnant woman who has already consumed alcohol during her pregnancy should stop in order to minimize further risk.
3. A woman who is considering becoming pregnant should abstain from alcohol.
4. Recognizing that nearly half of all births in the United States are unplanned, women of child-bearing age should consult their physician and take steps to reduce the possibility of prenatal alcohol exposure.
5. Health professionals should inquire routinely about alcohol consumption by women of childbearing age, inform them of the risks of alcohol consumption during pregnancy, and advise them not to drink alcoholic beverages during pregnancy.

Background

In the United States, FAS is the leading preventable birth defect with associated mental and behavioral impairment. There are many individuals exposed to prenatal alcohol who,

while not exhibiting all of the characteristic features of FAS, do manifest lifelong neurocognitive and behavioral problems arising from this early alcohol exposure. In the United States, the prevalence of FAS is between 0.5 to 2 cases per 1,000 births. It is estimated that for every child born with FAS, three additional children are born who may not have the physical characteristics of FAS but still experience neurobehavioral deficits resulting from prenatal alcohol exposure that affect learning and behavior.

The outcomes attributable to prenatal alcohol exposure for the children of women whose alcohol consumption averages seven to 14 drinks per week include deficits in growth, behavior, and neurocognition such as problems in arithmetic, language and memory; visual-spatial abilities; attention; and deficits in speed of information processing. Patterns of exposure known to place a fetus at greatest risk include binge drinking, defined as having five or more drinks at one time, and drinking seven or more drinks per week.

Despite public health advisories and subsequent efforts to disseminate this information, including a Surgeon General's advisory in 1981, recent data indicate that significant numbers of women continue to drink during pregnancy, many in a high-risk manner that places the fetus at risk for a broad range of problems arising from prenatal alcohol exposure including fetal alcohol syndrome. For example, data suggest that rates of binge drinking and drinking seven or more drinks per week among both pregnant women and non-pregnant women of childbearing age have not declined in recent years. Many women who know they are pregnant report drinking at these levels.

In addition, recent analysis of obstetrical textbooks suggests that physicians may not be receiving adequate instruction in the dangers of prenatal alcohol exposure. The American College of Obstetricians and Gynecologists advises against drinking at all during pregnancy. Nevertheless, only 24 percent of obstetrical textbooks published since 1990 recommended abstinence during pregnancy, despite 30 years of research since the first publications proposed a link between alcohol exposure and birth defects. Scientific evidence amassed in these decades has fortified the rationale for the original advisory against alcohol consumption during pregnancy. Continuing research has generated a wealth of new knowledge on the nature of fetal alcohol-induced injury, the underlying mechanisms of damage, concurrent risk factors, and the clinical distinction of alcohol-related deficits from other disorders.

Alcohol-related birth defects are completely preventable. A number of resources are available to assist healthcare and social services professionals in advising their patients to reduce and refrain from alcohol in pregnancy. These resources include the National Institute on Alcohol Abuse and Alcoholism, NIH (www.niaaa.nih.gov), the Centers for Disease Control and Prevention (www.cdc.gov/ncbddd/fas/), and the Substance Abuse and Mental Health Services Administration (www.fascenter.samhsa.gov/).