

Advisory on Alcohol Use in Pregnancy

A 2005 Message to Women from the U.S. Surgeon General

This advisory was issued in 2005 by former U.S. Surgeon General, Vice Admiral Richard H. Carmona, MD, MPH, FACS

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 childbearing 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.

**For additional information on alcohol use
during pregnancy, please visit...**

Centers for Disease Control and Prevention (CDC)

www.cdc.gov/fasd

National Institute for Alcohol Abuse and Alcoholism (NIAAA)

www.niaaa.nih.gov

Substance Abuse and Mental Health Services Administration (SAMHSA)

Substance Abuse Treatment Facility Locator

www.findtreatment.samhsa.gov

SAMHSA FASD Center for Excellence

www.fasdcenter.samhsa.gov

National Organization on Fetal Alcohol Syndrome (NOFAS)

www.nofas.org

The American College of Obstetricians and Gynecologists

Women and Alcohol

www.womenandalcohol.org

The Arc

www.thearc.org

FAS Community Resource Center

www.come-over.to/FASCRC

FAS Diagnostic & Prevention Network (FAS DPN)

www.depts.washington.edu/fasdpn

Fetal Alcohol and Drug Unit (FADU)

www.depts.washington.edu/fadu

Family Empowerment Network (FEN)

www.pregnancyandalcohol.org

Fetal Alcohol Syndrome: Support, Training, Advocacy, and Resources

www.fasstar.com

National Clearinghouse for Alcohol and Drug Information (NCADI)

www.store.samhsa.gov

March of Dimes

www.marchofdimes.com