

# Alcohol: Be 'In The Know' If Nursing Baby

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**By Chris Colón, Certified Genetic Counselor at MotherToBaby Arizona**

During pregnancy, many women make changes in their lives in order to have the best chance to have a healthy baby. I know I did during both of my pregnancies. These changes can involve their diet, exercise habits and other lifestyle factors. After birth, new moms may consider adding back some of the things they cut out over the last 9 months, including drinking alcohol. But is adding it back in that simple? During September's Fetal Alcohol Spectrum Disorders (FASD) Awareness month, I thought I'd examine the topic of alcohol in breastmilk a little more closely for you. It's a question I get frequently from the women who contact our service. As you probably know, for years, experts have been saying there is no known safe amount of alcohol use during pregnancy, but does alcohol affect a breastfeeding baby?

## **Before you raise your glass of favorite vino, here's what research says...**

Studies have shown that alcohol passes into the breast milk. The concentration of alcohol in the breast milk is close to the concentration of alcohol in the woman's bloodstream. Alcohol can pass back and forth from the bloodstream into the breast milk. It's a common myth that pumping and discarding breast milk will remove the alcohol from breast milk. Even if you discard pumped breast milk after drinking, alcohol still remains in your blood for a period of time, depending on how much you had to drink. The only way to get rid of alcohol from your system is to wait for your body to break it down and get rid of it. It takes about 2 to 2.5 hours for each standard drink to clear from breast milk. (A standard serving is considered to be 12 ounces of beer, 4-5 ounces of wine, or 1.5 ounces of hard liquor.) For each additional drink, a woman must wait another 2-2.5 hours per drink. Pumping and discarding, drinking water, taking caffeine, or exercising do not help your body get rid of the alcohol faster, because only time can reduce the amount of alcohol in the breast milk.

## **More misconceptions...**

Another common misconception is that drinking during breastfeeding is recommended to help produce more breast milk. It used to be believed that beer raised levels of prolactin, a hormone in the body that plays a role in making breast milk. However, alcohol may actually reduce the amount of milk you produce. It is now known that alcohol lowers the release of another hormone called oxytocin. Lower oxytocin levels can affect the amount of milk that is released from the breast, meaning a baby may get less milk.

## **Alcohol's known effect on baby**

Many people wonder if alcohol affects a growing baby. Effects on infants from alcohol in breast milk are not well studied. There are some reports that babies whose mothers drink alcohol while breastfeeding may eat less and/or experience changes in their sleeping patterns. One study suggested problems with motor development following exposure to alcohol in breast milk, but other studies did not show the same results. There are many factors that can play a role in how alcohol can possibly affect a developing baby. Differences in genetics and metabolism of alcohol by both the mother and the baby may result in a wide range of risk. The risk may be different even in different babies from the same mother. At this time, it's not clear how alcohol in breast milk can affect a developing baby.

Depending on the amount of alcohol you drink and the frequency with which you drink, you may not need to stop breastfeeding if you drink alcohol. You can speak with your health care provider as well as the baby's pediatrician about how much alcohol you are drinking as well as all your choices for breastfeeding. You can also contact a MotherToBaby counselor at (866) 626-6847 to talk about alcohol and other exposures during breastfeeding.

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**By Sharon Voyer Lavigne, MS, MotherToBaby CT Teratogen Information Specialist**

“I know I should quit, but it’s hard...I’ve cut down, though! I know it’s bad for me, but is it really that bad for my baby anyway?” I had heard these words time and time again as a teratogen information specialist and genetic counselor at MotherToBaby. Let’s call this particular caller “Jenny.” Well, whether Jenny had volunteered this information about her addiction to cigarette smoking or not, I would have asked her anyway. At MotherToBaby Connecticut, we ask all our callers about cigarettes as well as alcohol exposure even if it isn’t the reason they placed the call in the first place. Why? Because most need help quitting without judgment and with the facts about smoking during pregnancy guiding their way to leading a tobacco-free lifestyle. We find that many, if not all, smokers tell us that they have cut down on their use or recently quit once they learned that they were pregnant.

Like Jenny, the general public is well aware that cigarette smoking causes cancer, heart disease as well as other medical conditions. Most have also learned that smoking while pregnant can be dangerous to the baby. However, most women know at least one person, maybe even their own mother, who smoked during pregnancy without any apparent adverse pregnancy outcome. So why should we be concerned? There is much more to this story and with each chapter, I was hoping to let Jenny in on why quitting could change the outcome for her baby...

### **Chapter 1. Smoking and Fertility**

Cigarette smoke contains more than 4,000 toxic chemicals and cancer causing agents, including nicotine, tar, arsenic, lead, carbon monoxide. It is hard to imagine intentionally putting those things into your own body, but imagine the problems they may cause if a developing baby is exposed? These agents can cross the placenta and cause a decrease in the amounts of oxygen and nutrients that reach the baby. There have been reports that suggest smoking prior to pregnancy may make it more difficult to conceive. Discontinuing smoking can reverse this potential fertility road block. Even when men smoke, smoking can adversely affect their chances of getting their partners pregnant.

### **Chapter 2. Loss of Pregnancy Risk**

In the early stages of pregnancy, i.e., the first trimester, smoking cigarettes can increase your chances for an ectopic pregnancy. This condition is when the embryo implants into a fallopian tube and not into the uterus. This is a very serious complication of pregnancy that may require surgery or special medications to stop the growth of the embryo. Another early pregnancy complication related to cigarette smoking in pregnancy is loss or miscarriage. Smoking changes how the blood flows thru the placenta and this change may lead to a loss.

### **Chapter 3. Potential for Birth Defects**

Smoking in pregnancy has been well studied for many decades and there have been reports suggesting an increased risk for birth defects. Oral clefts (cleft lip and or cleft palate) occur when the lip or palate (roof of the mouth) do not fully close during early fetal development. These birth defects of the face are typically surgically corrected here in the

United States, but more than one surgery could be necessary and lasting effects may still be visible on the face and in speech development. There have been other reports of other birth defects being more common in moms who smoked in pregnancy, but the level of risk appears small and more information on these is needed to make better risk assessments.

#### **Chapter 4. Pregnancy Complications**

Not done yet. Many women are aware of the risks for pregnancy complications with smoking later in pregnancy. Prematurity (born before 37 weeks gestation) and low birth weight are well established risks. Each of these may pose their own secondary risks with complications for the newborn born too small or too soon or both. Placental problems are of concern, including placenta previa (a condition where the placenta covers the cervix and blocks the birth canal) or placental abruption (potentially deadly for mom and baby- this is when the placenta breaks away from the uterine wall causing extensive bleeding). Bleeding alone and stillbirth are pregnancy complications also related to smoking in pregnancy.

#### **Chapter 5. Other Potential Long-Term Effects on Baby**

Other complications related to smoking in pregnancy that have been studied are childhood asthma, bronchitis and respiratory infections as well as Sudden Infant Death Syndrome (SIDS). SIDS is difficult to impossible to predict and prevent. Withdrawal symptoms in the newborn such as irritability, increased muscle tone and tremors can be seen in those exposed to smoking late in pregnancy. Usually these symptoms resolve on their own quickly. Behavior problems have also been looked at in children whose mom's smoked in pregnancy. A higher risk of Attention Deficit Hyperactivity Disorder (ADHD) is currently being studied more carefully.

#### **Chapter 6. Smoking and Breastfeeding**

Nicotine can be found in the breast milk, along with many of the other unhealthy chemicals in cigarettes. It is best to avoid smoking if you are nursing your baby. If you cannot stop completely, the benefits to the baby from breastfeeding still outweigh the risks from smoking while nursing. You should not smoke around the baby or let others do this either.

#### **Final Chapter: How Quitting Can Help You Re-Write This Chapter For Baby**

Finally, some good news for Jenny and all of those struggling with this crippling addiction... If a woman can stop smoking early in pregnancy, she can reduce the risk for many of the mentioned complications. If quitting isn't possible than a reduction in the number of cigarettes smoked per day can also make matters better. The less you smoke the lower the chances that you and or your baby will suffer lasting effects in pregnancy. Quitting is best, and it is NEVER TOO LATE to have a positive effect on your baby.

There are many supports for quitting smoking in your community. For advice you can talk to your health care provider, before or during pregnancy. There are medical treatments that can be safe in pregnancy and many quit programs available. Smokers Quit Line at 1-800-784-8699 or online at

**[www.tobacco-cessation.org/PDFs/?NeedHelpBooklet.pdf](http://www.tobacco-cessation.org/PDFs/?NeedHelpBooklet.pdf)**. Partner and family support is also key, so share your goals with them.



***Sharon Voyer Lavigne is a teratogen information specialist, genetic counselor and coordinator of MotherToBaby CT, a non-profit affiliate of the international Organization of Teratology Information Specialists (OTIS). She is based at the University of Connecticut Health Center and is a proud mother of three.***

***MotherToBaby and OTIS are suggested resources by many agencies including the Centers for Disease Control and Prevention (CDC). If you have questions about medications, vaccines, diseases, alcohol, smoking or other exposures, call MotherToBaby toll-FREE at 866-626-6847. You can also visit [MotherToBaby.org](http://MotherToBaby.org) to browse a library of fact sheets, including one on **Cigarette Smoking in Pregnancy/Breastfeeding**, and find your nearest affiliate.***

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**By Sonia Alvarado, Senior Teratogen Information Specialist, MotherToBaby CA**

Unless you don't own a television and never listen to the radio, you know that marijuana has been in the news a lot lately and for marijuana users who have had to smoke in illegally, it appears societal attitudes about pot smoking may be changing. Twenty states have laws legalizing some form of marijuana use. Two states, Colorado and Washington, have legalized its recreational use. In an interview, the NFL Commissioner seemed to leave open the possibility that medicinal use could be considered for NFL players if there was scientific evidence that it was helpful to treat injuries and pain. Even President Obama has said that he doesn't believe marijuana is any more dangerous than alcohol. Marijuana is currently listed as a Schedule I drug. Other Schedule I drugs include heroin, lysergic acid diethylamide (LSD), 3,4-methylenedioxymethamphetamine (ecstasy).

## What The Research Shows Us

According to studies, pregnant women who use illicit substances are more likely to use marijuana compared to other drugs. This is often due to the belief that marijuana is less harmful to the developing embryo and fetus, compared to other drugs such as cocaine or heroin.

Marijuana is Cannabis. The delta-9-tetrahydrocannabinol (THC) in the Cannabis plant produces the psychoactive effect or "high." Marijuana can be smoked in a joint, inhaled through a bong or vaporizer, eaten in food and teas/beverages, used in tinctures, and topical balms. Smoking and ingestion exposes the user to THC, producing the high. When smoked in a joint, the user is exposed to carbon monoxide from the burning of the leaf as well as tar, which can stay behind in the lungs.

Marijuana use during pregnancy has been studied since the 1960's. Like all studies, there are weaknesses that have been pointed out. For example, asking women about past drug use may not be the most accurate way to make a connection between the dose of the drug and the adverse effects because the women may have forgotten. Also asking women to volunteer information about drug use, which they may fear disclosing even in a confidential setting, may make it difficult to know how frequently pregnant women use drugs overall. Still, a number of experts have reviewed hundreds of reports in humans and animals. At least to this point, the studies do not support an association between marijuana smoking and birth defects. One large study of 12,825 interviews done after delivery, did not find a statistical association between marijuana use and birth defects.

However, the studies also show that marijuana is not risk free. Studies have reported associations between marijuana smoking and growth restriction and lower birth weight, particularly in women who keep smoking through delivery or late in pregnancy. An Australian study of almost 420,000 live births reported a higher risk for neonatal intensive care admission for newborns exposed prenatally to pot. Also, there are reports of abnormal responses or behaviors in the newborn period and this suggests a toxicity or withdrawal. The symptoms include exaggerated and prolonged startle reflexes (sleep cycle disturbances with high-pitched crying.) In a Brazilian study, exposed newborns were "more irritable and less responsive to calming, cried more during the examination, and exhibited more jitteriness and startles than the non-exposed neonates." Pregnant women who smoke daily and/or through delivery, have a higher risk for complications in their pregnancy compared to women who quit in the first trimester.

Researchers have attempted to assess the long-term effects of prenatal marijuana exposure. Studies of 3, 10 and 14-year old prenatally exposed children suggest that the prenatal exposure to high doses of marijuana may make it harder for children to learn and may affect their emotions (increased aggression) and increase depression symptoms. Studies are needed to assess which prenatally exposed children are most at risk. Its important to note that the children in these studies often have had prenatal exposure to other drugs as well, struggles with poverty and other life challenges, making it difficult to know that the findings are due to a single drug exposure.

### **So Where Does Marijuana Rank Compared To Other Drugs?**

**Alcohol:** Specific to use during pregnancy, marijuana is not alcohol. Alcohol is still the drug with the highest risk and the widest range of birth defects, including physical, mental and behavioral. Alcohol is a drug with the highest use throughout the world, easy legal access, and social acceptance.

**Cocaine:** Cocaine, by comparison, is associated with a small risk for birth defects, and a higher risk for admission to newborn intensive care for withdrawal and toxicity. Additionally, cocaine is associated with prenatal growth retardation, lower birth weight, shorter length, and smaller head circumference. Studies suggest the effects on height extend into childhood.

**Heroin:** Heroin has not been associated with an increased risk for birth defects, however, is associated with a higher risk for withdrawal and admission to newborn intensive care and sudden infant death syndrome.

### **Bottomline: Snuff Out Smoking It**

Clearly, marijuana use in pregnancy is not preferable, nor less risky, compared to most other drugs when a side-by-side comparison is made. Changing societal attitudes doesn't change the fact that the developing embryo (and fetus) is dependent on the mother for oxygen, nutrients and a balance of hormones, chemicals and other substances to grow normally. Disrupting the normal fetal environment, through the introduction of marijuana or other recreational drugs, puts the pregnancy at risk in the short-term and possibly the long term as well.



***Sonia Alvarado is a bilingual (Spanish/English) Senior Teratogen Information Specialist with MotherToBaby California, a non-profit that aims to educate women about medications and more during pregnancy and breastfeeding. Along with answering women's and health professionals' questions regarding exposures during pregnancy/breastfeeding via MotherToBaby's toll-free hotline, email and private chat counseling service, she's provided educational talks regarding pregnancy health in community clinics and high schools over the past decade.***

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