Alcohol

This sheet is about exposure to alcohol in pregnancy and while breastfeeding. This information should not take the place of medical care and advice from your healthcare provider.

**What is alcohol?**

Alcohol, ethanol and ethyl alcohol are all names for the ingredient in beer, wine or hard liquor that gives an intoxicating effect. The same amount of alcohol is found in a standard serving of beer (12 ounces), wine (4-5 ounces) or hard liquor (1.5 ounces). If a person has 5 or more drinks per day, that is considered heavy alcohol use. If a person has around 5 or more drinks on an occasion, that is considered binge drinking.

It is recommended not to drink any amount of alcohol at any time in pregnancy. If a person who is pregnant is using alcohol it is recommend they stop as soon as possible, no matter how far along they are in their pregnancy. If you are pregnant or trying to get pregnant and cannot stop drinking, talk with your healthcare provider as soon as possible. They can go over what resources are available to you. The baby will benefit by no longer being exposed to alcohol.

*I drink alcohol. Can it make it harder for me to get pregnant?*

Some studies have shown an increase in fertility problems with heavy alcohol use.

**Can I drink any amount of alcohol during pregnancy?**

It is recommended not to drink any alcohol during pregnancy. Alcohol crosses the placenta easily and reaches the developing baby. Differences in genetics and metabolism of alcohol by both the person who is pregnant and the developing baby can lead to a wide range of risks. The risks may be different for the same person in different pregnancies.

**Does drinking alcohol increase the chance for miscarriage?**

Miscarriage is common and can occur in any pregnancy for many different reasons. Studies have reported higher rates of miscarriage among those who drink alcohol during pregnancy.

**Does drinking alcohol increase the chance of birth defects?**

Every pregnancy starts out with a 3-5% chance of having a birth defect. This is called the background risk. Drinking alcohol in pregnancy increases the chance for the baby to have Fetal Alcohol Syndrome (FAS). Babies with FAS may have a pattern of certain birth defects that can include a small head and body size, specific facial features, and learning and behavioral problems. FAS is the most severe outcome of alcohol use during pregnancy.

When a child has some of the findings of FAS, healthcare providers may use other terms, such as Fetal Alcohol Spectrum Disorder (FASD). The risks from heavy alcohol use and binge drinking have been well established. The risks for occasional use of lower amounts of alcohol are less clear.

**Does drinking alcohol in pregnancy increase the chance of other pregnancy-related problems?**

Studies have reported higher rates of stillbirth among those who drink alcohol during pregnancy. Drinking may also cause the baby to grow smaller than expected.

**How does drinking alcohol affect future behavior or learning for the child?**

Drinking alcohol in pregnancy is a leading cause of intellectual disability. Alcohol affects brain development and a baby’s brain develops throughout pregnancy. Drinking alcohol at any time in pregnancy increases the chance for the baby to have alcohol-related issues including intellectual disabilities, learning problems, and/or behavioral problems.

FAS and FASD cause lifelong challenges, such as problems with learning and poor memory. People with FAS and FASD can have a harder time understanding the consequences of their actions, have poor judgment, and trouble with social relationships.

*I just found out I am pregnant and last weekend I had one beer. Will my baby have FASD?*
Having a single serving of alcohol one time is much less concerning than heavy or binge drinking, and considered less likely to cause alcohol-related problems. The best thing you can do for your baby is to avoid further use of alcohol during your pregnancy.

**Is binge drinking on only some days of the week as risky as drinking alcohol everyday but at lower amounts?**

Binge drinking exposes the developing baby to the highest amount of alcohol at one time. However, studies on alcohol use during pregnancy often look at weekly averages, so the effects of certain patterns of drinking alcohol are not well studied or understood.

**If I keep drinking alcohol, will it cause withdrawal symptoms in my baby after birth?**

The use of alcohol during pregnancy can cause temporary symptoms in newborns soon after birth. These symptoms are sometimes referred to as withdrawal. Babies have an increased chance of going through withdrawal if they have been exposed to alcohol close to delivery. Symptoms of withdrawal can include involuntary shaking movements (tremors), increased muscle tone, restlessness, and excessive crying.

**How will I know if alcohol has affected my baby?**

Talk with your healthcare provider about any exposures you have during pregnancy, including alcohol use. Ultrasounds can look for some birth defects, and can watch the baby’s growth. There are no screenings or tests available during pregnancy that can tell if alcohol has caused intellectual disabilities, learning problems, or if it will affect future behavior.

It is also suggested to tell your baby’s pediatrician about your alcohol use during pregnancy. Your child can be evaluated for effects of prenatal alcohol exposure. Issues such as learning and behavioral problems are more likely to be identified as your child gets older. Your child’s healthcare provider can continue to monitor your child over time.

**What are the possible outcomes for a baby who has been exposed to alcohol throughout pregnancy?**

Though FAS/FASD cannot be cured, children with FAS/FASD can benefit from an early diagnosis. Your healthcare provider can talk with you about the services and support that are available for people who want to stop drinking and for children with alcohol-related problems.

**Breastfeeding while drinking alcohol:**

Alcohol easily gets into breast milk. The amount of alcohol in breast milk is about the same amount of alcohol in the blood of the person who is breastfeeding. Alcohol can pass back and forth from the bloodstream into the breast milk. Only time can lower the amount of alcohol in breast milk. Pumping and discarding, drinking water, taking caffeine, or exercising do not help your body get rid of alcohol faster. It takes about 2 to 2.5 hours for each standard drink to clear from breast milk. For each additional drink, a person must wait another 2-2.5 hours per drink. Drinking alcohol can also make it harder for your body to make milk.

The infant brain continues to grow after birth. Effects on the baby from alcohol in breast milk are not well studied. However, some reports found that babies exposed to alcohol through breast milk may eat less and/or have changes in their sleeping patterns. If you suspect that the baby has any symptoms, contact the child’s healthcare provider.

One study suggested problems with motor development following exposure to alcohol in breast milk, but other studies did not show the same results. Since breastfeeding has benefits for the baby, speak with your baby’s pediatrician about how much and how often you drink before avoiding breastfeeding. Consuming more than one drink per day is not recommended while breastfeeding. Be sure to talk to your healthcare provider about all of your breastfeeding questions.

**If a male drinks alcohol, could it affect fertility (ability to get partner pregnant) or increase the chance of birth defects?**

Some studies have shown that drinking alcohol lowers fertility in males. There is no evidence to suggest that a male’s exposure to alcohol increases the chance for birth defects above the background risk. In general, exposures that fathers or sperm donors have are unlikely to increase the risks to a pregnancy. For more information, please see the MotherToBaby fact sheet Paternal Exposures at [https://mothertobaby.org/fact-sheets/paternal-exposures-pregnancy/](https://mothertobaby.org/fact-sheets/paternal-exposures-pregnancy/).