

Prevention and Management of Alcohol Exposure During Pregnancy

Full protocol and glossary of definitions in Spanish available at:



Purpose of the document

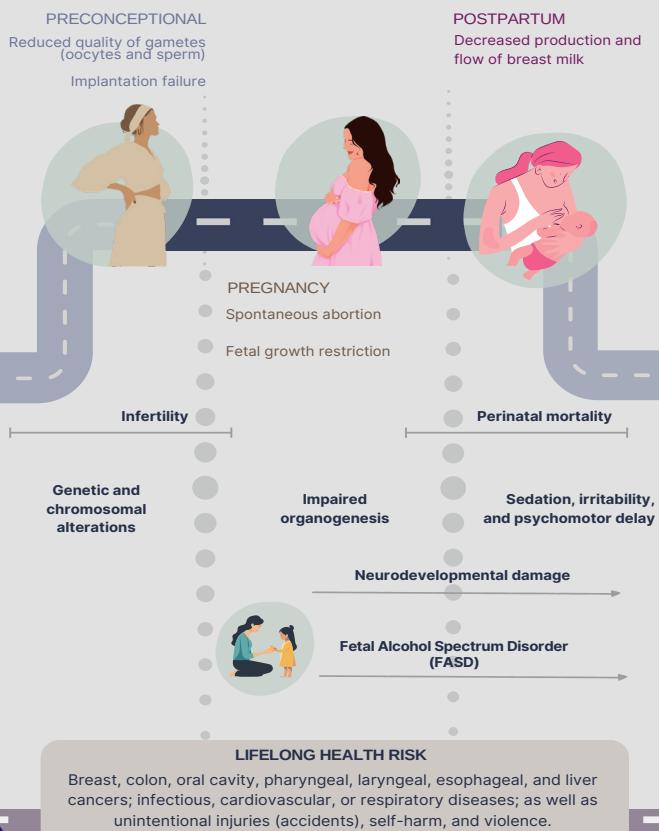
Provide guidelines for health professionals on identifying and addressing alcohol consumption during preconception, pregnancy, postpartum and breastfeeding. The guide includes screening and brief intervention strategies (SBI/SBIRT).

Introduction and key concepts

- **Alcohol exposed pregnancies** is a public health problem with severe consequences for fetal development, including Fetal Alcohol Spectrum Disorders (FASD). Alcohol is the drug that causes most neurobiological damage to the fetus.
- Alcohol affects the **pregnant person** too: It's carcinogenic (including breast cancer), increases the risk of other diseases (cardiovascular, respiratory, infectious, etc.) and impacts **fertility and the course of pregnancy**.

- Alcohol consumption is not only an individual decision; it is influenced by the **Social and Commercial Determinants of Health**, which contribute to the normalization of drinking.
- The WHO recommends prioritizing prevention, ensuring access to prevention and treatment services, respecting individual autonomy, providing comprehensive care, and **protecting against discrimination and stigmatization**.
- According to the WHO, **the most cost-effective actions** to reduce alcohol-related harm include increasing prices, reducing availability and advertising, and **implementing alcohol screening and brief intervention** in primary care and other settings.

Consequences of alcohol consumption in preconception, pregnancy and postpartum periods for both the children and the pregnant person.



Pregnant people and individuals planning a pregnancy **should not consume alcohol** from the moment pregnancy is planned and throughout its duration.

Is essential that pregnant people are **supported by their partners and close social networks**, who should also refrain from alcohol consumption and help create healthy environments that encourage avoiding alcohol consumption.

Actions: screening and interventions proposed for each period

Who should be screened? All pregnant people, individuals of childbearing age (preconception stage), and those with a desire or planning a pregnancy (preconception period). In addition, alcohol use screening is recommended during the postpartum period and throughout breastfeeding.

When? At each preconceptional and prenatal visit, as well as after childbirth.

How?

- Ideally through an integrated approach that also addresses tobacco use, other substances, and additional risk factors (such as unhealthy diet, physical inactivity, and sedentary behavior).
- Build or reinforce trust between the healthcare provider and the pregnant person — a crucial for effective intervention.
- Approach each person with empathy and understanding, recognizing the complexity of their individual circumstances.
- Use respectful, person-centered, and non-stigmatizing language in all interactions.
- Conduct screening in a confidential and private setting, ensuring that the pregnant person feels safe and supported.
- Explore the drinking patterns within the person's social and family environment, as these may influence behaviors and decision-making.

Conduct **universal screening** using validated tools such as AUDIT-C or ASSIST test. When alcohol use is identified, a **brief intervention** individualized should be provided. This intervention should be empathetic, non-judgmental, and supportive, using a motivational interviewing approach to support the cessation of alcohol consumption. Referral to specialized treatment or harm reduction strategies should be considered when necessary.

I. Preconception period

It is commonly defined as the three months preceding conception. However, from a public health perspective, the concept is broader — referring to any time in a person's reproductive life before pregnancy occurs, including all people of reproductive age and their partners.

In Spain, approximately 20% of pregnancies are unplanned. Among planned pregnancies, only a small proportion involve a preconception consultation. Therefore, it is essential that interventions target all individuals of reproductive age.

1. Conduct screening and brief intervention for alcohol consumption (see how to perform SBI/SBIRT actions in the document on interventions in the adult population* – screening tool: AUDIT-C, *see next page*) and other substances.

* *To be developed*

Target population:

- People of reproductive or childbearing age
- Individuals with reproductive intentions desire or planning a pregnancy and their partners

2. Offer effective contraception to prevent pregnancies exposed to alcohol.

One of the most widely used interventions: CHOICES “Changing high-risk alcohol use and improving contraceptive effectiveness” – see full protocol [in Spanish](#) (p. 29)

3. Implement health education actions, evidence-based campaigns, and community initiatives to increase population awareness (among adolescents, associations, etc.), **ensuring coordination with other preventive and health-promotion strategies.**

II. During pregnancy

a) Screening of alcohol consumption and other drugs

1. Build a therapeutic relationship with the pregnant person.

No judgment: show empathy and practice active listening. Avoid stigmatization and always respect confidentiality

2. Conduct a comprehensive anamnesis to assess risk factors.

Age, unplanned pregnancy, history of substance abuse, mental health disorders, and exposure to violence.

3. Screening: Administer questions 1 and 2 of the ASSIST test

1. During your lifetime, which of the following substances have you consumed? (without medical prescription) – Refer to the full protocol available [in Spanish](#) for the complete list (p.31)
2. In the last three months, how often did you consumed the substances you mention before (first substance, second substance, etc.)?

No consumption Level 1

Positive reinforcement

Alcohol

Administer the **AUDIT C**
(3 questions)

Other substances/poly-drug use

Continue with the ASSIST test questions; refer to the intervention protocols and assess referral to specialized treatment when indicated.

1. How often do you consume any alcoholic beverage?

(0) Never (1) Once a month or less (3) Two to four times a week
(2) Two to four times a month (4) Four or more times a week

Any alcohol exposure during pregnancy poses a high risk to the fetus.

Risk levels are defined similarly to those used for the general population to facilitate appropriate intervention for the pregnant person.

2. How many drinks do you have on a typical day when you are drinking?

(0) One or two (1) Three or four (3) Seven to nine
(2) Five or six (4) Ten or more

3. How often do you have six or more drinks on one occasion (for example, during a night out, an evening, a meal, street drinking or *botellón*, etc.)?

(0) Never (1) Less than once a month (3) Weekly
(2) Monthly (4) Daily or almost daily

1 unit = 10 grams

1 shot (40%) 30 ml or **1/2 glass of wine (10%) 125 ml** or **1 small beer (5%) 250 ml**

2 units = 20 grams

2 chupitos (40%) 60 ml or **1 glass of wine (10%) 250 ml** or **1 pint of beer (5%) 500 ml** or **1 cocktail (40%) 60 ml**

**Level 1
< 4 points**

**Level 2 or 3
≥ 4 points**

**Administer the full AUDIT
see full protocol (p. 47)
(10 questions – 3 minutes)**

**> 5 y < 13 points: Level 2
≥ 13 points: Level 3**

b) Intervention according to evaluated risk

4. Risk levels and intervention



For individuals who experience difficulty stopping alcohol consumption: individualized support and harm reduction strategies should be provided.

Refer to the full protocol available in Spanish — Annex II for the steps of brief intervention during pregnancy using a motivational interviewing approach (p. 48).

c) Actions during follow-up visits

(See Annex III of the protocol for more information; p. 52)

It is possible to achieve and maintain the goal?	
No	Yes
<ul style="list-style-type: none">• Acknowledge the difficulty of change and reinforce efforts• Help resolve ambivalence• Intensify follow-up and psychosocial support• Assess detoxification or maintenance treatment• Involve their partners (with prior consent)• If unable to reduce or abstain: harm reduction strategies	<ul style="list-style-type: none">• Congratulate and reinforce the behavior• Promote continued adherence to the agreed plan• Coordinate with specialized care if necessary• Coordinate with other services if psychosocial problems arise

III. Postpartum period and breast feeding

The **postpartum period** is a physiological process that extends from the end of childbirth to the onset of the first menstrual cycle. Its duration is approximately between 40 days to 6 weeks. This period **offers an opportunity** to promote healthy behaviors and address alcohol-related risk, supporting pregnant individuals in managing related challenges.

The WHO recommends exclusive breastfeeding during the first six months of life, and continued breastfeeding alongside complementary foods from six months onward.

For those with a previously identified pattern of risky alcohol use or an alcohol use disorder prior to pregnancy, follow-up is essential, as this is a critical period during which relapse may occur.

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2. Recommendations on **breastfeeding**

- The safest option during breastfeeding is not to consume alcohol.
- Alcohol use during breastfeeding may have adverse effects on the infant, including sedation, delayed psychomotor development, and reduced cognitive performance. Alcohol passes into breast milk, reaching concentrations similar to those in maternal blood.
- Expressing milk does not accelerate alcohol elimination or reduce its concentration in breast milk.
- Contrary to popular belief, alcohol reduces breast milk production.
- If alcohol is consumed:
 - Avoid breastfeeding after drinking alcohol; wait at least 2.5 hours for every 12–15 grams of alcohol consumed.
 - Express breast milk before drinking so it can be safely used to feed the baby later.

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3. Recommendations for infant care

- Bed-sharing (co-sleeping) is not recommended if alcohol has been consumed.
- Avoid alcohol consumption to reduce the risk of Sudden Infant Death Syndrome (SIDS).
- Avoid alcohol use to ensure full alertness and attention when caring for the baby.

Actions to be undertaken by Health Authorities

- Multidisciplinary and multisectoral approach with active participation of diverse professionals.
- **Creation of collaboration pathways and protocols** among obstetrics, addiction services, mental health, social services, primary care, community-based resources, etc.
- Keep in mind that the goal is to provide support, not surveillance, particularly for **individuals in vulnerable situations** and groups at high risk of alcohol exposure during pregnancy. Care should consider the needs related to childcare, aiming to keep pregnant individuals together with their children whenever possible.

Strong coordination is essential for the early **monitoring of children who have been exposed to alcohol during pregnancy**, ensuring timely intervention and support for both the child and their family.

Check out the Guidelines for addressing alcohol consumption:

