

Alcohol Use

Definition/ cut-off value

For Pregnant Women:
C Any alcohol use

For Breastfeeding and Non-Breastfeeding Postpartum Women:

- Routine current use of \$ 2 drinks per day (1). A serving or standard sized drink is: 1 can of beer (12 fluid oz.); 5 oz. wine; and 1 ½ fluid ounces liquor (1 jigger gin, rum, vodka, whiskey (86-proof), vermouth, cordials or liqueurs), or
 - Binge Drinking, i.e., drinks 5 or more (\$ 5) drinks on the same occasion on at least one day in the past 30 days; or
 - Heavy Drinking, i.e., drinks 5 or more (\$ 5) drinks on the same occasion on five or more days in the previous 30 days.
-

Participant category and priority level

Category	Priority
Pregnant Women	I
Breastfeeding Women*	I
Non Breastfeeding Women	III

* Breastfeeding is contraindicated for women with these conditions.

Justification

Drinking alcoholic beverages during pregnancy can damage the developing fetus. Excessive alcohol consumption may result in low birth weight, reduced growth rate, birth defects, and mental retardation. WIC can provide supplemental foods, nutrition education and referral to medical and social services which can monitor and provide assistance to the family.

“Fetal Alcohol Syndrome” is a name given to a condition sometimes seen in children of mothers who drank heavily during pregnancy. The child has a specific pattern of physical, mental, and behavioral abnormalities. Since there is no cure, prevention is the only answer.

The exact amount of alcoholic beverages pregnant women may drink without risk to the developing fetus is not known as well as the risk from periodic bouts of moderate or heavy drinking. Alcohol has the potential to damage the fetus at every stage of the pregnancy. Therefore, the recommendation is not to drink any alcoholic beverages during pregnancy.

Studies show that the more alcoholic beverages the mother drinks, the greater the risks are for her baby. In addition, studies indicate that factors such as cigarette smoking and poor dietary practices may also be involved. Studies

Justification

show that the reduction of heavy drinking during pregnancy has benefits for both mother and newborns. Pregnancy is a special time in a woman's life and the majority of heavy drinkers will respond to supportive counseling.

Heavy drinkers, themselves, may develop nutritional deficiencies and more serious diseases, such as cirrhosis of the liver and certain types of cancer, particularly if they also smoke cigarettes. WIC can provide education and referral to medical and social services, including addiction treatment, which can help improve pregnancy outcome.

**Clarifications/
Guidelines**

Before assigning this risk code, be sure to document the alcohol use on the health history form.

Routine consumption of alcohol implies a regular practice of consuming 2 or more drinks most days, does not specify "everyday, no exceptions." This criteria is intended to identify those participants who usually include alcohol in their daily dietary habits.

References

1. USDA/DHHS Dietary Guidelines; 1995.
 2. Lawrence, Ruth: Maternal & Child Health Technical Information Bulletin: A Review of the Medical Benefits and Contraindications to Breastfeeding in the United States; October 1997.
 3. Weiner, L., Morse, B.A., and Garrido, P.: FAS/FAE Focusing Prevention on Women at Risk; International Journal of the Addictions; 1989; 24:385-395.
 4. National Clearinghouse for Alcohol and Drug Information; Office for Substance Abuse Prevention; The fact is...alcohol and other drugs can harm an unborn baby; Rockville; 1989.
 5. Institute of Medicine: Nutrition During Pregnancy; National Academy of Press; 1990; pp. 88, 177, 391-394.
 6. Jones, C. and Lopez, R.: Drug Abuse and Pregnancy; New Perspectives in Prenatal Care; 1990; pp. 273-318.
 7. National Household Survey on Drug Abuse, Main Findings 1996; Office of Applied Studies, Substance Abuse and Mental Health Services Administration, DHHS.
-