THE EFFECTS OF DRINKING ON THE BRAIN

Although a ‘buzz’ may be only temporary, the effects of alcohol on the brain can cause permanent damage over time.

Safer Drinking Tips

- It’s smartest to delay drinking to give your brain its best chance to develop.
- Eating before and while you’re drinking alcohol helps protect your body.
- Pace yourself. For every alcoholic drink, have a non-alcoholic drink like water.
- Be open & honest. Speak to your caregivers about drinking. It is better to be open and honest.

Check out the low risk drinking guidelines pamphlet if you choose to drink alcohol.
LET'S GET REAL ABOUT SEX

But Everyone Does It OR DO THEY?

In our culture, mixing alcohol and sex is made to look normal.
But it doesn’t mean everyone actually does it.

About 50%-70% of sexual assaults can be linked to alcohol use.

Most alcohol related sexual assaults occur between people who know each other.

Alcohol is the number one ‘date rape’ drug.

What’s the big deal?
People who care about you hope that you will ask yourself...

- Are you feeling pressured by your partner or peers?
- Does alcohol make you do things you wouldn’t normally do?
- Are you under the influence when you’re making decisions like...if, when and how you want to engage in sexual activity?
- Are you using birth control effectively?
- Have you protected yourself from an STI?

Choosing to have sex is a big decision emotional too!

WHAT IS CONSENT?
Men & Women Play EQUAL ROLES In Consent

SAYING YES and really meaning it
GIVEN FREELY There’s no pressure or manipulation
CONSENT IS INFORMED This means telling a future sex partner about STIs, past sex partners and talking about condoms or other birth control.

PEOPLE CANNOT GIVE CONSENT IF THEY ARE:
- High or drunk
- Forced, threatened, bribed or offered rewards for something sexual
- You can access support for sexual assault or being taken advantage of, even if you were in a relationship with the other person, or if alcohol or drugs were involved.
- It can help to talk to someone you trust.

I DON'T KNOW?

YES!

I'M NERVOUS...

Alberta Government
LET'S GET REAL ABOUT BIRTH CONTROL

If you are sexually active, use effective birth control!
If you are thinking about becoming sexually active, get your birth control method figured out before.

HOW WELL DOES BIRTH CONTROL WORK?

- Really, really well: The IUD (Diaphragm), Pill
- Okay: The Pill, The Ring, The Patch
- Not so well: Condoms, for men and women

What is your chance of getting pregnant?

- Less than 1 in 100 women
- Less than 1 in 1000 women

What is the right method for my partner and me?

Key questions to ask yourself:

- How effective is it?
- How often am I having sex?
- Am I on any other medication?
- How comfortable am I with it?
- What are the side effects?

Adolescent females have an increased risk of pregnancy complications compared to adult women.

BIRTH CONTROL HOW CAN I GET IT?

Other than condoms and Plan B you need a prescription from a doctor.

Helpful Resources in Alberta Call 811 HealthLink

Resources
There are many resources where you can get birth control at little to no cost. Don't be afraid to ask for help finding out what is available in your community.

One option may be the Emergency Contraception Pill, also known as Plan B.

- Most effective within first 24 hours of having sex → the pill can delay or prevent a woman from ovulating or the egg being fertilized.
- Recommended within the first 3 days after, but can be effective up to 5 days after having sex.
- You can get it at a pharmacy or grocery store and it's available to anyone.
- There is usually a generic brand that costs less than Plan B.
WHO DRINKS DURING PREGNANCY?

ANYONE INCLUDING...
- Light/moderate/heavy drinkers
- Higher income, higher education, over 30, successful
- Women exposed to poverty and isolation
- Multiple drug users and alcoholics
- Victims of violence (childhood, domestic)

YOU MAY BE PREGNANT AND NOT EVEN KNOW IT!

You may not know you’re pregnant until the second trimester (4th month of pregnancy).

The first three months is a time where pregnancy may go unnoticed. In this time, a woman may still be drinking.

WHAT IF MY PARTNER OR I GET PREGNANT?

Prenatal Care = Healthier Pregnancies
Talk to your doctor!

WHAT ABOUT THE GUYS? OR FUTURE DADS?

When a father drinks, he influences the mother's drinking.

Women most often drink with their partners.

Men who drink heavily are unlikely to provide the necessary emotional support and care during pregnancy.

A man’s drinking after the baby is born, could impact the child in a negative way.

The effects of alcohol on your baby can happen at any time of the pregnancy.

Alcohol is a teratogen, affecting the size of the brain, the forming of brain structures, and how the brain and body functions after the baby is born.

**FASD is a permanent, lifelong disorder** that is often invisible. Having a child with FASD can be very challenging.

Some challenges for people with FASD may include attention, language, adaptive behavior (life skills), reasoning, memory, executive functioning, regulation of body functions and sensory issues.

Drinking can be harmful at any point during pregnancy and can result in lifelong disabilities for the child.
It's safest not to drink during pregnancy. What does this mean?

No Safe Time
"Zero for Nine" is best

There is no threshold of alcohol use in pregnancy that has been definitively proven safe. Exposure to alcohol at any time in a pregnancy can affect the fetus' brain. Even from the very start of pregnancy, alcohol can have serious and permanent consequences.

What to tell women: There is no safe time to drink alcohol during pregnancy. Your baby's brain is developing throughout pregnancy. In fact, it's best to stop drinking before you get pregnant.

No Safe Kind
Binge drinking = more than 3 drinks

Any type of alcohol (beer, coolers, wine or spirits) can harm the fetus. Some of these drinks have higher alcohol content per volume than others. What matters is the amount and frequency of alcohol consumed, not the type of drink. Binge drinking and heavy drinking are very harmful to a fetus.

What to tell women: All types of alcohol (beer, coolers, wine, or spirits) can harm your baby. Binge drinking and heavy drinking are very harmful to a baby.

No Safe Amount

While some studies have shown minimal risk of harm at lower levels of consumption (e.g., 1-2 drinks a week), the potential for misunderstanding standard drink sizes and the impossibility of factoring in other individual risks (e.g., genetics, the effects of nutrition and stress, and other substance use) means that the safest course of action is to avoid alcohol completely.

What to tell women: It's best not to drink any alcohol during your pregnancy. There is no known safe level of alcohol use during pregnancy.

What About Breastfeeding?

Alcohol passes into a woman's bloodstream and into her breast milk at similar levels. While babies are exposed to a very small amount of the alcohol a mother drinks, they do have a rapidly developing central nervous system and an underdeveloped ability to metabolize alcohol. At present, there is only limited research on the effects of alcohol during breastfeeding.

What to tell women: Having an occasional alcoholic drink has not been shown to be harmful to a breastfed infant. Ideally it is best to avoid breastfeeding for about two hours after drinking one alcoholic beverage.
Pregnancy, Alcohol and Trauma-informed Practice

What is trauma?

Trauma can result from early experiences in life such as child abuse, neglect and witnessing violence as well as later experiences such as violence, accidents, natural disaster, war and sudden unexpected loss. Trauma results from experiences that overwhelm an individual’s capacity to cope.

- Post-Traumatic Stress Disorder (PTSD) is a diagnosis used to describe one type of mental health response that can result from trauma.
- Using substances to cope is very common among women with current or past experiences of trauma.

A Strong Relationship: Violence, trauma and FASD

In a study of 80 mothers who had given birth to a child with FASD:

- 95% had been seriously sexually, physically or emotionally abused as a child or adult
- 80% had a major mental illness, with the most prevalent (77%) being Post-Traumatic Stress Disorder
- 72% felt unable to reduce their alcohol use because they were in abusive relationships

Changing the Conversation

Working from a trauma-informed perspective means changing how we think and talk about alcohol use during pregnancy.

“Why is this woman continuing to drink alcohol and placing her child at risk of FASD?”

“Even though she knows the facts, there’s a reason she’s still drinking, I wonder…”

“She doesn’t care about her baby.”

“She’s making decisions to keep herself and her baby safe.”

“I just need to show her how bad drinking during pregnancy is.”

“I need to show her that it’s safe for her to share what’s happening in her life and that I’m able to support her.”

“Her drinking is a problem.”

“Her drinking is an attempt to cope with problems.”

“What’s wrong with this woman?”

What happened to this woman?”

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References:

Let’s Talk

The Prevention Conversation
It’s time to talk about alcohol and pregnancy

Alberta Government
Why do some women drink alcohol during pregnancy?

6 Reasons Women May Drink During Pregnancy

1. Women are unaware they are pregnant.
   Approximately 50% of pregnancies are unplanned. Most women will stop drinking when they learn they are pregnant. It’s important to have conversations with women about alcohol use before they become pregnant.

2. Women are unaware of the extent of damage alcohol can cause the fetus.
   While Fetal Alcohol Spectrum Disorder (FASD) is the leading known cause of developmental disability, the range of harms of alcohol during pregnancy is still debated in the media and science has yet to determine all the factors that affect how alcohol can affect a developing fetus.

3. Women underestimate the harms alcohol consumption can cause because they know other women who drank during pregnancy and their children appear healthy.
   While many women are aware of the possible harms of alcohol, tobacco and other drugs, the effects can be varied, invisible and only apparent years down the road.

4. Alcohol use is the norm in their social group, so abstaining may be difficult.
   For some women, it can be hard to abstain when it’s expected that they drink, especially if people don’t yet know they are pregnant. Alcohol use is often an integral part of business networking, socializing and relationships.

5. Women may be using alcohol to cope with difficult life situations such as violence, depression, poverty or isolation.
   Many women find it difficult to stop drinking when their life circumstances remain challenging during pregnancy or if they have few alternatives for finding support and treatment.

6. Women may struggle with alcohol addiction.
   Addiction spans all segments of society and can be a concern long before pregnancy. In some cases, pregnancy can be an opportunity to address addictions issues, but in other cases, harm reduction approaches should be considered until a woman is ready to address her addiction.

References:
Treatment and care for pregnant women who use alcohol and/or other drugs

Top Barriers to seeking help and support reported by pregnant women who use alcohol:

- Shame and guilt
- Fear of child welfare involvement and/or having a child removed from their care
- Feelings of depression and low self-esteem
- Belief or hope that they can change without help
- Unsupportive or controlling partner
- Not having enough information about available services
- Waiting lists at addictions treatment agencies

Top Supports reported by pregnant women who use alcohol:

- Supportive service providers
- Supportive family members
- Supportive friends/recovery group members
- Children as motivators to get help
- Health problems as motivators

How You Can Help

1. Find out more about specialized prenatal supports and services for women with addictions in your community. Advocate for women and help to reduce barriers to timely and effective care and supports.

2. Many women with addictions are able to stop or significantly reduce their alcohol consumption during pregnancy. Provide encouragement and positive feedback about even the smallest changes. If abstinence does not appear achievable, consider harm reduction approaches.

3. Substance use often intersects with issues such as poverty, unsafe or inadequate housing, violence and abuse, food insecurity, and other health and social issues. Help women deal with their immediate needs and issues.

4. Some women may be reluctant to discuss their substance use or to seek care and support. Give them time. Relationships take time to build and it’s never too late to address alcohol use during pregnancy.

5. Support women who are at-risk to self refer to the Ministry of Children and Family Development for prenatal support services. Early support is a key component in successful outcomes. Be honest and open about your child protection responsibilities after the baby is born if there are concerns about the baby’s safety and well-being.

Let’s Talk

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It’s time to talk about alcohol and pregnancy

References

Alcohol, Contraception and Preconception

Strategies for Reducing Alcohol-Exposed Pregnancies

1. Reducing alcohol use
2. Increasing use of effective contraception
3. Both reducing alcohol use and increasing use of effective contraception

Preconception Care: Helping Women Prepare for Pregnancy

While 50% of pregnancies are unplanned, this means that 50% of pregnancies are planned. Service providers can help women to consider:

- What are the reasons I choose to drink?
- In what ways is alcohol a part of my life?
- How would I feel about not drinking at all at the next party I’m invited to?
- Do I associate drinking with smoking, eating, watching TV or other activities?

Alcohol Use and Unintended Pregnancies

50% Approximately one half of all pregnancies are unintended. The highest rate of unintended pregnancy occurs in the age group at highest risk of binge drinking (ages 15 to 19)

62% Percentage of women who report drinking alcohol in the three months prior to pregnancy

11% Percentage of women who report binge drinking before knowing they were pregnant

Can alcohol use affect fertility?

Emerging research suggests that alcohol use can have both short- and long-term effects of fertility.

- Light drinking (1-5 drinks a week) can reduce a woman’s chances of conceiving
- Long-term heavy drinking can cause adult women to have irregular periods or stop ovulating, cause periods to stop altogether or lead to early menopause
- Heavy drinkers who become pregnant are more likely to have miscarriages
- Heavy drinking or binge drinking can lead to vomiting and reduce the effectiveness of birth control pills (emergency contraception is an option)

References:

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Many women are more likely to avoid alcohol during pregnancy if their partners support them in doing so. Conversely, women find it more difficult to reduce their drinking when their partners oppose that decision or take steps to undermine their efforts. If a woman’s partner is supportive of her decision regarding reducing alcohol use during pregnancy, service providers can involve partners in supporting healthy alcohol-free pregnancies.

5 Ways Partners Can Support Women

Service providers can talk to women about what they would find supportive. Some of the things women might find helpful include having their partner:

1. Take a pause from alcohol during the pregnancy by quitting or cutting down. Avoid drinking around her and in social situations when they are together.

2. Tell family, friends and anyone offering her alcohol that there is no known safe time to drink alcohol during pregnancy and no known safe amount.

3. Offer her non-alcoholic drinks (e.g., mocktails) and bring non-alcoholic drinks to social events.

4. Take part in social and recreational activities with her that don’t involve alcohol.

5. Help reduce the stress in her life. (You can ask her for specific details of how you might do this.)

Many partners want to support their pregnant partners. Service providers can involve partners, directly and indirectly, by:

- Including information about how partners can support women in both preconception and prenatal materials
- Asking women if they would like to invite their partner or a close family member or friend to their next appointment to discuss how they can support them in achieving an alcohol-free pregnancy, as well as making healthy choices overall
- Sharing suggestions of how soon-to-be parents can be supportive of their pregnant partners. Encourage partners to ask pregnant women what kind of support they need to avoid alcohol, reduce stress and still have fun.

Remember: a partner can be male or female, and some women may not have the support of a partner and may rely on family or friends.

Many partners are interested in thinking about or changing their own alcohol and drug use as they prepare for parenthood. Service providers can provide information and connect partners with community resources. (It’s best to do this separately from a woman’s care and treatment.)

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References
1. van der Wal, N.Y., C. Voogt, and R. de Vries, A qualitative investigation of alcohol use advice during pregnancy: Experiences of Dutch midwives, pregnant women and their partners. Midwifery 2015; 31:1
In Canada, partner violence during pregnancy is common. Alcohol and other substance use is one way that many women cope with violence and abuse and many women who have a difficult time stopping their alcohol use during pregnancy have past or current experiences of trauma.

You can support women who disclose current or past experiences of violence or abuse by:

» Helping her understand the links between trauma and alcohol use
» Helping her find support in the community to begin healing
» Develop strategies to keep herself safe and identify key people and organizations in the community that can help her (often called a ‘safety plan’)

Key Messages

Some women find it helpful to hear about what other women have experienced. If you feel comfortable, you could consider sharing information such as:

“Many women find that getting help for the violence in their relationship is the first step towards changing their drinking.”

“Some women find it hard to feel like they deserve to be healthy and happy if their partner is always making them feel bad about themselves.”

“Some women find it harder to not to drink, or to drink less, if their partner is drinking heavily.”

After making any of the above statements, consider asking her how this information fits with her experience, or what she thinks or feels about what you have just shared.

Regardless of your approach, it’s important to respect each woman’s wishes on what she wants to see happen with her relationship.

The Prevention Conversation
It’s time to talk about alcohol and pregnancy

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CanFASD

CANADA FASD RESEARCH NETWORK
Here are some examples of what you might share with women who are interested in learning more about tobacco, cannabis, and opioids during pregnancy.

### TOBACCO

“When a woman smokes or uses tobacco during pregnancy, the nicotine, carbon monoxide, and other chemicals that enter her bloodstream pass into the fetus. This keeps the baby from getting the food and oxygen it needs to grow.”

“Tobacco use during pregnancy can have life-long effects on your baby, including learning difficulties, behavior issues, lung diseases, and increased chance of certain birth defects such as cleft lip or cleft palate.

“Smoking during pregnancy also increases the risks of premature birth, stillbirth and having a low-birth-weight baby. Pre-term and low birth weight babies are more likely to have health problems or disabilities as they grow.”

“Quitting tobacco can be hard but it has benefits that begin right away and last forever. It’s never too late to quit.”

### CANNABIS

“Using cannabis while pregnant may affect the fetus. Until more is known about the short- and long-term effects of cannabis on fetuses, babies and young children, it is safest to avoid using cannabis while pregnant, while breastfeeding, and around children.”

“If you are using cannabis for medical reasons, talk to your health care provider about whether the benefits of using cannabis for medical purposes outweigh the potential risks to you and your fetus.”

### OPIOIDS

“Taking opioids during pregnancy can increase the chance that your baby will be born too early, be born at a low birth weight or experience symptoms of withdrawal from the medications you are taking.”

“If your baby experiences symptoms of withdrawal, he or she will need medical observation and possibly treatment. Not all babies will experience withdrawal and not all require medical treatment for it.”

“Most babies who experience symptoms of withdrawal will have no long-term effects on their health and development.”

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**Let’s Talk**

It’s time to talk about alcohol and pregnancy