

## ALCOHOL USE

(372A)

**PARTICIPANT TYPE.....PREGNANT, BREASTFEEDING, NOT BREASTFEEDING WOMEN  
HIGH RISK.....No**

### RISK DESCRIPTION:

- Pregnant Women — any use
- Breastfeeding and Not Breastfeeding Women:
  - Routine current use of  $\geq 2$  drinks per day, OR
  - Binge drinking, i.e., drinks  $\geq 5$  drinks on the same occasion on at least 1 day in the past 30 days, OR
  - Heavy drinking, i.e., drinks  $\geq 5$  drinks on the same occasion on  $\geq 5$  days in the previous 30 days

Note: A serving or standard-sized drink is 1 can of beer (12 oz.), 5 oz. wine, and  $1\frac{1}{2}$  fluid ounces liquor (1 jigger gin, rum, vodka, 86-proof whiskey, vermouth, cordials, or liqueurs).

### ASK ABOUT:

- Her understanding of the potential dangers to herself and her infant
- Awareness of available help and readiness to access help
- Access to and receipt of prenatal care and postpartum health care
- Concurrent use of other substances including tobacco and illegal drugs
- Prenatal weight gain pattern and weight goal
- Typical dietary intake and practices
- Dietary supplements, particularly those appropriate for her categorical status (e.g., iron for pregnant women)
- Support system
- Emotional and psychological attitude towards pregnancy and/or parenting
- Whether she has discussed her alcohol use with her primary care provider

### NUTRITION COUNSELING/EDUCATION TOPICS:

- Pregnant Women:
  - Provide education about the dangers of alcohol use during pregnancy such as increased risk for low birth weight, reduced growth rate, birth defects, and mental retardation.

## NUTRITION COUNSELING/EDUCATION TOPICS (CON'T):

- Pregnant Women (cont't):
  - Encourage her to attend every prenatal appointment with her primary care provider.
  - Identify any nutritional deficiencies and dietary practices of concern and provide counseling about how to improve diet.
  - The safest recommendation is to not drink any alcoholic beverages. The exact amount of alcoholic beverages pregnant women may drink without risk to the developing fetus is not known. The more a pregnant woman drinks, the greater the risks are for her baby. However, alcohol has the potential to damage the fetus at every stage of the pregnancy.
  - The sooner a woman stops drinking or cuts back, the better the chances are that the baby will be born at a normal weight with minimal physical damage. It's never too late to stop drinking during pregnancy.
  
- Breastfeeding Women:
  - The Dietary Guidelines for Americans recommends that breastfeeding mothers should be very cautious about drinking alcohol, if they choose to drink at all.
  - Alcohol passes into breastmilk and, at high levels, can affect the baby. The infant may experience problems such as a weak suck, irritability, excess drowsiness, weakness, and/or decreased growth. Also, a breastfeeding woman's quantity of milk produced is reduced in 3 to 4 hours after alcohol is consumed.
  - Alcohol passes into breastmilk and peaks about 30-60 minutes after consumption (60-90 minutes if consumed with food). A woman will have little or no alcohol present in her breastmilk 2 hours after consuming one drink.
  - However, the Dietary Guidelines for Americans (DGAs) recognizes that there is substantial evidence that clearly demonstrates the health benefits of breastfeeding and indicates that occasionally consuming an alcoholic drink does not warrant stopping breastfeeding.
    - If breastfeeding is well established (no earlier than 3 months of age), a mother may consume a single alcoholic drink and wait at least 4 hours before breastfeeding.
    - A mother may express breast milk before consuming the drink and feed the expressed milk to her infant later.

## **NUTRITION COUNSELING/EDUCATION TOPICS (CON'T):**

- All Women:
  - Determine and discuss an eating pattern appropriate for the participant's weight goal (i.e., maintain, gain or lose weight).
  - Provide education about the dangers of alcohol intake for her own health and her ability to care for her infant.
  - Praise women for any attempt to stop drinking and acknowledge the difficulty.
  - Refer to the *Substance Use Prevention: Screening, Education, and Referral Resource Guide for Local WIC Agencies*, (<https://wicworks.fns.usda.gov/wicworks/Topics/ResourceManual.pdf>), for more information.

## **POSSIBLE REFERRALS:**

- Refer to a substance use treatment program.
- State law requires mandated reporters (like WIC staff) to report pregnant women who abuse alcohol. See Clinic Services Manual, Education, Drug Abuse Education and Referral (04-04-04) for specific policy and procedure.
- If the participant is taking any non-prescribed vitamin or mineral supplements, herbal supplements, or targeted nutrition therapy products, advise discussing these with the primary care provider.
- If she is not receiving prenatal care or routine postpartum care or is not keeping her appointments, refer her to primary care providers in the community, the Optimal Pregnancy Outcome Program (OPOP) ([www.ndhealth.gov/opop](http://www.ndhealth.gov/opop)), or the local public health department.