

Alcohol and Illegal Drug Use

**Definition/
cut-off value**

For Pregnant Women:

- Any alcohol use
- Any illegal drug use

For Breastfeeding and Non-Breastfeeding Postpartum Women:

- Routine current use of ≥ 2 drinks per day (6). 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; or
 - Any illegal drug use
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**Participant
category and
priority level**

Category	Priority
Pregnant Women	I
Breastfeeding Women*	I
Non-Breastfeeding Women	III, IV, V, or VI

* 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.

Alcohol and Illegal Drug Use

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 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.

Pregnant women who smoke marijuana are frequently at higher risk of still birth, miscarriage, low birth weight babies and fetal abnormalities, especially of the nervous system. Heavy cocaine use has been associated with higher rates of miscarriage, premature onset of labor, IUGR, congenital anomalies, and developmental/behavioral abnormalities in the preschool years. Infants born to cocaine users often exhibit symptoms of cocaine intoxication at birth. Infants of women addicted to heroin, methadone, or other narcotics are more likely to be stillborn or to have low birth weights. These babies frequently must go through withdrawal soon after birth. Increased rates of congenital defects, growth retardation, and preterm delivery, have been observed in infants of women addicted to amphetamines.

Pregnant addicts often forget their own health care, adding to their unborn babies' risk. One study found that substance abusing women had lower hematocrit levels at the time of prenatal care registration, lower pregravid weights and gained less weight during the pregnancy. Since nutritional deficiencies can be expected among drug abusers, diet counseling and other efforts to improve food intake are recommended.

Heroin and cocaine are known to appear in human milk. Marijuana also appears in a poorly absorbed form but in quantities sufficient to cause lethargy, and decreased feeding after prolonged exposure.

References

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Alcohol and Illegal Drug Use

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