



Alcohol and Women

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What is at-risk drinking?

At-risk drinking means drinking more than seven drinks a week or three drinks on a single day. At-risk drinking also includes binge drinking.

For some women, drinking any amount of alcohol is at-risk drinking. These include women who are

- unable to keep their drinking at a moderate level
- younger than 21 years
- pregnant or planning to become pregnant
- about to drive or perform a task that may result in injury
- taking prescription or over-the-counter medications that interact with alcohol

What is binge drinking?

For women, binge drinking is having more than three drinks per occasion. Binge drinking is a major problem among women in the United States. About one in eight women 18 years and older report binge drinking in the past 30 days. For girls younger than age 18, one in five report binge drinking.

How does my body process alcohol?

Women and men react differently to alcohol. A chemical in the body that breaks down alcohol is less active in your body than it is in men's bodies. This means that more of the alcohol that you drink enters your bloodstream. Women typically weigh less than men and have less body water, so the alcohol that you drink is not diluted as quickly as the alcohol a man drinks. You will become intoxicated more quickly and have a higher blood alcohol level than a man who drinks the same amount.

What are the health risks of at-risk drinking for women?

Regular at-risk drinking can lead to alcohol dependence (also called alcoholism). Women who are alcohol dependent keep using alcohol even when it causes problems with their health, safety, or relationships. Increased physical risks include the following:

- Injuries
- **Interpersonal violence**
- **Sexually transmitted infections** and unintended pregnancy
- Birth defects
- Menstrual disorders and altered fertility
- Heart and liver disease
- Seizures
- Certain types of cancer

What are the signs and symptoms of alcohol dependence?

The following signs and symptoms are associated with alcohol dependence:

- Craving—A strong urge to drink
- Loss of control—After starting to drink, not being able to stop
- Dependence—Alcohol withdrawal symptoms, such as nausea, sweating, shakiness, and anxiety after stopping drinking
- Tolerance—The need to drink greater amounts of alcohol to feel the same effect

How can drinking alcohol during pregnancy affect my baby?

Drinking alcohol during pregnancy is a leading cause of **birth defects**. Alcohol can harm a **fetus** throughout pregnancy. This includes the first few weeks before you know you are pregnant and during the last weeks of pregnancy when the fetal brain is maturing. Even moderate alcohol use during pregnancy can cause lifelong problems with a child's learning and behavior. Any amount is risky for women who are pregnant or trying to become pregnant. All types of alcohol are harmful, including beer and wine.

What are fetal alcohol spectrum disorders (FASDs)?

Fetal alcohol spectrum disorders (FASDs) are health problems that can occur in a person whose mother drank alcohol during pregnancy.

What is fetal alcohol syndrome (FAS)?

The most severe FASD is **fetal alcohol syndrome (FAS)**. FAS causes

- problems with brain development
- lower-than-average height and weight
- smaller-than-normal head size
- abnormal facial features

For every child born with FAS, many more are born with other FASDs. These children may have problems with coordination, behavior, attention, learning, and understanding consequences without any of the physical signs of FAS.

How can I prevent birth defects related to alcohol use?

Birth defects related to alcohol are 100% preventable by not drinking during pregnancy. Prevention involves these three steps:

1. If you do not want to get pregnant and you drink alcohol, use effective birth control.
2. If you are planning to become pregnant, do not drink.
3. If you are pregnant and have been drinking, stop. This will reduce the risk of harm to your baby.

What if I drank a small amount of alcohol before I knew I was pregnant?

Although it is true that no amount of alcohol use is safe during pregnancy, serious harm from this kind of use is unlikely. The important thing is to not drink any alcohol for the rest of the pregnancy.

How can I get help to reduce my drinking or stop drinking?

Your **obstetrician–gynecologist** or other health care professional can refer you to resources near you. You also might find it helpful to visit “Rethinking Drinking,” a National Institute on Alcohol Abuse and Alcoholism web site, at www.rethinkingdrinking.niaaa.nih.gov. This site also includes contact information for self-help groups you can join.

What treatment options are available if I am dependent on alcohol?

If you are dependent on alcohol, the following treatment options are available:

- Support groups—Support groups can help prevent relapse. They may be led by professionals or other people who have struggled with alcohol dependence. One such group is Alcoholics Anonymous (AA).
- Counseling—Therapy can help you, your friends, and your family cope with the stresses and the effects of alcohol dependence.
- Outpatient treatment—In outpatient treatment, patients go home at the end of each day of treatment. The Substance Abuse and Mental Health Services Administration keeps a list of programs. To find one near you, use their “locator” tool at www.findtreatment.samhsa.gov.
- Medication—Prescription medication can help reduce the craving for alcohol or prevent relapse.
- Residential care—In residential care, patients live at the treatment facility. These programs offer intense treatment where recovery is the main focus of the patient’s daily activities.

Glossary

Birth Defects: Physical problems that are present at birth.

Fetal Alcohol Spectrum Disorders (FASDs): A group of physical, mental, behavioral, and learning disabilities that can occur in a person whose mother drank alcohol during pregnancy.

Fetal Alcohol Syndrome (FAS): The most severe disorder resulting from alcohol use during pregnancy. It can cause abnormalities in brain development, physical growth, and facial features.

Fetus: The developing organism in the uterus from the ninth week of pregnancy until the end of pregnancy.

Interpersonal Violence: The use of physical, sexual, or emotional threats or actions against another person.

Obstetrician–Gynecologist: A physician with special skills, training, and education in women’s health.

Sexually Transmitted Infections: Infections that are spread by sexual contact, including chlamydia, gonorrhea, human papillomavirus infection, herpes, syphilis, and infection with human immunodeficiency virus (HIV, the cause of acquired immunodeficiency syndrome [AIDS]).

If you have further questions, contact your obstetrician–gynecologist.

FAQ068: Designed as an aid to patients, this document sets forth current information and opinions related to women’s health. The information does not dictate an exclusive course of treatment or procedure to be followed and should not be construed as excluding other acceptable methods of practice. Variations, taking into account the needs of the individual patient, resources, and limitations unique to the institution or type of practice, may be appropriate.

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