



Alcohol and Pregnancy

A Guide for Healthcare Providers



Why is this guide helpful for healthcare providers?

Effectively supporting pregnant patients who drink alcohol can be challenging for healthcare providers (HCPs). It involves more than providing the standard care and requires taking the individual's unique life circumstances into account.

Pregnant individuals who consume alcohol may experience stigma, fear, or shame, which can discourage them from accessing the care that they need.

HCPs can use this resource to learn about alcohol and pregnancy and effectively support their patients through evidence-based approaches.

The Saskatchewan Prevention Institute provides services to all those living on Treaty Lands 2, 4, 5, 6, 8, and 10, and the homeland of the Métis. The Saskatchewan Prevention Institute is dedicated to moving forward on a shared path of reconciliation and partnership.
We are all Treaty people.



Alcohol and pregnancy

Alcohol is a known teratogen, meaning it can cause developmental abnormalities in a fetus. Research has found that prenatal alcohol exposure (PAE) is associated with impaired growth, preterm birth, miscarriage, stillbirth, and sudden infant death syndrome (SIDS).

The most significant of these outcomes is Fetal Alcohol Spectrum Disorder (FASD), which encompasses a variety of physical, cognitive, and/or behavioural challenges that can have lifelong impacts.



What is FASD?

FASD is a lifelong brain and body disability that can occur due to PAE.

PAE is the leading cause of preventable neurodevelopmental disorders and can affect various brain domains.

- Motor skills
- Neuroanatomy/neurophysiology
- Cognition
- Language
- Academic achievement
- Memory
- Attention
- Executive function
- Affect regulation
- Adaptive behaviour, social skills, social communication

How common is FASD in Canada?

Research shows that **FASD affects at least 4% of people in Canada**. The prevalence is believed to be higher due to underreporting or misdiagnosis.

Why might someone drink during pregnancy?

The reasons why someone may drink alcohol can be complex. When they become pregnant, these reasons do not always change.

Research in Canada has found that 10% to 15% of women reported drinking alcohol during pregnancy.

Commonly reported reasons for why women may drink during their pregnancy:

- unplanned or unwanted pregnancy
- use of alcohol until pregnancy confirmation
- social pressure
(e.g., partner's drinking, community norms)
- coping mechanism
(e.g., abuse, violence, trauma, difficult life situations)
- confusing messages about alcohol and pregnancy
- dependency or addiction
- mental health challenges
- pre-pregnancy alcohol use
- inadequate or no prenatal care

Research has also found that individuals who smoke are more likely to report drinking alcohol during pregnancy.

Stigma & alcohol consumption during pregnancy

Stigma is a significant barrier to preventing FASD and supporting pregnant individuals who use alcohol.

Research shows that fear of judgment can discourage pregnant people from discussing their alcohol use with service providers. This limits opportunities for healthcare providers to offer guidance and support.

You can help reduce stigma by:

- using non-judgmental language
- encouraging open, honest conversations
- ensuring patients feel safe to discuss their alcohol use without pressure

Screening for alcohol use during pregnancy

There is a misconception that only specific groups use alcohol during pregnancy. However, FASD occurs in any community where alcohol is used.

Screening everyone for alcohol use during pregnancy can help identify individuals who may require additional support to have and maintain a healthy pregnancy.

Universal screening ensures that all individuals are assessed without judgment. This normalizes these conversations and promotes equity in care.

T-ACE Questionnaire

The T-ACE screening tool is a simple, validated method to identify individuals who may be consuming alcohol during pregnancy. It includes four questions to ask pregnant people who report drinking alcohol.

Tolerance

How many drinks does it take to make you feel high?

Annoyance

Have people annoyed you by criticizing your drinking?

Cut down on your drinking

Have you felt you ought to cut down your drinking?

Eye opener

Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover?

Discussing alcohol & pregnancy

Provide Consistent Messaging

Research has found that unclear or conflicting health messaging is a contributing factor to PAE. Therefore, it is important to provide pregnant individuals and their support system with consistent and clear messaging about alcohol use and pregnancy.

- Clearly explain that no amount of alcohol has been proven safe during pregnancy.
- Emphasize that no alcohol during pregnancy is the safest choice.

There is no safe time, amount, or type of alcohol to consume during pregnancy.

Provide Trauma-Informed Care

Research demonstrates a link between trauma and substance use during pregnancy. A trauma-informed approach situates alcohol use in the context of people's broader lives and acknowledges the many reasons why they might consume alcohol during pregnancy.

Trauma-informed practice principles include trauma awareness; safety and trustworthiness; choice, collaboration, and connection; and strengths-based and skill-building.

“ A program, organization, or system that is trauma-informed realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization. (SAMHSA, 2014) ”

Use Motivational Interviewing

Motivational Interviewing (MI) is a brief, evidence-based, non-judgmental approach to talking with a person about change. Integrating MI into clinical practice can support establishing trusting relationships, assessing alcohol use during pregnancy, and facilitating informed decision-making.

The Saskatchewan Prevention Institute provides in-person and online introductory and advanced MI training. Contact the FASD Prevention Program Coordinator for more information: info@skprevention.ca

Foster a Strong Support System

Partners, family, and friends play a significant role in supporting healthy, alcohol-free pregnancies. Knowledge about safe practices during pregnancy may have more impact when pregnant people and their support system have the information.

Visit thevillagesk.ca to learn about everyone's role in maintaining healthy pregnancies and preventing FASD.

Connect to Support Services

Specialized and holistic support can help pregnant individuals to have and maintain a healthy pregnancy. Offer patients referrals to addiction services, counseling, or community support resources. Ensure that individuals are referred to services that address their health, nutritional, social, and/or economic needs.



Support resources

Below is a list of support resources that can assist patients in reducing or eliminating alcohol use during pregnancy. You can also add your own local resources to this section.

- **HealthLine 811**
- **211 Saskatchewan** (call or text)
<https://sk.211.ca/#topics>
- **First Nations and Inuit Hope for Wellness Helpline**
1-855-242-3310

Resources in my community

List the local programs, services, or supports available for your patients.



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our goal is **healthy** children

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