Say no to alcohol in pregnancy

NO SAFE AMOUNT.
NO SAFE TIME.

INTERNATIONAL evidence shows that drinking alcohol at any stage during pregnancy can cause Foetal Alcohol Syndrome (FAS) and Foetal Alcohol Spectrum Disorders (FASD). Foetal Alcohol Spectrum Disorders (FASD) impact on families, education, social care, health, society in general and including the criminal justice system.

- Irish people are not immune to the harmful effects of alcohol.
- We all know someone, child or adult, who has the characteristics of Foetal Alcohol Spectrum Disorders.
- FASD has physical features and invisible characteristics such as: attention deficits, memory deficits, hyperactivity, difficulty with abstract concepts (e.g. maths, time and money); poor problem-solving skills, difficulty learning from consequences, poor judgment, immature behaviour, poor impulse control, confused social skills.
- FASDs are a consequence of alcohol-induced brain damage which is permanent, resulting from prenatal alcohol exposure.

The prevention of prenatal alcohol exposure in Ireland requires a response from both government and society. We need to bring about a change in social norm so that drinking in pregnancy will be as unacceptable as drink driving.

Alcohol is the cause of FAS (Foetal Alcohol Syndrome) and FASD. The challenge is to help and to act to prevent FASD in a way that supports all those women whose children have been or who will be adversely affected by consuming alcohol during pregnancy.

There is no Irish register of FASD, therefore the number of cases of FASD, FAS and ARND (Alcohol Related Neurodevelopmental Disorder) in Ireland is unknown. FASD is also commonly misdiagnosed or unconfirmed. Studies on alcohol consumption during pregnancy, however, suggest the number of affected children in Ireland may be significant. In January 2017, the Lancet published a review of alcohol consumption in pregnancy, the risk of FAS and the prevalence of people with FAS in the population and found that about 600 Irish babies with FAS are born each year and that over 40,000 Irish persons have FAS.

A seminar on FASDs was held in Dr Steevens Hospital in October where participants were welcomed by Suzanne Costello, A/National Lead HSE Alcohol Programme, Health & Wellbeing Division. The seminar was chaired by by Dr Peter Boylan, Consultant Obstetrician/Gynaecologist, NMH (retired); Chair of the Institute of Obstetricians and Gynaecologists. They concluded that from a neurodevelopmental perspective, the consequences of drinking during pregnancy are likely to be harmful. Any alcohol consumption in pregnancy may have a negative effect. Dr Boylan made the analogy that someone would not offer a two-year-old child alcohol, and therefore the same principle could be applied to the developing foetus.

Expert speakers at the event included Dr Mary T O’Mahony, SPHM & A/DPH, HSE-S, Public Health lead on FASD prevention; Prof Patricia Kearney, Dept of Epidemiology & Public Health UCC; Dr Hugh Gallagher, ICBP; Marion Rackard, Project Manager, HSE Alcohol Programme; Prof Farhana Sharif and Dr Irwin Gill, Multingar Hospital; Dr Joanne Fenton, Perinatal Psychiatrist, Coombe Women & Infants University Hospital, Dublin; Evelyn Smith, Director of Midwifery, Women & Infants Directorate hSe NW; and Dr A Foran, Consultant Paediatrician, Dr M Eogan, Consultant Obstetrician Gynaecologist, Dr B Cleary, Pharmacist, Rotunda Hospital. These speakers all concluded that it is simply not possible to say that there is a ‘safe’ amount of alcohol consumption in pregnancy. Alcohol is the cause of FAS and FASD and it is preventable. The alcogenic environment in Irish society makes it difficult but a consistent message is needed. There is no known safe limit, no safe gestational period and no predictable response relationship.

In line with Healthy Ireland Health and Wellbeing’s Make Every Contact Count (MECC) programme, every opportunity for advice and intervention should be taken to prevent fetal damage by alcohol during pregnancy. Speakers identified the need for the pathway of care for pregnant mothers who use alcohol to be set out and to be supported. However there is a difficulty with lack of funding and lack of places for accessing services for women seeking help. It can also be difficult to diagnose FASDs.

- No known ‘safe’ amount of alcohol for consumption during pregnancy.
- No safe period for alcohol consumption during pregnancy.
- The response of an individual to alcohol during pregnancy is unpredictable.

“Children with FASD fill our child care places. Other professionals have worked tirelessly and often in isolation to bring about awareness of FASDs and they are being heard. The proposed Special interest Group or Network will recommend and support effective implementation of HSE policy (consistent message on alcohol and pregnancy, prioritising alcohol screening and brief intervention for pregnant women, alcohol services for women) and other interested professionals working in relevant areas are welcome to assist this work,” explained Dr Mary T O’Mahony, Specialist in Public Health Medicine, HSE.

For more information, check out www.askaboutalcohol.ie.