PHYSICAL HEALTH & WELL-BEING

INDICATOR #3 Alcohol Use during Pregnancy

DEFINITION

INDICATOR #3 — Percentage of women who drank alcohol during pregnancy.

KEY MESSAGES

- Alcohol use in pregnancy is an important health issue that can result in Fetal Alcohol Spectrum Disorder (FASD). FASD describes the range of lifelong effects that can occur in an individual who was exposed to alcohol during pregnancy.¹ Effects associated with FASD can include characteristic physical abnormalities, and mental and behavioural deficits.²⁻⁴
- There are currently no confirmed statistics on the number of people in Canada who have FASD, yet it is considered to be the leading cause of developmental disability in Canada.^{5–7}
- Research shows that moderate and highrisk drinking among women of childbearing years is a large and growing concern in Canada.¹ In 2009/10, 58 per cent of Canadian women age 18/19–24 and 45 per cent of Canadian women age 25–34 consumed alcohol at levels considered to be moderate or high-risk, and women in these age groups account for approximately 80 per cent of all live births in Canada.¹
- Alcohol use in pregnancy is widely considered to be underreported, especially among women with middle and high levels of education,^{c,8} making it a challenge to establish accurate data. However, **binge drinking** among women in their reproductive years can help us to understand the level of alcohol consumption among women in early stages of pregnancy, when many women do not yet know they are pregnant.
- Figure 3.1 shows that in the last 11 years, binge drinking among women of reproductive age in BC increased substantially.

^c The standard prenatal clinical checklist asks about alcohol use during pregnancy, but practitioners report that the question often goes unanswered. This may be due to societal stigma about alcohol consumption during pregnancy, and/or due to fears about children being removed from the home.



Source: Statistics Canada, Canadian Community Health Survey (public-use microdata file), 2003 to 2013-14. Prepared by the Surveillance and Epidemiology Team, BC Office of the Provincial Health Officer, 2016.

REFERENCES

¹Canada FASD Research Network. Annual report 2012-13. Vancouver, BC: Canada FASD Research Network; [cited 2016 Mar 21]. Available from: http://www.canfasd.ca/wp-content/uploads/2014/01/CanFASD_AnnualReport_2012-13_web.pdf.

²Welch-Carre E. The neurodevelopmental consequences of prenatal alcohol exposure. Adv Neonatal Care. 2005 Aug;5(4):217-29.

³Kodituwakku PW. Defining the behavioral phenotype in children with fetal alcohol spectrum disorders: a review. Neurosci Biobehav Rev. 2007;31(2):192-201.

⁴Nash K, Sheard E, Rovet J, Koren G. Understanding fetal alcohol spectrum disorders (FASDs): toward identification of a behavioral phenotype. ScientificWorldJournal. 2008 Sep 21;(8):873-82.

⁵Public Health Agency of Canada. Fetal alcohol spectrum disorder (FASD) – data collection and reporting [Internet]. Ottawa, ON: Public Health Agency of Canada; [cited 2010 Oct]. Available from: http://www.phac-aspc.gc.ca/fasd-etcaf/pdf/factsheet5-fasd-etcaf-eng.pdf.

⁶ Guerri C, Bazinet A, Riley EP. Foetal alcohol spectrum disorders and alterations in brain and behaviour. Alcohol Alcohol. 2009 Mar-Apr;44(2):108-14.

⁷Niccols A. Fetal alcohol syndrome and the developing socio-emotional brain. Brain Cogn. 2007 Oct;65(1):135-42.

⁸ BC Stats and Women's Healthy Living Secretariat. Healthy choices in pregnancy: results from the community health education and social services omnibus survey in British Columbia. April 2008 to March 2009 final report. Victoria, BC: BC Stats and Women's Healthy Living Secretariat; 2010 [cited 2016 Jul 12]. Available from: http://www.health.gov.bc.ca/library/publications/ year/2010/bcstats-hcip-report.pdf.