COMMENTARY

Alcohol and Pregnancy: Do Abstinence Policies Have Unintended Consequences?

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Abstract — Most policies and guidelines recommend that women abstain from alcohol during pregnancy. This can be difficult to achieve in developed nations where the majority of women consume alcohol and almost half of pregnancies are unplanned, leading to many pregnancies being exposed to alcohol prior to pregnancy awareness. Concerns have been raised that abstinence policies may lead women in this situation to terminate their pregnancy out of fear that they have harmed their baby; however, the evidence is limited. A recent study found that while few women reported alcohol as the reason for seeking an abortion, in almost all cases where alcohol was the reason, the women were either binge drinking or reported alcohol-related problems and the pregnancy was unplanned.

The main theme of most alcohol and pregnancy policies is that abstinence during pregnancy is the safest choice (O’Leary et al., 2007; National Health and Medical Research Council, 2009). The strength of the policy advice ranges from ‘no safe amount or time to drink alcohol during pregnancy’ as advised by the US Surgeon General, to the advice in Canadian, UK and Australian policies that ‘the risk from low levels of alcohol is likely to be low’. The variations in these policies reflect the lack of conclusive evidence of harm from low levels of prenatal alcohol exposure and this has generated considerable debate about whether abstinence during pregnancy should be advised (O’Leary and Bower, 2012). One of the concerns is that abstinence policies may generate excessive fear and stress in women who have consumed alcohol in early pregnancy leading them to terminate an otherwise wanted and potentially alcohol-unaffected pregnancy.

There is limited research specifically investigating whether maternal alcohol use in early pregnancy is a primary reason for women seeking abortions. Although there is no robust evidence to suggest that alcohol is a primary factor in women seeking an abortion (Kirkman et al., 2009), there is anecdotal evidence from clinicians that this may be occurring (Koren, 1996; Koren et al., 1996; Australian National Council on Drugs, 2003). The majority of women in developed nations drink alcohol (Australian Bureau of Statistics, 2006; British Medical Association Board of Science, 2008) and when combined with the high proportion of pregnancies that are unplanned (Colvin et al., 2007) many pregnancies will be exposed to alcohol prior to pregnancy awareness. Therefore, we need rigorous evidence to ensure that abortion is not an unintended consequence of policies recommending abstinence during pregnancy.

The study by Roberts et al. (2012) addresses this gap in the evidence. They surveyed women accessing abortion services in the USA to identify whether alcohol, tobacco or other drug use in the month prior to pregnancy awareness contributed to their decision to terminate their pregnancy. Of the 956 women surveyed, 25 (2.6%) identified alcohol as a reason for seeking the abortion. Reassuringly, drinking at low-to-moderate levels was not significantly associated with women seeking to terminate the pregnancy. Alcohol and pregnancy policy in the USA has staunchly promoted abstinence since 1980 so the results may also be applicable to women in countries where policies advise that low levels of prenatal alcohol exposure are low risk. The majority (84%) of women who identified alcohol as a reason for seeking an abortion reported drinking at binge levels (5+ standard drinks per occasion) or having experienced alcohol-related problems such as blackouts. Around half of the women who reported binge drinking as a reason for seeking an abortion were binge drinking more than once a week and the median number of binge drinking sessions was five. However, it was concerning that a small percentage of the women identifying alcohol as the reason for seeking an abortion were binge drinking less frequently than weekly.

Although the risk to the fetus from heavy drinking is well recognized (Chudley et al., 2005) the evidence of fetal effects from low, moderate and less than weekly binge drinking is ambivalent (Barr et al., 2006; Henderson et al., 2007a,b; Sun et al., 2009; Chen, 2012; O’Leary and Bower, 2012; Skogerbø et al., 2012). It is important that women are informed that not all pregnancies exposed to alcohol, including heavy levels of alcohol, will be harmed. Until it is possible to provide an assessment of individual risk health professionals need to take a pragmatic approach when advising women about alcohol and pregnancy. Interestingly, in spite of the evidence of fetal harm from maternal smoking (Indredavik et al., 2007; Hackshaw et al., 2011) only four women in the Roberts study mentioned tobacco as a reason for seeking an abortion and none cited only tobacco. The public health messages for both alcohol and tobacco recommend abstinence during pregnancy; so this finding raises questions about society’s differing perceptions of the risk to the fetus from prenatal exposure to alcohol and tobacco (Armstrong and Abel, 2000).

Almost all of the women in the Roberts study who reported alcohol as a reason for seeking the abortion had an unplanned pregnancy. This highlights the need for the introduction of brief motivational interventions addressing both risky drinking and effective contraception methods in non-pregnant women of childbearing age (Floyd et al., 2007). Women reporting alcohol and other drugs as a reason for
seeking an abortion were 3.5 times more likely to report having difficulty deciding to undertake this course of action than women seeking abortion for other reasons. Abortion is a sensitive issue and research investigating the reasons for women seeking to terminate their pregnancy is associated with some challenges. While 84% of the women who agreed to participate completed the interview, almost two-thirds who were approached declined to participate. The high refusal rate is probably not unexpected given the sensitive nature of abortion and the evidence that in the USA, women seeking an abortion may be harassed (Jones and Kooistra, 2011). However, it is possible that the women who refused may have different reasons for seeking an abortion than the women who participated. Further studies are needed, including studies in different populations.

The publication of the Roberts study is timely and the findings are particularly relevant for Australia where the Commonwealth government is conducting an inquiry aimed at developing a national approach to prevention, intervention and management of Fetal Alcohol Spectrum Disorders (Commonwealth of Australia, 2012). The use of product warnings is one health promotion strategy under consideration. Alcohol industry representatives have raised concerns that using warning labels on alcoholic beverages to advise pregnant women not to drink could be counterproductive; with particular reference given to the potential for abortion of otherwise wanted pregnancies (Commonwealth of Australia, 2012). The results of the Roberts study will provide some reassurance about these concerns.

Conflict of interest statement. None declared.

REFERENCES

Roberts S, Lyndsay A, Sinkford D et al. (2012) Alcohol, tobacco, and drug use as reasons for abortion. Alcohol Alcohol 47, This issue.