BINGE DRINKING BEFORE AND DURING PREGNANCY

Both preconception and prenatal alcohol consumption are associated with significant maternal and fetal health risks, particularly when that drinking is excessive. Binge drinking for women is defined as consuming four or more alcohol drinks (beer, wine, or liquor) on an occasion. Among non-pregnant women, binge drinking is more likely to lead to unprotected sex and multiple sex partners which in turn increases the risks of unintended pregnancy. Women who become pregnant without realizing it may continue alcohol use during the early first trimester when fetal organ systems are being formed, posing serious risk to fetal development throughout gestation. Pre-pregnancy drinking is associated with spontaneous abortion, prenatal and postnatal growth restriction, sudden infant death syndrome (SIDS), birth defects, and neurodevelopmental deficits such as Fetal Alcohol Syndrome (FAS).

In 2011, approximately one quarter (23.0 percent) of recent mothers in 23 states and New York City reported binge drinking in the 3 months prior to pregnancy (figure 1). The overwhelming majority of mothers discontinued binge drinking by the last 3 months of pregnancy (97.4 percent) and less than 1 percent (0.77 percent) reported binge drinking during the final 3 months of pregnancy. Binge drinking varied by maternal age prior to pregnancy but not during pregnancy. Pre-pregnancy binge drinking was most common among women aged 20–29 years (25–26 percent) and least common among women age 19 years or less (17.0 percent) and those age 35 years or older (17.8 percent). Quit rates for binge drinking did not vary by maternal age.

Both pre-pregnancy and prenatal binge drinking varied by race and ethnicity. Pre-pregnancy binge drinking was most common among non-Hispanic American Indian/Alaska Native, non-Hispanic White, non-Hispanic Native Hawaiian/Other Pacific Islander, and non-Hispanic mothers of multiple races (25–30 percent; figure 2). These women were approximately 2.5 to 3.0 times more likely to binge drink during the 3 months before pregnancy as non-Hispanic Asian mothers (9.1 percent). Prenatal binge drinking varied across race and ethnicity: compared to non-Hispanic White mothers (0.5 percent), binge drinking in the last 3 months of pregnancy was higher among Hispanic, non-Hispanic American Indian/Alaska Native, and non-Hispanic Black mothers (1.5, 1.4, and 0.9 percent, respectively). Binge drinking cessation rates were lower for non-Hispanic Asian, Hispanic, non-Hispanic Black, and non-Hispanic American Indian/Alaska Native mothers (89.8, 90.7, 95.1, and 95.7 percent, respectively) compared with non-Hispanic White mothers (98.7 percent).

Binge drinking before and during pregnancy also varied by maternal education and marital status. Pre-pregnancy binge drinking was lowest among those with less than a high school education.
(12.5 percent) and above 20 percent for women with higher levels of education. The highest rate of pre-pregnancy binge drinking was among women with some college education (28.0 percent). However, binge drinking during the last 3 months of pregnancy was lowest among women with a college degree (0.49 percent) compared with 0.89-0.95 percent of women with less education. Binge drinking was greater among unmarried mothers versus married mothers both before pregnancy (26.2 versus 21.1 percent, respectively) and during the last 3 months of pregnancy (1.1 versus 0.58 percent, respectively).

Drinking before and during pregnancy continues to be an important public health concern. Screening for alcohol problems is recommended for adults by the U.S. Preventive Services Task Force and is recommended for adolescents by the American Academy of Pediatrics. Screening coupled with brief intervention strategies such as physician advice or counseling have proved effective in decreasing alcohol abuse and binge drinking in primary care settings in general and among women of childbearing age in particular.6,7

Data Sources
Figure 1 and 2. Centers for Disease Control and Prevention, Pregnancy Risk Assessment Monitoring System, 2011. Analysis conducted by the Division of Reproductive Health, National Center for Chronic Disease Prevention and Health Promotion.

Endnotes

Suggested Citation