Prepregnancy Alcohol Use

Alcohol use during pregnancy is a leading cause of preventable birth defects and developmental disorders in the United States. No safe level of alcohol consumption during pregnancy has been established. In 2005, the Office of the Surgeon General issued recommendations that pregnant women, those planning to become pregnant, and women at risk for becoming pregnant abstain from alcohol use. Because almost half of the live births in Oklahoma are the result of unintended pregnancies, women may be pregnant for several weeks before they realize it.

According to the Oklahoma Pregnancy Risk Assessment Monitoring System (PRAMS), 51.1% of women with live births in 2009-2010 reported drinking alcohol in the three months before pregnancy (Figure 1).

While 65.9% of women reported less than one or no drinks in an average week during those three months, 28.5% reported having an average of one to six drinks per week and 5.6% reported 7-14 drinks per week. According to the Centers for Disease Control and Prevention (CDC), seven or more drinks per week for women is considered heavy drinking.

Among women who reported alcohol use prior to pregnancy, 46.8% reported binge drinking at least one time in the three months prior to pregnancy. This was defined as four or more alcoholic drinks in a two hour time span.

Over half of the women reporting alcohol use prior to pregnancy fell into the lowest and highest annual household income categories; 20.6% of women who reported alcohol use prior to pregnancy had annual household incomes of less than $10,000 and 29.1% had $50,000 or more. Figure 2 provides a comparison among women who did not receive prenatal care counseling on the effects of alcohol on the infant.
and did not drink prior to pregnancy and their annual household incomes.

Significant differences between women who drank alcohol preconceptionally and those who did not existed for the following maternal demographics and characteristics:

- 65.5% of women who drank were 20-29 years old compared to 56.1% of women who did not drink prior to pregnancy
- 58.2% of women who drank had more than a high school education vs. 41.1% of non-drinkers
- 75.4% of women who drank were white vs. 65.6% of non-drinkers
- 92.7% of women who drank were non-Hispanic vs. 79.4% of non-drinkers
- 56.4% of women who drank reported Medicaid as a payer for prenatal or delivery care vs. 68.4% among non-drinkers
- 45.6% of women who drank before pregnancy also smoked vs. 22.5% of women who did not drink
- 51.6% of those who drank before pregnancy had an unintended pregnancy vs. 41.8% among non-drinkers
- 14.8% of women who drank before pregnancy were checked or treated for depression or anxiety in the 12 months before pregnancy vs. 9.2% of non-drinkers
- 12.9% of women who used alcohol before pregnancy experienced six or more stressors in the 12 months before delivery compared to women who did not drink (6.8%). Stressors included emotional, partner-related, financial, and traumatic life events.
- 23.1% of women who drank had symptoms of postpartum depression vs. 12.0% of non-drinkers

Women in PRAMS also were asked about prenatal care counseling topics. One in three women who reported prepregnancy alcohol use did not have a health care provider talk with them about the effects of alcohol on their infant.

Reference:

Figure 2: Alcohol Use During the Three Months Before Pregnancy by Annual Household Income, Oklahoma PRAMS 2009-2010

“Please take care of yourself, as in do not use illegal drugs [or] drink alcohol. Because it’s not all about you anymore, it’s about you and your baby.”

- PRAMS Mom

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PRAMS is a population-based surveillance system about maternal behaviors and experiences before, during, and after pregnancy. Approximately 250 mothers are selected to participate in Oklahoma each month. Mothers are sent as many as three mail questionnaires seeking their participation with follow-up phone interviews for non-respondents. Information included in the birth registry is used to develop analysis weights that adjust for probability of selection and non-response. Prevalence rates were calculated and the potential risk factors were identified using the Cochran-Mantel-Haenszel Chi-Square (χ²) Test. The sample size for 2009-2010 was 5,937 with a response rate of 68.7%.

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