



The American College of
Obstetricians and Gynecologists



FREQUENTLY ASKED QUESTIONS

FAQ068

WOMEN'S HEALTH

Alcohol and Women

- **What is at-risk drinking?**
- **Does alcohol affect women differently than men?**
- **What health risks are associated with at-risk drinking?**
- **How does drinking alcohol cause birth defects?**
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What is at-risk drinking?

For women, at-risk drinking means drinking more than seven drinks in 1 week. At-risk drinking also includes binge drinking, which for women means drinking more than three drinks on one occasion. One drink is defined as one 12 oz. can of beer, one 1.5 oz mixed drink, or one 5 oz. glass of wine.

Does alcohol affect women differently than men?

Yes. If a man and woman drink the same amount, less alcohol will circulate in the man's body compared to the woman's body. Because men weigh more and have more water in their bodies, the alcohol that a man drinks is more quickly diluted than the alcohol a woman drinks. Also, a chemical that breaks down alcohol in the stomach is more active in men than in women. Alcohol-related health problems may progress more quickly or with less alcohol intake in women than in men.

What health risks are associated with at-risk drinking?

Health risks associated with at-risk drinking include the following:

- Birth defects
- Nutritional deficiencies
- Injuries
- Psychiatric problems, such as depression and anxiety
- Long-lasting diseases, including **cirrhosis** and other liver diseases; digestive system disorders, such as inflammation of the stomach and pancreas; nervous system disorders, including dementia and stroke; heart disease; and certain types of cancer.

In addition to these health risks, alcohol plays a major role in domestic violence, sexual assaults, and child abuse. Excessive alcohol use, especially binge drinking, also can affect your judgment and decisions. You may be more likely to have unprotected sex or sex with multiple partners.

How does drinking alcohol cause birth defects?

Drinking alcohol during pregnancy is a leading cause of birth defects. Alcohol can affect a baby throughout pregnancy, including the first weeks of pregnancy, before many women even know they are pregnant. "Fetal alcohol spectrum disorders"

is a term that describes different effects that can occur in the **fetus** when a woman drinks during pregnancy. These effects may include physical, mental, behavioral, and learning disabilities that can last a lifetime. The most severe disorder is **fetal alcohol syndrome (FAS)**. Women at high risk of giving birth to a child with FAS include those who drink heavily and who continue to drink heavily throughout pregnancy

How much alcohol is safe to drink during pregnancy?

There is no established safe level of alcohol use during pregnancy. If you are planning to become pregnant, do not drink alcohol. If you are pregnant and drank alcohol before you knew you were pregnant, you can reduce the risk of further harm to the baby by stopping drinking.

What is alcohol abuse?

A person who abuses alcohol has repeated problems related to her use of alcohol. These problems include work, relationship, and family issues; drunk-driving arrests and car crashes; or medical problems caused by alcohol.

What is alcohol dependence?

Alcohol dependence, which also is called alcoholism, is a disease with three or more of the following signs and symptoms:

- Tolerance—The need to drink greater amounts of alcohol to get “high” or not having the same effect with continued use of the same amount
- Alcohol withdrawal symptoms, such as nausea, sweating, shakiness, and anxiety after stopping drinking
- Drinking larger amounts of alcohol or over a longer period
- Desire or unsuccessful attempts to cut down or control drinking
- Spending a great deal of time drinking or recovering from drinking
- Reducing or giving up important social, work, or recreational activities because of drinking
- Continuing to drink despite knowing that you have a drinking problem

How can I get help if I think I have a drinking problem?

Seeking help is the first step and usually is the hardest for most people. If you think you have a drinking problem, a good first step is to talk to your health care provider. Your state or local health department may have a list of resources for you to contact.

What treatment is available for people who have a drinking problem?

Although alcohol dependence cannot be cured, it can be managed with success. Treatment can include medication, counseling, group therapy, and specialized treatment programs.

What resources are available to people seeking help with an alcohol problem?

The following organizations offer educational materials and treatment information:

Alcoholics Anonymous

PO Box 459
New York, NY 10163
(212) 870-3400
www.aa.org

National Institute on Alcohol Abuse and Alcoholism

5635 Fishers Lane, MSC 9304
Bethesda, MD 20892-9304
(301) 443-3860
E-mail: niaaweb-r@exchange.nih.gov
www.niaaa.nih.gov

National Council on Alcoholism and Drug Dependence, Inc

244 East 58th Street 4th Floor
New York, NY 10022
(212) 269-7797
Fax: (212) 269-7510
E-mail: national@ncadd.org
www.ncadd.org
For information and referral: 800/NCA-CALL

National Organization on Fetal Alcohol Syndrome

900 17th Street, NW, Suite 910
Washington, DC 20006
(800) 666-6327 or (202) 785-4585
Fax: (202) 466-6456
E-mail: info@nofas.org
www.nofas.org

Substance Abuse and Mental Health Services Administration

SAMHSA's Health Information Network
PO Box 2345
Rockville, MD 20847-2345
(877) 726-4727
TTY: (800) 487-4889
Fax: (240) 221-4292
www.samhsa.gov/home

Glossary

Cirrhosis: A disease caused by loss of liver cells, which are replaced by scar tissue that impairs liver function.

Fetal Alcohol Syndrome (FAS): A pattern of physical, mental, and behavioral problems in the baby that are thought to be due to alcohol abuse by the mother during pregnancy.

Fetus: The developing offspring in the uterus from the ninth week of pregnancy until the end of pregnancy.

If you have further questions, contact your obstetrician–gynecologist.

FAQ068: Designed as an aid to patients, this document sets forth current information and opinions related to women's health. The information does not dictate an exclusive course of treatment or procedure to be followed and should not be construed as excluding other acceptable methods of practice. Variations, taking into account the needs of the individual patient, resources, and limitations unique to institution or type of practice, may be appropriate.

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