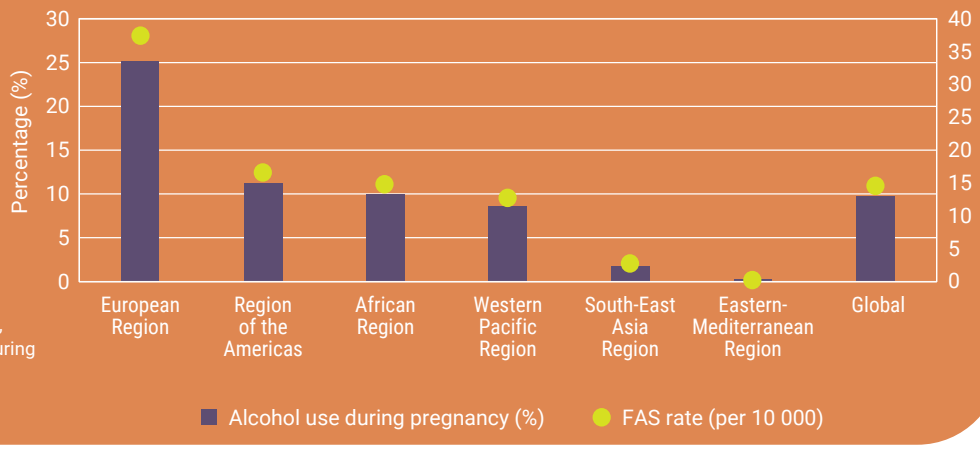
ALCOHOL USE DURING PREGNANCY IN THE WHO EUROPEAN REGION IS THE HIGHEST GLOBALLY

Child and adolescent health in the WHO European Region

Fetal alcohol spectrum disorder fact sheet

Global prevalence of alcohol use (any amount) during pregnancy and fetal alcohol syndrome (FAS) in the general population in 2012, by WHO region



Source: Estimation of national, regional, and global prevalence of alcohol use during pregnancy and fetal alcohol syndrome: a systematic review and meta-analysis *The Lancet Global Health, 2017.*

- **One in four women** in the WHO European Region consume alcohol during pregnancy.
- **Alcohol use during pregnancy harms the fetus**, since alcohol crosses the placenta and exposes the fetus to the same levels as the mother.
- There is **no known safe amount**, type or timing of alcohol use during pregnancy.
- Alcohol exposure **can affect fetal development** before a woman knows she is pregnant; 60% of women do not recognize their pregnancy until after week 6–7.
- Alcohol use in pregnancy is more common in contexts of inequality, gender-based violence, stress and limited access to health and social services.
- Prenatal alcohol exposure can result in **stillbirth**, **spontaneous abortion**, **premature birth**, **low birthweight** and **fetal alcohol spectrum disorder** (FASD).

WHY IS THIS IMPORTANT?

- Prenatal alcohol exposure can have **lifelong effects** on health, learning and daily functioning.
- FASD is a spectrum of conditions that occurs only when a woman consumes alcohol during pregnancy and is thus **preventable**.
- Individuals with FASD may experience learning difficulties, attention and memory problems, challenges with behaviour and decision-making and difficulties with everyday tasks. Visual, hearing and speech challenges may also occur.
- FAS is the most severe form of FASD and may include:
  - dysfunctions of the central nervous system
  - growth delays before and/or after birth
  - significant learning and behavioural challenges
  - a specific pattern of facial features.
- FASD leads to **substantial costs** in health care, education and social services across the lifespan.

SUCCESSFUL GOVERNANCE

- Support multisectoral coordination mechanisms and integration of FASD prevention into national early childhood development, child protection and disability strategies to strengthen cross-sectoral cooperation.
- Improve population health literacy on the adverse effects of alcohol use during pregnancy.
- Provide support for families experiencing stress or violence.
- Ensure access to early detection of pregnancies.
- Promote routine screening and brief interventions for substance use during pregnancy and access to treatment.
- Establish training and competency standards for health-care providers in recognizing and enabling early diagnosis of FASD and associated comorbidities.

World Health Organization
European Region

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