

**FASD-CAN**

Fetal Alcohol Spectrum Disorder  
Care Action Network

# FASD, Alcohol Consumption and Pregnancy

## Important Medical Disclaimer

This information is provided for educational purposes only and is not intended to be a substitute for professional medical advice, diagnosis, or treatment. FASD is a complex condition, and every pregnancy is unique. Always seek the advice of your GP, midwife, or other qualified healthcare professional regarding any medical concerns, or before beginning any nutritional supplement regimen. Never disregard professional medical advice or delay in seeking it because of something you have read in this resource.

## Fetal Alcohol Spectrum Disorder (FASD), Alcohol Consumption and Pregnancy: Essential Facts

This information is for any woman who is pregnant, planning a pregnancy, or who could become pregnant, and for their support networks.

### 1. Understanding the Risk: The Science and the Outcome

#### How Alcohol Harms the Developing Pēpi | Baby

Alcohol is a chemical called **ethanol**. When an expectant person drinks, this ethanol is quickly absorbed into her bloodstream. Alcohol is a **teratogen**—a substance known to cause severe birth defects or developmental harm to a developing fetus.

Because alcohol is a small molecule, it **easily and freely crosses the placenta** (the organ connecting the pregnant person and pēpi | baby). This means that the concentration of alcohol in the pēpi | baby's blood quickly reaches the same level as the pregnant person's.

Critically, the developing pēpi | baby cannot process the alcohol effectively because their liver is not yet fully formed or functioning. This results in the alcohol remaining in the pēpi | baby's system for much longer and at higher concentrations than in the pregnant person's body, damaging the developing cells and tissues, particularly the brain. Alcohol 'interrupts the migration of neurons'—the vital process where brain cells move to their designated places during development. This bridges the gap between science and lived experience, explaining why a brain impacted by alcohol is 'trying its best' to navigate a world it 'wasn't quite wired for'.<sup>[1]</sup>

#### The Role of Both Parents

While FASD is specifically caused by alcohol exposure in the womb, research in early 2026 highlights that a male's health and alcohol consumption prior to conception also matter. Alcohol



can leave an 'epigenetic signature' on sperm, affecting how genes are expressed in the developing pēpi | baby. This can influence their overall resilience and growth. An alcohol-free journey is a 'whole-whānau' goal that begins even before conception.<sup>[2]</sup>

## What is FASD?

Fetal Alcohol Spectrum Disorder (FASD) is a diagnostic term used to describe a range of lifelong physical, behavioural, and intellectual challenges that can occur in a person exposed to alcohol before birth (Prenatal Alcohol Exposure, or PAE). In Te Ao Māori, this journey is sometimes referred to through the lens of **Te Iho Tātai-ā-Rongo**, focusing on the unique weaving of a person's being.

- **Brain Damage is the Core Issue:** FASD is first and foremost a brain-based disability. Alcohol exposure can damage the developing brain at any point during pregnancy.
- **Physical and Organ Effects:** Prenatal alcohol exposure can also impact physical growth, body development, and the formation of organs such as the heart, kidneys, and bones.
- **A Lifelong Disability:** The effects of PAE are permanent and can lead to complex issues related to learning, memory, attention, executive function (judgement, planning), and social skills.
- **An Invisible Disability:** The vast majority of people with FASD do not have the visible facial features that can be associated with FASD. You cannot "see" FASD just by looking at someone. This is why it is often called a 'hidden' disability. The presence or absence of facial features does not indicate the severity of the brain damage.

## 2. The Best-Practice Health Message

Global public health bodies, including New Zealand's Te Whatu Ora (Health NZ), consistently advise that **no amount of alcohol is safe** during any stage of pregnancy<sup>[3]</sup>.

### The Safest Choice is an Alcohol-Free Pregnancy

- **No Safe Amount:** There is **no known safe amount** of alcohol consumption during pregnancy.
- **No Safe Time:** Alcohol exposure is unsafe for a developing baby at **every stage** of pregnancy, including before you know you are pregnant.
- **All Types are Harmful:** All types of alcoholic beverages—including beer, wine, cider, and spirits—pose a risk.
- **Unplanned Pregnancies:** Approximately half of all pregnancies in Aotearoa New Zealand are unplanned<sup>[4][5][6]</sup>. Because the brain, central nervous system, and other major organs begin developing in the earliest weeks—a time before a person knows they are pregnant—the safest choice is to avoid alcohol if you are sexually active and to make sure you use effective contraception.



## If You Have Been Drinking Before You Knew You Were Pregnant:

**Do not panic.** Many women consume alcohol before they realise they are pregnant and most alcohol-exposed pregnancies do not result in your tamaiti | child having FASD. However, if you have consumed alcohol, the single most important action you can take right now is to **stop drinking immediately.**

In Aotearoa New Zealand society alcohol consumption is common, and the period between conception and diagnosis can often involve social drinking. Therefore, consuming alcohol before realising you are pregnant is relatively common. However, if you are finding it difficult to stop drinking alcohol immediately after confirming your pregnancy, this is the crucial time to seek help to protect the future of your pēpi | baby.

Reaching out for support is a sign of strength and courage and love for your baby. As explained, alcohol exposure does **not** automatically mean your tamaiti | child will have FASD. The risk depends on many complex factors, including:

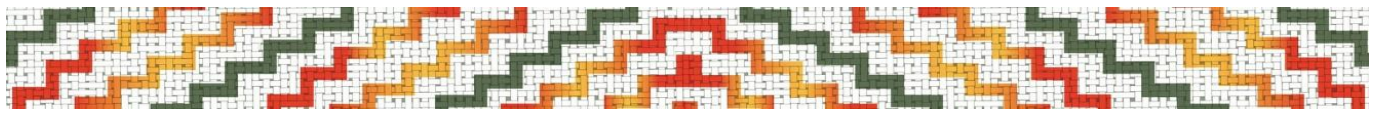
- **Dose and Pattern:** How much alcohol was consumed and how often (e.g., occasional use versus heavy binge drinking).
- **Timing of Exposure:** Which stage of the pregnancy the exposure occurred.
- **Epigenetic Factors:** Alcohol exposure can influence epigenetics—the way environmental factors change how genes are expressed (like a dimmer switch, turning them "up" or "down")—affecting the development of the brain, central nervous system, and organs.
- **Paternal Factors:** The male's genetics and heavy drinking before conception can also influence the pēpi | baby's overall susceptibility to alcohol-related harm through effects on sperm and **epigenetics.**
- **Genetic Factors:** The unique genetics and metabolism of the pregnant person and the genes they pass on to the developing pēpi | baby.
- **Maternal Health:** The pregnant person's overall health, stress levels, and nutrition during the pregnancy.

**Eliminating the Risk.** Because the risk of a tamaiti | child having FASD is influenced by many factors, there is no way to know how *any* amount of alcohol will specifically impact your pēpi | baby. Alcohol is a neurotoxin to the developing fetus - meaning that every exposure can affect brain and body development, regardless of whether it results in an FASD diagnosis. By choosing to stop drinking, you can eliminate this risk and protect your pēpi | baby's lifelong well-being.

## 3. Your Health

### It is Never Too Late to Stop Drinking.

Stopping alcohol use at any time during pregnancy can immediately improve your pēpi | baby's health and well-being, as the baby's brain and central nervous system develop throughout all nine months.



- **Confidentiality and Non-Judgement:** Healthcare providers (doctors, midwives, nurses) are there to provide you with confidential, supportive, and non-judgemental care. Sharing information about alcohol use is vital for your health and to ensure that, if needed, your child can receive an early, life-changing diagnosis and support later on.
- **Holistic Support:** If you are finding it difficult to stop drinking, please reach out. This is a common and complex challenge. Best-practice care involves a person-centred approach that addresses all of your needs—not just alcohol use—in a supportive environment.
- **Essential Nutrients for Brain Health:** Beyond avoiding alcohol, focusing on excellent nutrition is the best way to support your baby's development. Key nutrients are vital for forming the brain and central nervous system:
  - **Folic Acid (Folate):** Essential for preventing neural tube defects and must be taken before and during early pregnancy.<sup>[7]</sup>
  - **Iodine:** Crucial for the development of the baby's brain and nervous system, especially during the first trimester.<sup>[8]</sup>
  - **Iron:** Supports the healthy growth of the baby and helps prevent maternal anaemia, which is important for overall blood flow and oxygen delivery.<sup>[9]</sup>
  - **Omega-3 Fatty Acids (DHA/EPA):** These fats are major building blocks of the brain and retina. You can get them from safe fish sources or supplements.<sup>[10]</sup>
  - **Choline:** This nutrient is critical for fetal brain development, playing a key role in memory, learning functions, and forming the spinal cord. Adequate intake is recommended before and during pregnancy, and continuing through the first year of the pēpi | baby's life supports ongoing cognitive development.<sup>[11]</sup>

Always discuss a healthy, varied diet and any pregnancy supplements with your midwife or GP to ensure you are receiving the best advice. They can also support you to stop drinking during your pregnancy if you are having difficulty doing so.

#### 4. Emerging Research: Helpful Supplements

International research is exploring specific nutrients that may help mitigate (lessen) the impact of alcohol exposure on the developing brain, with **Choline** being the most studied.

**Supplements are Not a Cure or Substitute for Abstinence.** The international consensus of public health agencies is that **no amount of alcohol is safe at any time** during pregnancy. Supplements are being studied as a potential *mitigation* strategy—to lessen the impact *if* exposure has occurred—not as a preventative measure to be taken *while* drinking.

#### Promising Research on Supplements to Support Healthy Fetal Development:

- **Choline:** Newer longitudinal data (Wozniak et al., 2025 update) suggests that while second-trimester supplementation is beneficial, the continuation of choline through the



first year of the pēpi life (via breastmilk or fortified formula) shows even greater promise for cognitive outcomes. This highlights that support for the brain is a continuous journey that extends well after birth.<sup>[12][13]</sup> To find out more about choline, refer to our separate Information Sheet and expanded resource on this topic which you can find on our website: [www.fasd-can.org.nz](http://www.fasd-can.org.nz)

- **Zinc:** Alcohol consumption can disrupt the body's metabolism and absorption of Zinc. Maintaining optimal Zinc levels is critical, as deficiency may compound the harm caused by alcohol exposure to fetal growth.<sup>[14][15]</sup>
- **Nicotinamide (Vitamin B<sub>3</sub>):** Preclinical studies suggest this nutrient may help counteract some of the cellular damage and neurotoxicity caused by alcohol in the developing brain, supporting energy and repair mechanisms.<sup>[16][17][18][19]</sup>
- **Antioxidants (e.g., Vitamins E and C):** Alcohol exposure causes significant oxidative stress (cellular damage) in the developing brain. Antioxidants help neutralise the free radicals created by ethanol, potentially offering protection to vulnerable brain cells.<sup>[20][21][22][23][24]</sup>
- **Vitamin D:** Recent 2025 research suggests that adequate Vitamin D is vital for 'neuro-protection'. It helps regulate the inflammatory response in the fetal brain and supports healthy immune system development.<sup>[25]</sup>
- **Magnesium:** Emerging studies in 2026 highlight Magnesium's role in protecting against 'oxidative stress' in the womb, which supports the healthy development of the pēpi | baby's central nervous system.<sup>[26]</sup>

**Consultation is Key:** Because the correct dosage and combination of these nutrients can be complex, and some in very high doses can be risky, any pregnant person who has been drinking alcohol and is looking for nutritional support must **always work with a doctor or midwife** to ensure they receive best-practice professional advice.

## 5. Alcohol and Breastfeeding

It is a common question whether it is safe to drink alcohol while breastfeeding. Alcohol passes freely into breastmilk at levels similar to those in the parent's bloodstream.

- **The Safest Choice:** Health NZ advises that not drinking alcohol is the safest option for breastfeeding babies.<sup>[27]</sup>
- **Impact on Pēpi:** Alcohol in breastmilk can interfere with the baby's sleep patterns, affect their feeding, and may impact their early brain development.
- **Waiting Times:** If you do choose to have an occasional drink, it is recommended to wait at least two to three hours per standard drink before breastfeeding to allow the alcohol to leave your system. 'Pumping and dumping' does not speed up this process.



## 6. The Impact of Other Substances

Alcohol is often consumed in combination with other drugs. If you are also using other substances (such as nicotine, cannabis, or harder drugs), this significantly increases the risk to your baby. Using multiple substances (including alcohol) at the same time can compound the harm to the developing brain and body, leading to more complex challenges for the child, including growth issues, premature birth, and developmental problems. Support services (like the Alcohol Drug Helpline and PPS) are equipped to address all substance use challenges holistically.

## 7. Involve Your Whānau (Family/Network)

Partners, whānau (family/support networks), and friends all play a critical role in supporting an alcohol-free and healthy pregnancy.

- **Offer Practical Support:** Attend appointments with the pregnant person, help manage household stress, take on tasks like shopping, or prepare healthy meals.
- **Create a Safe Environment:** Actively support an alcohol-free environment by **not consuming alcohol around the pregnant person** and ensuring non-alcoholic drinks are available at social gatherings.
- **Preconception Health:** Consider a "collective health" approach where partners are encouraged and choose to quit smoking or drinking alongside the pregnant person. This protects sperm health and provide solidarity.
- **Be a Listener, Not a Judge:** Offer emotional support, listen without judgement, and validate her feelings about the changes and challenges of pregnancy. **Never blame or guilt** the pregnant person about past alcohol use; focus only on the present and the future.
- **Prioritise Holistic Well-being and Attachment:** Actively work to **reduce the pregnant person's stress load**, including addressing financial or housing instability, as stress significantly increases the risk of harmful substance use. Encourage positive bonding activities, like planning for the baby, feeling the baby kick, or attending ultrasounds together, to reinforce the commitment to a healthy, alcohol-free pregnancy.

**What to do if you suspect addiction:** If you are concerned that the pregnant person is unable to stop drinking due to a suspected addiction, the most loving and protective action is to **immediately call the Alcohol Drug Helpline (0800 787 797)**. This service will provide you with confidential, expert advice on how to safely encourage the pregnant person to seek professional help without causing further distress or isolation. The focus must remain on connecting the pregnant person to the specialist maternal support services (like a Pregnancy and Parenting Service) that can protect the health of both the pregnant person and the pēpi | baby.



## 8. The Power of Connection: Why Openness Matters

Open communication is the most powerful tool for protecting your pēpi | baby's health and future well-being. Your healthcare team are there to support you without judgement - and by sharing your journey with them, you can help to:

- **Ensure Comprehensive Care:** Being honest with your healthcare providers (midwife, doctor, or specialist) allows them to offer the highest level of confidential, holistic care tailored to your unique needs, maximizing positive health outcomes for both you and your pēpi | baby.
- **Secure Future Support:** Information about alcohol exposure during pregnancy is vital for your tamaiti | child's lifelong health record. If developmental challenges arise in the future, this information can help them receive an accurate FASD diagnosis. Early diagnosis and intervention are proven to dramatically improve life outcomes for people with FASD and their families and whānau.
- **Build a Strong Support Network:** Choosing connection over isolation is an act of strength. Sharing your experience allows you to access vital support services and community networks, ensuring you, your family and whānau have the support needed throughout your pregnancy and parenting journey.

## 9. Te Ao Māori Perspectives

This perspective is informed by *mātauranga* Māori (Māori knowledge) and tikanga-based (Māori protocols and practices) approaches, viewing the health of the hapū māmā | pregnant mother/person and pēpi as a collective, sacred responsibility.<sup>[28]</sup>

- **Whanaungatanga (Collective Responsibility):** In Te Ao Māori, health outcomes are a result of the strength and function of the whānau and hapū. This means the responsibility for an alcohol-free pregnancy is shared. Partners, grandparents, siblings, and extended whānau are all responsible for supporting the pregnant person in maintaining an alcohol-free environment.<sup>[29]</sup>
- **Tapu and Wairua (Sacredness):** The unborn pēpi is considered 'tapu' (sacred). Protecting the pēpi is protecting their 'wairua' (spiritual dimension) and ensuring they can fulfil their full potential.<sup>[28][30]</sup>
- **Manaakitanga (Care, Respect, and Empowerment):** Care providers must approach the hapū māmā and whānau with unconditional manaakitanga, ensuring all interactions are respectful and free from stigma.<sup>[30]</sup>
- **Tino Rangatiratanga (Self-Determination):** The whānau is empowered to make decisions about their own health journey, supported by Māori models of care.<sup>[31]</sup>



## Kaupapa Māori Services: Culturally-Centred Intervention

A *tikanga*-based approach acknowledges that Māori health and well-being are best addressed through Māori models of care, which prioritize the collective strength of the *whānau* and use cultural practices to build resilience and engagement.

## Conclusion

Navigating pregnancy and making big life changes can be challenging, but it is also a time of incredible joy and hope. If you have consumed alcohol, remember that FASD is a 'no-fault' disability. **Every positive action you take right now**—like stopping drinking, prioritising nutrition, and connecting with your care team—protects your pēpi | baby's development.

You are not alone in this journey. The support services listed here, your midwife, and your doctor are here to support you without judgment. Asking for help shows immense courage and is the most powerful choice you can make for yourself and your pēpi | baby. Focus on the present moment and the positive impact you are having every single day. Your well-being and your baby's potential are a shared priority.

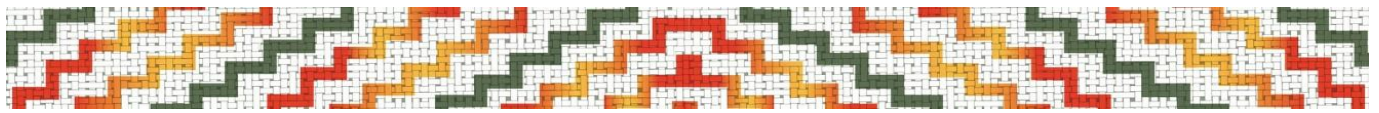
## Where to Find Help Now (Free and Confidential)

- **Alcohol Drug Helpline (24/7):** Call **0800 787 797** or Text **868**. They provide support, information, and connection to local services, including Kaupapa Māori and Pasifika services.
- **Specialist Maternal Support:** Ask your midwife or GP about a referral to the **Pregnancy and Parenting Service (PPS)** in your region.

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**Resource:**

FASD Hub Australia video: Preconception Care: Optimising health outcomes through interventions implemented before conception  
<https://youtu.be/UQC3l1lkolk?si=EsD>

