Breastfeeding and Alcohol

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Fetal Alcohol Spectrum Disorder (FASD) is characterised by brain damage from prenatal alcohol exposure, the effects are lifelong and may not be seen at birth.

Background to this research

If there was a magic pill to grow the healthiest and smartest children, prevent them getting many childhood sicknesses such as ear infection, allergies and asthma; and stop them developing obesity and heart disease later in life then we would all be buying it for our kids. In fact, this magic pill is available and it’s called breastfeeding. This research is all about encouraging women to start breastfeeding and to continue breastfeeding for as long as they want; hopefully for six months or more.

Despite wanting to breastfeed many women also want to return to drinking alcohol after the birth of their baby. Drinking alcohol is the cultural norm in Australia but alcohol in breastmilk can disrupt hormones needed to successfully breastfeed. This results in the baby receiving less breastmilk and being hungry and cranky. If this happens the mother thinks the baby is crying because it is hungry and may feel that the baby is ‘not getting enough milk’. This may lead her to introduce infant formula to help settle her baby and may eventually lead her to stop breastfeeding earlier than she planned; and all because of alcohol.

In Australia there are national guidelines which outline how to safely breastfeed and consume alcohol. These are called the ‘Australian Guidelines to Reduce Health Risks from Drinking Alcohol’ (NHMRC 2009). The Guideline for breastfeeding women in number 4B.

Guideline 4

Maternal alcohol consumption can harm the developing fetus or breastfeeding baby.

A. For women who are pregnant or planning a pregnancy, not drinking is the safest option

B. For women who are breastfeeding not drinking is the safest option
Why did we do this research?
It was not known if health professionals used this guideline when talking to breastfeeding women about drinking alcohol or what information they were providing. The research investigated the awareness of Guideline 4B by maternal health practitioners and also breastfeeding women.

Who took part in this research?
Maternal health practitioners including: obstetricians, general practitioners, midwives, child health nurses and paediatricians.

How did consumers and community members participate in this research?
Pregnant and breastfeeding women were invited to be members of the Expert Advisory Group to help make decisions about the project.

What did we do?
- Conducted an online survey of Australian maternal health practitioners
- Interviewed Australian maternal health practitioners
- Interviewed breastfeeding women in different locations across Australia

We are still analysing the data from the interviews.

What did the research find?
240 maternal health practitioners completed the online survey. We found that child health nurses, midwives and GPs used Guideline 4B when talking to breastfeeding women more than obstetricians and paediatricians.

What will we do next?
- Complete the analysis of the data from the interviews.
- Publish our research

Despite the existence of a national alcohol guideline for breastfeeding women, maternal health practitioners are not incorporating this advice into everyday practice with breastfeeding women. Opportunities exist for all maternal health practitioners along the reproductive continuum to protect long term breastfeeding duration using an evidence-based harm minimisation approach to alcohol consumption.

Read more about this project