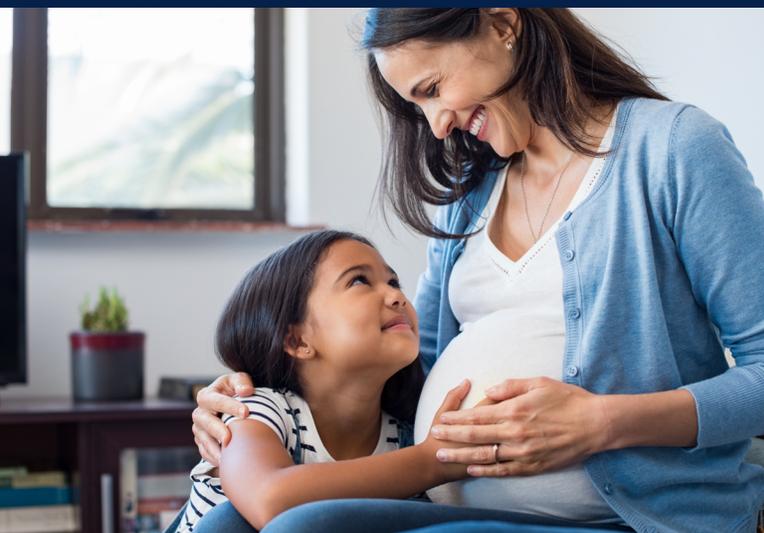


Evidence, Not Stigma: What Works to Reduce Alcohol Use And Related Harms in Pregnancy

Why alcohol policies should target alcohol — not pregnant women.



What To Know

- Policies that single out pregnant women do not reduce alcohol-related harms, and some make health outcomes worse.
- Broad alcohol policies that regulate availability and pricing are better approaches with evidence of real benefit.
- Evidence-based policy protects health — stigma harms health.

Reframing Alcohol Policy

Alcohol consumption during pregnancy can be harmful to fetuses, but targeting, shaming, or punishing pregnant women who drink alcohol is not supported by evidence. For decades, most states have relied on policies that single out pregnant women's drinking, from mandatory warning signs to child welfare reporting, without ever examining whether they help women, children, or families.

This research fills that gap.

New findings from UCSF show that pregnancy-specific policies do not improve health outcomes and can even lead to worse health outcomes, including increased preterm birth and increased infant injuries. Proven population-level alcohol policies, like reducing availability of alcohol or increasing alcohol taxes, are associated with reduced consumption in the general adult population and improved health outcomes for infants. When we follow the evidence, we find that the most effective tools are not those that single out pregnant women, but those that shape the alcohol environment for everyone.

Harmful

- ✗ Mandatory warning signs aimed at pregnant women's drinking

Ineffective

- Pregnancy-specific alcohol policies (e.g., reporting requirements, child abuse, priority treatment policies)

What Works

- ✓ Government monopoly control over the sale of spirits
- ✓ Taxing wine and spirits

Mandatory warning signs for alcohol use during pregnancy are harmful.

Warning signs do not improve infant outcomes and lead pregnant women to avoid prenatal care and treatment, likely **because they operate through fear and shame, increasing stigma.**

These policies do not help women or infants. Instead, the data show that these policies are associated with:

- ✗ Worse health outcomes for infants
- ✗ Reduced prenatal care use
- ✗ Reduced treatment use

Evidence does not support other pregnancy-specific alcohol policies.

Research shows that **pregnancy-specific policies are ineffective** at improving infant or maternal health.

These include (but are not limited to):

- Reporting requirements
- Child abuse/neglect statutory definitions
- Civil commitment
- Limits on prosecution
- Priority treatment

General population alcohol policies benefit health.

These approaches follow how drinking actually works.

Women don't start drinking when they become pregnant. Policies like government monopoly control over alcohol sales and increased taxes that reduce drinking overall are also effective at reducing harms related to drinking during pregnancy, limiting alcohol use before pregnancy even begins.

Evidence shows:

- ✓ Government monopoly control over retail spirits sales are associated with improved birth outcomes.
- ✓ Higher taxes on wine and spirits are also linked to improved infant health outcomes.

To improve infant health and support women, children, and families, policies must be guided by evidence. Policymakers should repeal and/or replace pregnancy-specific alcohol policies, including mandatory warning signs, and instead prioritize evidence-based strategies such as controlling alcohol availability and pricing.

The clearest path to reducing harms from drinking during pregnancy is to target alcohol at the population-level - not to single out pregnant women.