

U.S. Latinas at Risk for Drinking During Pregnancy

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University of California, San Diego (UCSD) School of Medicine-led study found that low-income, pregnant Latina women drank similar amounts of alcohol in the three months before they knew they were pregnant (the periconceptual period) as women in other racial/ethnic groups.

The finding, from a study of 100 pregnant low-income Hispanic women in San Diego County, appears in the November issue of *Alcoholism: Clinical & Experimental Research*.

"Traditionally held cultural values that discourage women from drinking alcohol may change when women, such as Latinas, emigrate to the U.S.," said lead author Christina D. Chambers, Ph.D., M.P.H., an assistant professor of Pediatrics [↗](#) and Family [↗](#) and Preventive [↗](#) Medicine at the UCSD School of Medicine, and Program Director of the California Teratogen Information Service (CTIS). The CTIS provides comprehensive no-cost medical consultation on prenatal exposures to drugs, medications, chemicals and other substances that may affect the developing fetus.

"Furthermore, due to cultural, educational or language barriers, low-income Latinas may be less likely to admit to alcohol use and/or have less accurate awareness of the risks of drinking during pregnancy," she added.

Chambers said there is a strong stereotype that Latina women don't drink, but in fact, she says, this population is at risk, and needs support to reduce their drinking during both pre-pregnancy and once a pregnancy is recognized.

"We found that 43 percent of pregnant Latinas in our sample reported some alcohol consumption in the three months before recognizing they were pregnant, and that 20 percent of these pregnant Latinas reported at least one binge episode of four or more standard drinks during that same time period. These figures are similar to many other race/ethnic groups in the U.S.," she said.

Chambers added that the dangers of early-pregnancy drinking are not always obvious.

"Some babies born to mothers who drink alcohol heavily during pregnancy have a pattern of birth defects known as Fetal Alcohol Syndrome (FAS), which includes some differences in appearance of the child's face, poor growth, and long-term learning and behavior problems," added Chambers.

"Many more children, whose mothers may drink smaller amounts of alcohol during pregnancy, are affected perhaps to a lesser extent by a wider spectrum of alcohol-related effects known as Fetal Alcohol Spectrum Disorders (FASD). FAS may be more recognized, but FASD is actually more widespread."

The study also found that women who reported drinking were very aware of widespread alcohol warnings and, in fact, had a higher level of general knowledge about associated problems than did the non-drinkers in the group.

"Latinas who spoke English, were more acculturated, were younger, more educated, had never been tobacco users, and had been pregnant fewer times were more likely to report drinking in the time surrounding early pregnancy," said Chambers. "In fact, Latinas who were more knowledgeable about FAS and remembered seeing warning signs/messages about alcohol use in pregnancy were also more likely to report drinking in the three months before recognizing they were pregnant."

Chambers added that these findings suggest that universal education is not sufficiently effective in eliminating alcohol consumption during pregnancy among these women and that despite numerous public-information campaigns addressing the dangers of drinking during pregnancy, language and cultural differences may present a barrier for some to understanding those risks.

"Future studies might examine the most cost-effective and efficient methods of identifying risky drinkers among Latinas of reproductive age, and also test interventions tailored to Latinas who currently drink and who have the potential to become pregnant."

As part of a larger study of intervention strategies, researchers conducted cross-sectional in-home interviews with 100 pregnant low-income Latinas who were receiving services from the Special Supplemental Nutrition Program for Women, Infants, and Children in San Diego County, California.

Mel Hovell, Director of the Center for Behavioral Epidemiology and Community Health at the San Diego State University Graduate School of Public Health was the principal investigator. Co-authors were Suzanne Hughes, Susan B. Meltzer, Dennis Wahlgren and Nada Kassem of the Center for Behavioral Epidemiology and Community Health at San Diego State University; Edward P. Riley of the Department of Psychology at San Diego State University and Sarah Larson of the San Diego State University Foundation WIC Program. The study was funded by the Association of Schools of Public Health, Centers for Disease Control and Prevention, and the Agency for Toxic Substances and Disease Registry.

CTIS operates a statewide telephone service and a clinical research program from the Department of Pediatrics at UCSD with satellite offices at UCLA, Los Angeles Children's Hospital and Stanford University. Founded in 1979, this program provides no-cost, confidential information regarding the fetal safety of medications, chemicals, or other agents when used in pregnancy. The CTIS Pregnancy Risk Information line provides information to over 8,000 callers per year including

pregnant or pre-pregnant women and health care providers located throughout the state of California. The CTIS program also conducts pregnancy outcome research studies so that evidence-based information can be developed for women with similar questions in the future.

Pregnant women and health care providers can reach CTIS specialists by calling toll free at 800-532-3749.

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News Media Contact: Jeffree Itrich, 619-543-6163, jitrich@ucsd.edu

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