Alcohol's effect on pregnant mothers: A study

Luckenson Chery
Centro Medico Dominico Cubano, Dominican Republic

Epidemiology: According to WHO estimates 3.3 million deaths every year result from harmful use of alcohol, this represents 5.9% of all deaths. Alcohol consumption causes death and disability relatively early in life. In the age group 20 – 39 years approximately 25% of the total deaths are alcohol attributable fetal alcohol syndrome (FAS), alcohol use is also associated with an increased risk of acute such as injuries, including from traffic accidents. However, it's also known that alcohol consumption especially in excess is linked to a number of negative outcomes: as a risk factor for diseases and health impacts; crime; road incidents; and for some, alcohol dependence. The Frequency of fetal alcohol syndrome is 2–5% (US, EU). The five countries with the highest prevalence of alcohol use during pregnancy were Ireland (about 60%), Belarus (47%), Denmark (46%), the United Kingdom of Great Britain and Northern Ireland (41%) and the Russian Federation (37%). The alcohol

- High consumption around the world
- Decreases vital functions
- Depressor of the central nervous system (CNS)
- Legal Drug

There is no known safe amount of alcohol use during pregnancy or while trying to get pregnant. These disabilities are known as fetal alcohol spectrum disorders (FASDs).

Children with FASDs might have the following characteristics and behaviors:

- Abnormal facial features, such as a smooth ridge between the nose and upper lip (this ridge is called the philtrum)
- Small head size (Microcephaly)
- Low body weight
- Poor coordination
- Hyperactive behavior
- Difficulty with attention
- Poor memory

Alcohol Metabolism in Pregnancy: Alcohol is metabolized in:

- Liver 90%
- Lungs 5%
- Stomach 2.5%
- Intestine 2.5%

Mechanisms of action:

- Depressor of the central nervous system (CNS)
- Facilitates GABAergic neurotransmission ((gamma aminobutyric acid)) by increasing the entry of chlorine through the GABAA receptor.
- By increasing the action of GABA, alcohol diminishes functioning of neurons, which is why it is classed as a depressant drug because it depresses activity
- Acute alcohol consumption increases the release of endogenous opioids such as endorphins, enkephalins and dynorphins

The region's most susceptible to the effect of alcohol

- Prefrontal Cortex
- Cerebellum
Diagnosing Fetal Alcohol Syndrome: There is no lab test that can prove a child has FAS. Many of its symptoms can seem like ADHD. To diagnose FAS, doctors look for unusual facial features, lower-than-average height and/or weight, small head size, problems with attention and hyperactivity, and poor coordination.

Treating Fetal Alcohol Syndrome: Therapy can help with behavior and educational problems. Parents can also get training to help their child. Medicines can help manage symptoms like hyperactivity, inability to focus, or anxiety. A child with fetal alcohol syndrome needs to be watched closely to see if their treatment needs to be adjusted.

Conclusion: The epidemiology of alcohol use appears to be changing and the gap between male and female patterns of alcohol use is closing, especially at younger ages. Women's alcohol consumption has been increasing in line with economic development and changing gender roles, but other factors include marketing directed towards women, increased availability and accessibility of alcoholic beverages and increased social acceptability of women drinking alcohol. Most important, prevention strategies should be addressed not only to women of childbearing age, but also to public health officials, policymakers, health care providers, and communities. Given the high rate of teenage pregnancies in the world, school children are particularly important targets in any effort to halt alcohol abuse by pregnant women.

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Biography
Luckenson Chery graduated in nutrition with academic honors in 2014 age of 23 years from Universidad Complutense de Madrid, he is a Medical Student in his last semester at Universidad Autonoma de Santo Domingo. He is Vice President of the Asociacion de Jovenes para el desarrollo global Humano. He worked as wound care at Haiti Family ministries, he Studied modern Languages at Universidad Autonoma de Santo Domingo, he has publishes more than 15 Papers in Listin Diario Journal and Republica Dominicana Digital, He Works as Nutritionist at Centro Medico Dominico Cubano, he is The supervisor of Emergency room specialized in Toxicology at Cento Medico Dominico Cubano. He is the leader of Buena Salud club Medical since 2013; he leaded different researches about oncology and Heart sickness with drug abuse at Universidad Concordia de Mexico. He has participated in different training on childhood intoxication at the Universidad de Autonoma de Mexico. He has given lectures on different topics related to nutrition and infantile poisoning.

luckensia@gmail.com