Common Components of Fetal Alcohol Spectrum Disorder Prevention Intervention Programs: A Review of Literature

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Common Components of Fetal Alcohol Spectrum Disorder Prevention Intervention Programs

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Introduction
• Fetal alcohol spectrum disorders (FASD) are the most common yet completely preventable cause of mental disability in the western world
• FASD is an umbrella term describing the effects that can occur in an individual whose mother drank alcohol during pregnancy
• FASDs involve growth retardation, characteristic facial features and central nervous system involvement, and a broad spectrum of developmental, emotional, behavioral and social deficits
• It is estimated that as high as 2-5% of children in the United States have a FASD
• Women with problematic substance use require additional support to reduce alcohol consumption
• In 2011, 45% of pregnancies were unintended. Unintended pregnancy is associated with an increased risk of problems for the mom and baby

Purpose
• Identify the common elements among varying interventions for FASD prevention that have demonstrated effectiveness for reducing the risk of FASD
• Increase understanding on what defining features may contribute to the efficacy of the interventions

Methods
• An integrative literature review was conducted. The databases searched included: CINAHL, PubMed, Cochrane Library, and Science Direct
• Articles were reviewed to determine if they were appropriate for inclusion based upon content and inclusion criteria

Keywords: pregnancy, alcohol, fetal alcohol spectrum disorders, alcohol exposed pregnancy, prevention, identification, and interventions

Results:
• The most defining and common interventional elements identified in the selected literature included:
  o Personalized feedback and education
  o Establishment of a therapeutic relationship
  o Replicable and standardized intervention procedures
  o Follow up/Continuous care

Results – cont.
❖ Personalized Feedback and Education
  o Provide participant-specific information on how risky behaviours can be modified
❖ Establishing a Therapeutic Relationship
  o Allows for the development of collaborative planning
  o Encourage self-motivated goal setting
❖ Standardization and Replicability
  o Ensures intervention can be carried out with same approach for varying individuals
  o Improve efficiency, limit variability, and reduce potential errors in delivery of the intervention
❖ Follow Up/Continuous Care
  o Provide support as part of the therapeutic relationship
  o Allows clinicians to monitor interventional progress and efficacy,
  o Provide ongoing education and modify care as needed

• The utilization of these intervention programs improved FASD risk behavior:
  o Reduce/eliminate alcohol consumption in pregnant and non-pregnant women
  o Improve/implement contraception use in non-pregnant women
• These components are essential for effective FASD intervention in both pregnant and non-pregnant women
• These elements offer insight into what aspects are fundamental for positive behaviors and pregnancy outcomes

Discussion
• Despite the effectiveness these interventions have demonstrated, FASD prevalence remains high due to the barriers that prevent the elimination of these completely preventable diseases

Screening Barriers:
• Misconceptions and misinformation
• Difficult subject for healthcare workers to discuss
• Lack of provider compassion, thoroughness, and time constraints
• Women may also feel fearful and embarrassed
• Computer or electronic based screening methods and intervention strategies may offer great potential and require much additional research

Conclusion
• These four defining elements highlight crucial interventional components that provide a foundation for further research to explore and utilize, however much more research is needed to lower the high incidence of FASD

Research Question:
• What are the common components to FASD prevention intervention programs?

Diagram of Study Selection and Review Process

FASD Characteristics in the Young Child