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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.

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 – cont.

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

- The utilization of these intervention programs improved FASD risk behavior:
  - Reduce/eliminate alcohol consumption in pregnant and non-pregnant women.
  - 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.

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.

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.

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Research Question:

- What are the common components to FASD prevention intervention programs?