
Grace Peterson Nursing Research Colloquium

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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

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

Research Question:

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

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

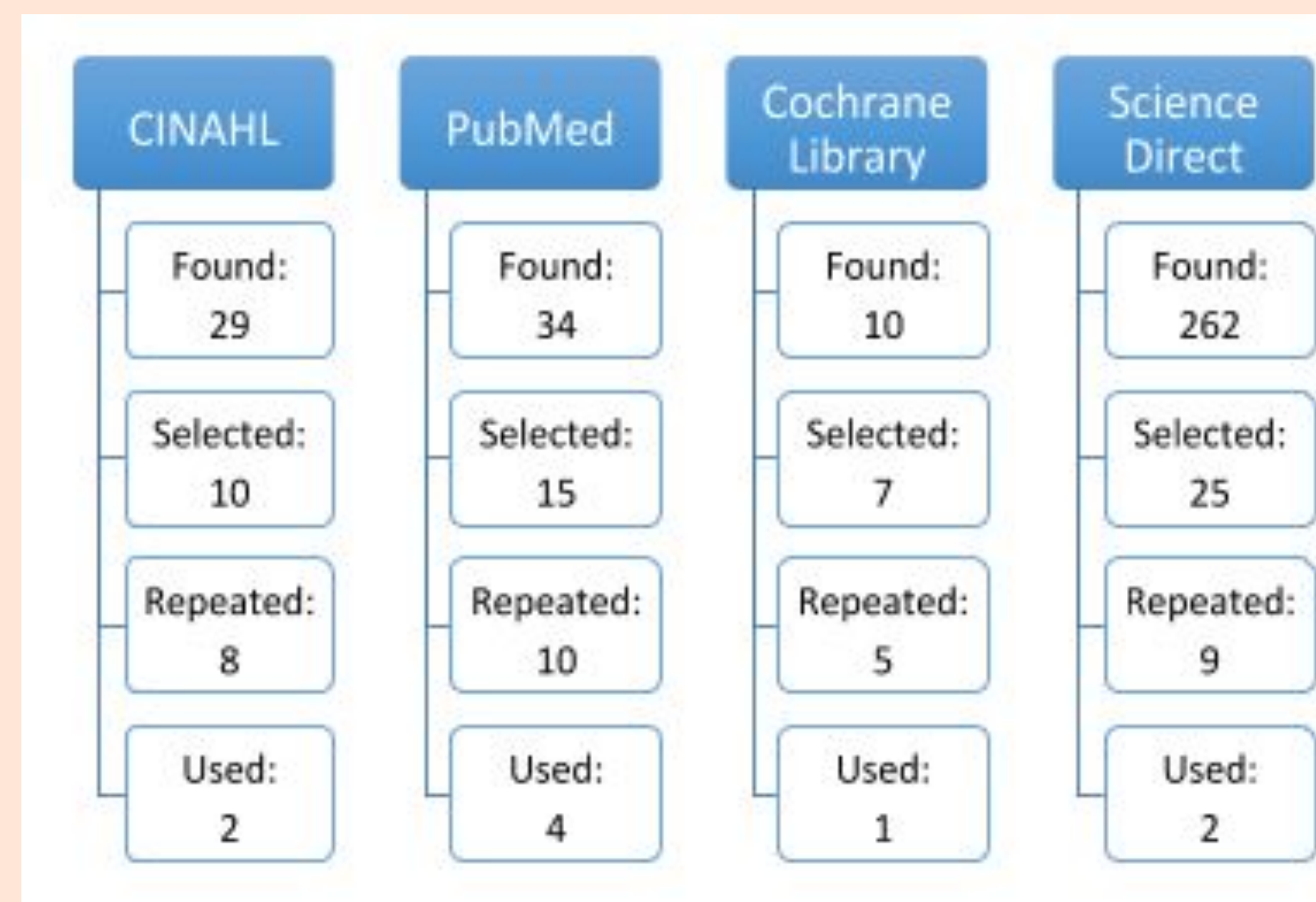


Diagram of Study Selection and Review Process

Results:

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

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

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

FASD Characteristics in the Young Child

