

A systematic review of prevention interventions to reduce prenatal alcohol exposure and fetal alcohol spectrum disorder in indigenous communities

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Presenter Disclosure

- All authors and presenters declare that they have no conflicts of interest



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Why?

- Working up in Fitzroy Valley
- Aboriginal Community Led FASD Prevention
- Expanding to more sites
- What else has been shown to work?

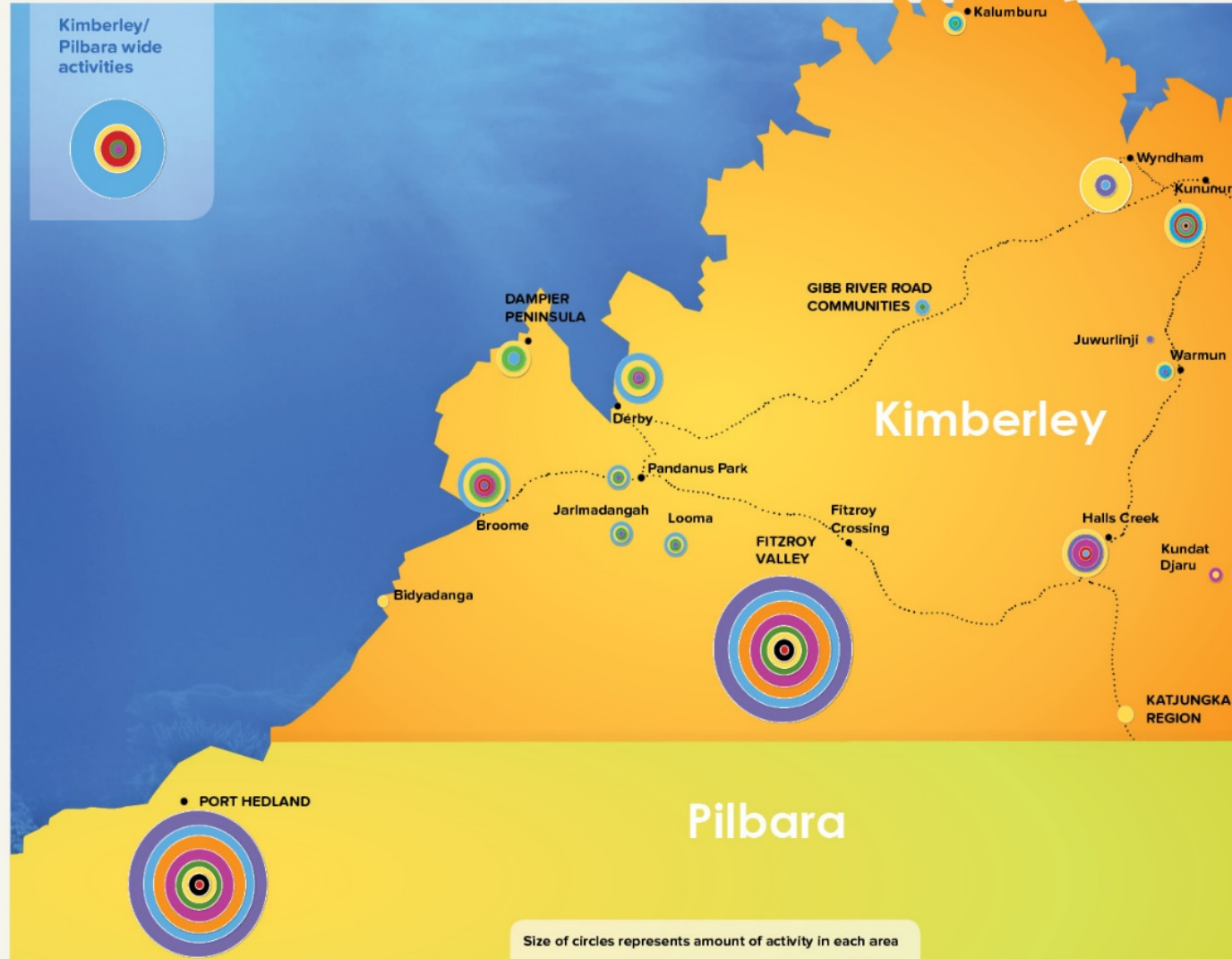


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Kimberley and Pilbara Regions

Prevention Level Activities



Level 1 - Broad awareness and health promotion	Community awareness through mass media
	Community event
	Community support groups
	Health education resources
	Integrated Education
	Girl's Empowerment Groups
	Pre-conception care
	Reducing unplanned pregnancy-contraception and family planning Guidelines
	Health practitioner training-raising awareness of FASD

Level 2 - Women of childbearing age and networks	Antenatal screening
	Brief intervention
	Motivational interviewing
	Health practitioner training- alcohol use during pregnancy

Level 3 - Targeted support for pregnant women with alcohol/social issues	Access to antenatal Care*
	Alcohol counselling
	Support for women with alcohol problems
	Support for women with social problems
	Rehabilitation services
	Harm minimisation
	Access to specialised care
	Specialised maternity care
	Supporting women affected by domestic violence

Level 4 - Postnatal support	Parenting support
	Postnatal care
	Access to postnatal alcohol counselling

Supportive alcohol policy	Total alcohol bans - supply reduction
	Localised alcohol restrictions
	Alcohol restrictions- supply reduction
	Broad alcohol management strategy

FASD Diagnosis and Therapy#	Diagnostic services
	Therapeutic services
	Health practitioner services

Alcohol Use In Pregnancy and FASD Related Research	Quality improvement and evaluation
	Epidemiology
	Intervention studies

FASD strategy coordination^	FASD Strategy Coordinator in local community organisation
	Engagement of stakeholders in FASD prevention activities



History

- FASD Prevention Systematic Review (Ospina et al, 2011)
 - 6 Indigenous (1 moderate quality, 5 weak)
- Systematic Review Reduction of Alcohol Consumption in Native Women (Montag, 2012)
- 170 FASD prevention projects in Canada “Virtually none” were evaluated (Salmon and Clarren, 2011)
- Online scan of 60 FASD prevention and health promotion resources for Aboriginal and Torres Strait Islander communities (Williams, 2018)



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Search

- Registered with PROSPERO, followed PRISMA guidelines
- MEDLINE, PsycINFO, EMBASE, CINAHL Plus, Web of Science, InformIT and SocINDEX databases
- Any Aboriginal or Indigenous
- Specific populations in North America and New Zealand
- No grey literature



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Search

- Primary research
- Any data aiming to evaluate a prevention intervention with the objective of reducing PAE or FASD
- Except for training/education targeted only at the workforce
- Reported separately on any Indigenous or Aboriginal population



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Results

- 9 studies in USA and 1 in Australia
- Targeted non-pregnant women of child-bearing age, pregnant women, school children and the general public
- Many different designs
 - One randomised controlled trial
 - Five cohort studies with pre-post design
 - One cross-sectional study with different pre- and post- intervention groups
 - Four studies only post-intervention data



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Results

- Assessed
 - Changes in knowledge
 - Changes in risk for prenatal alcohol exposure including self-reported alcohol consumption, birth control or both
 - FASD not often assessed
- Intervention Level
 - Four employed *universal* level interventions
 - Three were *selective* and three *indicated* for women at high risk
 - Four of these six were conducted in the wider context of concurrent *universal* prevention activities.



Results

- The methodological quality of all studies was rated as 'Poor'
- Studies were subject to substantial bias:
 - high loss to follow-up
 - lack of control groups
 - reliance on self-report measures
- Not saying that all studies were poor, but level of evidence was restricted
- Summaries of all studies available in paper



Discussion

- Hints of progress but evaluation not adequate
- 10 studies over 28 years in two countries
- Good evaluations in this area are hard
 - Lengthy time for consultation and adaptation
 - Often remote, costly
 - Follow-up
- Reliance on self-reported alcohol consumption, biomarkers?
- Birth control not well assessed
- Change in knowledge might not change practice



Discussion: Promising Aspects

- Most adapted for locals and many worked with locals
- Capacity building mentioned in five studies
- Five studies collected data at multiple time-points
- Multi-pronged approaches were used
- Hints that approaches may be useful



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Discussion: Recommendations for Future

- Control group/community
- Randomized assignment wherever possible
- Report results clearly and accurately
- Follow-up longer for FASD diagnoses
- Employ strategies for reducing loss to follow-up
- Seek community guidance to maximise follow-up



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