Prävention des fetalen alkoholsyndroms [Prevention of fetal alcohol syndrome]

Fröschl B, Brunner-Ziegler S, Wirl C

Record Status
This is a bibliographic record of a published health technology assessment from a member of INAHTA. No evaluation of the quality of this assessment has been made for the HTA database.

Citation
Fröschl B, Brunner-Ziegler S, Wirl C. Prävention des fetalen alkoholsyndroms. [Prevention of fetal alcohol syndrome] Cologne: German Agency for Health Technology Assessment at the German Institute for Medical Documentation and Information (DAHTA@ DIMDI). 2013

Authors' conclusions
The fetal alcoholic syndrome (FAS) is defined as the prenatal damage of the newborn through alcohol intake of its mother. Around 4,000 newborns in Germany were diagnosed with FAS per year. For the medical assessment only eight primary studies of relevance are identified, all of them come from the USA and show a reduced methodological quality. Because of the reduction of the power of these studies it cannot be excluded, that investigations of higher methodological quality would reveal contradicting results. All primary studies are assessing short-term interventions. When the whole study population is analysed, only one study shows significant better results for the intervention than for the control group. Two studies report positive effects on one of the analysed outcomes. When subgroups are analysed, four further primary studies demonstrate significant positive effects of the intervention. In all studies positive effects are established not only for the intervention, but also for the control group, suggesting that the application of a screening instrument and the verbalisation of alcohol abuse already may reduce alcohol intake during pregnancy. In conclusion, short-term interventions, in particular screening interventions and systematic surveillance of alcohol intake may reduce alcohol abuse and increase alcohol abstinence in pregnant women (in both, the intervention group, as well as in the control group). From the available data, there is no evidence of the key conditions and key factors for the success of interventions. In view of the limited evidence the encouragement of pilot studies should be positively evaluated in Germany. On the basis of evidence-based primary studies and based on US guidelines recommendations for Germany have been developed.

Project page URL

Final publication URL

Indexing Status
Subject indexing assigned by CRD

MeSH
Fetal Alcohol Syndromes; Infant, Newborn; Pregnancy

Language Published
German

Country of organisation
Germany

English summary
An English language summary is available.

Address for correspondence
AccessionNumber
32011001393

Date abstract record published
12/10/2011