

DRUG ALCOHOL FINDINGS *Research entry*

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▶ [Computer-delivered screening and brief intervention for alcohol use in pregnancy: a pilot randomized trial.](#)

Ondersma S.J., Beatty J.R., Svikis D.S. et al.

Alcoholism: Clinical and Experimental Research: 2015, 39(7), p. 1219–1226.

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A computer-delivered brief intervention plus booster mailings increased the alcohol abstinence rate and improved pregnancy outcomes among risky drinking pregnant women recruited at a US antenatal clinic, though in this small pilot trial the results were not statistically significant.

SUMMARY Although screening and brief intervention for unhealthy alcohol use has demonstrated efficacy in some trials, its implementation has been limited. Technology-delivered approaches are a promising alternative, particularly during pregnancy when the importance of alcohol use is amplified.

The featured US trial evaluated an interactive, empathic, video-enhanced, and computer-delivered 20-minute brief intervention plus three tailored mailings. Initial intervention was based partly on motivational interviewing principles and featured an emotive and non-judgmental animated narrator who provided natural-language reflections, sought participant input and offered affirming comments. Mailings were single-page flyers sent at evenly spaced intervals up to shortly before the expected birth date. They were tailored to the woman's age, gestational age, race, quit goal, level of social support for stopping alcohol use, frequency of binge drinking, and confidence in ability to stop drinking, data collected at baseline.

At an urban prenatal care clinic, the study recruited 48 pregnant women (typically unmarried, low-income African American women who drank heavily at least once a week) who screened positive for risky drinking. Participants were randomly assigned to the brief intervention plus mailings or to a [control](#) session on infant nutrition, and were re-evaluated during their post-birth time in hospital.

Participants rated the intervention as easy to use and helpful. Follow-up evaluation after childbirth revealed (relative to the controls) a medium-size increase in the proportion of intervention patients who had not drunk over the past three months – 18 out of 20 versus 14 of 19 controls. Similarly, intervention effects on a combined healthy pregnancy outcome (live birth, normal birth-weight, and no neonatal intensive care unit stay) were also of moderate size in favour of patients allocated to the brief intervention. As expected in this intentionally small-sample pilot trial, these effects were not statistically significant.

Conclusions were that the trial demonstrated the acceptability and preliminary efficacy of the brief intervention plus tailored mailings for alcohol use in pregnancy. These findings mirror the promising results of other trials using a similar approach, and the intervention should be tested in a larger trial.

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