Tiltak for risikofamilier med barn mellom 0-3 år

Notat fra Kunnskapssenteret
Systematisk litteratursøk med sortering
Desember 2012

kunnskapssenteret

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desember 2012

kunnskapssenteret

Tittel Tiltak for risikofamilier med barn mellom 0-3 år– systematisk litteratursøk
English title Interventions for vulnerable families with children aged 0-3
Institusjon Nasjonalt kunnskapssenter for helsetjenesten
Ansvarlig Magne Nylenna, direktør
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ISBN 978-82-8121-501-6
Notat Desember – 2012
Prosjektnummer 927
Publikasjonstype Systematisk litteratursøk med sortering
Antall sider 62 (74 inklusiv vedlegg)
Oppdragsgiver Barne- ungdoms og familiedirektoratet
Emneord(MeSH) Child Welfare, Parenting, Infants
Sitering Hammerstrøm, KT, Johansen, S, Wollscheid, S, Munthe-Kaas, HM. Tiltak for risikofamilier med barn mellom 0-3 år– systematisk litteratursøk med sortert referanseliste. Notat 2012. Oslo: Nasjonalt kunnskapssenter for helsetjenesten, 2012.

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Oslo, desember 2012

Hovedfunn

Nasjonalt kunnskapssenter for helsetjenesten fikk i oppdrag av Barne-, ungdoms- og familiedirektoratet å utføre et systematisk litteratursøk med påfølgende sortering av mulig relevante publikasjoner. Oppdraget var å identifisere systematiske oversikter som undersøker effekten av tiltak for risikofamilier med sped- eller småbarn (0-3 år).

Metode

Vi utarbeidet søkestrategi for et systematisk litteratursøk. Det ble søkt i medisinske/sosialfaglige databaser etter systematiske oversikter og meta-analyser. Søket ble utført i november 2012. Parvis gikk forfatterne, uavhengig av hverandre, gjennom identifiserte referanser og vurderte relevans i forhold til inklusjonskriteriene. Vi sorterte deretter referansene i henhold til populasjon/type risiko.

Resultater

- Vi identifiserte totalt 3477 referanser. Av disse var 69 mulig relevante i henhold til inklusjonskriteriene
- De mulig relevante referansene ble sortert i 25 kategorier ut fra populasjon/type risiko i oversiktene. Kategoriene beskriver hvorvidt risikofaktorene gjelder barna eller de voksne, i tillegg til å favne et bredt spekter av miljømessige, sosioøkonomiske, utviklingsmessige, psykiske og somatiske forhold. Det var ikke hensiktsmessig å sortere referansene etter intervensjonstype, da langt de fleste inkluderte oversiktene omhandlet et bredt sett av intervensjoner.
- Det betydelige antallet systematiske oversikter vi identifiserte, indikerer at en videreføring av prosjektet i form av en oversikt over systematiske oversikter vil være hensiktsmessig. Et slikt arbeid fordrer imidlertid ytterligere spissing av problemstillingen med tanke på hva som er relevante populasjoner, tiltak og utfall.

I dette notatet har vi listet opp mulig relevante referanser, men vi har hverken lest dem i fulltekst, vurdert den metodiske kvaliteten eller sammenstilt funn og konklusjoner.

Tittel:

Tiltak for utsatte familier med barn 0-3 år– systematisk litteratursøk med sortert referanseliste

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Publikasjonstype:

Systematisk litteratursøk med sortering

Systematisk litteratursøk med sortering er resultatet av å
- søke etter relevant litteratur ifølge en søkestrategi og
- eventuelt sortere denne litteraturen i grupper presentert med referanser og vanligvis sammendrag

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Svarer ikke på alt:

- Ingen kritisk vurdering av studienes kvalitet
- Ingen analyse eller sammenfatning av studiene
- Ingen anbefalinger

Hvem står bak denne publikasjonen?

Kunnskapssenteret har gjennomført oppdraget etter forespørsel fra Barne-, ungdoms- og familiedirektoratet

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Når ble litteratursøket utført?

Søk etter studier ble avsluttet i november 2012.

Key messages

The Norwegian Directorate for Children, Youth and Family Affairs (Bufdir) commissioned a report from The Social Research Unit at the Norwegian Knowledge Centre for the Health Services to develop and conduct a systematic search, and sort possibly relevant references. The goal was to identify systematic reviews investigating the effect of interventions for at-risk families with children aged 0-3.

Methods

We conducted a systematic search of the literature, including medical and social science databases, for systematic reviews and meta-analyses. The search was conducted in November 2012. The authors independently assessed the identified references for inclusion/exclusion and discussed their assessments in pairs. We then sorted the references according to population/type of risk.

Results

- We identified 3477 references in total. Of these, we found 69 to be relevant according to the inclusion criteria.
- The possibly relevant references were sorted into 25 different categories according to population/type of risk. These categories were developed according to whether the risk factors apply to the children or their parents. The categories encompass a broad spectrum of environmental, socioeconomic, developmental, mental and somatic factors. Sorting the references by type of intervention was not considered practical, as most reviews investigated a broad set of intervention types.
- The considerable number of systematic reviews identified in this report indicates that it would be appropriate and potentially valuable to continue the project as a full review of systematic review. However, this requires that we specify in more detail the relevant populations, interventions and outcomes.

We have sorted and listed all possibly relevant references, but we have neither read the papers in fulltext, critically appraised their methodological quality, nor synthesised their conclusions.

Innhold

Forord

Barne-, ungdoms- og familiedirektoratet (Bufdir) har fått i oppdrag av Barne-, likestillings- og inkluderingsdepartementet å utrede tiltak til utsatte foreldre med sped- og småbarn. Bufdir har derfor bedt om et systematisk litteratursøk med sortering for identifisere systematiske oversikter som undersøker effekten av tiltak for risikofamilier med sped- eller småbarn (0-3 år). Dette litteratursøket skal sannsynligvis videreutvikles til en oversikt over oversikter i 2013, men leveres grunnet tidspress som systematisk litteratursøk i desember 2012.

Prosjektgruppen har bestått av:

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Bakgrunn

Barne-, ungdoms- og familiedirektoratet (Bufdir) fikk i oppdrag av Barne-, likestillings- og inkluderingsdepartementet å utrede ulike problemstillinger knyttet til det generelle tilbudet til utsatte foreldre med sped- og småbarn. En del av oppdraget er knyttet til oppdatering av kunnskapsstatus/oversikter som bygger på eksisterende utredninger. I 2006 publiserte Kunnskapssenteret en *oversikt over systematiske oversikter* på temaet (1). Siden denne rapporten ble utgitt, har omfanget av kunnskap knyttet til forståelse av faktorer som påvirker sped- og småbarns utvikling og behov, økt, og Kunnskapssenterets rapport bør derfor oppdateres. Dette litteratursøket tenkes utvidet til en oppdatert oversikt over oversikter i 2013, men leveres grunnet tidspress som systematisk litteratursøk i desember 2012.

Definisjoner

Definisjonene vi bruker i denne rapporten er alle hentet fra R-BUPs rapport *"Sped- og småbarn i risiko: En kunnskapsstatus"* fra 2008 (2).

Risikofamilier

Risikofamilier definerer vi som *"Familier hvor flere risikofaktorer er til stede, som oftest både hos foreldre og barn, og hvor disse faktorene er av tilstrekkelig varighet, og av en slik art, at det sannsynlige utviklingsmessige utfallet hos barnet overstiger baseraten av psykiske vansker/forstyrrelser i barnebefolkningen. Risikofamilier kjennetegnes ved at antallet risikofaktorer overgår antall beskyttende faktorer og hvor det er lite som tyder på at risikofaktorene vil reduseres dersom tiltak ikke settes inn."* (ibid.).

Risikofaktorer

Risikofaktorer defineres som *"forhold som kjennetegner individer og/eller miljøer, og som kan resultere i økt sannsynlighet for barns senere skjevutvikling eller forstyrrelse"* og mer spesifikt som for eksempel:

- *atypiske egenskaper hos barnet (genetiske, nevrologiske, reguleringsrelaterte)*

- *vansker hos omsorgspersonen (psykiske og psykososiale problemer som rusmisbruk og psykisk sykdom, traumatiske opplevelser)*
- *uheldige forhold i det omliggende miljøet (lav sosioøkonomisk status, svakt sosialt nettverk, belastet nabolag etc.)* (ibid)

Risikofaktorene regnes for å være kumulative ved at dersom flere risikofaktorer er til stede samtidig, blir den totale effekten større enn hver enkelt risikofaktor. Én risikofaktor vil derimot sannsynligvis ikke være en risiko for utviklingsforstyrrelser dersom den opptrer alene.

Styrker og svakheter ved litteratursøk med sortering

Ved litteratursøk gjennomfører vi systematiske litteratursøk for en gitt problemstilling. Resultatene fra søket blir i sin helhet overlevert oppdragsgiver, eller vi kan gjennomgå søkeresultatet før overleveringen og sortere ut ikke-relevante artikler. Dette gjøres basert på tittel og eventuelt sammendrag. Artiklene innhentes ikke i fulltekst. Det gjør at vi kan ha inkludert titler som ville vist seg ikke å være relevante ved gjennomlesning av fulltekst. Vi benytter kun databaser for identifisering av litteratur og kan derfor ha gått glipp av potensielt relevante studier. Andre måter å identifisere studier på, som søk i referanselister, kontakt med eksperter på fagfeltet og upublisert litteratur, er ikke utført i dette oppdraget. Vi gjennomfører ingen kvalitetsvurdering av artiklene.

Ved en full forskningsoppsummering ville vi ha innhentet artiklene i fulltekst for endelig vurdering opp mot inklusjonskritene. Inkluderte studier ville så blitt kvalitetsvurdert i henhold til våre sjekklister og resultater sammenstilt og diskutert.

En styrke ved slike litteratursøk er imidlertid å gi et bilde av forskningslitteraturen, som kan peke på temaområder hvor empirisk forskning mangler (såkalte forskningshull) eller områder hvor tilfanget av forskning er rikelig, og hvor det er behov for en systematisk oversikt.

Problemstilling

Målet med dette prosjektet er å gjennomføre et systematisk litteratursøk med sortering for å identifisere systematiske oversikter som undersøker effekten av tiltak for risikofamilier med sped- eller småbarn (0-3 år). Dette litteratursøket kan ligge til grunn for en senere oversikt over systematiske oversikter på samme tema.

Metode

Litteratursøk

Vi søkte systematisk etter systematiske oversikter og meta-analyser i følgende data-baser:

Cochrane Library
Campbell Library
ISI Web of Knowledge
Ovid Medline
Ovid PsycINFO
Sociological Abstracts
Social Care Online
Social Services Abstracts
CRD

Prosjektleder planla og utførte samtlige søk. Den fullstendige søkestrategien finnes i vedlegg til denne rapporten. Søk etter litteratur ble avsluttet i november 2012.

Vi la bestillingen til grunn ved utarbeiding av litteratursøket og søkte etter oversikter som oppfylte våre inklusjonskriterier for populasjon og intervensjon. Det ble brukt filter for å identifisere systematiske oversikter/meta-analyser i søkene.

Begrunnelse for valg av søkestrategi

Vi har søkt i elektroniske kilder, men ikke etter grå litteratur eller liknende. Søket er gjort for hele tidsperioden databasen dekker bakover i tid. Søkene er begrenset ved hjelp av metodefilter for å identifisere systematiske oversikter og meta-analyser.

Inklusjonskriterier

Populasjon:	Risikofamilier med sped- og småbarn (0-3 år), eller gravide kvinner som er eksponert for risikofaktorer (og står i fare for å bli en risikofamilie).
Tiltak:	Forebyggings- og behandlingstiltak gjennomført i 1., 2., og 3.

	linjetjenestene. For risikofamilier der det er barnets sykdom som er risikofaktor inkluderes ikke oversikter som har evaluert medisinsk behandling av barnet. Bare tiltak på individnivå er aktuelle, strukturelle tiltak ekskluderes.
Sammenlikning:	Andre aktive tiltak, ingen tiltak, venteliste
Utfall:	Barnets psykiske og somatiske helse, tilknytningsatferd, kognitiv utvikling. Bekymringsmeldinger til/kontakt med barnevern. Foreldrekompetanse
Studiedesign	Systematiske oversikter, meta-analyser
Språk:	Ikke presisert

Artikkelutvelging

Forskerne gikk parvis gjennom alle titler og sammendrag for å vurdere relevans i henhold til inklusjonskriteriene. Vurderingene gjorde de uavhengig av hverandre og sammenlignet seg i mellom i etterkant. Der det var uenighet om vurderingene, ble inklusjon eller eksklusjon avgjort ved konsensus.

Ettersom definisjonen av risikofamilier også omfatter somatiske tilstander hos foreldre og barn, inkluderte vi systematiske oversikter over tiltak ved slike tilstander, der utfall var målt også hos den eller de som *ikke* fikk behandling. For eksempel har vi tatt med oversikter som omhandlet særskilt familieorientert organisering av sykehusopphold for syke barn, der også utfall hos foreldrene var målt.

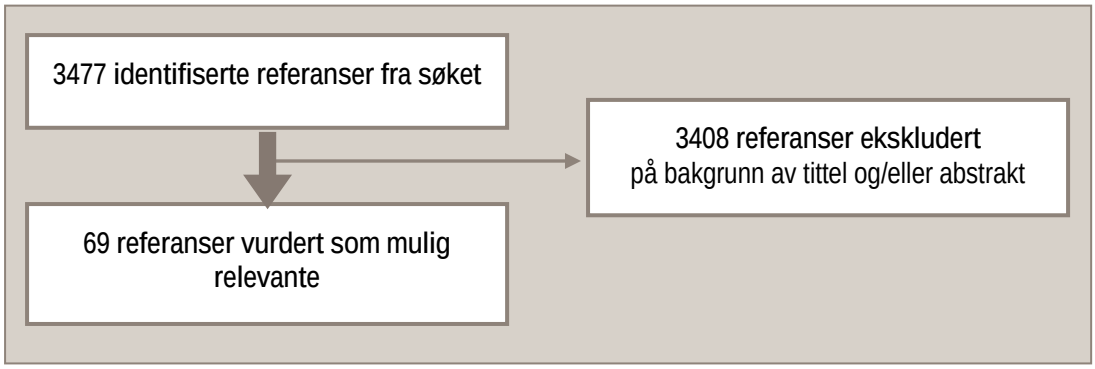
Utvelging av litteratur var kun basert på tittel og sammendrag. Vi bestilte ikke fulltekst av artiklene.

Resultat

Resultat av søk

Søket resulterte i 3477 referanser. Etter dublettkontroll satt vi igjen med 2824 referanser. Vi vurderte 69 av de identifiserte referansene til å være mulig relevante i henhold til inklusjonskriteriene.

Figur 1. Flytskjema over identifisert litteratur



Resultat av sorteringen

De mulig relevante referansene ble sortert i 25 kategorier ut fra populasjon/problem (se tabell 1). Det var ikke hensiktsmessig å sortere referansene etter intervensjonstype, da langt de fleste oversiktene omhandlet et bredt sett av intervensjoner.

I vedlegg 2 presenterer vi referanseliste sortert alfabetisk etter førsteforfatter.

Tabell 1: *Antall oversiktsartikler sortert etter populasjon/type risiko*

Populasjon/type risiko		Antall referanser: 69
Foreldre	Uspesifisert	1
	Tenåringer som foreldre	5
	Sosioøkonomisk vanskeligstilte foreldre (”disadvantaged”)	10
	Voldsproblematikk/misbruk/omsorgssvikt	3

	Avhengighetsproblematikk	Rus (alkohol, narkotika)	9
		Røyking	3
	Psykisk sykdom	Generelt	3
		Fødselsdepresjon	3
		Schizofreni	1
	Psykisk utviklingshemning		1
	Overvekt		1
Barn	Uspesifisert		3
	Tilknytningsproblemer		2
	Atferdsproblemer		4
	Sosioemosjonell utvikling		1
	Språklig utvikling		1
	Funksjonsnedsettelser	Generelt	3
		Autisme	2
	Akutte og kroniske somatiske lidelser	Generelt	4
		For tidlig fødte barn	3
		Lav fødselsvekt	1
		Cerebral parese	2
		Astma	1
		Ganespalte	1
		Diabetes	1

Foreldre

Uspesifisert

Bakermans-Kranenburg MJ, Van Ijzendoorn MH, Juffer F. Less is more: meta-analyses of sensitivity and attachment interventions in early childhood. Psychological bulletin 2003;129(2):195-215.
Is early preventive intervention effective in enhancing parental sensitivity and infant attachment security, and if so, what type of intervention is most successful? Seventy studies were traced, producing 88 intervention effects on sensitivity (n = 7,636) and/or attachment (n = 1,503). Randomized interventions appeared rather effective in changing insensitive parenting (d = 0.33) and infant attachment insecurity (d = 0.20). The most effective interventions used a moderate number of sessions and a clear-cut behavioral focus in families with, as well as without, multiple problems. Interventions that were more effective in enhancing parental sensitivity were also more effective in enhancing attachment security, which supports the notion of a causal role of sensitivity in shaping attachment.

Tenåringer som foreldre

Akinbami LJ, Cheng TL, Kornfeld D. A review of teen-tot programs: Comprehensive clinical care for young parents and their children. Adolescence 2001;36(142):381-93.
Notes that comprehensive clinical programs for teenage mothers and their children, also known as teen-tot programs, have been a promising intervention to improve outcomes of teenage childbearing and parenting. However, much remains unknown regarding the efficacy of such programs. This paper reviewed 4 published evaluations of programs that provided medical care, counseling, contraception, guidance for parenting, and assistance with staying in school. Published literature was searched via Medline, Popline, Health Star, and PsycINFO from January 1980 to August 2000. The evaluations reported moderate success in preventing repeat pregnancies, helping teen mothers continue their education, and improving teen and infant health over 6 to 18 mo. However, the evaluations had limitations that may have reduced or accentuated observed effectiveness. Teen-tot programs will continue to face the challenges of sustaining adequate long-term interventions and evaluations, and reducing the high attrition rate among program participants. It is concluded that increased support and funding for teen-tot programs and more complete evaluations are warranted.

Barlow J, Smailagic N, Bennett C, Huband N, Jones H, Coren E. Individual and group based parenting programmes for improving psychosocial outcomes for teenage parents and their children. Cochrane database of systematic reviews (Online) 2011;3:CD002964.
Abstract: Parenting programmes are a potentially important means of supporting teenage parents and improving outcomes for their children, and parenting support is a priority across most Western countries. This review updates the previous version published in 2001. To examine the effectiveness of parenting programmes in improving psychosocial outcomes for teenage parents and developmental outcomes in their children. We searched to find new studies for this updated review in January 2008 and May 2010 in CENTRAL, MEDLINE, EMBASE, ASSIA, CINAHL, DARE, ERIC, PsycINFO, Sociological Abstracts and Social Science Citation Index. The National Research Register (NRR) was last searched in May 2005 and UK Clinical Research Network Portfolio Database in May 2010. Randomised controlled trials assessing short-term parenting interventions aimed specifically at teenage parents and a control group (no-treatment, waiting list or treatment-as-usual). We assessed the risk of bias in each study. We standardised the treatment effect for each outcome in each study by dividing the mean difference in post-intervention scores between the intervention and control groups by the pooled standard deviation. We included eight studies with 513 participants, providing a total of 47 comparisons of outcome between intervention and control conditions. Nineteen comparisons were statistically significant, all favouring the intervention group. We conducted nine meta-analyses using data from four studies in total (each meta-analysis included data from two

studies). Four meta-analyses showed statistically significant findings favouring the intervention group for the following outcomes: parent responsiveness to the child post-intervention (SMD -0.91, 95% CI -1.52 to -0.30, P = 0.04); infant responsiveness to mother at follow-up (SMD -0.65, 95% CI -1.25 to -0.06, P = 0.03); and an overall measure of parent-child interactions post-intervention (SMD -0.71, 95% CI -1.31 to -0.11, P = 0.02), and at follow-up (SMD -0.90, 95% CI -1.51 to -0.30, P = 0.004). The results of the remaining five meta-analyses were inconclusive. Variation in the measures used, the included populations and interventions, and the risk of bias within the included studies limit the conclusions that can be reached. The findings provide some evidence to suggest that parenting programmes may be effective in improving a number of aspects of parent-child interaction both in the short- and long-term, but further research is now needed.

Coren E, Barlow J, Stewart-Brown S. The effectiveness of individual and group-based parenting programmes in improving outcomes for teenage mothers and their children: a systematic review. Journal of Adolescence 2003;26(1):79-103.
Abstract: There is evidence from a range of studies showing adverse child outcomes for the children of teenage parents. Parenting programmes are increasingly being used to promote the well-being of parents and children, and this review aims to establish whether they can improve outcomes for teenage parents and their children. The findings of the review are based on 14 studies that used varying study designs, and are therefore limited. The results suggest, however, that parenting programmes can be effective in improving a range of psychosocial and developmental outcomes for teenage mothers and their children. Further research is needed.

Furey A. Are support and parenting programmes of value for teenage parents? Who should provide them and what are the main goals? Public Health 2004;118(4):262-7.
Abstract: Objective. To review the evidence on what works in teenage parent support programmes; to determine the key elements of successful teenage parent support and parenting programmes; and to determine the gaps in the evidence. Methods. Databases were searched, using a specific search strategy, for systematic reviews and randomised controlled trials, to ascertain whether social support, parenting programmes, or both, are effective in improving maternal or infant outcomes. The findings were summarized. Results. Only one systematic review specifically addressed interventions among teenage parents and their children, although several randomised trials have since been published. Conclusions. Key questions remain for future support and parenting programmes. Social support and parenting interventions improve maternal-child interactions and child cognitive development, but do not reduce low-birth weight, stillbirth or neonatal death. Social support and parenting programmes need to be combined with measures to increase the minimum income, reduce smoking in pregnancy and increase breast-feeding rates. Robust evaluations of packages of care in the UK are needed to inform national and local teenage pregnancy strategies.

Macdonald G, Bennett C, Dennis J, Coren E, Patterson J, Astin M, et al. Home-based support for disadvantaged teenage mothers. [Update in Cochrane Database Syst Rev. 2008;(1):CD006723; PMID: 18254114]. Cochrane Database of Systematic Reviews 2007;(3):CD006723.
Abstract: BACKGROUND: Babies born to socio-economically disadvantaged mothers are at higher risk of injury, abuse or neglect and health problems than babies born to more affluent mothers; disadvantaged teenage mothers are at particular risk of adverse outcomes. Home-visiting programs are thought to improve outcomes for both mothers and children, largely through advice and support. OBJECTIVES: To assess the effectiveness of home-visiting programmes for women who have recently given birth and who are socially or economically disadvantaged. SEARCH STRATEGY: The following electronic databases were searched: CENTRAL (2006, Issue 3); MEDLINE (1966 to March 2006); EMBASE (1980 to week 12 2006); CINAHL (1982 to March week 4 2006); PsycINFO (1872 to March week 4 2006); ASSIA (1987 to March 2006); LILACS (1982 to March 2006); and Sociological Abstracts (1963 to March 2006). Grey literature was also be searched using ZETOC (1993 to March 2006); Dissertation Abstracts International (late 1960s to 2006); and SIGLE (1980 to March 2006). Communication with published authors about ongoing or unpublished research was also undertaken. SELECTION CRITERIA: Included studies were randomised controlled trials investigating the efficacy of home visiting directed at teenage mothers. DATA COLLECTION AND ANALYSIS: Titles and abstracts identified in the search were independently assessed for eligibility by two review authors (EC and JP or CB). Data were extracted and entered into RevMan (EC, JP and CB), synthesised and presented in both written and graphical form (forest plots). Outcomes included in this review were established at the protocol stage by an international steering group. The review did not report on all outcomes reported in included studies. MAIN RESULTS: Five studies with 1838 participants were included in this review. Data from single studies provided support for the effectiveness of home visiting on some outcomes, but the evidence overall provided only limited support for the effectiveness of home visiting as a means of improving the range of maternal and child outcomes considered in this review. AUTHORS' CONCLUSIONS: This review suggests there is only limited evidence that home-visiting programmes of the kind described in this review can impact positively on the quality of parenting of teenage mothers or on child development outcomes for their offspring. For reasons discussed in the review, this does not amount to a conclusion that home-visiting programmes are ineffective but indicates a need to think carefully about the problems that home visiting might influence and about improvements in the conduct and reporting of outcome studies in this area.

Vanskeligstilte foreldre

Bennett C, Macdonald GM, Dennis J, Coren E, Patterson J, Astin M, et al. Home-based support for disadvantaged adult mothers. [Update in Cochrane Database Syst

Rev. 2008;(1):CD003759; PMID: 18254033]. Cochrane Database of Systematic Reviews 2007;(3):CD003759.
Abstract: BACKGROUND: Babies born to socio-economically disadvantaged mothers are at higher risk of a range of problems in infancy. Home visiting programs are thought to improve outcomes, both for mothers and children, largely through advice and support. OBJECTIVES: To assess the effectiveness of home visiting programmes for women who have recently given birth and who are socially or economically disadvantaged. SEARCH STRATEGY: We searched the following electronic databases: The Cochrane Central Register of Controlled Trials (CENTRAL) (Issue 3, 2006); MEDLINE (1966 to March 2006); EMBASE (1980 to 2006 week 12); CINAHL (1982 to March week 4 2006); PsycINFO (1872 to March week 4 2006); ASSIA (1987 to March 2006); LILACS (1982 to March 2006); and Sociological Abstracts(1963 to March 2006). We searched grey literature using ZETOC (1993 to March 2006); Dissertation Abstracts International (late 1960s to 2006); and SIGLE (1980 to March 2006). We also undertook communication with published authors about ongoing or unpublished research. SELECTION CRITERIA: Included studies were randomised controlled trials investigating the efficacy of home visiting directed at disadvantaged adult mothers. DATA COLLECTION AND ANALYSIS: Two reviewers (EC and JP or CB) independently assessed titles and abstracts identified in the search for eligibility. Data were extracted and entered into RevMan (EC, JP and CB), synthesised and presented in both written and graphical form (forest plots). Outcomes included in this review were established at the protocol stage by an international steering group. The review does not report on all outcomes reported in included studies. MAIN RESULTS: We included 11 studies with 4751 participants in this review. Data show no statistically significant differences for those receiving home visiting, either for maternal outcomes (maternal depression, anxiety, the stress associated with parenting, parenting skills, child abuse risk or potential or breastfeeding) or child outcomes (preventive health care visits, psychosocial health, language development, behaviour problems or accidental injuries. Evidence about uptake of immunisations is mixed, and the data on child maltreatment difficult to interpret. AUTHORS' CONCLUSIONS: This review suggests that for disadvantaged adult women and their children, there is currently no evidence to support the adoption of home visiting as a means of improving maternal psychosocial health, parenting or outcomes for children. For reasons discussed in the review, this does not amount to a conclusion that home visiting programmes are ineffective, but indicates a need to think carefully about the problems that home visiting might influence, and improvements in the conduct of outcome studies in this area.

Hodnett ED, Roberts I. Home-based social support for socially disadvantaged mothers. Cochrane Database of Systematic Reviews 2000;(2):CD000107.
Abstract: Background: Epidemiologic studies indicate that babies born to socio-economically disadvantaged mothers are at higher risk of injury, abuse and neglect, health problems in infancy, and are less likely to have regular well-child care. Home visitation programs have long been advocated as a strategy for improving the health

of disadvantaged children. Over the past two decades, a number of randomised trials have examined the effect of home visitation programs on a range of maternal and child health outcomes. The studies in this review evaluate programs which offer additional home based support for socially disadvantaged mothers and their children.Objectives: Babies born in socio-economic disadvantage are likely to be at higher risk of injury, abuse and neglect, and to have health problems in infancy. The objective of this review was to assess the effects of programs offering additional home-based support for women who have recently given birth and who are socially disadvantaged.Search methods: We searched the Cochrane Pregnancy and Childbirth Group trials register and the Cochrane Controlled Trials Register. Date of last search: 26 October 1998.Selection criteria: Randomised and quasi-randomised trials of one or more post-natal home visits with the aim of providing additional home based support for socially disadvantaged women who had recently given birth, compared to usual care.Data collection and analysis: Trial quality was assessed. Study authors were contacted for additional information.Main results: Eleven studies, involving 2992 families, were included. Most of the trials had important methodological limitations. Seven trial reports are awaiting further assessment. There was a trend towards reduced child injury rates with additional support, although this was not statistically significant (odds ratio 0.74, 95% confidence interval 0.54 to 1.03). There appeared to be no difference for child abuse and neglect (odds ratio 1.12, 95% confidence interval 0.80 to 1.57), although differential surveillance between visited and non-visited families is an important methodological consideration. Babies in the additional support groups were more likely to have complete well-child immunizations. Based on the results of two trials, there was a trend towards reduced hospitalization, although this was not statistically significant.Authors' conclusions: Postnatal home-based support programs appear to have no risks and may have benefits for socially disadvantaged mothers and their children, possibly including reduced rates of child injury. Differential surveillance does not allow easy interpretation of the child abuse and neglect findings.

Hollowell J, Oakley L, Kurinczuk JJ, Brocklehurst P, Gray R. The effectiveness of antenatal care programmes to reduce infant mortality and preterm birth in socially disadvantaged and vulnerable women in high-income countries: a systematic review. BMC pregnancy and childbirth 2011;11:13.
Abstract: Infant mortality has shown a steady decline in recent years but a marked socioeconomic gradient persists. Antenatal care is generally thought to be an effective method of improving pregnancy outcomes, but the effectiveness of specific antenatal care programmes as a means of reducing infant mortality in socioeconomically disadvantaged and vulnerable groups of women has not been rigorously evaluated. We conducted a systematic review, focusing on evidence from high income countries, to evaluate the effectiveness of alternative models of organising or delivering antenatal care to disadvantaged and vulnerable groups of women vs. standard antenatal care. We searched Medline, Embase, Cinahl, PsychINFO, HMIC, CENTRAL, DARE, MIDIRS and a number of online resources to identify relevant ran-

domised and observational studies. We assessed effects on infant mortality and its major medical causes (preterm birth, congenital anomalies and sudden infant death syndrome (SIDS)) RESULTS: We identified 36 distinct eligible studies covering a wide range of interventions, including group antenatal care, clinic-based augmented care, teenage clinics, prenatal substance abuse programmes, home visiting programmes, maternal care coordination and nutritional programmes. Fifteen studies had adequate internal validity: of these, only one was considered to demonstrate a beneficial effect on an outcome of interest. Six interventions were considered 'promising'. There was insufficient evidence of adequate quality to recommend routine implementation of any of the programmes as a means of reducing infant mortality in disadvantaged/vulnerable women. Several interventions merit further more rigorous evaluation.

Lucas P, McIntosh K, Petticrew M, Roberts HM, Shiell A. Financial benefits for child health and well-being in low income or socially disadvantaged families in developed world countries. 2008.
Abstract: The association between low income and poor outcome in all dimensions of child health is strong and consistent across countries and time. Disadvantage in childhood is often associated with lifetime poor outcomes. This review aimed to assess whether additional monies provided to socially or economically disadvantaged families could affect children's health, well-being and educational attainment. Nine studies were identified that met inclusion criteria. There was tentative evidence of benefit in early language development, but given lack of effect on all other outcomes authors conclude that the evidence did not show an effect on child outcomes in the short to medium term in response to direct financial benefits to families. In the context of the monetary value of interventions observed, and the conditions placed on receipt of benefits authors conclude this is a statement of "no evidence of effect" rather than of "evidence of no effect". Implications for research and practice are noted.

MacLeod J, Nelson G. Programs for the promotion of family wellness and the prevention of child maltreatment: A meta-analytic review. Child Abuse and Neglect 2000;24(9):1127-49.
Abstract: Objective: The objectives were to determine the effectiveness of programs in promoting family wellness and preventing child maltreatment and to identify factors that moderate program success. Method: Meta-analysis, employing a 3-step model testing procedure, was used to review 56 programs designed to promote family wellness and prevent child maltreatment. Results: The effect sizes for proactive interventions were larger at follow-up than at post-assessment, while the effect sizes for reactive interventions were higher at post-assessment than follow-up. The lowest effect sizes for home visitation programs on child maltreatment were for programs with 12 or fewer visits and less than a 6-month duration. Intensive family preservation programs with high levels of participant involvement, an empowerment/strengths-based approach, and a component of social support had higher effect sizes than programs without those elements. Also, both home visitation and in-

tensive family preservation interventions achieved higher effect sizes with participants of mixed socioeconomic status (SES) than participants with low SES. Conclusions: The total mean weighted effect size was .41, indicating that outcomes for the intervention group exceed 66% of those in control/comparison groups. The findings from this review demonstrated that child maltreatment can be prevented and that family wellness can be promoted. (C) 2000 Elsevier Science Ltd.

MacMillan HL, MacMillan JH, Offord DR, Griffith L, MacMillan A. Primary prevention of child physical abuse and neglect: a critical review. Part I. Journal of Child Psychology & Psychiatry & Allied Disciplines 1994;35(5):835-56.
Abstract: This paper (Part I) and its companion paper (Part II) provide an overview of the primary prevention of child maltreatment. Part I reviews the effectiveness of interventions aimed at the primary prevention of child physical abuse and neglect. Prospective controlled trials published between January 1979 and May 1993 were systematically identified. The quality of each study was determined using criteria which assessed methodological rigor. Interventions aimed at the prevention of physical abuse and neglect were classified into six main categories within the broad group of perinatal and early childhood programs. While many of these programs did not show a reduction in physical abuse or neglect, there is evidence that extended home visitation can prevent physical abuse and neglect among disadvantaged families.

MacMillan HL, Feightner JW, Goldbloom R, Wayne ER, Feig D, Labrecque M, et al. Preventive health care, 2000 update: Prevention of child maltreatment. CMAJ 2000;163(11):1451-8.
Abstract: Obiectives: To update the 1993 report from the Canadian Task Force on the Periodic Health Examination (now the Canadian Task Force on Preventive Health Care) by reviewing the evidence for the effectiveness of interventions aimed at preventing child maltreatment described in the scientific literature over the past 6 years. Options: Screening: a variety of techniques including assessment of risk indicators. Prevention: programs including home visitation; comprehensive health care programs; parent education and support, combined services and programs aimed specifically at preventing sexual abuse. Outcomes: Occurrence of one or more of the subcategories of physical abuse, sexual abuse, neglect and emotional abuse in childhood. Evidence: MEDLINE, PSYCINFO, ERIC and several other databases were searched, experts were consulted, and published recommendations were reviewed. Original research articles and overviews that examined screening for or prevention of child maltreatment were included in the update. No meta-analysis was performed because the range of manoeuvres precluded comparability. Benefits, harms and costs: Because of the high false-positive rates of screening tests for child maltreatment and the potential for mislabelling people as potential child abusers, the possible harms associated with these screening manoeuvres outweigh the benefits. Two randomized controlled trials showed a reduction in the incidence of childhood maltreatment or outcomes related to physical abuse and neglect among first-time disad-

vantaged mothers and their infants who received a program of home visitation by nurses in the perinatal period extending through infancy. It is expected that a reduction in incidence of child maltreatment and other outcomes will lead to substantial government savings. Evidence remains inconclusive on the effectiveness of a comprehensive health care program, a parent education and support program, or a combination of services in preventing child maltreatment. Education programs designed to teach children prevention strategies to avoid sexual abuse show increased knowledge and skills but not necessarily reduced abuse. Values: The systematic review and critical appraisal of the evidence were conducted according to the evidence-based methodology of the Canadian Task Force on Preventive Health Care. Recommendations: There is further evidence of fair quality to exclude screening procedures aimed at identifying individuals at risk of experiencing or committing child maltreatment (grade D recommendation). There is good evidence to continue recommending a program of home visitation for disadvantaged families during the perinatal period extending through infancy to prevent child abuse and neglect (grade A recommendation). The target group for this program is first-time mothers with one or more of the following characteristics: age less than 19 years, single parent status and low socioeconomic status. The strongest evidence is for an intensive program of home visitation delivered by nurses beginning prenatally and extending until the child's second birthday. There is insufficient evidence to recommend a comprehensive health care program (grade C recommendation), a parent education and support program (grade C recommendation) or a combination of home-based services (grade C recommendation) as a strategy for preventing child maltreatment, but these interventions may be recommended for other reasons. There is insufficient evidence to recommend education programs for the prevention of sexual abuse (grade C recommendation); whether such programs reduce the incidence of sexual abuse has not been established. Validation: The members of the Canadian Task Force on Preventive Health Care reviewed the findings of this analysis through an iterative process. The task force sent the final review and recommendations to selected external expert reviewers, and their feedback was incorporated. Sponsors: The Canadian Task Force on Preventive Health Care is funded through a partnership between the Provincial and Territorial Ministries of Health and Health Canada

Manz PH, Hughes C, Barnabas E, Bracaliello C, Ginsburg-Block M. A descriptive review and meta-analysis of family-based emergent literacy interventions: To what extent is the research applicable to low-income, ethnic-minority or linguistically-diverse young children? Early Childhood Research Quarterly 2010;25(4):409-31. Abstract: The acquisition of emergent literacy for young children who are ethnic-minority, low-income or non-English speaking is threatened by myriad social risks. Given the need for empirically-supported interventions for these groups, a comprehensive literature review was undertaken, involving both a descriptive review and a meta-analysis. The 31 selected published articles each satisfied criteria for being an intervention study involving caregivers in its delivery to children between the ages of two to six years. A meta-analysis was conducted using a subset of 14 studies that uti-

lized an experimental or quasi-experimental design. This two-pronged review demonstrated significant limitations in the generalizability of this literature to these important groups of children. Future directions for advancing intervention development are presented. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Miller S, Maguire LK, Macdonald G. Home-based child development interventions for preschool children from socially disadvantaged families. Cochrane Database of Systematic Reviews 2011;12:CD008131.
Abstract: BACKGROUND: Social disadvantage can have a significant impact on early child development, health and wellbeing. What happens during this critical period is important for all aspects of development. Caregiving competence and the quality of the environment play an important role in supporting development in young children and parents have an important role to play in optimising child development and mitigating the negative effects of social disadvantage. Home-based child development programmes aim to optimise children's developmental outcomes through educating, training and supporting parents in their own home to provide a more nurturing and stimulating environment for their child. OBJECTIVES: To determine the effects of home-based programmes aimed specifically at improving developmental outcomes for preschool children from socially disadvantaged families. SEARCH METHODS: We searched the following databases between 7 October and 12 October 2010: Cochrane Central Register of Controlled Trials (CENTRAL) (2010, Issue 4), MEDLINE (1950 to week 4, September 2010), EMBASE (1980 to Week 39, 2010), CINAHL (1937 to current), PsycINFO (1887 to current), ERIC (1966 to current), ASSIA (1987 to current), Sociological Abstracts (1952 to current), Social Science Citation Index (1970 to current). We also searched reference lists of articles. SELECTION CRITERIA: Randomised controlled trials comparing home-based preschool child development interventions with a 'standard care' control. Participants were parents with children up to the age of school entry who were socially disadvantaged in respect of poverty, lone parenthood or ethnic minority status. DATA COLLECTION AND ANALYSIS: Two authors independently selected studies, assessed the trials' risk of bias and extracted data. MAIN RESULTS: We included seven studies, which involved 723 participants. We assessed four of the seven studies as being at high risk of bias and three had an unclear risk of bias; the quality of the evidence was difficult to assess as there was often insufficient detail reported to enable any conclusions to be drawn about the methodological rigour of the studies. Four trials involving 285 participants measured cognitive development and we synthesised these data in a meta-analysis. Compared to the control group, there was no statistically significant impact of the intervention on cognitive development (standardised mean difference (SMD) 0.30; 95% confidence interval -0.18 to 0.78). Only three studies reported socioemotional outcomes and there was insufficient data to combine into a meta-analysis. No study reported on adverse effects. AUTHORS' CONCLUSIONS: This review does not provide evidence of the effectiveness of home-based interventions that are specifically targeted at improving developmental outcomes for pre-

school children from socially disadvantaged families. Future studies should endeavour to better document and report their methodological processes.

Wade K, Cava M, Douglas C, Feldman L, Irving H, O'Brien MA, et al. A systematic review of the effectiveness of peer/paraprofessional 1:1 interventions targeted towards mothers (parents) of 0-6 year old children in promoting positive maternal (parental) and/or child health/developmental outcomes. Dundas, ON, Canada: Ontario Ministry of Health, Region of Hamilton-Wentworth, Social and Public Health Services Division. Effective Public Health Practice Project. 1999
Abstract: Objective: The purpose of this systematic review was to assess the evidence for the effectiveness of peer/paraprofessional 1:1 interventions targetted towards mothers (parents) of 0-6 year old children in promoting positive maternal (parental) and/or child health and developmental outcomes. This review focussed on studies in which the peer/paraprofessional was the only intervenor as well as studies in which the peer/paraprofessional intervention was embedded in a multifaceted intervention with multiple components and/or intervenors, some of whom were professionals. Methods: Eleven electronic databases were searched in their entirety with the exception of EMBASE, which was only searched back to 1980. Nine of the electronic databases were searched to December, 1998. ERIC and PsychINFO were searched to September, 1998. Eleven key journals were hand searched from January, 1993 to October, 1998. Unpublished studies were sought from key Canadian and American agencies/ organizations. Reference lists from all relevant articles, review articles, andbackground papers were searched back to 1988. Each retrieved article was independently assessed for relevance by two reviewers. Each relevant study was then independently assessed for validity by two reviewers. Data were independentlyextracted from the methodologically strong and moderate studies by two reviewers. Results: A total of 344 articles were retrieved. Of these, 86 articles met the following relevance criteria: a primary study evaluating a 1:1 intervention to support parents of 0-6 year old children in promoting child health/development; peer/paraprofessional intervention; prospective study; design included a comparison group or an established qualitative methodology; information provided on parent and/or child health/ developmental outcomes or cost. Eighty-four of these articles (representing 69 studies) were assessed for methodologic quality. The remaining two articles could not be assessed for methodologic quality because they did not contain sufficient information regarding methods. Four studies were rated as strong, 17 as moderate, and 48 as weak. Of the 21 strong and moderate studies, the peer/paraprofessional was the only intervenor in nine studies and the peer/paraprofessional intervention was embedded in a multifaceted intervention in 12 studies. Almost all studies targetted high risk populations who were low income with additional past or current medical, behavioural, or socioenvironmental risk factors. There was variation in the scope and duration of the interventions; role, background, training, and supervision of the peers/paraprofessionals; outcomes targetted; and timing of outcome measurement. In studies in which the peer/paraprofessional was the only intervenor, the most frequently targetted outcomes were child development and parent child inte-

raction. Conclusions: Peer/paraprofessional 1:1 interventions can have a positive impact on child development and parent child interaction, particularly when the intervention is of high intensity beginning during the prenatal period and the peer/paraprofessional intervention is embedded in a multifaceted intervention. The evidence for the impact of peer/paraprofessional intervention on outcomes such as health care utilization, child health status, child abuse and neglect, and maternal psychosocial health status is quite tentative. There are very few longitudinal studies examining the impact of peer/paraprofessional intervention; thus the long-term effectiveness of peer/paraprofessional 1:1 interventions on maternal (parental) and/or child health and developmental outcomes has not yet been established.

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Barlow J, Johnston I, Kendrick D, Polnay L, Stewart-Brown S. Individual and group-based parenting programmes for the treatment of physical child abuse and neglect. Cochrane database of systematic reviews (Online) 2006;3:CD005463.
Abstract: BACKGROUND: Child physical abuse and neglect are important public health problems and recent estimates of their prevalence suggest that they are considerably more common than had hitherto been realised. Many of the risk factors for child abuse and neglect are not amenable to change in the short term. Intervening to change parenting practices may, however, be important in its treatment. Parenting programmes are focused, short-term interventions aimed at improving parenting practices in addition to other outcomes (many of which are risk factors for child abuse e.g. parental psychopathology, and parenting attitudes and practices), and may therefore be useful in the treatment of physically abusive or neglectful parents. OBJECTIVES: To assess the efficacy of group-based or one-to-one parenting programmes in addressing child physical abuse or neglect. SEARCH STRATEGY: A range of biomedical and social science databases were searched including MEDLINE, EMBASE, CINAHL, PsychINFO, Sociofile, Social Science Citation Index, ASSIA, the Cochrane Library, Campbell Library (including SPECTR and CENTRAL), National Research Register (NRR) and ERIC, from inception to May 2005. SELECTION CRITERIA: Only randomised controlled trials or randomised studies that compared two treatments were included. Studies had to include at least one standardised instrument measuring some aspect of abusive or neglectful parenting. In the absence of studies using objective assessments of child abuse, studies reporting proxy measures of abusive parenting were included. Only studies evaluating the effectiveness of standardised group-based or one-to-one parenting programmes aimed at the treatment of physical child abuse or neglect were included. Studies were also only eligible for inclusion if they had targeted parents of children aged 0-19 years who had been investigated for physical abuse or neglect. DATA COLLECTION AND ANALYSIS: The treatment effect for each outcome in each study was standardised by dividing the mean difference in post-intervention scores for the intervention and treatment group by the pooled standard deviation, to obtain an effect size. The results for each outcome in each study have been presented, with 95% confidence in-

tervals. It was not possible to combine any results in a meta-analysis. MAIN RESULTS: A total of seven studies of variable quality were included in this review. Only two studies assessed the effectiveness of parenting programmes on the incidence of child abuse or number of injuries. One study showed that there were no reports of abuse in the intervention group compared with one report of abuse in the control group. In the second study the small number of injuries sustained precluded the possibility of statistical analysis.Data were also extracted on over fifty outcomes that are used as proxy measures of abusive parenting. These were on the whole diverse and measured a range of aspects of parenting (e.g. parental child management, discipline practices, child abuse potential and mental health), child health (e.g. emotional and behavioural adjustment) and family functioning, thereby precluding the possibility of undertaking a meta-analysis for most outcomes for which data were extracted. While none of the programmes were effective across all of the outcomes measured, many appeared to have improved some outcomes for some of the participating parents, although many failed to achieve statistical significance. AUTHORS' CONCLUSIONS: There is insufficient evidence to support the use of parenting programmes to treat physical abuse or neglect (i.e. such as the incidence of child abuse using reports of child abuse/linjuries or children on the children protection register). There is, however, limited evidence to show that some parenting programmes may be effective in improving some outcomes that are associated with physically abusive parenting. There is an urgent need for further rigorous evaluation of the effectiveness of parenting programmes that are specifically designed to treat physical abuse and neglect, either independently or as part of broader packages of care. Such evaluation should include the use of objective measures of outcome such as independent assessments of parenting and the number of instances of physical abuse. In order to do this, future studies need to include long-term follow-up.

Geeraert L, Van Den Noortgate W, Grietens H, Onghena P. The effects of early prevention programs for families with young children at risk for physical child abuse and neglect: A meta-analysis. Child maltreatment 2004;9(3):277-91.
Abstract: In this article, a meta-analysis is presented on 40 evaluation studies of early prevention programs for families with young children at risk for physical child abuse and neglect with mostly nonrandomized designs. The main aim of all programs was to prevent physical child abuse and neglect by providing early family support. For the meta-analysis, a multilevel approach was used. A significant overall positive effect was found, pointing to the potential usefulness of these programs. The study demonstrated a significant decrease in the manifestation of abusive and neglectful acts and a significant risk reduction in factors such as child functioning, parent-child interaction, parent functioning, family functioning, and context characteristics.

Sharps PW, Campbell J, Baty ML, Walker KS, Bair-Merritt MH. Current evidence on perinatal home visiting and intimate partner violence. Journal of Obstetric, Gyneco-

logic, & Neonatal Nursing: Clinical Scholarship for the Care of Women, Childbearing Families, & Newborns 2008;37(4):480-91.
Abstract: Objective: To describe current evidence on home visiting interventions for pregnant or postpartum women with specific intimate partner violence assessment and content. Data Sources: Online bibliographic databases including PubMed, CINAHL Plus, and Web of Science and a hand search of bibliographies of relevant articles. Study Selection: Original research and intervention studies were included that contained (a) a well-described prenatal and/or postpartum home visitation; (b) an assessment of perinatal intimate partner violence; and (c) quantitative data describing health outcomes for the women and their infants. Data Extraction: The search yielded 128 articles, and 8 relevant articles met all of the inclusion criteria. Nonresearch, nonintervention, and international articles were excluded. Data Synthesis: No perinatal home visiting interventions were designed to address intimate partner violence. Programs that screened for intimate partner violence found high rates, and the presence of intimate partner violence limited the ability of the intervention to improve maternal and child outcomes. Conclusions: Perinatal home visitation programs likely improve pregnancy and infant outcomes. Home visiting interventions addressing intimate partner violence in nonperinatal population groups have been effective in minimizing intimate partner violence and improving outcomes. This suggests that perinatal home visiting programs adding specific intimate partner violence interventions may reduce intimate partner violence and improve maternal and infant health. Continued rigorous research is needed. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

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Bowie BH. Interventions to improve interactions between drug abusing mothers and their drug-exposed infants: a review of the research literature (Structured abstract). Journal of Addictions Nursing 2005;15:153-61.
Abstract: Substance abuse during pregnancy continues to be a large public health problem throughout the United States. It has been established through several studies that healthy mother-infant interactions are essential for optimal infant development. This relationship can be severely compromised when a mother is using drugs during and after pregnancy. A review of the literature was performed to ascertain what are the most effective interventions for enhancing mother-infant interactions of drug-abusing mothers. Ten studies were identified as meeting the criteria of using an intervention to enhance the mother-infant interaction of drug-abusing mothers and their infants. A synthesis of the findings suggests that abstinence is an important factor in determining success of interventions, as well as enhancing the mother's self-esteem or self-efficacy through education or a counseling process. In order to determine the best intervention, or combination of interventions for this high-risk population, more research is needed.

Doggett C, Burrett S, Osborn DA. Home visits during pregnancy and after birth for women with an alcohol or drug problem. [Update in Cochrane Database Syst Rev. 2012;1:CD004456; PMID: 22258956]. Cochrane Database of Systematic Reviews 2005;(4):CD004456.

Abstract: BACKGROUND: One potential method of improving outcome for pregnant or postpartum women with a drug or alcohol problem is with home visits. OBJECTIVES: To determine the effects of home visits during pregnancy and/or after birth for pregnant women with a drug or alcohol problem. SEARCH STRATEGY: We searched the Cochrane Pregnancy and Childbirth Trials Register (30 April 2004), CENTRAL (The Cochrane Library, Issue 2, 2004), MEDLINE (1966 to April 2004), EMBASE (1980 to week 16, 2004), CINAHL (1982 to April 2004), PsycINFO (1974 to April 2004), citations from previous reviews and trials, and contacted expert informants. SELECTION CRITERIA: Studies using random or quasi-random allocation of pregnant or postpartum women with a drug or alcohol problem to home visits. Trials enrolling high-risk women of whom more than 50% were reported to use drugs or alcohol were also eligible. DATA COLLECTION AND ANALYSIS: Assessments of trials were performed independently by all review authors. Statistical analyses were performed using fixed and random-effects models where appropriate. MAIN RESULTS: Six studies (709 women) compared home visits after birth with no home visits. None provided a significant antenatal component of home visits. The visitors included community health nurses, pediatric nurses, trained counsellors, paraprofessional advocates, midwives and lay African-American women. Most studies had methodological limitations, particularly large losses to follow up. There were no significant differences in continued illicit drug use (2 studies, 248 women; relative risk (RR) 0.95, 95% confidence interval (CI) 0.75 to 1.20), continued alcohol use (RR 1.08, 95% CI 0.83 to 1.41) failure to enrol in a drug treatment program (2 studies, 211 women; RR 0.45 95% CI 0.10 to 1.94). There was no significant difference in the Bayley MDI (3 studies, 199 infants; weighted mean difference 2.89, 95% CI -1.17 to 6.95) or Psychomotor Index (WMD 3.14, 95% CI -0.03 to 6.32). Other outcomes reported by one study only included breastfeeding at six months (RR 1.00, 95% CI 0.81 to 1.23), incomplete six-month infant vaccination schedule (RR 1.07, 95% CI 0.58 to 1.96), non-accidental injury and non-voluntary foster care (RR 0.16, 95% CI 0.02 to 1.23), failure to use postpartum contraception (RR 0.41, 95% CI 0.20 to 0.82), child behavioural problems (RR 0.46, 95% CI 0.21 to 1.01), and involvement with child protective services (RR 0.38, 95% CI 0.20 to 0.74). AUTHORS' CONCLUSIONS: There is insufficient evidence to recommend the routine use of home visits for women with a drug or alcohol problem. Further large, high-quality trials are needed, and women's views on home visiting need to be assessed.

Lui S, Terplan M, Smith EJ. Psychosocial interventions for women enrolled in alcohol treatment during pregnancy. Cochrane Database of Systematic Reviews 2008;(3):CD006753.

Abstract: Background: Excessive alcohol use during pregnancy has been associated with adverse maternal and neonatal effects. It is therefore important to develop and evaluate effective interventions during this important time in a woman's life. To our knowledge there have been no systematic reviews of randomised control trials (RCT) in this population.Objectives: To evaluate the effectiveness of psychosocial interventions in pregnant women enrolled in alcohol treatment programs for improving birth and neonatal outcomes, maternal abstinence and treatment retention.Search methods: We searched the Cochrane Drugs and Alcohol Group's Trial register (December 2007); MEDLINE (1950 to 2007); PsycINFO (1806 to 2007); EMBASE (1974 to 2007); CINAHL (1982 to 2007)Selection criteria: We sought to include randomised or quasi-randomised studies comparing any psychosocial intervention versus pharmacological interventions or placebo or non-intervention or another psychosocial intervention for treating alcohol dependence in pregnancy.Data collection and analysis: Three review authors independently assessed trials for inclusion in review. Studies were to be assessed using standardized data extraction and quality assessment forms. No suitable trials were identified.Main results: The search strategy identified 958 citations. 17 citations were deemed relevant for full text review, an additional 9 articles were retrieved through hand searching references, for a total of 26 articles. Following full text review no articles met the inclusion criteria. Data extraction and assessment of methodological quality were therefore not possible.Authors' conclusions: The review question remains unanswered as there were no randomised control trials found relevant to the topic. There is a need for high quality randomised controlled trials to determine the effectiveness of psychosocial interventions in pregnant women enrolled in alcohol treatment programs.

Milligan K, Niccols A, Sword W, Thabane L, Henderson J, Smith A. Birth outcomes for infants born to women participating in integrated substance abuse treatment programs: A meta-analytic review. Addiction Research & Theory 2011;19(6):542-55.
Abstract: Background: Infants born to women with substance abuse issues are at increased risk for prematurity, low birth weight, and impaired physical development. Integrated programs (programs that integrate on-site pregnancy-, parenting-, or child-related services with substance use treatment) have been developed to address these risks, barriers to accessing care, and the unique needs of pregnant women who abuse substances. Method: To examine the effects of integrated programs on birth outcomes, we compiled a database of 10 studies (N = 2471) of integrated programs published between 1990 and 2009 with birth outcome data. Data were summarized and meta-analyses were performed. Results: Compared to women with substance abuse issues not in treatment, women in integrated programs had infants with significantly higher birth weights, larger head circumferences, fewer birth complications, positive toxicology screens, and low birth weight classifications (d's = 0.42-0.87). Women in integrated programs attended significantly more prenatal visits (d = 2.20) and had significantly fewer pre-term births (d = 0.35) than women in non-integrated programs. Conclusions: This is the first systematic quantitative review of studies evaluating the impact of integrated programs on birth outcomes.

Findings suggest that integrated programs may be associated with advantages over non-integrated programs in increasing women's participation in prenatal care and decreasing premature delivery. This review highlights the need for further research with improved methodology, study quality, and reporting to improve our understanding of how best to meet the needs of pregnant women with substance abuse issues.

Minozzi S, Amato L, Vecchi S, Davoli M. Maintenance agonist treatments for opiate dependent pregnant women. Cochrane Database of Systematic Reviews 2008;(2):CD006318.
Abstract: BACKGROUND: The prevalence of opiate use among pregnant women ranges from 1% to 2% to as much as 21%. Heroin crosses the placenta and pregnant opiate dependent women experience a six fold increase in maternal obstetric complications such as low birth weight, toxaemia, 3rd trimester bleeding, malpresentation, puerperal morbidity, fetal distress and meconium aspiration. Neonatal complications include narcotic withdrawal, postnatal growth deficiency, microcephaly, neurobehavioral problems, increased neonatal mortality and a 74-fold increase in sudden infant death syndrome. OBJECTIVES: To assess the effectiveness of any maintenance treatment alone or in combination with psychosocial intervention compared to no intervention, other pharmacological intervention or psychosocial interventions on child health status, neonatal mortality, retaining pregnant women in treatment, and reducing use of substances SEARCH STRATEGY: We searched Cochrane Drugs and Alcohol Group' Register of Trials (June 2007), PubMed (1966 - June 2007), CINAHL (1982- June 2007), reference lists of relevant papers, sources of ongoing trials, conference proceedings, National focal points for drug research. Authors of included studies and experts in the field were contacted. SELECTION CRITERIA: Randomised controlled trials enrolling opiate dependent pregnant women DATA COLLECTION AND ANALYSIS: The authors assessed independently the studies for inclusion and methodological quality. Doubts were solved by discussion. MAIN RESULTS: We found three trials with 96 pregnant women. Two compared methadone with buprenorphine and one methadone with oral slow morphine. For the women there was no difference in drop out rate RR 1.00 (95% CI 0.41 to 2.44) and use of primary substance RR 2.50 (95% CI 0.11 to 54.87) between methadone and buprenorphine, whereas oral slow morphine seemed superior to methadone in abstaining women from the use of heroin RR 2.40 (95% CI 1.00 to 5.77)For the newborns in one trial buprenorphine performed better than methadone for birth weight WMD -530 gr (95% CI -662 to -397), this result is not confirmed in the other trial. For the APGAR score both studies didn't find significant difference . No differences for NAS measures used. Comparing methadone with oral slow morphine no differences for birth weight and mean duration of NAS. The APGAR score wasn't considered. AUTHORS' CONCLUSIONS: We didn't find any significant difference between the drugs compared both for mother and for child outcomes; the trials retrieved were too few and the sample size too small to make firm conclusion about

the superiority of one treatment over another. There is an urgent need of big randomized controlled trials.

Niccols A, Milligan K, Smith A, Sword W, Thabane L, Henderson J. Integrated programs for mothers with substance abuse issues and their children: A systematic review of studies reporting on child outcomes. Child Abuse and Neglect 2012;36(4):308-22.
Abstract: Background: Integrated treatment programs (those that include on-site pregnancy-, parenting-, or child-related services with addiction services) were developed to break the intergenerational cycle of addiction, potential child maltreatment, and poor outcomes for children. Objectives: To examine the impact and effects of integrated programs for women with substance abuse issues and their children, we performed a systematic review of studies published from 1990 to 2011. Methods: Literature search strategies included online bibliographic database searches, checking printed sources, and requests to researchers. Studies were included if all participants were mothers with substance abuse problems at baseline; the treatment program included at least 1 specific substance use treatment and at least 1 parenting or child treatment service; the study design was randomized, quasi-experimental, or cohort; and there were quantitative data on child outcomes. We summarized data on child development, growth, and emotional and behavioral outcomes. Results: Thirteen studies (2 randomized trials, 3 quasi-experimental studies, 8 cohort studies; . N=. 775 children) were included in the review. Most studies using pre-post design indicated improvements in child development (with small to large effects, . ds. =. 0.007-1.132) and emotional and behavioral functioning (with most available effect sizes being large, . ds. =. 0.652-1.132). Comparison group studies revealed higher scores for infants of women in integrated programs than those not in treatment, with regard to development and most growth parameters (length, weight, and head circumference; with all available effect sizes being large, . ds. =. 1.16-2.48). In studies comparing integrated to non-integrated programs, most improvements in emotional and behavioral functioning favored integrated programs and, where available, most effect sizes indicated that this advantage was small (. ds. =. 0.22-0.45). Conclusions: Available evidence supports integrated programs, as findings suggest that they are associated with improvements in child development, growth, and emotional and behavioral functioning. More research is required comparing integrated to non-integrated programs. This review highlights the need for improved methodology, study quality, and reporting to improve our understanding of how best to meet the needs of children of women with substance abuse issues. 2012 Elsevier Ltd

Niccols A, Milligan K, Sword W, Thabane L, Henderson J, Smith A. Integrated programs for mothers with substance abuse issues: A systematic review of studies reporting on parenting outcomes. Harm Reduction Journal 2012;9
Abstract: Background: Integrated treatment programs (those that include on-site pregnancy-, parenting-, or child-related services with addiction services) were developed to break the intergenerational cycle of addiction, dysfunctional parenting,

and poor outcomes for mothers and children, yet there has been no systematic review of studies of parenting outcomes. Objectives: As part of larger systematic review to examine the effectiveness of integrated programs for mothers with substance abuse issues, we performed a systematic review of studies published from 1990 to 2011 with data on parenting outcomes. Methods: Literature search strategies included online bibliographic database searches, checking printed sources, and requests to researchers. Studies were included if all participants were mothers with substance abuse problems at baseline, the treatment program included at least one specific substance use treatment and at least one parenting or child service, and there were quantitative data on parenting outcomes. We summarized data on parenting skills and capacity outcomes. Results: There were 24 cohort studies, 3 quasi-experimental studies, and 4 randomized trials. In the three randomized trials comparing integrated programs to addiction treatment-as-usual (N = 419), most improvements in parenting skills favored integrated programs and most effect sizes indicated that this advantage was small, ds = -0.02 to 0.94. Results for child protection services involvement did not differ by group. In the three studies that examined factors associated with treatment effects, parenting improvements were associated with attachment-based parenting interventions, children residing in the treatment facility, and improvements in maternal mental health. Conclusions: This is the first systematic review of studies evaluating the effectiveness of integrated programs on parenting. The limited available evidence supports integrated programs, as findings suggest that they are associated with improvements in parenting skills. However, more research is required comparing integrated programs to addiction treatment-as-usual. This review highlights the need for improved methodology, study quality, and reporting to improve our understanding of how best to meet the parenting needs of women with substance abuse issues.

Terplan M, Lui S. Psychosocial interventions for pregnant women in outpatient illicit drug treatment programs compared to other interventions. Cochrane Database of Systematic Reviews 2007;(4):CD006037.
Abstract: Background: Illicit drug use in pregnancy is a complex social and public health problem. It is important to develop and evaluate effective treatments. There is evidence for the effectiveness of psychosocial in this population; however, to our knowledge, no systematic review on the subject has been undertaken. Objectives: To evaluate the effectiveness of psychosocial interventions in pregnant women enrolled in illicit drug treatment programs on birth and neonatal outcomes, on attendance and retention in treatment, as well as on maternal and neonatal drug abstinence. In short, do psychosocial interventions translate into less illicit drug use, greater abstinence, better birth outcomes, or greater clinic attendance.?Search methods: We searched the Cochrane Drugs and Alcohol Group's trial register (May 2006), the Cochrane Central Register of Trials (Central- The Cochrane Library, Issue 3, 2005); MEDLINE (1.1996-8.2006); EMBASE (1.1996-8.2006); CINAHL (1.1982-8.2006), and reference lists of articles. Selection criteria: Randomised studies comparing any psychosocial intervention versus pharmacological interventions or placebo or non-

intervention or another psychosocial intervention for treating illicit drug use in pregnancy.Data collection and analysis: Two reviewers independently assessed trial quality and extracted data.Main results: Nine trials involving 546 pregnant women were included. Five studies considered contingency management (CM), and four studies considered manual based interventions such as motivational interviewing (MI). The main finding was that contingency management led to better study retention. There was only minimal effect of CM on illicit drug abstinence. In contrast, motivational interviewing led towards poorer study retention, although this did not approach statistical significance. For both, no difference in birth or neonatal outcomes was found, but this was an outcome rarely captured in the studies.Authors' conclusions: The present evidence suggests that CM strategies are effective in improving retention of pregnant women in illicit drug treatment programs as well as in transiently reducing illicit drug use. There is insufficient evidence to support the use of MI. Overall the available evidence has low numbers and, therefore, it is impossible to accurately assess the effect of psychosocial interventions on obstetrical and neonatal outcomes. It is important to develop a better evidence base to evaluate psychosocial modalities of treatment in this important population

Turnbull C, Osborn DA. Home visits during pregnancy and after birth for women with an alcohol or drug problem. [Update of Cochrane Database Syst Rev. 2005;(4):CD004456; PMID: 16235364]. Cochrane Database of Systematic Reviews 2012;1:CD004456.
Abstract: BACKGROUND: One potential method of improving outcome for pregnant or postpartum women with a drug or alcohol problem is with home visits. OBJECTIVES: To determine the effects of home visits during pregnancy and/or after birth for women with a drug or alcohol problem. SEARCH METHODS: We searched the Cochrane Pregnancy and Childbirth Group's Trials Register (30 November 2011), CENTRAL (The Cochrane Library 2011, Issue 4 of 4), MEDLINE (1966 to 30 November 2011), EMBASE (1980 to 30 November 2011), CINAHL (1982 to 30 November 2011) and PsycINFO (1974 to 30 November 2011) supplemented by searches of citations from previous reviews and trials and contact with experts. SELECTION CRITERIA: Studies using random or quasi-random allocation of pregnant or postpartum women with a drug or alcohol problem to home visits. Trials enrolling high-risk women of whom more than 50% were reported to use drugs or alcohol were also eligible. DATA COLLECTION AND ANALYSIS: Review authors performed assessments of trials independently. We performed statistical analyses using fixed-effect and random-effects models where appropriate. MAIN RESULTS: Seven studies (reporting 803 mother-infant pairs) compared home visits mostly after birth with no home visits. Visitors included community health nurses, paediatric nurses, trained counsellors, paraprofessional advocates, midwives and lay African-American women. Several studies had significant methodological limitations. There was no significant difference in continued illicit drug use (three studies, 384 women; risk ratio (RR) 1.05, 95% confidence interval (CI) 0.89 to 1.24), continued alcohol use (three studies, 379 women; RR 1.18, 95% CI 0.96 to 1.46), failure to enrol in a drug treat-

ment program (two studies, 211 women; RR 0.45, 95% CI 0.10 to 1.94), not breastfeeding at six months (two studies, 260 infants; RR 0.95, 95% CI 0.83 to 1.10), incomplete six-month infant vaccination schedule (two studies, 260 infants; RR 1.09, 95% CI 0.91 to 1.32), the Bayley Mental Development Index (three studies, 199 infants; mean difference 2.89, 95% CI -1.17 to 6.95) or Psychomotor Index (MD 3.14, 95% CI -0.03 to 6.32), child behavioural problems (RR 0.46, 95% CI 0.21 to 1.01), infants not in care of biological mother (two studies, 254 infants; RR 0.83, 95% CI 0.50 to 1.39), non-accidental injury and non-voluntary foster care (two studies, 254 infants; RR 0.16, 95% CI 0.02 to 1.23) or infant death (three studies, 288 infants; RR 0.70, 95% CI 0.12 to 4.16). Individual studies reported a significant reduction in involvement with child protective services (RR 0.38, 95% CI 0.20 to 0.74) and failure to use postpartum contraception (RR 0.41, 95% CI 0.20 to 0.82). AUTHORS' CONCLUSIONS: There is insufficient evidence to recommend the routine use of home visits for pregnant or postpartum women with a drug or alcohol problem. Further large, high-quality trials are needed.

Røyking

Dolan-Mullen P, Ramirez G, Groff JY. A meta-analysis of randomized trials of prenatal smoking cessation interventions. American Journal of Obstetrics & Gynecology 1994;171(5):1328-34.
Abstract: OBJECTIVE: Our purpose was to assess the effect of prenatal smoking interventions on rates of smoking cessation and low birth weight. STUDY DESIGN: We used a meta-analysis model to compare and summarize smoking cessation and low birth weight outcomes with the risk ratio used as a common metric. We located 11 randomized, controlled trials with objective validation of smoking status; four of these studies also measured rates of low birth weight. RESULTS: Risk ratios for smoking cessation ranged from 0.9 to 7.1. The combined risk ratio for the homogeneous group of 10 studies was 1.50 (95% confidence interval 1.22 to 1.86) after the outlier study with a risk ratio of 7.1 was excluded. This was a 50% increase in smoking cessation. Low birth weight risk ratios of 0.6 for two studies that achieved a 50% increase in cessation suggested that the incidence of low birth weight was decreased. CONCLUSION: Prenatal smoking cessation interventions increase rates of smoking cessation during pregnancy, and there is evidence that they reduce the incidence of low birth weight.

Lumley J, Chamberlain C, Dowswell T, Oliver S, Oakley L, Watson L. Interventions for promoting smoking cessation during pregnancy. [Update of Cochrane Database Syst Rev. 2004;(4):CD001055; PMID: 15495004]. Cochrane Database of Systematic Reviews 2009;(3):CD001055.
Abstract: BACKGROUND: Tobacco smoking in pregnancy remains one of the few preventable factors associated with complications in pregnancy, low birthweight, preterm birth and has serious long-term health implications for women and babies. Smoking in pregnancy is decreasing in high-income countries and increasing in low-

to middle-income countries and is strongly associated with poverty, low educational attainment, poor social support and psychological illness. OBJECTIVES: To assess the effects of smoking cessation interventions during pregnancy on smoking behaviour and perinatal health outcomes. SEARCH STRATEGY: We searched the Cochrane Pregnancy and Childbirth Group's Trials Register (June 2008), the Cochrane Tobacco Addiction Group's Trials Register (June 2008), EMBASE, PsycLIT, and CINAHL (all from January 2003 to June 2008). We contacted trial authors to locate additional unpublished data. SELECTION CRITERIA: Randomised controlled trials where smoking cessation during pregnancy was a primary aim of the intervention. DATA COLLECTION AND ANALYSIS: Trials were identified and data extracted by one person and checked by a second. Subgroup analysis was conducted to assess the effect of risk of trial bias, intensity of the intervention and main intervention strategy used. MAIN RESULTS: Seventy-two trials are included. Fifty-six randomised controlled trials (over 20,000 pregnant women) and nine cluster-randomised trials (over 5000 pregnant women) provided data on smoking cessation outcomes.There was a significant reduction in smoking in late pregnancy following interventions (risk ratio (RR) 0.94, 95% confidence interval (CI) 0.93 to 0.96), an absolute difference of six in 100 women who stopped smoking during pregnancy. However, there is significant heterogeneity in the combined data (I(2) > 60%). In the trials with the lowest risk of bias, the interventions had less effect (RR 0.97, 95% CI 0.94 to 0.99), and lower heterogeneity (I(2) = 36%). Eight trials of smoking relapse prevention (over 1000 women) showed no statistically significant reduction in relapse.Smoking cessation interventions reduced low birthweight (RR 0.83, 95% CI 0.73 to 0.95) and preterm birth (RR 0.86, 95% CI 0.74 to 0.98), and there was a 53.91g (95% CI 10.44 g to 95.38 g) increase in mean birthweight. There were no statistically significant differences in neonatal intensive care unit admissions, very low birthweight, stillbirths, perinatal or neonatal mortality but these analyses had very limited power. AUTHORS' CONCLUSIONS: Smoking cessation interventions in pregnancy reduce the proportion of women who continue to smoke in late pregnancy, and reduce low birthweight and preterm birth. Smoking cessation interventions in pregnancy need to be implemented in all maternity care settings. Given the difficulty many pregnant women addicted to tobacco have quitting during pregnancy, population-based measures to reduce smoking and social inequalities should be supported.

Priest N, Roseby R, Waters E, Polnay A, Campbell R, Spencer N, et al. Family and carer smoking control programmes for reducing children's exposure to environmental tobacco smoke. [Update of Cochrane Database Syst Rev. 2003;(3):CD001746; PMID: 12917911]. Cochrane Database of Systematic Reviews 2008;(4):CD001746. Abstract: BACKGROUND: Children's exposure to other people's cigarette smoke (environmental tobacco smoke, or ETS) is associated with a range of adverse health outcomes for children. Parental smoking is a common source of children's exposure to ETS. Preventing exposure to cigarette smoke in infancy and childhood has significant potential to improve children's health worldwide. OBJECTIVES: To determine the effectiveness of interventions aiming to reduce exposure of children to ETS.

SEARCH STRATEGY: We searched the Cochrane Tobacco Addiction Group trials register and conducted additional searches of two health and education databases not included in this specialised register. Date of the most recent search: October 2007. SELECTION CRITERIA: Interventions tested using controlled trials with or without random allocation were included in this review if the interventions addressed participants (parents and other family members, child care workers and teachers) involved with the care and education of infants and young children (aged 0-12 years). All mechanisms for reduction of children's environmental tobacco smoke exposure, and smoking prevention, cessation, and control programmes were included. These include smoke-free policies and legislation, health promotion, social-behavioural therapies, technology, education and clinical interventions. DATA COLLECTION AND ANALYSIS: Two authors independently assessed studies and extracted data. Due to heterogeneity of methodologies and outcomes, no summary measures were possible and results were synthesised using narrative summaries. MAIN RESULTS: Thirty-six studies met the inclusion criteria. Four interventions were targeted at populations or community settings, 16 studies were conducted in the 'well child' healthcare setting and 13 in the 'ill child' healthcare setting. Two further studies conducted in paediatric clinics do not make clear whether the visits are to well or ill children, and another includes both well and ill child visits. Nineteen of these studies are from North America and 12 in other high income countries. Five studies are from low- or middle-income countries. In 17 of the 36 studies there was reduction of ETS exposure for children in both intervention and comparison groups. In only 11 of the 36 studies was there a statistically significant intervention effect. Four of these successful studies employed intensive counselling interventions targeted to smoking parents. We found little evidence of difference in effectiveness of interventions between the well infant, child respiratory illness and other child illness settings as contexts for parental smoking cessation interventions. One successful intervention was in the school setting, targeting the ETS exposure of children from smoking fathers. AUTHORS' CONCLUSIONS: While brief counselling interventions have been identified as successful ifor adults when delivered by physicians, this cannot be extrapolated to adults as parents in child health settings. However, there is limited support for more intensive counselling interventions for parents in such contexts. There is no clear evidence of differences between the respiratory, non-respiratory ill child, well child and peripartum settings as contexts for reduction of children's ETS exposure.

Psykisk sykdom

Generelt

Craig EA. Parenting programs for women with mental illness who have young children: a review. Australian & New Zealand Journal of Psychiatry 2004;38(11-12):923-8.

Abstract: OBJECTIVE: To provide an overview of the literature relevant to, and describing, parenting programs for women with mental illness who have young children. METHOD: A literature search was undertaken, including MEDLINE, PsycINFO, CINAHL, Cochrane Database of Systematic Reviews and EMBASE: Psychiatry. Searches were limited to English journals and books and to the last five years in the first instance, with earlier literature considered where appropriate. RESULTS: Maternal mental illness can impact negatively on a child's life, especially where an insecure attachment is formed between mother and baby during the important early developmental years. The potential sequelae of maternal mental illness for children include impaired cognitive development, behavioural difficulties and increased risk of psychiatric disorder. Effective parenting skills are suggested to be a protective factor against these sequelae. However, the effects of parenting programs for women with mental illness have not been empirically tested, so that the potential long-term benefits of such interventions are not known. CONCLUSIONS: Parenting skills training for women with mental illness may be a useful selective preventive intervention. It is unlikely generic programs will be suitable. Rather, interventions for women with a mental illness will need to address the commonly experienced parenting problems as well as the more specific needs of women with mental illness.

Fraser C, James EL, Anderson K, Lloyd D, Judd F. Intervention programs for children of parents with a mental illness: a critical review. International Journal of Mental Health Promotion 2006;8(1):9-20.
There is widespread acknowledgement that children in families affected by parental mental illness are at risk for a range of poor life outcomes. There is also a growing number of interventions to meet the needs of this group of young people. This review evaluates the quality of the existing evidence for such intervention programs. Five hundred and twenty articles were reviewed, and twenty-six studies were judged to be relevant. The majority of the studies were randomised trials (n=8) and pre-post interventions with no comparison or control groups (n=8). None of the studies measured cost-effectiveness or included consumer or carer consultation, and few outlined the theoretical basis for the development of the intervention program. Seven studies were rated as methodologically strong, four as of moderate quality and fifteen as methodologically weak. This data provides very limited evidence of program effectiveness as determined by well-being or illness outcomes for the child. Practitioners should use a recognised theory in developing intervention programs, link program components to identified risk factors for this target group, select intervention components from across the public health spectrum and incorporate greater inter-sectoral collaboration. Future programs should be rigorously evaluated and widely disseminated, with long-term follow-up of participants.

Siegenthaler E, Munder T, Egger M. Effect of preventive interventions in mentally ill parents on the mental health of the offspring: systematic review and meta-analysis. Journal of the American Academy of Child and Adolescent Psychiatry 2012;51(1):8-17.

OBJECTIVE: Mental illness in parents affects the mental health of their children. A systematic review and a meta-analysis of the effectiveness of interventions to prevent mental disorders or psychological symptoms in the offspring were performed. METHOD: The Cochrane, MEDLINE, EMBASE, and PsycINFO databases were searched for randomized controlled trials of interventions in parents with mental disorders. Outcomes in the child included incident mental disorders of the same nature and internalizing (negative emotions, depressive symptoms, anxiety) or externalizing (hyperactivity, aggressiveness, behavioral problems) symptoms. Relative risks and standardized mean differences in symptom scores were combined in random-effects meta-analysis. RESULTS: Thirteen trials including 1,490 children were analyzed. Interventions included cognitive, behavioral, or psychoeducational components. Seven trials assessed the incidence of mental disorders and seven trials assessed symptoms. In total 161 new diagnoses of mental illness were recorded, with interventions decreasing the risk by 40% (combined relative risk 0.60, 95% CI 0.45-0.79). Symptom scores were lower in the intervention groups: standardized mean differences were -0.22 (95% CI -0.37 to -0.08) for internalizing symptoms (p = .003) and -0.16 (95% confidence interval -0.36 to 0.04) for externalizing symptoms (p = .12). CONCLUSIONS: Interventions to prevent mental disorders and psychological symptoms in the offspring of parents with mental disorders appear to be effective.

Fødselsdepresjon

Dennis CL, Ross LE, Grigoriadis S. Psychosocial and psychological interventions for treating antenatal depression. Cochrane database of systematic reviews (Online) 2007;(3):CD006309.
Abstract: BACKGROUND: Although pregnancy was once thought of as a time of emotional wellbeing for many women, conferring 'protection' against psychiatric disorders, a recent meta-analysis of 21 studies suggests the mean prevalence rate for depression across the antenatal period is 10.7%, ranging from 7.4% in the first trimester to a high of 12.8% in the second trimester. Due to maternal treatment preferences and potential concerns about fetal and infant health outcomes, non-pharmacological treatment options are needed. OBJECTIVES: The primary objective of this review is to assess the effects, on mothers and their families, of psychosocial and psychological interventions compared with usual antepartum care in the treatment of antenatal depression. SEARCH STRATEGY: We searched the Cochrane Pregnancy and Childbirth Group's Trials Register (September 2006), the Cochrane Collaboration Depression Anxiety and Neurosis Group's Trials Registers (CCDANCTR-Studies and CCDANCTR-References) (July 2006), the Cochrane Central Register of Controlled Trials (The Cochrane Library 2006, Issue 3), MEDLINE (1966 to July 2006), EMBASE (1980 to July 2006) and CINAHL (1982 to July 2006). We also scanned secondary references and contacted experts in the field to identify other published or unpublished trials. SELECTION CRITERIA: All published, unpublished and ongoing randomised controlled trials of preventive psychosocial or psychological interventions in which the primary or secondary aim is to

treat antenatal depression. We excluded quasi-randomised trials (for example, those randomised by delivery date, or odd versus even medical record numbers) from the analysis. DATA COLLECTION AND ANALYSIS: All review authors participated in the evaluation of methodological quality and data extraction. Results are presented using relative risk for categorical data and weighted mean difference for continuous data. MAIN RESULTS: One US trial was included in this review, incorporating 38 outpatient antenatal women who met Diagnostic and Statistical Manual for Mental Disorders-IV criteria for major depression. Interpersonal psychotherapy, compared to a parenting education program, was associated with a reduction in the risk of depressive symptomatology immediately post-treatment using the Clinical Global Impression Scale (one trial, n = 38; relative risk (RR) 0.46, 95% confidence interval (CI) 0.26 to 0.83) and the Hamilton Rating Scale for Depression (one trial, n = 38; RR 0.82, 95% CI 0.65 to 1.03). AUTHORS' CONCLUSIONS: The evidence is inconclusive to allow us to make any recommendations for interpersonal psychotherapy for the treatment of antenatal depression. The one trial included was too small, with a non-generalisable sample, to make any recommendations.

Dennis CL, Allen K. Interventions (other than pharmacological, psychosocial or psychological) for treating antenatal depression. Cochrane database of systematic reviews (Online) 2008;(4):CD006795.
Abstract: BACKGROUND: Although pregnancy was once thought of as a time of emotional well-being for many women, conferring 'protection' against psychiatric disorders, a recent meta-analysis of 21 studies suggests the mean prevalence rate for depression across the antenatal period is 10.7%, ranging from 7.4% in the first trimester to a high of 12.8% in the second trimester. Due to maternal treatment preferences and potential concerns about fetal and infant health outcomes, non-pharmacological treatment options are needed. OBJECTIVES: To assess the effects, on mothers and their families, of non-pharmacological/psychosocial/psychological interventions compared with usual antepartum care in the treatment of antenatal depression. SEARCH STRATEGY: We searched the Cochrane Pregnancy and Childbirth Group's Trials Register (August 2007), the Cochrane Collaboration Depression Anxiety and Neurosis Group's Trials Registers (CCDANCTR-Studies and CCDANCTR-References) (January 2007), the Cochrane Central Register of Controlled Trials (The Cochrane Library 2006, Issue 3), MEDLINE (1966 to January 2007), EMBASE (1980 to January 2007) and CINAHL (1982 to January 2007). We scanned secondary references and contacted experts in the field to identify other published or unpublished trials. SELECTION CRITERIA: All published, unpublished and ongoing randomised controlled trials of non-pharmacological/psychosocial/psychological interventions to treat antenatal depression. DATA COLLECTION AND ANALYSIS: All review authors independently participated in the evaluation of methodological quality and data extraction. . MAIN RESULTS: We included one US three-armed randomised controlled trial in this review, incorporating 61 outpatient antenatal women who met Diagnostic and Statistical Manual for Mental Disorders-IV criteria for major depression. Maternal mas-

sage, compared to non-specific acupuncture (control group), did not significantly decrease the number of women diagnosed with clinical depression immediately post-treatment (one trial, n = 38; risk ratio (RR) 0.80, 95% confidence interval (CI) 0.25 to 2.53) or at final assessment at 10 weeks' postpartum (one trial, n = 32; RR 1.93, 95% CI 0.37 to 10.01). Acupuncture specifically treating symptoms of depression, compared to non-specific acupuncture, did not significantly decrease the number of women diagnosed with clinical depression immediately post-treatment (one trial, n = 35; RR 0.48, 95% CI 0.11 to 2.13) or at final assessment at 10 weeks' postpartum (one trial, n = 32; RR 0.64, 95% CI 0.06 to 6.39). AUTHORS' CONCLUSIONS: The evidence is inconclusive to allow us to make any recommendations for massage therapy or depression-specific acupuncture for the treatment of antenatal depression. The included trial was too small with a non-generalisable sample, to make any recommendations.

Poobalan AS, Aucott LS, Ross L, Smith WCS, Helms PJ, Williams JHG. Effects of treating postnatal depression on mother-infant interaction and child development: Systematic review. British Journal of Psychiatry 2007;191(NOV.):378-86.
Abstract: Background: Postnatal depression has detrimental effects on the child's cognitive and emotional development. Aims: To assess the benefits of treating postnatal depression for mother-infant interaction and child development. Method: A systematic search was made of 12 electronic bibliographic databases for randomised controlled trials and controlled clinical trials on treatment of mothers with postnatal depression, where outcomes were assessed in children; findings were assessed. Results: Only eight trials met the inclusion criteria. Of those included, interventions varied widely but all involved therapies directed at the mother-infant relationship. One study with intensive and prolonged therapy showed cognitive improvement, whereas two others with briefer interventions improved maternal-infant relationships but did not affect the child's cognitive or behavioural development. All five studies assessing only mother-infant relationships showed improvements. Conclusions: Cognitive development in children of depressed mothers, along with better mother-infant relationships, might be improved with sustained interventions. Trials assessing treatments for postnatal depression would benefit from looking more closely at benefits for children as well as mothers, using validated objective measures.

Schizofreni

Irving CB, Saylan M. Mother and baby units for schizophrenia. Cochrane Database of Systematic Reviews 2007;(1):CD006333.
Abstract: Background: Mother and baby units (MBUs) are recommended, in the UK, as an optimal site for treating post partum psychoses. Naturalistic studies suggest poor outcomes for mothers and their children if admission is needed during the first year after birth, but the evidence for the effectiveness of MBUs in addressing the problems faced by both mothers with mental illness and their babies is unclear. Ob-

jectives: To review the effects of mother and baby units for mothers with schizophrenia or psychoses needing admission during the first year after giving birth, and their children, in comparison to standard care on a ward without a mother and baby unit. Search methods: We undertook electronic searches of the Cochrane Schizophrenia Group's Register (June 2006).Selection criteria: We included all randomised clinical trials comparing placement on a mother and baby unit compared to any other standard care without attachment to such a unit. Data collection and analysis: If data were available we would have independently extracted data and analysed on an intention-to treat basis; calculated the relative risk (RR) and 95% confidence intervals (CI) of homogeneous dichotomous data using a random effects model, and where possible calculated the number needed to treat (NNT); calculated weighted mean differences (WMD) for continuous data. Main results: Unfortunately, we did not find any relevant studies to include. One non-randomised trial, published in 1961, suggested beneficial effects for those admitted to mother and baby units. For the experimental group, more women were able to care for their baby on their own and experienced fewer early relapses on their return home compared with standard care. Care practices for people with schizophrenia have changed dramatically over the past 40 years and a sensitively designed pragmatic trial is possible and justified. Authors' conclusions: Mother and bay units are reportedly common in the UK but less common in other countries and rare or non-existent in the developing world. However, there does not appear to be any trial-based evidence for the effectiveness of these units. This lack of data is of concern as descriptive studies have found poor outcomes such as anxious attachment and poor development for children of mothers with schizophrenia and a greater risk of the children being placed under supervised or foster care. Effective care of both mothers and babies during this critical time may be crucial to prevent poor clinical and parenting outcomes. Good, relevant research is urgently needed.

Psykisk utviklingshemning

Coren E, Hutchfield J, Thomae M, Gustafsson C. Parent training support for intellectually disabled parents. Cochrane database of systematic reviews (Online) 2010;6:CD007987.
Abstract: BACKGROUND: Intellectual disability may impact on an individual's capacity to parent a child effectively. Research suggests that the number of intellectually disabled people with children is increasing. Children of parents with intellectual disabilities may be at increased risk of neglectful care which could lead to health, developmental and behavioural problems, or increased risk of intellectual disability.However, there is some indication that some parents with intellectual disabilities are able to provide adequate child care if they are given appropriate training and support to do so. OBJECTIVES: To assess the effectiveness of parent training interventions to support the parenting of parents with intellectual disabilities SEARCH STRATEGY: We searched the following databases: Cochrane Central Register of Controlled Trials (CENTRAL, The Cochrane Library), MEDLINE, EMBASE,

CINAHL, PsycINFO, ASSIA, Sociological Abstracts, Dissertation Abstracts International, MetaRegister of Controlled Trials, and ZETOC. SELECTION CRITERIA: Randomised controlled trials comparing parent training interventions for parents with intellectual disabilities with usual care or with a control group. Outcomes of interest were: the attainment of parenting skills specific to the intervention, safe home practices and the understanding of child health. DATA COLLECTION AND ANALYSIS: Two review authors independently assessed risk of bias and undertook data extraction. MAIN RESULTS: Three trials met the inclusion criteria for this review but no meta-analysis was possible. One study reported improved maternal-child interaction following group parent training compared with the control group. The second study reported some improvements in parents knowledge of life threatening emergencies, ability to recognise dangers and identify precautions and smaller improvements in their ability to implement precautions, use medicines safely and recognise child illness and symptoms. The third study reported improvement in child care and safety skills following the intervention. AUTHORS' CONCLUSIONS: There is some risk of bias in the included studies, with limited information available to assess possible bias and to fully assess the findings of one included study. Whilst the evidence presented here does seem promising with regard to the ability of such interventions to improve parenting knowledge and skill in this population, there is a need for larger RCTs of interventions before conclusions can be drawn about the effectiveness of parent training for this group of parents.

Overvekt

Sui Z, Grivell RM, Dodd JM. Antenatal exercise interventions for improving maternal and infant health outcomes in women who are overweight or obese: A systematic review. Journal of Paediatrics and Child Health 2011;47:52.
Abstract: Background: Overweight and obesity in pregnancy is associated with a number of adverse maternal and infant health outcomes. The aim of this study was to evaluate the available literature describing antenatal exercise interventions for pregnant women who are overweight or obese. Method: We conducted a systematic review of the literature and metaanalysis utilising standard Cochrane methodology to identify randomised trials comparing maternal and infant outcomes for women provided with an antenatal exercise intervention with no exercise intervention. We assessed identified studies for their methodological quality, including generation of randomisation sequence, allocation concealment, blinding and losses to follow-up. The primary outcome was gestational weight gain. Results: Our search strategy identified five randomised trials and one quasi-randomised trial involving a total of 196 women. Women who participated in a monitored physical activity programme gained less weight during pregnancy when compared with women who did not receive an exercise intervention. Conclusions: Antenatal interventions based on monitored physical activity appear to be successful in limiting gestational weight gain for women who are overweight or obese. The effect on maternal and infant health outcomes is less clear.

Barn

Uspesifisert

Casto G, White K. The efficacy of early intervention programs with environmentally at-risk infants. Journal of Children in Contemporary Society 1984;17(1):37-50.
Abstract: Examined the efficacy of early intervention programs for environmentally at-risk infants using meta-analytic techniques. Questions relating to both short- and long-term effectiveness and the influence of such variables as age at which intervention began, the relationship of parental involvement to intervention effectiveness, and the degree of structure in the intervention program were investigated. Results show that early intervention has an immediate positive effect of about one-half of a standard deviation. The analysis failed to find long-term benefits and failed to relate the degree of parental involvement to intervention effectiveness. Some support was found for the notion that the degree of structure and training of staff are positively related to effectiveness. (26 ref) (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Manning M, Homel R, Smith C. A meta-analysis of the effects of early developmental prevention programs in at-risk populations on non-health outcomes in adolescence. Children and Youth Services Review 2010;32(4):506-19.
Abstract: We present the results of a meta-analytic review of early developmental prevention programs (children aged 0-5: structured preschool programs, center-based developmental day care, home visitation, family support services and parental education) delivered to at-risk populations on non-health outcomes during adolescence (educational success, cognitive development, social-emotional development, deviance, social participation, involvement in criminal justice, and family well-being). This review improves on previous meta-analyses because it includes a more comprehensive set of adolescent outcomes, it focuses on measures that are psychometrically valid, and it includes a more detailed analysis of program moderator effects. Seventeen studies, based on eleven interventions (all US-based) met the ten criteria for inclusion into the analysis. The mean effect size across all programs and outcomes was 0.313, equivalent to a 62% higher mean score for an intervention group than for a control group. The largest effect was for educational success during adolescence (effect size 0.53) followed by social deviance (0.48), social participation (0.37), cognitive development (0.34), involvement in criminal justice (0.24), family well-being (0.18), and social-emotional development (0.16). Programs that lasted longer than three years were associated with larger sample means than programs that were longer than one year but shorter than three years. More intense programs (those with more than 500 sessions per participant) also had larger means than less intense programs. There was a marginally significant trend for programs with a follow-through component into the early primary school years (e.g. preschool to Grade 3) to have more positive effects than programs without a follow-through. We conclude that the impact of well-conducted early development programs on quality of

life in adolescence can be substantial for social policy purposes. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Mentore JL. The effectiveness of early intervention with young children "at risk": A decade in review. 2000; ETD Collection for Fordham University. Paper AAI9938912.
Abstract: The goal of this meta-analysis was to synthesize research on the effectiveness of early intervention programs with children at-risk and to examine the contributions of specific mediating variables to these programs. Overall, 86 studies from 1986 through 1998 were examined. A total of 319 effect sizes were yielded from the total sample, and 185 effect sizes were yielded from the sample of high quality studies. Three levels of analyses were employed in this study. The primary analysis assessed the overall efficacy of early intervention for at-risk children. This analysis indicated that early intervention programs are efficacious for at-risk children and did not reveal any significant differences between specific types of early intervention programs (i.e., educational, psychological, medical, and mixed). The secondary analysis explored specific program variables that have contributed to efficacy. This analysis indicated that efficacious programs were those that were structured and utilized trained intervenors. This analysis also showed that early intervention programs were more effective for low birthweight/premature children than economically/socially disadvantaged children. There were several variables that did not contribute to early intervention efficacy. Less intense programs were found to be as effective as more intense programs. Similarly, there was no evidence to suggest that early intervention programs with a longer duration were more effective. The location of the early intervention program, degree of parental involvement, and time period of study also did not impact efficacy. There was inconclusive evidence regarding whether there was a specific age when early intervention programs were most effective. The third level of analysis was conducted separately from the meta-analysis. This analysis assessed whether early intervention studies utilized non-traditional (e.g., adaptive behavior, attachment) outcome measures over time. This analysis revealed that within the past decade, non-traditional measures have been used as frequently as traditional measures. In sum, these findings provide more definitive conclusions on the positive impact of early intervention programs for this newer at-risk population, and there are several mediating variables impacting efficacy. This study also revealed that early intervention studies have kept abreast of the research demands of this field by the utilization of non-traditional outcome measures. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Tilknytningsproblemer

Bakermans-Kranenburg MJ, Van Ijzendoorn MH, Juffer F. Disorganized infant attachment and preventive interventions: A review and meta-analysis. Infant Mental Health Journal 2005;26(3):191-216.

Abstract: Infant disorganized attachment is a major risk factor for problematic stress management and later problem behavior. Can the emergence of attachment disorganization be prevented? The current narrative review and quantitative meta-analysis involves 15 preventive interventions (N = 842) that included infant disorganized attachment as an outcome measure. The effectiveness of the interventions ranged from negative to positive, with an overall effect size of d = 0.05 (ns). Effective interventions started after 6 months of the infant's age (d = 0.23). Interventions that focused on sensitivity only were significantly more effective in reducing attachment disorganization (d = 0.24) than interventions that (also) focused on support and parent's mental representations (d = -0.04). Most sample characteristics were not associated with differences in effect sizes, but studies with children at risk were more successful (d = 0.29) than studies with at-risk parents (d = -0.10), and studies on samples with higher percentages of disorganized attachment in the control groups were more effective (d = 0.31) than studies with lower percentages of disorganized children in the control group (d = -0.18). The meta-analysis shows that disorganized attachments may change as a side effect of sensitivity-focused interventions, but it also illustrates the need for interventions specifically focusing on the prevention of disorganization. 2005 Michigan Association for Infant Mental Health.

Van Ijzendoorn MH, Juffer F, Duyvesteyn MGC. Breaking the intergenerational cycle of insecure attachment: A review of the effects of attachment-based interventions on maternal sensitivity and infant security. Journal of Child Psychology and Psychiatry and Allied Disciplines 1995;36(2):225-48.
Abstract: In this paper the effectiveness of preventive or therapeutic interventions aiming at enhancing parental sensitivity and children's attachment security is addressed. Sixteen pertinent studies have been reviewed, and 12 studies have been included in a quantitative meta-analysis (N = 869). Results show that interventions are more effective in changing parental insensitivity (d = .58) than in changing children's attachment insecurity (d = .17). Longer, more intensive, and therapeutic interventions appear to be less effective than short-term preventive interventions. Interventions which are effective at the behavioral level map not necessarily lead to changes in insecure mental representations of the parents involved. The implications of changes at the behavioral level (sensitivity; attachment) without accompanying changes at the representational level will be discussed.

Atferdsproblemer

Barlow J. Systematic review of the effectiveness of parent-training programmes in improving behaviour problems in children aged 3-10 years: a review of the literature on parent-training programmes and child behaviour outcome measures (Structured abstract). Database of Abstracts of Reviews of Effects 1997;40.
Abstract: Authors' objectives
To determine how effective are parent-training programmes in improving behavioural problems in children between the ages of 3 and 10 years.

Searching: The author searched the electronic databases (1970 to 1997) of MEDLINE, EMBASE, PsycLIT, Biological abstracts, CAB Abstracts, CINAHL, Sociofile, ERIC, Dissertation Abstracts, Reuter Textline, Social Science Citation Index, Healthstar, and Data DHSS. Search terms used were 'Parent$ (education or training)', 'Behavio$ (problem$ or disorder$)', and 'Conduct disorder$'. Reference lists of identified articles and bibliographies of systematic and non- systematic reviews were also searched to identify additional relevant studies. There were no language restrictions. Studies pre-dating 1970 were excluded from the review.
Study selection: Study designs of evaluations included in the review
Randomised controlled trials (RCTs), quasi-RCTs, and quantitative overviews. RCTs had to include randomisation of participants in both the experimental and control groups. Studies comparing two different therapeutic modality groups, but without a control group, were excluded from the review.
Specific interventions included in the review: Parent-training interventions including educational, skills-training, and relationship programmes based on psychoanalytic, family systems, Adlerian, humanistic, and behavioural theories. Control groups received either waiting list, no-treatment, or placebo intervention.
Participants included in the review: Children between the ages of 3 and 10 years whose primary problem was conduct disorders including at least one externalising problem (e.g. temper tantrums, aggression, non-compliance). Studies of children whose primary disorder was an internalising problem were excluded from the review (e.g. attention deficit disorder with hyperactivity, autism).
Outcomes assessed in the review: Child behaviour measured using parent (verbal or written) reports and independent observation (at school, clinic and home). Studies had to include at least one standardised child behaviour outcome measure.
How were decisions on the relevance of primary studies made? One author selected the studies for the review.
Assessment of study quality: The studies were reviewed using the method of JAMA (see Other Publications of Related Interest no.1). One author performed the validity assessment. Uncertainties concerning the validity were resolved through consultation with a public health practitioner.
Data extraction: One author performed the data extraction using a data extraction sheet. Data were extracted in the overview studies for the categories of study identification, focus of study (intervention), characteristics of the study, literature search strategy and findings of the study. Data were extracted in the RCTs for the categories of study identification, type of parent-training programme (intervention), characteristics of the study and methods used, duration of treatment, outcome measures, period of follow-up, and findings for child behaviour outcome measures for the study. Where sufficient data were provided, effect sizes were calculated (in 6 RCTs). Where data were not sufficient, percentage mean changes and Z scores were presented.
Methods of synthesis: How were the studies combined? The studies are discussed in a narrative review and not statistically combined due to an unacceptable level of heterogeneity in the primary studies.

How were differences between studies investigated? The author does not state how differences between the studies were investigated.
Results of the review: Twenty-one studies met the inclusion criteria (18 RCTs and 3 overviews). 1. Effect sizes in 6 RCTs ranged from 0.3 to 1.3, indicating that all the parent-training programmes reviewed were effective in producing positive improvements in parental perceptions of their children's behaviour. 2. Group-based parent-training programmes have a positive impact on the behaviour of children between the ages of 3 and 10 years. 3. Group-based parent-training programmes are more successful in improving the behaviour of children compared with methods that involve working with parents on an individual basis. This finding was consistent across both parent-report outcome measures and, to a lesser extent, independent observations of children's behaviour. 4. Parent-report outcome measures also showed that community-based group parent-training programmes produced more changes in children's behaviour than individual clinic-based programmes, and that community-based programmes may be up to six times as cost-effective and more acceptable to many parents. 5. There is still insufficient research to demonstrate which aspect of group parent-training programmes is the decisive factor in bringing about change. The only study using a placebo control group in which parents presented and discussed their concerns about parenting with other group members, and in which no set parent- training curriculum was used, showed that there were no significant differences in the results between the placebo and the treatment group. 6. While all group-based programmes produced changes in children's behaviour, the more behavioural type of programme in which the parent was trained to use reinforcement effectively, appeared to produce the best results when compared with Parent-Effectiveness Training (PET) and Adlerian programmes.
Authors' conclusions: The author states that much of the research on the effectiveness of group-based parent-training programmes is methodologically flawed. However, the results of both overviews and RCTs were similar and showed the effectiveness of behaviourally-oriented parent-training programmes in improving behaviour problems in children. The results also indicate that Adlerian and PET type programmes are effective, albeit to a lesser extent, and that community-based group programmes may produce better changes in children's behaviour and be more cost-effective and user-friendly than individual clinic-based programmes.

Dimond C, Hyde C. Parent education programmes for children's behaviour problems: medium to long term effectiveness. Report number 19, December 1999, WMHTAC, Department of Public Health & Epidemiology, University of Birmingham.
What is the evidence that parenting education is effective in the medium to long term? What are the likely costs and benefits from an expansion of service provision in this area? Conclusion: In relating the results of this systematic review and cost analysis to the original problem of whether health care commissioners should support teaching parenting skills, it is immediately acknowledged that existing research does not provide a complete answer. However it does provide encouragement to

those contemplating such activity provided they stick to the population groups, settings, and interventions which have been evaluated. For those sceptical about the value of such activities, it is unlikely that the results of this review will be wholly convincing. In this case the report identifies where uncertainty exists, namely better estimation of effect sizes, particularly the global impact. The onus in this case is on rigorous research.

Gavita O, Joyce M. A review of the effectiveness of group cognitively enhanced behavioral based parent programs designed for reducing disruptive behavior in children. Journal of Cognitive and Behavioral Psychotherapies 2008;8(2):185-99.
Few studies have examined the effects of varying the level of intensity of a parenting intervention in the treatment of conduct problems in children. In particular, it is unclear whether group parenting interventions that incorporate adjunctive cognitive interventions designed to reduce parental stress add to the efficacy and durability of effects of standard parenting skills training. Adjunctive interventions designed to reduce depression, stress, anger management problems or cognition biases, delivered in group settings, have the potential to augment parenting skills training. There is some empirical support for adjunctive interventions, but there are also conflicting findings. This study reviews the data from existing randomized controlled trials evaluating the effectiveness of group based cognitively enhanced behavioral parenting programs for reducing children's disruptive behavior and parent distress. The findings show the potential that such interventions have in reducing children's disruptive behavior and draw some lines for future integration of the cognitive components in behavioral parent training.

Ziviani J, Feeney R, Cuskelly M, Meredith P, Hunt K. Effectiveness of support services for children and young people with challenging behaviours related to or secondary to disability, who are in out-of-home care: A systematic review. Children and Youth Services Review 2012;34(4):758-70.
Abstract: In Australia, government policies support therapeutic interventions for children and young people (CYP) with challenging behaviours related to or secondary to disability, who are in out-of-home care. The aims of interventions are to enhance the skills of both CYP and foster caregivers/parents in order to enhance placement stability, community participation and the overall well-being of the CYP. These interventions are costly and time consuming for CYP, their foster caregivers/parents and the professionals/agencies involved, and evaluation of their effectiveness is warranted. To review the effectiveness of current practices and interventions for CYP in out-of-home care who have challenging behaviours related to disabilities. Databases searched included: PsycINFO (1840-September 2010), ERIC (1966-September 2010), MEDLINE (1950-September 2010), CINAHL (1982-September 2010), Cochrane Central Register of Controlled Trials (CENTRAL, The Cochrane Library, 2010), Social Services Abstracts (1979-September 2010), PAIS international (1972-September 2010), PsycARTICLES (1894-September 2010), Sociological abstracts (1952-September 2010). Randomised or quasi-randomised con-

trolled trials (RCT), non-randomised controlled trials, and cohort studies of interventions or programs for CYP with complex psychological and/or behavioural issues, and/or a disability in foster care were included. Details of study characteristics, population demographics and intervention content were tabulated. Qualitative analysis was performed by two independent raters using the Physiotherapy Evidence Database (PEDro) scale for RCTs and an adapted version of The Downs and Black Checklist for Measuring Study Quality (DB Scale) for non-randomised control trials. Four studies met inclusion criteria (two RCTs and two non-randomised control trials). The two RCTS were of moderate methodological quality, each scoring five points (out of a maximum of 10) on the PEDro Scale. The two non-randomised control trials were of similar methodological quality, scoring 14-17 points (out of a maximum of 28) on the adapted Downs and Black Checklist. The included studies evaluated a variety of interventions which differed considerably with respect to services offered, approach/philosophy, service delivery models and intensity/duration. Two of the four studies were of behaviourally based parent training interventions. Whilst the other two studies also involved parent training, the primary focus of intervention was the implementation of individualised case management plans by key stakeholders in the CYP's life. The frequency of intervention and length of follow-up in the included studies varied greatly. Three of the reviewed studies reported positive outcomes for children and young people, as well as their caregivers/parents, whilst the fourth found no significant change. Studies generally demonstrated gains from the interventions provided, however the nature and extent of these benefits differed greatly across the various outcomes measured. Further, studies often did not take into account other factors which may have contributed towards the observed outcomes. In light of the complexity of providing services to CYP with behavioural issues and/or disability who are in out-of-home care, the costs associated with these services, and the risks if these are not effective, this review highlights the need the need for further research of the efficacy of support services for this group. [Copyright Elsevier B.V.]

Sosioemosjonell utvikling

Singleton JL. Parent-infant interaction interventions: A meta-analysis. U Northern Colorado, US; 2005.
Abstract: This study was conducted to examine the effects of parent-infant interaction interventions with infants at risk for social-emotional delays. Parent-infant interaction interventions began with the work of Selma Fraiberg in the late 1970's. Parent-infant psychotherapy is based directly on Fraiberg's work. However, other models have been developed to meet the needs of various populations. Many studies have been conducted to determine the effectiveness of these interventions. Unfortunately, many of these studies use small sample sizes and their generalizability is limited. In order to recommend parent-infant interaction interventions as a potential method of therapy, a systematic review of the relevant literature was necessary. Therefore, a meta-analysis was conducted to determine the effect size of parent-

infant interaction interventions with infants at risk for social-emotional delays. Outcomes of interest included infant mental health, parent-infant relationship, infant development, and parenting ability. The questions addressed in this study included: (1) What are the characteristics of current parent-infant interaction interventions? (2) What are the effect sizes for the interventions? (3) What is the impact of study, participant, and intervention characteristics on the effects of parent-infant interaction interventions? Twenty-five studies were included in the meta-analysis. Results of the analysis showed that parent-infant interaction interventions are an effective method of intervention with infants at risk for social-emotional delays. The most frequent model of intervention was a psychodynamic model. The largest effects were seen in those interventions that were moderate in length (i.e., 11-20 sessions). Many of the studies had missing data, limiting the conclusions drawn from the moderator analysis. Recommendations for further research includes a focus on disseminating clear and relevant information for practitioners to understand which populations are best served by parent-infant interaction interventions. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Språkproblemer

Roberts MY, Kaiser AP. The effectiveness of parent-implemented language interventions: A meta-analysis. American Journal of Speech-Language Pathology 2011;20(3):180-99.

Abstract: Purpose: The purpose of this meta-analysis was to systematically evaluate the effects of parent-implemented language interventions on the language skills of children between 18 and 60 months of age with primary and secondary language impairments. Method: A systematic literature search yielded 18 studies that met the predetermined inclusion and exclusion criteria. Effect sizes for each study were calculated for 7 language outcome variables and analyzed using a random effects model. Separate analyses were conducted for each language outcome and for each comparison group. Outcomes were compared for children with and without intellectual disabilities and for parent report and direct observational language measures. Results: The results indicate that parent-implemented language interventions have a significant, positive impact on receptive and expressive language skills of children with and without intellectual disabilities. Effect sizes (g) for child measures ranged from -0.15 to 0.82 depending on the outcome measure and comparison group. Conclusion: The results of this review indicate that parent-implemented language interventions arean effective approach to early language intervention for young children with language impairments. Critical features of parent-implemented interventions are discussed in terms of implications for practice and future research. American Speech-Language-Hearing Association.

Funksjonsnedsettelser

Generelt

Mayo-Wilson E, Montgomery P, Dennis J. Personal assistance for children and adolesents (0-18) with intellectual impairments. Campbell Systematic Reviews 2008:4
Abstract: Personal assistance is here defined as paid support of at least 20 hours per week for people with impairments. This review investigated the effectiveness of personal assistance versus any other form of care for children and adolescents with intellectual impairments. A literature search identified one study that met the inclusion criteria, which included 1002 participants. It suggested that personal assistance may be preferred over other services; however, some people prefer other models of care. This review indicates that personal assistance may have some benefits for some recipients and their informal caregivers. Paid assistance might substitute for informal care and cost government more than alternative arrangements; however, the relative total costs to recipients and society are unknown.

Shonkoff JP, Hauser-Cram P. Early intervention for disabled infants and their families: a quantitative analysis. Pediatrics 1987;80(5):650-8.
Abstract: In an evaluation of 31 selected studies, statistical procedures for synthesizing data (meta-analysis) were used to assess the effects of early intervention services on disabled children younger than 3 years of age and on their families. Results indicate that early intervention is effective in promoting developmental progress in infants and toddlers with biologically based disabilities. Programs that served a heterogeneous group of children, provided a structured curriculum, and targeted their efforts on parents and children together appeared to be the most effective. Definitive evaluation of the efficacy of early intervention programs is tempered by the restricted range of outcomes measured and by a paucity of information about the children and families enrolled in such programs, as well as about the specific nature of the services received. Despite their limitations, available data provide the basis for a rational pediatric approach to early intervention programs, while highlighting specific directions for further investigation.

Ziviani J, Feeney R, Rodger S, Watter P. Systematic review of early intervention programmes for children from birth to nine years who have a physical disability. Australian Occupational Therapy Journal 2010;57(4):210-23.
Abstract: Aim: To systematically review the literature on the effectiveness of early intervention programmes for children with physical disabilities. Methods: Twelve electronic databases were searched for articles published between 1990 and April 2008. The quality of articles was appraised using an adapted version of the Checklist for the Evaluation of Research Articles and the Physiotherapy Evidence Database (PEDro) scale. Results: Ten studies were included in the review. Cross-sectional and interrupted time-series studies were of moderate methodological quality, whereas

the non-randomised control trial was of moderate-to-high methodological quality. Studies differed considerably with respect to participants, types of intervention and outcomes measured. Conclusions: Positive outcomes for both children and families have resulted from early intervention. However, methodological limitations hamper a more rigorous analysis of findings across studies. 2010 The Authors. Journal compilation 2010 Australian Association of Occupational Therapists

Autisme

Diggle Tim TJ, McConachie Helen HR. Parent-mediated early intervention for young children with autism spectrum disorder. Cochrane Database of Systematic Reviews 2003;(1):CD003496.
Abstract: Background: Recent estimates concerning the prevalence of autistic spectrum disorder are much higher than those reported 30 years ago, with at least 1 in 400 children affected. This group of children and families have important service needs. The involvement of parents in implementing intervention strategies designed to help their autistic children has long been accepted as helpful. The potential benefits are increased skills and reduced stress for parents as well as children. Objectives: The objective of this review was to determine the extent to which parent-mediated early intervention has been shown to be effective in the treatment of children aged 1 year to 6 years 11 months with autistic spectrum disorder. In particular, it aimed to assess the effectiveness of such interventions in terms of the benefits for both children and their parents. Search methods: A range of psychological, educational and biomedical databases were searched until January 2002.. Bibliographies and reference lists of key articles were searched, field experts were contacted and key journals were hand searched. Selection criteria: Only randomised or quasi-randomised studies were included. Study interventions had a significant focus on parent-implemented early intervention, compared to a group of children who received no treatment, a waiting list group or a different form of intervention. There was at least one objective, child related outcome measure. Data collection and analysis: Appraisal of the methodological quality of included studies was carried out independently by two reviewers. Differences between the included studies in terms of the type of intervention, the comparison groups used and the outcome measures were too great to allow for direct comparison. Main results: The results of this review are based on data from two studies. Two significant results were found to favour parent training in one study: child language and maternal knowledge of autism. In the other, intensive intervention (involving parents, but primarily delivered by professionals) was associated with better child outcomes on direct measurement than were found for parent-mediated early intervention, but no differences were found in relation to measures of parent and teacher perceptions of skills and behaviours. Authors' conclusions: This review has little to offer in the way of implications for practice: there were only two studies, the numbers of participants included were small, and the two studies could not be compared directly to one another. In terms of research, randomised controlled trials involving large samples need to be carried out, involving both

short and long-term outcome information and full economic evaluations. Research in this area is hampered by barriers to randomisation, such as availability of equivalent services.

McConachie H, Diggle T. Parent implemented early intervention for young children with autism spectrum disorder: A systematic review. Journal of Evaluation in Clinical Practice 2007;13(1):120-9.
Abstract: Background: Recent estimates concerning the prevalence of autism spectrum disorder (ASD) suggest that at least one in 200 children is affected. This group of children and families have important service needs. The involvement of parents in implementing intervention strategies designed to help their autistic children has long been accepted as helpful. The potential benefits are increased skills and reduced stress for parents as well as children. Methods: This research review focused on interventions for children aged 1-6 years, and was carried out using systematic methodology: a comprehensive search of psychological, educational and biomedical databases, as well as bibliographies and reference lists of key articles, contact with experts in the field, and hand search of key journals. Only studies which involved a concurrent element of control were included. Results: The review found very few studies that had adequate research design from which to draw conclusions about the effectiveness of parent-implemented early intervention. Both randomized and controlled studies tended to suggest that parent training leads to improved child communicative behaviour, increased maternal knowledge of autism, enhanced maternal communication style and parent child interaction, and reduced maternal depression. Conclusion: It seems that parent training can successfully contribute to intervention for young children with ASD. However, the review highlights the need for improved research in this area. 2006 Blackwell Publishing Ltd

Akutte og kroniske somatiske lidelser

Generelt

Cooper C, Wheeler DM, Woolfenden SR, Boss T, Piper S. Specialist home-based nursing services for children with acute and chronic illnesses. Cochrane database of systematic reviews (Online) 2006;(4):CD004383.
Abstract: BACKGROUND: Specialist paediatric home-based nursing services have been proposed as a cost-effective means of reducing trauma resulting from hospital admissions, while enhancing primary care and reducing length of hospital stay. OBJECTIVES: To evaluate specialist home-based nursing services for children with acute and chronic illnesses. SEARCH STRATEGY: Electronic searches were made of CENTRAL (Cochrane Central Register of Controlled Trials) 2005 (Issue 2); MEDLINE (1966 to August 2005); EMBASE (1980 to August 2005); PsycINFO (1887 to August 2005); CINAHL (1982 to August 2005); Sociological Abstracts (1963 to August 2005). Optimally sensitive search strategies for randomised controlled trials (RCTs) were combined with medical subject headings and text words specific for ambulatory paediatrics, nursing outreach and 'hospital in the home', and no language restrictions were applied. SELECTION CRITERIA: RCTs of children aged 0-18 with acute or chronic illnesses allocated to specialist home-based nursing services compared with conventional medical care. Outcomes included utilisation of health care, physical and mental health, satisfaction, adverse health outcomes and costs. DATA COLLECTION AND ANALYSIS: Meta-analysis was not appropriate because of the clinical diversity and lack of common outcomes measures MAIN RESULTS: 1655 titles yielded 5 RCTs with a total of 771 participants. Participants, interventions and outcomes were diverse. No significant differences were reported in health outcomes; two studies reported improvements in child and parental anxiety; one study reported no significant difference in readmissions; two studies reported significantly fewer bed days; increased satisfaction was reported ; home care was more costly for service providers, but less expensive for parents. AUTHORS' CONCLUSIONS: While current research does not provide definitive support for specialist home-based nursing services in reducing access to hospital services or length of stay, preliminary results show no adverse impact on physical health outcomes and a number of papers reported improved satisfaction with home-based care. Further trials are required, measuring health, satisfaction, service utilisation and long-term costs.

Eccleston C, Palermo TM, Fisher E, Law E. Psychological interventions for parents of children and adolescents with chronic illness. Cochrane Database of Systematic Reviews 2012;8:CD009660.
Abstract: Background: Psychological therapies have been developed for parents of children and adolescents with a chronic illness. Such therapies include parent only or parent and child/adolescent, and are designed to treat parent behaviour, parent mental health, child behaviour/disability, child mental health, child symptoms and/or family functioning. No comprehensive, meta-analytic reviews have been

published in this area. Objectives: To evaluate the effectiveness of psychological therapies that include coping strategies for parents of children/adolescents with chronic illnesses (painful conditions, cancer, diabetes mellitus, asthma, traumatic brain injury, inflammatory bowel diseases, skin diseases or gynaecological disorders). The therapy will aim to improve parent behaviour, parent mental health, child behaviour/disability, child mental health, child symptoms and family functioning. Search methods: We searched CENTRAL, MEDLINE, EMBASE and PsycINFO for randomised controlled trials (RCTs) of psychological interventions that included parents of children and adolescents with a chronic illness. The initial search was from inception of these databases to June 2011 and we conducted a follow-up search from June 2011 to March 2012. We identified additional studies from the reference list of retrieved papers and from discussion with investigators. Selection criteria: Included studies were RCTs of psychological interventions that delivered treatment to parents of children and adolescents (under 19 years of age) with a chronic illness compared to active control, wait list control or treatment as usual. We excluded studies if the parent component was a coaching intervention, the aim of the intervention was health prevention/promotion, the comparator was a pharmacological treatment, the child/adolescent had an illness not listed above or the study included children with more than one type of chronic illness. Further to this, we excluded studies when the sample size of either comparator group was fewer than 10 at post-treatment. Data collection and analysis: We included 35 RCTs involving a total of 2723 primary trial participants. Two review authors extracted data from 26 studies. We analysed data using two categories. First, we analysed data by each medical condition across all treatment classes at two time points (immediately post-treatment and the first available follow-up). Second, we analysed data by each treatment class (cognitive behavioural therapy (CBT), family therapy (FT), problem solving therapy (PST) and multisystemic therapy (MST)) across all medical conditions at two time points (immediately post-treatment and the first available follow-up). We assessed treatment effectiveness on six possible outcomes: parent behaviour, parent mental health, child behaviour/disability, child mental health, child symptoms and family functioning. Main results: Across all treatment types, psychological therapies that included parents significantly improved child symptoms for painful conditions immediately post-treatment. Across all medical conditions, cognitive behavioural therapy (CBT) significantly improved child symptoms and problem solving therapy significantly improved parent behaviour and parent mental health immediately post-treatment. There were no other effects at post-treatment or follow-up. The risk of bias of included studies is described. Authors' conclusions: There is no evidence on the effectiveness of psychological therapies that include parents in most outcome domains of functioning, for a large number of common chronic illnesses in children. There is good evidence for the effectiveness of including parents in psychological therapies that reduce pain in children with painful conditions. There is also good evidence for the effectiveness of CBT that includes parents for improving the primary symptom complaints when available data were included from chronic illness conditions. Finally, there is good evidence for the effectiveness of problem solving ther-

apy delivered to parents on improving parent problem solving skills and parent mental health. All effects are immediately post-treatment. There are no significant findings for any treatment effects in any condition at follow-up.

Shields L, Zhou H, Pratt J, Taylor M, Hunter J, Pascoe E. Family-centred care for hospitalised children aged 0-12 years. Cochrane Database of Systematic Reviews 2012;10:CD004811

Abstract: Background: This is an update of the Cochrane systematic review of family-centred care published in 2007 (Shields 2007). Family-centred care (FCC) is a widely used model in paediatrics, is thought to be the best way to provide care to children in hospital and is ubiquitous as a way of delivering care. When a child is admitted, the whole family is affected. In giving care, nurses, doctors and others must consider the impact of the child's admission on all family members. However, the effectiveness of family-centred care as a model of care has not been measured systematically.Objectives: To assess the effects of family-centred models of care for hospitalised children aged from birth (unlike the previous version of the review, this update excludes premature neonates) to 12 years, when compared to standard models of care, on child, family and health service outcomes.Search methods: In the original review, we searched up until 2004. For this update, we searched: the Cochrane Central Register of Controlled Trials (CENTRAL,The Cochrane Library, Issue 12 2011); MEDLINE (Ovid SP); EMBASE (Ovid SP); PsycINFO (Ovid SP); CINAHL (EBSCO Host); and Sociological Abstracts (CSA). We did not search three that were included in the original review: Social Work Abstracts, the Australian Medical Index and ERIC. We searched EMBASE in this update only and searched from 2004 onwards. There was no limitation by language. We performed literature searches in May and June 2009 and updated them again in December 2011.Selection criteria: We searched for randomised controlled trials (RCTs) including cluster randomised trials in which family-centred care models are compared with standard models of care for hospitalised children (0 to 12 years, but excluding premature neonates). Studies had to meet criteria for family-centredness. In order to assess the degree of family-centredness, we used a modified rating scale based on a validated instrument, (same instrument used in the initial review), however, we decreased the family-centredness score for inclusion from 80% to 50% in this update. We also changed several other selection criteria in this update: eligible study designs are now limited to randomised controlled trials (RCTs) only; single interventions not reflecting a FCC model of care have been excluded; and the selection criterion whereby studies with inadequate or unclear blinding of outcome assessment were excluded from the review has been removed.Data collection and analysis: Two review authors undertook searches, and four authors independently assessed studies against the review criteria, while two were assigned to extract data. We contacted study authors for additional information.Main results: Six studies found since 2004 were originally viewed as possible inclusions, but when the family-centred score assessment was tested, only one met the minimum score of family-centredness and was included in this review. This was an unpublished RCT involving 288 children post-tonsillectomy

in a care-by-parent unit (CBPU) compared with standard inpatient care.The study used a range of behavioural, economic and physical measures. It showed that children in the CBPU were significantly less likely to receive inadequate care compared with standard inpatient admission, and there were no significant differences for their behavioural outcomes or other physical outcomes. Parents were significantly more satisfied with CBPU care than standard care, assessed both before discharge and at 7 days after discharge. Costs were lower for CPBU care compared with standard inpatient care. No other outcomes were reported. The study was rated as being at low to unclear risk of bias.Authors' conclusions: This update of a review has found limited, moderate-quality evidence that suggests some benefit of a family-centred care intervention for children's clinical care, parental satisfaction, and costs, but this is based on a small dataset and needs confirmation in larger RCTs. There is no evidence of harms. Overall, there continues to be little high-quality quantitative research available about the effects of family-centred care. Further rigorous research on the use of family-centred care as a model for care delivery to children and families in hospitals is needed. This research should implement well-developed family-centred care interventions, ideally in randomised trials. It should investigate diverse participant groups and clinical settings, and should assess a wide range of outcomes for children, parents, staff and health services.

Tan K, Lai NM. Telemedicine for the support of parents of high-risk newborn infants. Cochrane Database of Systematic Reviews 2012;6:CD006818.
Abstract: BACKGROUND: Telemedicine is the use of electronic communications technology to provide care for patients when distance separates the practitioner and the patient. As the parents and families of infants admitted to the NICU require major support from health professionals in terms of information and time, telemedicine has the potential to increase this support. OBJECTIVES: To evaluate if the use of telemedicine technology to support families of newborn infants receiving intensive care affects the length of hospital stay and parental/family satisfaction. SEARCH METHODS: We searched the following databases: Cochrane Central Register of Controlled Trials (CENTRAL, The Cochrane Library, 2011, Issue 8), MEDLINE (from 1966 to September 2011), EMBASE (1980 to September 2011). We also searched ClinicalTrials.gov (http://www.clinicaltrials.gov) and the EudraCT (http://eudract.emea.eu.int) web sites. We searched the proceedings of conferences of the Canadian Society of Telehealth, American Telemedicine Association, the International Society for Telemedicine, the Annual Conference of The International e-Health Association, American Medical Informatics Association and MedInfo. SELECTION CRITERIA: We attempted to identify randomised controlled trials that assessed the use of telemedicine designed to support parents of infants cared for in a Neonatal Intensive Care Unit (NICU) compared with standard support measures. Our primary outcome was the length of hospital stay, and secondary outcomes included parental and staff satisfaction, emergency hospital visits post-discharge and family utilisation of infant health-related resources. DATA COLLECTION AND ANALYSIS: Two review authors independently screened the studies, extracted the

data and assessed the risk of bias of the one included study using the standard methods of the Cochrane Neonatal Review Group. We planned to express treatment effects as risk ratio (RR), risk difference (RD), number needed to treat (NNT) and mean difference (MD) where appropriate, using a fixed-effect model. MAIN RESULTS: A single study was included for analysis in this review. This study compared the use of telemedicine (Baby Carelink) for parents and families of infants in the NICU with a control group without access to this programme and assessed the length of hospital stay for the infants and family satisfaction in multiple components of infant care. The study shows no difference in the length of hospital stay (average length of stay: telemedicine group: 68.5 days (standard deviation (SD) 28.3 days), control group: 70.6 days (SD 35.6 days), MD -2.10 days (95% confidence interval: -18.85 to 14.65 days). There was insufficient information for further analysis of measures of family satisfaction. AUTHORS' CONCLUSIONS: There is insufficient evidence to support or refute the use of telemedicine technology to support the parents of high-risk newborn infants receiving intensive care. Clinical trials are needed to assess the application of telemedicine to support parents and families of infants in NICU with length of hospital stay and their perception of NICU care as the major outcomes.

For tidlig fødte barn

Cusson RM, Lee AL. Parental interventions and the development of the preterm infant. JOGNN - Journal of Obstetric, Gynecologic, & Neonatal Nursing 1994;23(1):60-8.
Abstract: OBJECTIVE: To review the current research on interventions to enhance the development of the preterm infant. DATA SOURCES: Searches were conducted on Medline and CINAHL for the previous 10 years. Classic articles also were included. STUDY SELECTION: Twenty-nine studies focusing on parental interventions were reviewed. CONCLUSION: Modeled interventions for the parent are effective.

Vanderveen JA, Bassler D, Robertson CMT, Kirpalani H. Early interventions involving parents to improve neurodevelopmental outcomes of premature infants: A meta-analysis. Journal of Perinatology 2009;29(5):343-51.
Abstract: Objective: To determine in a systematic review, whether interventions for infant development that involve parents, improve neurodevelopment at 12 months corrected age or older. Study Design: Randomized trials were identified where an infant intervention was aimed to improve development and involved parents of preterms; and long-term neurodevelopment using standardized tests at 12 months (or longer) was reported. Result: Identified studies (n = 25) used a variety of interventions including parent education, infant stimulation, home visits or individualized developmental care. Meta-analysis at 12 months (N = 2198 infants) found significantly higher mental (N=2198) and physical (N = 1319) performance scores favoring the intervention group. At 24 months, the mental (N = 1490) performance scores

were improved, but physical (N=1025) performance scores were not statistically significant. The improvement in neurodevelopmental outcome was not sustained at 36 months (N = 961) and 5 years (N = 1017). Conclusion: Positive clinically meaningful effects (>5 points) are seen to an age of 36 months, but are no longer present at 5 years.

Yu Z-B, Han S-P, Xu Y-Q, Weng L. Maternal satisfaction and clinical effect of kangaroo mother care in preterm infants: A meta-analysis. [Chinese]. Chinese Journal of Evidence-Based Medicine 2008;8(4):277-83.
Abstract: Objective: To evaluate the maternal satisfaction and the clinical effect of kangaroo mother care (KMC) in preterm infants. Methods: We searched PubMed, EMBASE, Ovid, Springer, CNKI, CBM and Taiwan Database of Journal Fulltext (from establishment to September 2007) and hand searched relevant conference proceedings to identify randomized controlled trials on kangaroo mother care. The quality of included trials was assessed. Meta-analyses were conducted using The Cochrane Collaboration's RevMan 4.2 software. Results: A total of 5 eligible studies were included. No significant differences were observed in infant mortality, incidence of severe infections, and psychomotor development at 12 months (corrected for age) between the KMC group and the routine therapy group (P>0.05). Compared to the routine therapy group, the KMC group had lower incidences of nosocomial infection, upper respiratory tract disease at 6-month follow-up and not exclusively breastfeeding at discharge (P<0.05). KMC could improve mother's sense of competence during her baby's stay in hospital and NICU, increase infant weight at discharge, relieve mother's feelings of worry and stress during her baby's stay in hospital (P<0.05). Conclusions: The currently published evidence from randomised trials supports the use of KMC in preterm infants, which is a scientific, effective and humanistic nursing model. Further multicentre and large-scale randomized controlled trials of KMC are still needed to evaluate its potential influence on infant mortality and psychomotor development.

Lav fødselsvekt

Hodnett ED, Fredericks S, Weston J. Support during pregnancy for women at increased risk of low birthweight babies. [Update of Cochrane Database Syst Rev. 2003;(3):CD000198; PMID: 12917888]. Cochrane Database of Systematic Reviews 2010;(6):CD000198.
Abstract: BACKGROUND: Studies consistently show a relationship between social disadvantage and low birthweight. Many countries have programs offering special assistance to women thought to be at risk for giving birth to a low birthweight infant. These programs may include advice and counseling (about nutrition, rest, stress management, alcohol, and recreational drug use), tangible assistance (e.g., transportation to clinic appointments, household help), and emotional support. The programs may be delivered by multidisciplinary teams of health professionals, specially trained lay workers, or combination of lay and professional workers. OBJECTIVES:

The primary objective was to assess effects of programs offering additional social support compared with routine care, for pregnant women believed at high risk for giving birth to babies that are either preterm or weigh less than 2500 gm, or both, at birth. Secondary objectives were to determine whether effectiveness of support was mediated by timing of onset (early versus later in pregnancy) or type of provider (healthcare professional or lay woman). SEARCH STRATEGY: We searched the Cochrane Pregnancy and Childbirth Group's Trials Register (January 2010). SELECTION CRITERIA: Randomized trials of additional support during at-risk pregnancy by either a professional (social worker, midwife, or nurse) or specially trained lay person, compared to routine care. We defined additional support as some form of emotional support (e.g., counseling, reassurance, sympathetic listening) and information or advice or both, either in home visits or during clinic appointments, and could include tangible assistance (e.g., transportation to clinic appointments, assistance with care of other children at home). DATA COLLECTION AND ANALYSIS: Two review authors evaluated methodological quality. We performed double data entry. MAIN RESULTS: We included 17 trials (12,264 women). Programs offering additional social support for at-risk pregnant women were not associated with improvements in any perinatal outcomes, but there was a reduction in the likelihood of antenatal hospital admission (three trials; n = 737; RR 0.79, 95% CI 0.68 to 0.92) and caesarean birth (nine trials; n = 4522; RR 0.87, 95% CI 0.78 to 0.97). AUTHORS' CONCLUSIONS: Pregnant women need the support of caring family members, friends, and health professionals. While programs which offer additional support during pregnancy are unlikely to prevent the pregnancy from resulting in a low birthweight or preterm baby, they may be helpful in reducing the likelihood of antenatal hospital admission and caesarean birth.

Cerebral parese

Pennington L, Goldbart J, Marshall J. Interaction training for conversational partners of children with cerebral palsy: a systematic review. International Journal of Language & Communication Disorders 2004;39(2):151-70.
Abstract: BACKGROUND: Research has shown that children with cerebral palsy have difficulties acquiring communication skills and that conversation with familiar partners follows restricted patterns, which are characterized by high levels of partner control and children's responsivity. Speech and language therapy often includes training for conversational partners to help to them recognize children's communicative signals and to create opportunities for children to take a more equal and independent role in conversation. However, the effectiveness of this indirect therapy has not been demonstrated reliably. AIMS: To review systematically all experimental research on communication training for conversational partners of children with cerebral palsy and to evaluate the effectiveness of this type of intervention. METHODS & PROCEDURES: As part of a wider review, health, psychology and education electronic databases were searched up to December 2002 for reports of experimental studies on the training of conversational partners to facilitate the communi-

cation of children with cerebral palsy, which contained an element of control. References from identified studies were followed-up and relevant journals and conference reports were hand-searched. Identified studies were assessed for inclusion by the first author. Two reviewers independently abstracted data on the quality and content of each study. OUTCOMES & RESULTS: Four studies were identified from five research reports that met the criteria for inclusion in the review, comprising three group studies and one single case experiment. Common targets for training were observed across the studies. These included positioning of the conversational partner and child for interaction, creating communication opportunities and responding to children's communicative signals. Changes were observed in the conversation patterns used by conversational partners, which should facilitate the communication of children with cerebral palsy. However, the studies contain methodological flaws and as a result they cannot demonstrate that the changes were definitely a result of the intervention. CONCLUSIONS: Research on the effectiveness of interaction training for conversational partners of children with cerebral palsy is in its early stages. Training has incorporated common targets, which are widely acknowledged by clinicians to affect the communication of children with motor disorders. Trends in behaviour change have been suggested by research to date, but further studies that address the methodological inadequacies of the original research are needed to evaluate the effectiveness of this type of intervention. Suggestions of ways to improve the design and reporting of future studies, that will allow the mapping of interventions to clients, are discussed in this review.

Whittingham K, Wee D, Boyd R. Systematic review of the efficacy of parenting interventions for children with cerebral palsy. Child: Care, Health & Development 2011;37(4):475-83.
Abstract: This systematic review aims to evaluate the efficacy of parenting interventions (i.e. behavioural family intervention and parent training) with parents of children with cerebral palsy (CP) on child behavioural outcomes and parenting style/skill outcomes. The following databases were searched: Medline (1950-April 2010), PubMed (1951-April 2010), PsycINFO (1840-April 2010), CINAHL (1982-April 2010) and Web of Science (1900-April 2010). No randomized clinical trials of parenting interventions with parents of children with CP were identified. Three studies were identified that involved the examination of a targeted parenting intervention via a pre-post design. Interventions utilized included the implementation of parenting interventions in conjunction with behavioural intervention and oral motor exercises for children with CP and feeding difficulties, the Hanen It Takes Two to Talk programme and a Functional Communication Training programme for parents. All studies found changes in relevant child behavioural outcomes. The studies reviewed suggest that parenting interventions may be an effective intervention for parents of children with CP. However, the current research is limited to pre-post designs of targeted parenting interventions (e.g. parenting interventions focused upon communication). A randomized controlled trial of parenting interventions for families of children with CP is urgently needed to address this paucity in the literature and pro-

vide families of children with CP with an evidence-based intervention to address child behavioural and emotional problems as well as parenting challenges. Copyright 2011 Blackwell Publishing Ltd.

Astma

Davis DW, Gordon MK, Burns BM. Educational interventions for childhood asthma: a review and integrative model for preschoolers from low-income families. Pediatric nursing 2011;37(1):31-8.
Abstract: Millions of children in the U.S. suffer from asthma. A disproportionately large number of those children are from low-income and racial minority families. With or without asthma, children from low-income families are at risk for delayed school readiness and less than optimal academic achievement trajectories. The aim of this article was to review the literature on educational interventions for young children with asthma and their families to determine if there was sufficient evidence to guide practice. In addition, a new theoretical model upon which to base new interventions is proposed. Literature was reviewed from Medline, CINAHL, PsycInfo, and the Cochrane Reviews databases. A limited number of randomized, controlled studies of educational interventions for children and their families was found, and only one study was specifically aimed at preschool-age children. Comparisons among studies are difficult because of varying methodologies, and findings are nonconclusive. In conclusion, comprehensive, multidisciplinary, multi-level interventions are needed to minimize the effects of childhood asthma, especially for children from low-income families. Large-scale, randomized, controlled studies are needed to provide empirical evidence for the efficacy of specific interventions for preschoolers prior to school entry to minimize the detrimental effects of uncontrolled asthma on school achievement.

Ganespalte

Bessell A, Hooper L, Shaw WC, Reilly S, Reid J, Glenny AM. Feeding interventions for growth and development in infants with cleft lip, cleft palate or cleft lip and palate. [Update of Cochrane Database Syst Rev. 2004;(3):CD003315; PMID: 15266479]. Cochrane Database of Systematic Reviews 2011;(2):CD003315.
Abstract: BACKGROUND: Cleft lip and cleft palate are common birth defects, affecting about one baby of every 700 born. Feeding these babies is an immediate concern and there is evidence of delay in growth of children with a cleft as compared to those without clefting. In an effort to combat reduced weight for height, a variety of advice and devices are recommended to aid feeding of babies with clefts. OBJECTIVES: This review aims to assess the effects of these feeding interventions in babies with cleft lip and/or palate on growth, development and parental satisfaction. SEARCH STRATEGY: The following electronic databases were searched: the Cochrane Oral Health Group Trials Register (to 27 October 2010), the Cochrane Central Register of Controlled Trials (CENTRAL) (The Cochrane Library 2010, Issue 4), MEDLINE via

OVID (1950 to 27 October 2010), EMBASE via OVID (1980 to 27 October 2010), PsycINFO via OVID (1950 to 27 October 2010) and CINAHL via EBSCO (1980 to 27 October 2010). Attempts were made to identify both unpublished and ongoing studies. There was no restriction with regard to language of publication. SELECTION CRITERIA: Studies were included if they were randomised controlled trials (RCTs) of feeding interventions for babies born with cleft lip, cleft palate or cleft lip and palate up to the age of 6 months (from term). DATA COLLECTION AND ANALYSIS: Studies were assessed for relevance independently and in duplicate. All studies meeting the inclusion criteria were data extracted and assessed for validity independently by each member of the review team. Authors were contacted for clarification or missing information whenever possible. MAIN RESULTS: Five RCTs with a total of 292 babies, were included in the review. Comparisons made within the RCTs were squeezable versus rigid feeding bottles (two studies), breastfeeding versus spoon-feeding (one study) and maxillary plate versus no plate (two studies). No statistically significant differences were shown for any of the primary outcomes when comparing bottle types, although squeezable bottles were less likely to require modification. No difference was shown for infants fitted with a maxillary plate compared to no plate. However, there was some evidence of an effect on weight at 6 weeks post-surgery in favour of breastfeeding when compared to spoon-feeding (mean difference 0.47; 95% confidence interval 0.20 to 0.74). AUTHORS' CONCLUSIONS: Squeezable bottles appear easier to use than rigid feeding bottles for babies born with clefts of the lip and/or palate, however, there is no evidence of a difference in growth outcomes between the bottle types. There is weak evidence that breastfeeding is better than spoon-feeding following surgery for cleft. There was no evidence to suggest that maxillary plates assist growth in babies with clefts of the palate. No evidence was found to assess the use of any types of maternal advice and/or support for these babies.

Diabetes

Churchill JN, Ruppe RL, Smaldone A. Use of Continuous Insulin Infusion Pumps in Young Children With Type 1 Diabetes: A Systematic Review. Journal of Pediatric Health Care 2009;23(3):173-9.
Abstract: Introduction: Although insulin pump therapy has been successful in adults and adolescents, its use has been limited in young children because of perceived risk of severe or frequent hypoglycemia. The purpose of this review is to evaluate the safety and efficacy of continuous subcutaneous insulin infusion (CSII) in young children with type 1 diabetes. Methods: We searched Medline, PubMed, and CINAHL for clinical trials comparing multiple-dose injection therapy to CSII therapy in children 6 years of age or younger who were diagnosed with type 1 diabetes at least 6 months prior to study. Primary outcome measures were glycosylated hemoglobin (HbA1c) and hypoglycemic episodes. Other outcomes of interest were quality of life and parental satisfaction. Results: Most studies showed significant improvements in HbA1c and trends of decreased hypoglycemia. Quality of life improved in

most CSII groups. Parental satisfaction with therapy was evidenced by continuation of CSII after study completion. Discussion: Current evidence indicates CSII is a safe and effective method of insulin delivery in young children. When parents are highly motivated, CSII should be offered as a mode of insulin delivery for this age group. 2009 National Association of Pediatric Nurse Practitioners.

Referanser

1. Kakad M. The effect of early intervention programmes for families at risk, on the psychiatric outcomes of small childen aged 3 and under. 2006. Oslo, Nasjonalt kunnskapssenter for helsetjenesten.

2. Hansen MB, Jacobsen H. Sped- og småbarn i risiko : en kunnskapsstatus. 2008. Oslo, Regionsenter for barn og unges psykiske helse, Helseregion øst og sør.

Vedlegg 1

Søkestrategier

Database: Embase <1974 to 2012 November 26>, Ovid MEDLINE(R) In-Process & Other Non-Indexed Citations and Ovid MEDLINE(R) <1946 to Present>, PsycINFO <1806 to November Week 3 2012>

Dato: 27.11.2012
Treff: 1469

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2 exp Child Rearing/ (11609)
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5 Pregnant Women/ or Pregnant Woman/ (27669)
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7 (pregnant* or pregnanc*).tw. (782578)
8 or/1-7 (4365775)
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14 exp Infant/ (1409829)
15 or/9-14 (2274414)
16 (model* or program* or intervention*).tw. (5922558)
17 exp Program Evaluation/ (1827644)
18 social support/ (122272)
19 exp Child Welfare/ (67163)
20 (child* adj welfare*).tw. (8810)
21 or/16-20 (7508897)
22 8 and 15 and 21 (130032)
23 limit 22 to "reviews (maximizes specificity)" (1993)

24 remove duplicates from 23 (1469)

Cochrane Library (Wiley)

Dato: 27.11.2012
Treff: 353 (Systematic reviews: 305, DARE: 23, Economic Evaluations: 25)

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#3 (age near/2 ("1" or "2" or "3" or "0" or one or two or three)):ti,ab
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#5 (aged near/1 ("1" or "2" or "3" or "0" or one or two or three)):ti,ab
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#8 (model* or program* or intervention*):ti,ab
#9 MeSH descriptor: [Program Evaluation] explode all trees
#10 MeSH descriptor: [Social Support] explode all trees
#11 (child* next welfare*):ti,ab
#12 MeSH descriptor: [Child Welfare] explode all trees
#13 (pregnant* or pregnanc*):ti,ab
#14 MeSH descriptor: [Pregnant Women] explode all trees
#15 (parent or parents or parental* or parenting or family or famili* or mother* or father* or mum* or dad* or step-father* or step-mother* or step-parent* or step-famil* or (child* near/1 rear*) or (foster next (famil* or carer))):ti,ab
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#19 MeSH descriptor: [Pregnancy] explode all trees
#20 MeSH descriptor: [Pregnant Women] explode all trees

ISI Web of Knowledge

Dato: 27.11.12
Treff: 274

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Lemmatization=Off

# 5 Topic=(systematic* near/1 review*) OR Topic=(meta-anal* or meta anal*)
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# 1	Topic=(((small or young) near/1 child*)) OR Topic=((age near/2 ("1" or "2" or "3" or "0" or one or two or three))) OR Topic=((age near/2 (week* or month* or day*))) OR Topic=((aged near/1 ("1" or "2" or "3" or "0" or one or two or three))) OR Topic=((baby or babies or toddler* or infant* or new-born* or neonate*)) Databases=SCI-EXPANDED, SSCI, A&HCI Timespan=All Years Lemmatization=Off

Social Care Online

Dato: 27.11.2012
Treff: 20

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CRD Databases

Dato: 27.11.2012
1286 treff

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6	MeSH DESCRIPTOR Social Support EXPLODE ALL TREES	192
7	MeSH DESCRIPTOR Program Evaluation EXPLODE ALL TREES	571
8	#4 OR #5 OR #6 OR #7	23790
9	#3 AND #8	2625
10	((parent or parents or parental* or parenting or family or famili* or mother* or father* or mum* or dad* or step-father* or step-mother* or step-parent* or step-famil* or (child* adj1 rear*) or (foster adj (famil* or carer)))) OR ((pregnant* or pregnanc*))	6401
11	MeSH DESCRIPTOR Parents EXPLODE ALL TREES	137
12	MeSH DESCRIPTOR Parenting EXPLODE ALL TREES	42
13	MeSH DESCRIPTOR Child Rearing EXPLODE ALL TREES	7
14	MeSH DESCRIPTOR Pregnancy EXPLODE ALL TREES	1618
15	MeSH DESCRIPTOR Pregnant Women EXPLODE ALL TREES	12
16	#10 OR #11 OR #12 OR #13 OR #14 OR #15	6427
17	#9 AND #16	1286

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Alle review fra SWG og ECG (38 + 14)

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(((ab((parent OR parents OR parental* OR parenting OR family OR famili* OR mother* OR father* OR mum* OR dad* OR step-father* OR step-mother* OR step-parent* OR step-famil* OR (child* NEAR/1 rear*) OR (foster NEAR/1 (famil* OR carer)) OR ((pregnant* OR pregnanc*)))) OR ti((parent OR parents OR parental*

OR parenting OR family OR famili* OR mother* OR father* OR mum* OR dad* OR step-father* OR step-mother* OR step-parent* OR step-famil* OR (child* NEAR/1 rear*) OR (foster NEAR/1 (famil* OR carer)) OR ((pregnant* OR pregnanc*))))) OR SU.EXACT.EXPLODE("Adolescent Fathers" OR "Adolescent Mothers" OR "Adolescent Parents" OR "Adoptive Parents" OR "Fathers" OR "Homosexual Parents" OR "Mothers" OR "Parents" OR "Single Fathers" OR "Single Mothers" OR "Surrogate Parents") OR SU.EXACT.EXPLODE("Childrearing Practices")) AND (ab(((small OR young) NEAR/1 child*)) OR ti(((small OR young) NEAR/1 child*)) AND ab((age NEAR/2 ("1" OR "2" OR "3" OR "0" OR one OR two OR three)) OR (age NEAR/2 (week* OR month* OR day*)) OR (aged NEAR/1 ("1" OR "2" OR "3" OR "0" OR one OR two OR three)) OR (baby OR babies OR toddler* OR infant* OR newborn* OR neonate*)) AND ti((age NEAR/2 ("1" OR "2" OR "3" OR "0" OR one OR two OR three)) OR (age NEAR/2 (week* OR month* OR day*)) OR (aged NEAR/1 ("1" OR "2" OR "3" OR "0" OR one OR two OR three)) OR (baby OR babies OR toddler* OR infant* OR newborn* OR neonate*)) AND SU.EXACT.EXPLODE("Infants"))) AND (ab((systematic* NEAR/2 review*) OR (meta NEAR/1 anal*)) OR ti((systematic* NEAR/2 review*) OR (meta NEAR/1 anal*)))

Vedlegg 2

Inkluderte referanser

1. Akinbami LJ, Cheng TL, Kornfeld D. A review of teen-tot programs: Comprehensive clinical care for young parents and their children. Adolescence 2001;36(142):381-93.

2. Bakermans-Kranenburg MJ, Van Ijzendoorn MH, Juffer F. Less is more: meta-analyses of sensitivity and attachment interventions in early childhood. Psychological bulletin 2003;129(2):195-215.

3. Bakermans-Kranenburg MJ, Van Ijzendoorn MH, Juffer F. Disorganized infant attachment and preventive interventions: A review and meta-analysis. Infant Mental Health Journal 2005;26(3):191-216.

4. Barlow J. Systematic review of the effectiveness of parent-training programmes in improving behaviour problems in children aged 3-10 years: a review of the literature on parent-training programmes and child behaviour outcome measures (Structured abstract). Database of Abstracts of Reviews of Effects 1997;40.

5. Barlow J, Johnston I, Kendrick D, Polnay L, Stewart-Brown S. Individual and group-based parenting programmes for the treatment of physical child abuse and neglect. Cochrane database of systematic reviews (Online) 2006;3:CD005463.

6. Barlow J, Smailagic N, Bennett C, Huband N, Jones H, Coren E. Individual and group based parenting programmes for improving psychosocial outcomes for teenage parents and their children. Cochrane database of systematic reviews (Online) 2011;3:CD002964.

7. Bennett C, Macdonald GM, Dennis J, Coren E, Patterson J, Astin M, et al. Home-based support for disadvantaged adult mothers. [Update in Cochrane Database Syst Rev. 2008;(1):CD003759; PMID: 18254033]. Cochrane Database of Systematic Reviews 2007;(3):CD003759.

8. Bessell A, Hooper L, Shaw WC, Reilly S, Reid J, Glenny AM. Feeding interventions for growth and development in infants with cleft lip, cleft palate or cleft lip and palate. [Update of Cochrane Database Syst Rev. 2004;(3):CD003315; PMID: 15266479]. Cochrane Database of Systematic Reviews 2011;(2):CD003315.

9. Bowie BH. Interventions to improve interactions between drug abusing mothers and their drug-exposed infants: a review of the research literature (Structured abstract). Journal of Addictions Nursing 2005;15:153-61.

10. Casto G, White K. The efficacy of early intervention programs with environmentally at-risk infants. Journal of Children in Contemporary Society 1984;17(1):37-50.

11. Churchill JN, Ruppe RL, Smaldone A. Use of Continuous Insulin Infusion Pumps in Young Children With Type 1 Diabetes: A Systematic Review. Journal of Pediatric Health Care 2009;23(3):173-9.

12. Cooper C, Wheeler DM, Woolfenden SR, Boss T, Piper S. Specialist home-based nursing services for children with acute and chronic illnesses. Cochrane database of systematic reviews (Online) 2006;(4):CD004383.

13. Coren E, Barlow J, Stewart-Brown S. The effectiveness of individual and group-based parenting programmes in improving outcomes for teenage mothers and their children: a systematic review. Journal of Adolescence 2003;26(1):79-103.

14. Coren E, Hutchfield J, Thomae M, Gustafsson C. Parent training support for intellectually disabled parents. Cochrane database of systematic reviews (Online) 2010;6:CD007987.

15. Craig EA. Parenting programs for women with mental illness who have young children: a review. Australian & New Zealand Journal of Psychiatry 2004;38(11-12):923-8.

16. Cusson RM, Lee AL. Parental interventions and the development of the preterm infant. JOGNN - Journal of Obstetric, Gynecologic, & Neonatal Nursing 1994;23(1):60-8.

17. Davis DW, Gordon MK, Burns BM. Educational interventions for childhood asthma: a review and integrative model for preschoolers from low-income families. Pediatric nursing 2011;37(1):31-8.

18. Dennis CL, Ross LE, Grigoriadis S. Psychosocial and psychological interventions for treating antenatal depression. Cochrane database of systematic reviews (Online) 2007;(3):CD006309.

19. Dennis CL, Allen K. Interventions (other than pharmacological, psychosocial or psychological) for treating antenatal depression. Cochrane database of systematic reviews (Online) 2008;(4):CD006795.

20. Diggle Tim TJ, McConachie Helen HR. Parent-mediated early intervention for young children with autism spectrum disorder. Cochrane Database of Systematic Reviews 2003;(1):CD003496.

21. Dimond C, Hyde C. Parent education programmes for children's behaviour problems: medium to long term effectiveness. Report number 19, December 1999, WMHTAC, Department of Public Health & Epidemiology, University of Birmingham.

22. Doggett C, Burrett S, Osborn DA. Home visits during pregnancy and after birth for women with an alcohol or drug problem. [Update in Cochrane Database Syst Rev. 2012;1:CD004456; PMID: 22258956]. Cochrane Database of Systematic Reviews 2005;(4):CD004456.

23. Dolan-Mullen P, Ramirez G, Groff JY. A meta-analysis of randomized trials of prenatal smoking cessation interventions. American Journal of Obstetrics & Gynecology 1994;171(5):1328-34.

24. Eccleston C, Palermo TM, Fisher E, Law E. Psychological interventions for parents of children and adolescents with chronic illness. Cochrane Database of Systematic Reviews 2012;8:CD009660.

25. Fraser C, James EL, Anderson K, Lloyd D, Judd F. Intervention programs for children of parents with a mental illness: a critical review. International Journal of Mental Health Promotion 2006;8(1):9-20.

26. Furey A. Are support and parenting programmes of value for teenage parents? Who should provide them and what are the main goals? Public Health 2004;118(4):262-7.

27. Gavita O, Joyce M. A review of the effectiveness of group cognitively enhanced behavioral based parent programs designed for reducing disruptive behavior in children. Journal of Cognitive and Behavioral Psychotherapies 2008;8(2):185-99.

28. Geeraert L, Van Den Noortgate W, Grietens H, Onghena P. The effects of early prevention programs for families with young children at risk for physical child abuse and neglect: A meta-analysis. Child maltreatment 2004;9(3):277-91.

29. Hodnett ED, Fredericks S, Weston J. Support during pregnancy for women at increased risk of low birthweight babies. [Update of Cochrane Database Syst

Rev. 2003;(3):CD000198; PMID: 12917888]. Cochrane Database of Systematic Reviews 2010;(6):CD000198.

30. Hodnett ED, Roberts I. Home-based social support for socially disadvantaged mothers. Cochrane Database of Systematic Reviews 2000;(2):CD000107.

31. Hollowell J, Oakley L, Kurinczuk JJ, Brocklehurst P, Gray R. The effectiveness of antenatal care programmes to reduce infant mortality and preterm birth in socially disadvantaged and vulnerable women in high-income countries: a systematic review. BMC pregnancy and childbirth 2011;11:13.

32. Irving CB, Saylan M. Mother and baby units for schizophrenia. Cochrane Database of Systematic Reviews 2007;(1):CD006333.

33. Lucas P, McIntosh K, Petticrew M, Roberts HM, Shiell A. Financial benefits for child health and well-being in low income or socially disadvantaged families in developed world countries. 2008.

34. Lui S, Terplan M, Smith EJ. Psychosocial interventions for women enrolled in alcohol treatment during pregnancy. Cochrane Database of Systematic Reviews 2008;(3):CD006753.

35. Lumley J, Chamberlain C, Dowswell T, Oliver S, Oakley L, Watson L. Interventions for promoting smoking cessation during pregnancy. [Update of Cochrane Database Syst Rev. 2004;(4):CD001055; PMID: 15495004]. Cochrane Database of Systematic Reviews 2009;(3):CD001055.

36. Macdonald G, Bennett C, Dennis J, Coren E, Patterson J, Astin M, et al. Home-based support for disadvantaged teenage mothers. [Update in Cochrane Database Syst Rev. 2008;(1):CD006723; PMID: 18254114]. Cochrane Database of Systematic Reviews 2007;(3):CD006723.

37. MacLeod J, Nelson G. Programs for the promotion of family wellness and the prevention of child maltreatment: A meta-analytic review. Child Abuse and Neglect 2000;24(9):1127-49.

38. MacMillan HL, MacMillan JH, Offord DR, Griffith L, MacMillan A. Primary prevention of child physical abuse and neglect: a critical review. Part I. Journal of Child Psychology & Psychiatry & Allied Disciplines 1994;35(5):835-56.

39. MacMillan HL, Feightner JW, Goldbloom R, Wayne ER, Feig D, Labrecque M, et al. Preventive health care, 2000 update: Prevention of child maltreatment. CMAJ 2000;163(11):1451-8.

40. Manning M, Homel R, Smith C. A meta-analysis of the effects of early developmental prevention programs in at-risk populations on non-health outcomes in adolescence. Children and Youth Services Review 2010;32(4):506-19.

41. Manz PH, Hughes C, Barnabas E, Bracaliello C, Ginsburg-Block M. A descriptive review and meta-analysis of family-based emergent literacy interventions: To what extent is the research applicable to low-income, ethnic-minority or linguistically-diverse young children? Early Childhood Research Quarterly 2010;25(4):409-31.

42. Mayo-Wilson E, Dennis J, Montgomery P. Personal assistance for children and adolescents (0-18) with intellectual impairments. Campbell Systematic Reviews 2008:4.

43. McConachie H, Diggle T. Parent implemented early intervention for young children with autism spectrum disorder: A systematic review. Journal of Evaluation in Clinical Practice 2007;13(1):120-9.

44. Mentore JL. The effectiveness of early intervention with young children "at risk": A decade in review. 2000; ETD Collection for Fordham University. Paper AAI9938912.

45. Miller S, Maguire LK, Macdonald G. Home-based child development interventions for preschool children from socially disadvantaged families. Cochrane Database of Systematic Reviews 2011;12:CD008131.

46. Milligan K, Niccols A, Sword W, Thabane L, Henderson J, Smith A. Birth outcomes for infants born to women participating in integrated substance abuse treatment programs: A meta-analytic review. Addiction Research & Theory 2011;19(6):542-55.

47. Minozzi S, Amato L, Vecchi S, Davoli M. Maintenance agonist treatments for opiate dependent pregnant women. Cochrane Database of Systematic Reviews 2008;(2):CD006318.

48. Niccols A, Milligan K, Smith A, Sword W, Thabane L, Henderson J. Integrated programs for mothers with substance abuse issues and their children: A systematic review of studies reporting on child outcomes. Child Abuse and Neglect 2012;36(4):308-22.

49. Niccols A, Milligan K, Sword W, Thabane L, Henderson J, Smith A. Integrated programs for mothers with substance abuse issues: A systematic review of studies reporting on parenting outcomes. Harm Reduction Journal 2012;9

50. Pennington L, Goldbart J, Marshall J. Interaction training for conversational partners of children with cerebral palsy: a systematic review. International Journal of Language & Communication Disorders 2004;39(2):151-70.

51. Poobalan AS, Aucott LS, Ross L, Smith WCS, Helms PJ, Williams JHG. Effects of treating postnatal depression on mother-infant interaction and child development: Systematic review. British Journal of Psychiatry 2007;191(NOV.):378-86.

52. Priest N, Roseby R, Waters E, Polnay A, Campbell R, Spencer N, et al. Family and carer smoking control programmes for reducing children's exposure to environmental tobacco smoke. [Update of Cochrane Database Syst Rev. 2003;(3):CD001746; PMID: 12917911]. Cochrane Database of Systematic Reviews 2008;(4):CD001746.

53. Roberts MY, Kaiser AP. The effectiveness of parent-implemented language interventions: A meta-analysis. American Journal of Speech-Language Pathology 2011;20(3):180-99.

54. Sharps PW, Campbell J, Baty ML, Walker KS, Bair-Merritt MH. Current evidence on perinatal home visiting and intimate partner violence. Journal of Obstetric, Gynecologic, & Neonatal Nursing: Clinical Scholarship for the Care of Women, Childbearing Families, & Newborns 2008;37(4):480-91.

55. Shields L, Zhou H, Pratt J, Taylor M, Hunter J, Pascoe E. Family-centred care for hospitalised children aged 0-12 years. Cochrane Database of Systematic Reviews 2012;10:CD004811

56. Shonkoff JP, Hauser-Cram P. Early intervention for disabled infants and their families: a quantitative analysis. Pediatrics 1987;80(5):650-8.

57. Siegenthaler E, Munder T, Egger M. Effect of preventive interventions in mentally ill parents on the mental health of the offspring: systematic review and meta-analysis. Journal of the American Academy of Child and Adolescent Psychiatry 2012;51(1):8-17.

58. Singleton JL. Parent-infant interaction interventions: A meta-analysis. U Northern Colorado, US; 2005

59. Sui Z, Grivell RM, Dodd JM. Antenatal exercise interventions for improving maternal and infant health outcomes in women who are overweight or obese: A systematic review. Journal of Paediatrics and Child Health 2011;47:52.

60. Tan K, Lai NM. Telemedicine for the support of parents of high-risk newborn infants. Cochrane Database of Systematic Reviews 2012;6:CD006818.

61. Terplan M, Lui S. Psychosocial interventions for pregnant women in outpatient illicit drug treatment programs compared to other interventions. Cochrane Database of Systematic Reviews 2007;(4):CD006037.

62. Turnbull C, Osborn DA. Home visits during pregnancy and after birth for women with an alcohol or drug problem. [Update of Cochrane Database Syst Rev. 2005;(4):CD004456; PMID: 16235364]. Cochrane Database of Systematic Reviews 2012;1:CD004456.

63. Van Ijzendoorn MH, Juffer F, Duyvesteyn MGC. Breaking the intergenerational cycle of insecure attachment: A review of the effects of attachment-based interventions on maternal sensitivity and infant security. Journal of Child Psychology and Psychiatry and Allied Disciplines 1995;36(2):225-48.

64. Vanderveen JA, Bassler D, Robertson CMT, Kirpalani H. Early interventions involving parents to improve neurodevelopmental outcomes of premature infants: A meta-analysis. Journal of Perinatology 2009;29(5):343-51.

65. Wade K, Cava M, Douglas C, Feldman L, Irving H, O'Brien MA, et al. A systematic review of the effectiveness of peer/paraprofessional 1:1 interventions targeted towards mothers (parents) of 0-6 year old children in promoting positive maternal (parental) and/or child health/developmental outcomes. Dundas, ON, Canada: Ontario Ministry of Health, Region of Hamilton-Wentworth, Social and Public Health Services Division. Effective Public Health Practice Project. 1999.

66. Whittingham K, Wee D, Boyd R. Systematic review of the efficacy of parenting interventions for children with cerebral palsy. Child: Care, Health & Development 2011;37(4):475-83.

67. Yu Z-B, Han S-P, Xu Y-Q, Weng L. Maternal satisfaction and clinical effect of kangaroo mother care in preterm infants: A meta-analysis. [Chinese]. Chinese Journal of Evidence-Based Medicine 2008;8(4):277-83.

68. Ziviani J, Feeney R, Rodger S, Watter P. Systematic review of early intervention programmes for children from birth to nine years who have a physical disability. Australian Occupational Therapy Journal 2010;57(4):210-23.

69. Ziviani J, Feeney R, Cuskelly M, Meredith P, Hunt K. Effectiveness of support services for children and young people with challenging behaviours related to or secondary to disability, who are in out-of-home care: A systematic review. Children and Youth Services Review 2012;34(4):758-70.