

Title	The effect of moderate gestational alcohol consumption during pregnancy on speech and language outcomes in children: a systematic review
Authors	O'Keefe, Linda M.;Greene, Richard A.;Kearney, Patricia M.
Publication date	2014-01-02
Original Citation	O'Keeffe L. M., Greene R. A. and Kearney P. M. (2014) 'The effect of moderate gestational alcohol consumption during pregnancy on speech and language outcomes in children: a systematic review'. Systematic Reviews, 3(1), pp. 1-11. http://dx.doi.org/10.1186/2046-4053-3-1
Type of publication	Article (peer-reviewed)
Link to publisher's version	10.1186/2046-4053-3-1
Rights	© O'Keeffe et al.; licensee BioMed Central Ltd. 2014. This article is published under license to BioMed Central Ltd. This is an Open Access article distributed under the terms of the Creative Commons Attribution License (http://creativecommons.org/licenses/by/2.0/), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited. The Creative Commons Public Domain Dedication waiver (http://creativecommons.org/publicdomain/zero/1.0/) applies to the data made available in this article, unless otherwise stated. - http://creativecommons.org/licenses/by/2.0/
Download date	2026-09-15 13:08:02
Item downloaded from	https://hdl.handle.net/10468/2728



University College Cork, Ireland
Coláiste na hOllscoile Corcaigh

Bias Classification Tool – Quality Assessment

Bias	NR	Minimal	Low	Moderate	High
Selection	☐	☐ Consecutive unselected population ☐ Sample selected from general population rather than a select group ☐ Eligibility criteria explained ☐ Rational for case and control selection explained ☐ Follow-up or assessment time explained	☐ Sample selected from large population but selection criteria not defined ☐ A select group of population (based on race, ethnicity, residence, etc.) studied	☐ Sample selection ambiguous but sample may be representative ☐ Eligibility criteria not explained ☐ Rationale for cases and controls not explained ☐ Follow-up or assessment time not explained	☐ Sample selection ambiguous and sample likely not representative ☐ Comparative groups differ in baseline characteristics ☐ A very select population studied making it difficult to generalise findings
Exposure	☐	☐ Direct questioning (interview) or completion of survey by mother at the time of exposure or close to the time of exposure ☐ Direct measurement of exposure (laboratory) ☐ Exposure from the chart	☐ Assessment of exposure from a dataset ☐ Indirect assessment (postal survey, mailed questionnaire) ☐ Recall <1 year after birth	☐ Recall 1-5 years after birth ☐ Extrapolating data from population exposure sample (with some assumptions) and not direct assessment at any time	☐ Recall >5 years after birth ☐ Indirect method of assessment (obtaining data from others and not from mother or father)
Outcome	☐	☐ Assessment from hospital record, birth certificate or from direct questioning of mothers about outcomes	☐ Assessment from administrative database	☐ Assessment from “close-ended” questions (Did you have a stillbirth or miscarriage?)	☐ Assessment from non-validated sources or generic estimate from overall population
Confounding	☐	☐ Assessed for common confounders	☐ Only certain confounders assessed	☐ Not assessed for confounders	
Analytical	☐	☐ Analyses appropriate for type of sample (if matched: paired t test, McNemar) ☐ Analytical method accounted for sampling strategy in cross-sectional study ☐ Sample size calculation performed and adequate sample studied	☐ Analyses not accounting for common statistical adjustment (e.g. multiple analyses e.g. Bonferroni) when appropriate ☐ Sample size calculation not performed, but all available eligible patients studied ☐ Sample size calculated and reasons for not meeting sample size given	☐ Sample size estimation unclear or only sub-sample of eligible patients studied	☐ Analyses inappropriate for type of sample/study
Attrition	☐	☐ None or <10% attrition and reasons for loss of follow-up explained ☐ All subjects from initiation of study to final outcome assessment were accounted for	☐ <10% attrition AND reasons for loss of follow-up not explained ☐ 11-20% attrition, reasons for loss of follow-up explained	☐ 11-20% attrition but reasons for loss of follow-up not explained ☐ >20% attrition but reasons for loss of follow-up explained ☐ All subjects from initiation of study to final outcome assessment not accounted for	☐ >20% attrition, reasons for loss of follow-up not explained