How useful is what we have? Limitations of Cochrane Reviews, the case of substance treatment in pregnancy

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Treatment programs compared to other interventions (Terplan 2007) vs. alcohol treatment during pregnancy. (Liu 2008)

<table>
<thead>
<tr>
<th>Category</th>
<th>Total</th>
<th>Losses</th>
<th>Dropout</th>
<th>Generalisability</th>
<th>Heterogeneity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insufficient evidence for psycho-social interventions overall</td>
<td>958</td>
<td>26</td>
<td>0</td>
<td>&gt;90% of all study participants were poor, African American, unemployed, with extremely large losses to follow up</td>
<td>Not applicable</td>
</tr>
<tr>
<td>No evidence</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>No studies, not applicable</td>
<td>No evidence</td>
</tr>
<tr>
<td>Insufficient evidence to recommend one treatment over another.</td>
<td>737</td>
<td>75</td>
<td>3</td>
<td>Small sample sizes, possibility of Type II error</td>
<td>Small sample sizes, possibility of Type II error</td>
</tr>
</tbody>
</table>

Contingency Management is effective in improving treatment retention and transiently reducing illicit drug use in pregnant women. Insufficient evidence to support the use of Motivational Interviewing.