1 st author, year of publication,	Period & numbers	Measures of alcohol exposure and	Results	Comments
country, study	recruited	outcome		
type, quality				
assessment				
Bailey, 2004;	1989-91	Alcohol exposure by	Pearson correlation p-value	Study included black mothers only, over-
USA:	499	detailed interview at	Verbal IQ12 .00	sampled alcohol exposed pregnancies. Excluded
Cohort study	children at	each antenatal visit	Performance IQ02 .61	multiples, malformations, HIV-positive.
	age 6-7 yrs	regarding previous 2	Aggressive behaviour .07 .13	Bingeing defined as 5+ drinks on a single
Selection=3		wks intake; outcomes	Delinquent behaviour .12 .01	occasion at least once in every 2 wks during
Comparability=2		assessed at research		pregnancy. Follow-up 75%, no data on those
Outcome=2		facility by researchers	Regression for t p-value	lost to follow-up. Regression included quality of
		blind to alcohol	Verbal IQ -2.47 .014	home environment, SES, child violence
		exposure, teacher data	Delinquent behaviour 2.26 .024	exposure, AN exposures, cigarettes and cocaine.
		by questionnaire		Numerous covariates also examined. Babies of
				bingers had lower birthweight but birthweight
D 11 1000	1005			was not included in the regression analysis.
Bell, 1989;	1985	Data from the	Mean birthweight (sd)	45% of hospitals took part of which 65%
Australia;	8884	Victorian Perinatal	Binge drinkers 3352 (518)	recorded smoking and alcohol details. Only
Cohort study	women	Morbidity Statistics	Non-bingers (also	adjusted for smoking (some of the time).
		(not clear whether	non- smokers) 3420 (556)	Bingeing defined as any episode of 5+ drinks.
Selection=3		alcohol data collected	Smoking abstainers 3256 (5/6)	Possible selection bias due to smoking and
Comparability=1		AN or PN)	All differences significant at $p < 0.05$	drinking details being less well recorded in cases
Outcome=3				of poor outcome.
			% Congenital malformations	
			Binge drinkers 1.9	
			Non-bingers 1.2	
			Abstainers 1.3	

Table 1 – Papers on binge drinking during pregnancy. Listed alphabetically by name of 1st author. Details extracted and assessed quality using Newcastle-Ottawa Scale (maximum possible scores Selection=4, Comparability=2, Outcome =3).

	No differences statistically significant	

Nulman, 2004;1987-97Alcohol exposure byBingersNon-bingerspParticipants were women w	who contacted the
Canada, Cohort 50 women, interview antenatally; $mean \pm sd$ $mean \pm sd$ Motherisk program out of d	concern at exposure
study 51 babies outcomes assessed at Gestational age 39.9 ± 1.8 39.5 ± 1.7 .2 to alcohol or other substant	ce. In 10 yrs only 92
assessed at research facility by Birthweight $3390 \pm 609\ 3376 \pm 565$.9 'eligible' women identified	d but eligibility
Selection=3 various psychometrist blind to Weight (%ile) 60.6 ± 25 57.9 ± 31 .6 undefined. Controls were w	women consulting
Comparability=2 ages 0-9 yrs alcohol exposure Height (%ile) 55.2 ± 25 64.0 ± 25 .08 about an exposure other th	an alcohol (teratogens
Outcome=2 Head circum- excluded) matched on age	SES, smoking, time
Bayley - up to 36 mths ference (%ile) 51.8 ± 20 56.6 ± 23 .3 of conception and child's a	ige. No data about
(n=26) alcohol consumption in co	ntrols. Bingers
McCarthy – up to 7 Difference (95% CI) (defined as any episode of	5+ drinks) were not
yrs (n=22) Bayley MDI -2.83 (-13.1, 7.5) alcoholics. Numerous neur	opsychological tests
Weschler - > 7 yrs Bayley PDI -4.31 (-10.5, 1.8) performed and reported. Si	ignificant differences
(n=3) McCarthy appeared for 3/9 subscales	on a
GCI -5.92 (-18.9, 7.0) temperament/behaviour sci	ore only. Multiple
verbal 1.93 (-4.8, 8.7) regression included materr	al IQ, SES, Parenting
perceptual -1.45 (-6.5, 3.6) stress index and GA. Frequencies	uent bingers (n=12,
quantitative $-0.19(-6.5, 6.2)$ defined as >6 binges) num	bers were too small to
memory -0.05 (-5.9, 5.6) be useful. Similarly there y	were only 3 children
motor 0.59 (-5.5, 6.6) over 7 vrs who were given	the Weschler. Study
did not collect measures of	f maternal behaviour.
Multiple regression of no. binges on outcomes	
B (95% CI)	
Adaptability 1.50 (0.52, 2.49)	
ADDIOACII 1.09 (0.74, 2.00)	

O'Callaghan, 2003; Australia,	1981-84 6320 at birth, 4038	Alcohol exposure by interview at first AN visit and postpartum;	Head circumference at birth and at 5 yrs $\% < 3^{rd}$ 3-10 th percentile birth 5yrsNo adjustment for confounders in t Participation at birth 74%. Binge d drinks at one time, frequency of bir	his analysis. efined as 5+ nges
Cohort study	at 5 yrs	head circumference	Binge drinking categorised rather vaguely as never	r, <half td="" the<=""></half>
		measured by paper	Nil3.32.95.46.9time or half the time or more in pre-	gnancy. Only
Selection=4		tape at birth and 5 yrs	< half time 3.9 2.9 7.2 7.8 asked at 1 st visit. Follow-up at 5 yr	s only 47%.
Comparability=2			\geq half time 2.3 3.4 6.4 5.9	
Outcome=3			p = 0.11 0.9	
			Weight at birth and at 5 yrs	
			$\% < 3^{rd}$ 3-10 th percentile	
			Binge drinking birth 5yrs birth 5yrs	
			Nil 2.8 2.8 6.6 7.1	
			<half 3.5="" 3.6="" 5.8<="" 8.8="" td="" time=""><td></td></half>	
			\geq half time 3.1 1.7 7.8 10.1	
			p = 0.02 0.3	
Olsen, 1994;	1988-89	Alcohol by	Alcohol intake Bayley at 18 mths Included women consuming 5 or n	ore drinks
Denmark;	276	questionnaire at 32	PDI MDI per week, matched 1:1 with lower	level drinkers.
Cohort study	children at	wks gestation; Bayley	No. binges unadj adj unadj adj Matched on expected date of delive	ery and
	18 mths,	at 18 mths after birth	0 107 108 106 106 woman's year of birth. Initial samp	ole
Part of EuroMac	217 at 3.5	and Griffiths at 42	1-4 104 104 104 representative of population but for	llow-up at 3.5
study.	yrs	months after birth by	5+ 103 101 104 104 yrs 76% and only 66% included in	analysis. No
		psychologist blind to	data about those lost to follow-up.	Adjusted for
Selection=3		exposure and previous	Griffiths overall at 3.5 yrs parents' education, type of residence	ce and
Comparability=2		reports	N Unadjusted adjusted smoking. Bingeing defined as 5+ d	rinks on a
Outcome=2			0 150 107 107 single occasion at any time in preg	nancy.
			1-4 56 106 106	
			5+ 11 106 106	

Olsen, 1995;	1988-89	Questionnaire and	Palpebral Nose Root of	Over-sampled women who consumed 5+ drinks
Denmark;	323 babies	interview at 1 st AN	No. of Binges fissure upper lip nose	per week. Measurement from photos blind to
Cohort study		visit; outcomes	in 1 st trimester	alcohol consumption but correlation between
		measured from photos	Newborns	observers inconsistent. Unadjusted for
Selection=4		at birth and 18 months	0 22.7 3.0 .41	confounders in this analysis.
Comparability=2		after birth	1-4 22.0 3.1 .42	
Outcome=2			5+ 20.4 2.7 .42	
			18 months	
			0 16.1 3.1 .55	
			1-4 15.7 3.0 .50	
			5+ 14.9 3.3 .59	
Passaro, 1996;	1991-92	Alcohol exposure at	Mean birthweight Mean GA	Large population based study with about 90%
UK, 10,539,	10,539	18 weeks gestation;	(SD) (SD)	response rate. Binge defined as 40-45g alcohol
Cohort study	babies	outcomes from	Nonbingeing	on a single occasion in the first 18 weeks of
		hospital delivery	abstainers 3397 (512) 40.1 (2.1)	pregnancy. Mean differences in birthweight
Selection=3		records	Nonbingeing occ-	adjusted for GA, infant sex, parity, maternal
Comparability=2			asional drinkers 3419 (488) 40.1 (1.9)	smoking and BMI showed no significant
Outcome=3			Bingeing occasional	differences except for lower birthweight in non-
			drinkers 3408 (498) 40.1 (2.0)	bingeing abstainers and in heavy
			Nonbingeing light	drinkers/bingers. Type of alcoholic drink made
			daily drinkers 3401 (441) 39.8 (1.9)	no difference to results. Limiting analysis to
			Heavy drinkers/ 3222 (538) 40.1 (2.3)	exclude users of marijuana, crack and cocaine,
			bingers	and excluding women with a history of
				alcoholism made no difference.
			Adjusted mean differences in birthweight	
			(95% CI) compared to prepregnancy drinkers	
			who abstained during pregnancy	
			Non-bingeing abstainers -36g (-71, -1)	
			Non-bingeing occ3g (-24, 16)	
			asional drinkers	
			Bingeing occasional drinkers -7g (-33, 177)	

			Non-bingeing light 52g (-73, 177)	
			daily drinkers	
			Heavy drinkers/bingers -152g (-228, -	
			76)	
Plant, 1988;	1980-83	Alcohol by interview	Mean no. abnormalities	Bingeing defined as drinking 10+ units on a
UK;	1008	in 3 rd month of	noted at birth	single occasion in first trimester of pregnancy.
Cohort study	women	pregnancy; outcomes	Bingers 2.0	Not all analyses presented. Participation rate not
		from case notes	Abstainers $1.2 p < 0.05$	stated. Not adjusted for other confounders in this
Selection=4			Bingers and smoked	analysis.
Comparability=2			10+ cigs daily 2.4	
Outcome=2			Non-smoking abstainers 1.0 <i>p</i> <0.001	
Sampson, 1994;	1974-75	Alcohol exposure by	Unadjusted correlations	Mainly white, married, middle class women.
USA;	1439	interview at 5 months	Bingeing prior to pregnancy recognition	500 women who were selected for follow-up
Cohort study	women,	gestation; birth	Birth 8mo 18mo 4y 7y 14y	were selected for high level alcohol
(Seattle study)	follow-up	outcomes from	Weight15 .01 .0503 .0201	consumption. Binge defined as 5+ drinks on a
	of 500	medical records, 8 and	Length01 .05 .08 .03 .04 .04	single occasion in first 5 months of pregnancy.
Selection=4	children	18 mths, 4, 7 and 14	Head circum-	Analyses unadjusted for confounders (except at
Comparability=2		yrs after birth by	ference07 .0101020103	8 mths after birth where heavier drinkers were
Outcome=3		examination		inadvertently over-sampled). Number lost to
			Bingeing during pregnancy	follow-up not stated. Strongest correlations were
			Birth 8mo 18mo 4y 7y 14y	at birth and 8 mths, possible 'catch-up' growth
			Weight11 .01 .05 .02 .04 .06	thereafter.
			Length06 .02 .04 .0201 .05	
			Head circum-	
			ference080202020404	

Streissguth,	1974-75	Alcohol exposure	WRAT R	Adjuste	d achieve	ment	Predominantly white, middle class, married.
1989, 1990 and	486	retrospectively by	at age 7	de	ecrement ((p)	Oversampled for heavier drinkers and smokers.
1994; USA;	children at	interview at 5 mths	Reading 0.55	-3.3	(.038)	Excluded multiple births. Participation rate 85%.
Cohort study	age 7 yrs	gestation in their own	Spelling 0.58	-1.8	(.227)	Pre-pregnancy binges defined as 5+ drinks on
(Seattle study)		homes; Weschler	Arithmetic 0.62	-3.3	(.000)	any one occasion in first 5 months of pregnancy.
	359	Intelligence Scale for					Follow-up rate not stated. Inter-rater
Selection=4	children at	Children (WISC),	Learning	Binge	No-binge	e p	unreliability on WISC and Word Attack scores.
Comparability=2	age 14 yrs	Wide Range	problems	%	%		WRAT adjusted for maternal and paternal
Outcome=3		Achievement Test	Connors				education, no. children in household, household
		(WRAT), Connors	learning probs	17	7	000	stress, prenatal nutrition, smoking, aspirin and
		carried out between	hyperkinesis	15	9	.000	caffeine, sex, race and grade of child, exam
		6.5-7.5 yrs by	impulsivity	13	8	104	conditions. Multiple regression (R) and age14
		examiners blind to	Parental assessmen	t	Ũ		years correlations indicates test scores against a
		exposure	below average	13	4	000	binary binge drinking measure.
			Myklebust (teacher	.)	·		
			MPRS <65 cutof	ŕ 17	10	.037	
			School special class	s 24	15	.011	
			<age approp.="" grade<="" td=""><td>19</td><td>14</td><td>.147</td><td></td></age>	19	14	.147	
			Maan WISC soora				
			full scale IO	104.8	108 7		
			verbal IO	104.0	107.7		
			nerformance IO	105.5	107.2	2	
			performance iQ	105.5	100.0)	
			Age 14 correlations	s			
			Wo	ord attac	k Arithm	etic	
			Pre-pregnancy -0	.15 p<.0	01 -0.15	p<.05	
			In pregnancy -0.	.12 p<.0	05 -0.15	p<.05	

Tolo, 1993;	1982-83	Retrospectively by	Outcome Any No Difference in means	Population source was HMO, consecutive
USA;	237 1 or	questionnaire at 6	binge binge (95% CI)	sample overwhelmingly white and well
Cohort study	more	months gestation; birth		educated; not truly representative but
	binges, 472	outcomes from	Birth-	homogeneous and therefore confounding less
Selection=3	no binges	medical records;	weight (g) 3561 3579 -18 (-95, 59)	likely. Excluded regular drinkers from sample.
Comparability=2	_	IUGR computed by	Birth	Questionnaire was validated in pilot study but
Outcome=3		regressing birthweight	length (cm) 51.2 51.0 0.2 (-0.2, 0.6)	had 74% response rate, no information about
		on gestational age and	Head circum-	non-respondents. Results were unadjusted,
		adding residuals to	ference (cm) 34.5 34.6 -0.1 (-0.4, 0.2)	however, adjusting for confounders made little
		sample mean	Intrauterine	difference. Similarly, number of binge episodes
		- -	growth (g) 3537 3591 -54 (-122, 14)	(binge defined as 2.5oz on a single occasion in
				first 6 months of pregnancy) and timing
				(whether in month before pregnancy or in $1^{st}/2^{nd}$
				trimester) made no difference to results.
Whitehead, 2003;	1996-99	Retrospectively by	%SGA RR (95% CI)	SGA defined as birthweight <10 th percentile for
USA;	50,461	postpartum	3 mths before pregnancy	gestational age according to race and parity
Cohort study	women	questionnaire with	Bingeing 8.1 1.06 (0.94, 1.21)	specific standards. Bingeing defined as 5 or
		telephone follow-up of	No bingeing 7.6	more drinks on a single occasion. 76% response
Selection=4		non-responders;	last 3 mths of pregnancy	rate but over-representation of SGA babies. ORs
Comparability=2		outcomes from birth	Bingeing 9.4 1.20 (0.78, 1.87)	adjusted for maternal age, education, marital
Outcome=2		certificate data	No bingeing 7.8	staus, pre-pregnancy weight, public assistance,
				state of residence, smoking before pregnancy.
			per binge relative to non-drinkers	
			OR (95% CI)	
			<i>3 mths before pregnancy</i> 0.98 (0.97, 1.00)	
			<i>last 3 mths of pregnancy</i> 0.99 (0.90, 1.09)	

Abbreviations used in table

- %ile percentile
- adj adjusted
- AN antenatal
- CI confidence interval
- GA gestational age
- HMO Health Maintenance Organisation
- RR relative risk
- SD standard deviation
- SES socioeconomic status
- SGA small for gestational age
- unadj unadjusted

* p < 0.05