A Systematic Review of Interventions to Increase

Awareness, Knowledge, and Folic Acid Consumption Before and During Pregnancy

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Background & Purpose

 Folic acid <u>supplementation</u> before and during pregnancy prevents neural tube defects

recommended that all women of childbearing age consume 400 µg folic acid each day

Background & Purpose

Systematic review on interventions designed to improve awareness,

knowledge,

consumption

of folic acid supplements before and during pregnancy in order to assess which were most effective and to recommend future directions for

researchers,

health promotion practitioners,

clinicians

Methodology

- Data Sources
- **Cochrane Library and Medline**
- Study Inclusion Criteria
- (1) study design: RCT & quasi-experimental interrupted time series & follow-up & case-control & before-and-after
- (2) women (15–49 years)
- (3) any type of education intervention
- (4) rates of women's awareness, knowledge, or consumption of folic acid supplements
- (5) publication 1992 2005

Social marketing criteria

- channel of communication
- duration of the campaign
- number of exposures to the message
- content of the message
- language of message

Results

- 337 articles retrieved
- 31 studies retained
- RCT
- quasi experimental interrupted time series (1)
- follow-up (3)
- case-control (1)
- before-and-after with a control group (2)
- before-and-after without a control group (22)

--Results

studies with before-and-after design (20)

• awareness increased from 60% (range: 28%–98%) to 72% (range: 42%–100%)

• knowledge rose from 22% (range: 5%–77%) to 49% (range: 13%–93%)

consumption increased from 14% (range: 4%–73%)
to 23% (range: 9%–85%)

Limitations

use of self-report data (recall bias)

heterogeneity

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study design

interventions

-Interventions

1992 – 2002: United States

Australia

Europe

Israel

channels of communication:
Media

- printed materials
- audio-visual (radio, TV, Internet)

Interpersonal communication

counseling by health professionals

Interventions - where?

• medical centers

pharmacies

kindergartens

public places:

libraries

shopping centers

bus stop

supermarkets

fitness centres

hairdressers

Summary of results

 interventions had a positive effect on folic acid intakes before and during pregnancy

• the average usage reached less than 25





little use of the formal social marketing tools

Discussion

RCT-proven technology/behavior

e.g., statins, folic acid in pregnancy, exercise, smoking cessation

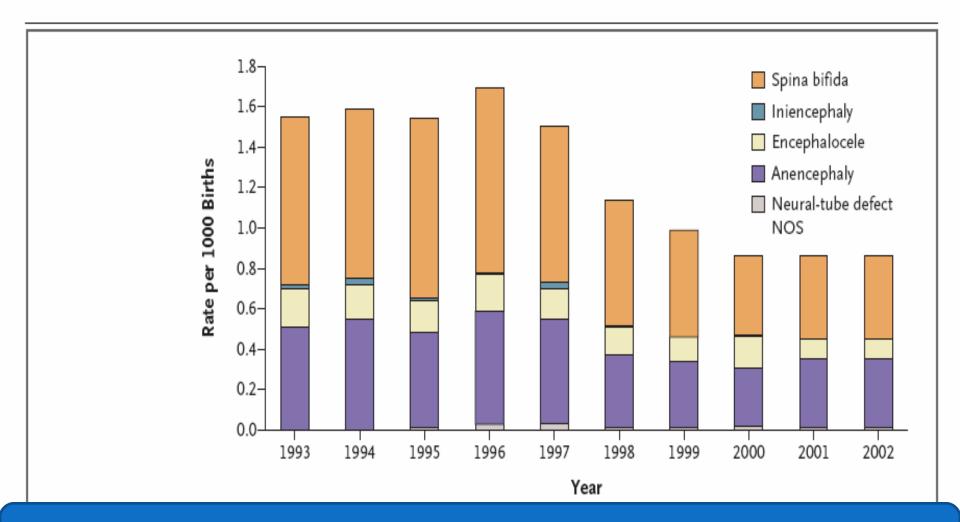
Implementation?

Very Slow if not industry-supported e.g., exercise

Very Fast if industrysupported e.g., drugs

Why not use industry's strategies? Social marketing, Quality control

Neural-Tube Defects after Folic Acid Fortification in Canada



De Wals P et al. Reduction in Neural-Tube Defects after Folic Acid Fortification in Canada N Engl J Med 2007 357: 135-142

Neural-Tube Defects after Folic Acid Fortification

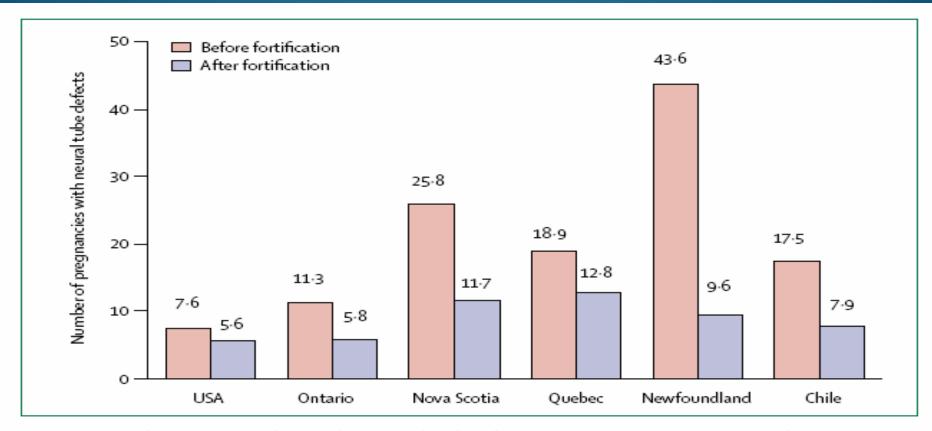


Figure: Rates of neural tube defects before and after fortification in regions with mandatory folic acid fortification

Numbers include livebirths and stillbirths, prenatally diagnosed cases, and elective abortions (Chile with livebirths and stillbirths only, USA with surveillance programmes with and without prenatal assessment).

Eichholzer M et. al., Folic acid: a public-health challenge, Lancet 2006; 367: 1352–61

Conclusions & Recommendations

 need to develop and test more effective health education interventions to promote folic acid supplement use by women of reproductive age

need to make mandatory fortification global

