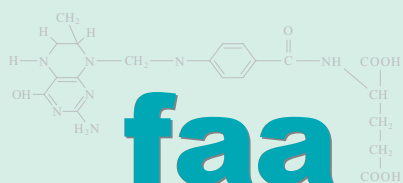


Improving awareness & uptake of folic acid

EXECUTIVE SUMMARY



FOLIC ACID ACTION ROUNDTABLE

Published with an educational grant from Larkhall Laboratories, London, September 2004

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Introduction

For many years it has been well documented that a deficiency in folic acid from 3 months before to 12 weeks after conception is a risk factor for neural tube defects (NTDs). However, despite good overall awareness of the benefits of folic acid, new independent research has shown that almost 50% of women are not taking supplements during this critical period.³ To address this issue an expert panel of healthcare professionals and patient organisations, calling itself Folic Acid Action, met to discuss possible reasons for and solutions to this problem.

Background

Neural tube defects (NTDs) affect an estimated three pregnancies in every thousand in the UK, placing them amongst the most common of all serious birth defects. The commonest are anencephaly (incomplete development and exposure of brain matter) and spina bifida (a fault in the spinal column). The physical, emotional and financial cost of NTDs is huge.

The causes of NTDs are not fully understood but are associated with both genetic and environmental factors, with folic acid playing a vital role. Research has shown that the incidence of NTDs can be decreased by up to 50% by taking folic acid supplements before pregnancy.^{4,5}

Folic acid is a B vitamin required for cell growth and development. It is particularly important in the first 28 days of pregnancy when the neural tube is developing, and during this period the mother's requirement for folic acid doubles.

Folic acid occurs naturally in green vegetables, nuts, beans, citrus fruit, and meat. However, even with a healthy diet, including five portions of fruit and vegetables daily women are only obtaining less than half the recommended intake of 0.6mg.^{1,2} It is estimated that 12 cups of

spinach per day are required to reach this daily amount. In addition, absorption is decreased by smoking, excess alcohol intake, medication (including the oral contraceptive pill), the increase of highly processed food all reduce folic acid absorption.

Supplementation is therefore of potential benefit for all women who are ovulating and sexually active, including those taking the oral contraceptive pill.

The current advice is that women of child-bearing age should take a 0.4mg daily supplement. (In women who have already had a child with a NTD, this should be increased to 5mg). The supplement should be taken from the time a woman stops using contraception until the end of the 12th week of pregnancy. This is in addition to a healthy diet containing foods rich in folic acid.

Issues

During the round table meeting Folic Acid Action identified the following issues as contributing to the lack of women taking folic acid supplements over the correct time period:

- Awareness of the need to take folic acid supplements does not necessarily translate into a change in behavior.
- Approximately 50% of pregnancies are unplanned so these women do not realise they are pregnant until after the time when folic acid would be of most benefit.
- Currently the first antenatal appointment is between 8-12 weeks, which is too late to start education.
- Lower socioeconomic groups may be unwilling to take supplements due to the cost.
- NTDs are not currently seen as being as serious a health issue as sexually transmitted diseases and unwanted pregnancies. There is no government health promotion initiative, which results in little interest by the mass media.

- Healthcare professionals are not discussing folic acid supplementation with non-pregnant patients, and the responsibility amongst healthcare professionals is also unclear.
- School nurses do not incorporate information as part of sex/family planning education

Recommendations

The Group proposed the following recommendations as ways that could begin to address these issues.

- Government should finance a clear, consistent and innovative health campaign. The key message should be that folic acid can help to prevent up to 50% of NTD cases provided it is taken three months pre-conceptually and through the first 12 weeks of pregnancy.
 - Key healthcare professional groups should routinely discuss and recommend folic acid supplementation to all women who are ovulating and sexually active. These include, General Practitioners, Gynaecologists, Obstetricians, Health Visitors, Pharmacists, Practice Nurses, School Nurses, and Sexual Health and Family Planning Doctors, Nurses and Midwives.
 - Healthcare professional organisations should be involved in the continuing education of their respective members.
 - Primary healthcare professionals should ensure an immediate consultation for any pregnant woman that already has an NTD baby or genetic predisposition, or provide detailed advice including a prescription for 0.5mg folic acid.
 - Manufacturers of sanitary products, pregnancy and ovulation testing kits, baby formula, and foods fortified with folic acid should include information on their packaging.
- Department of Health should develop Primary Care Trust (PCT) targets for increasing folic acid supplementation and uptake. In summary, there is a need for greater collaboration between healthcare professionals, third parties, governmental organisations and industry to develop an ongoing and hard-hitting health promotion strategy, and to ensure that all women in the at-risk group have access to such messages and to affordable folic acid supplementation.

Folic Acid Action is calling for a focus on folic acid, and plans to use its findings to campaign to raise awareness of and action to resolve the issues relating to folic acid education and provision.

For more information or a full copy of the report log on at:

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