



PLENARY 3

REACHING THE CONSUMER: BEYOND THE ROUTINE

Moderators:

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COUNSELING GUIDELINE FOR PRENATAL DIAGNOSIS

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Through the development of ultrasound, prenatal screening tests and prenatal diagnostic techniques pregnant women are offered a large variety of methods which provide them with information about the fetus respectively the "child to be". From a patient point of view this information can be divided into 3 major types. Type A: Information about the healthy development and normal status of the fetus (majority of cases) which leads in general to a reduction of anxiety and an increase in confidence and attachment to the fetus. Type B: Information about the risk of fetal pathology, which is given in statistical language. Type C: Information about fetal pathology or abnormality.

Type C information can be subdivided into 4 distinct groups: 1) Fetal pathology amenable to treatment with well defined prognosis 2) Fetal pathology amenable to treatment with ill defined, variable prognosis 3) Fetal pathology not amenable to treatment with well defined prognosis 4) Fetal pathology not amenable to treatment with ill defined, variable prognosis.

Type C information is embedded into a special and unique context: a) the information is about a "third person" not accessible to give informed consent (ethical domaine) b) the information is of maximal importance for the mother-foetus relationship (emotional and relational domaine) c) the information may lead to voluntary termination of pregnancy (killing the fetus – emotional and ethical dilemma).

Due to the complexity of this prenatal information women need the opportunity to decide about what they want to know and what they do not want to know by clarification counseling; they need help to understand and digest the statistical information by patient centered risk counseling; they need support in their decision making process based on well understood medical information and taking into account their values; they need assistance to cope with bad news and they need comprehensive care during their continuation or termination of pregnancy.

At the department of OB/GYN of the university hospital in Basel we have developed a structured 5 step guideline which serves for the training of obstetricians and gynecologists in counseling pregnant women before during and after prenatal diagnosis.



FAMILY PLANNING SERVICE IN HUNGARY - SPECIAL ATTENTION FOR WOMEN AFFECTED BY PSYCHIATRIC DISORDERS

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Family Planning Service in Hungary based on experiences of qualitative Family Planning Model which began in 1984. In Hungary only 40-50% of pregnancies are planned. Typical tendency is that couples wish to have perfect but only one or maximum two children. Family Planning Service provides free consequent steps for the couples to decrease the general risk of pregnancy and prevention for birth defects. This service pays special attention for possible prevention for the common late onset diseases (cardio-vascular and affective diseases), which means the main causes of death. Our special goal is to help family planning women affected by psychiatric and epileptic disorders, even treated by drugs. Women are affected at twice the rate of men and depression is the leading cause of disease among women in their childbearing years. Therefore it is not uncommon for women to suffer from depression during pregnancy and it has been estimated that up to 25% of women suffer from degree of depression during this time. The information in the literature on the safety of antidepressants can be confusing and conflicting for health care providers to make an evidence-based decision on whether or not to treat a pregnant woman with an antidepressant during pregnancy. This discussion introduces our work and results.



CAMPAIGNING FOR BEHAVIOR CHANGE: LESSONS LEARNED FROM THE FOLIC ACID CAMPAIGN ON HOW SOCIAL MARKETING CAN HELP PROMOTE PRECONCEPTION HEALTH

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Social marketing is a strategy that can help promote preconception health and design preconception health care services. Folic acid supplementation is an evidenced-based preconception intervention to reduce the incidence of neural tube defects. March of Dimes conducted a national folic acid social marketing campaign from 1999-2001 with the goal to reduce the incidence of neural tube defects in the United States by at least 30 percent. The main consumer message was to take a multivitamin containing 400 micrograms of folic acid daily as part of a healthy diet. A survey was conducted each year with a national sample of women, age 18-45, to measure changes in awareness and behavior relative to folic acid and other pre-pregnancy health issues. These surveys served as rough measures of effectiveness of the social marketing campaign. From 1998-2002, awareness of folic acid increased from 68% to 80% and consumption of a multivitamin with folic acid daily increased from 32% to 33%. During this same period, the rate of neural tube defects declined by 26%.

Lessons learned include the following: behavior takes a long time to change; fortification of the grain supply is also an effective strategy to reduce neural tube defects; social marketing should be part of a campaign, and not as an isolated activity; the target population needs to be segmented and messages should be specific for each segment; health care professionals are effective messengers; social marketing campaigns should be multi-year endeavors; and, organizational partners extend the reach and resources of the campaign. Details of the lessons learned will be presented for consideration in developing and implementing effective strategies to improve preconception health and health care services.