Preconception Care Promotion

Analysis of means and constraints

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Summary

• Introduction
• Analysis of the means
• Analysis of the constraints
• Conclusions
1. Introduction

- ONE
  - Strategies to implement preconception care
Office de la Naissance et de l'Enfance

Office for Birth and Childhood

- Governmental organization
- French Speaking community
- 5.000.000 people
- 50.000 births per year
- health protection and promotion of mothers and children
The Involvement of the ONE

**Strategies**

1. Definition of guidelines
2. Organization of a campaign
   - to inform
   - to sensitize
     - population: to consult before pregnancy
     - professionals: to give pertinent information's to propose pertinent actions
3. Organization of specific preconception visits
2. Analysis of the means
1. Guidelines : 4 axes = 4 missions

<table>
<thead>
<tr>
<th>1. To screen</th>
<th>2. To prevent</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Genetic disorders</td>
<td>• the complications caused by infectious diseases</td>
</tr>
<tr>
<td>• Endocrine diseases</td>
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</tbody>
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3. To accompany

• the weaning of addictions

4. To prescribe

• nutriments (folic acid, iodine)
Why to see a physician before pregnancy?
2. Tools of the campaign: 2. Poster

**Project of Baby?**

An idea prepared BEFORE conception
To Give all its importance to preconception visit

Appelée jadis consultation prénuptiale, on la nomme aujourd'hui «préconceptionnelle. Au travers d'une campagne qui débutera dans les prochains jours, l'ONE désire attirer l'attention tant des futurs parents que des professionnels de la santé sur son importance et va tester dans quelques consultations pilotes de nouvelles recommandations pour mener à bien ces visites particulières.

Il n'existe pas dans notre pays de visite préconceptionnelle organisée. En effet, si elle a lieu — et c'est loin d'être systématique — c'est lors d'une visite chez le médecin généraliste ou chez le gynécologue à l'occasion d'autres soins. Il est rare qu'un couple qui a pour projet de concevoir un enfant prenne rendez-vous avec un médecin uniquement pour en parler. Il est tout aussi exceptionnel que le prestataire de soins invite ses patients en âge de procréer à poser cette consultation préventive. De plus, actuellement, échanges et lien entre les professionnels de la santé sont très faibles.

3. Press Conference

La première comprendra l'anamnèse (informations quant à l'âge, à l'état de sante, à la consommation d'alcool et de drogues, aux antécédents médicaux), à l'activité physique, à la nutrition, à la conception de l'enfant antérieur, ainsi qu'à la consanguinité.

La deuxième consultation consistera en une évaluation plus approfondie de la santé maternelle et infantile, en particulier en ce qui concerne les maladies de transmission sexuellement transmissible, les infections à bactéries à transmission sexuelle, les maladies génétiques, les maladies incontenables, ainsi que les maladies psychiatriques.

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Éveil culturel, si tôt ?
Le centre néonatal
Papa, une place à prendre ?
Acide folique, un complément ?
Calcium, une cuillère pour maman ?
Brosser n'est pas jouer ?
Coliques, que faire ?
Moi tout seul ?
Filiation paternelle, plus qu'un droit ?
Parlez-vous chien ?
La pharmacie de voyage
Comptines, apprendre l'air de rien ?
Un bébé bien préparé ?
Bébé en avion aussi ?
Préparer l'arrivée du second ?
L'école maternelle, qu'est-ce qu'il y fait ?
Savez-vous tout de la péridurale ?
Deux, trois ou plus ?
Anticiper l'allergie
Fini de s'amuser
2. Tools of the campaign: 5. Website of ONE

L'ACCOMPAGNEMENT DE L'ENFANT

L'une des deux principales missions de l'ONE est l'accompagnement du jeune enfant et de sa famille par le biais de ses services gratuits que sont les Consultations et les Equipes SOS Enfants.
Evaluation of the campaign

KAP Survey

Knowledge’s – Attitudes - Practices
Campaign against alcohol consumption during pregnancy

Pregnant...
I take a drink without alcohol

Belgium 2005
Campaign for Folic acid during preconception period

Need for a Baby?
Make your stock of Folic Acid

Belgium 2006
Other procedures or campaigns

Campaign against tobacco

FARES

Belgium 2007
Knowledge of the Educational Tools of ONE

General tools

Specific tools (PCC or Folic acid)

N = 675
Folates intake before pregnancy

Before the campaign

Mean = 15 %

N= 1705

Folates intake before pregnancy

After the campaign

Mean = 27.8 %

N= 675

P<0.001
Categorical Care

Folic Acid Intake Before and after the Campaign in 6 maternities

Pilot-Consultation

Left C. 2005
Right C. 2008

N° of Maternity

%
Gap between Knowledge and Practice

- Knowledge only: 15
- + Knowledge of risks: 33
- Food intake > 300 µg: 20
- Food intake > 400 µg: 7

N= 100
Alcohol: Knowledge and Practice

Consumers: 11%
Non consumers: 17%

\[ p > 0.5 = NS \]
Tobacco Use of Tobacco

% 100


no use moderate severe

Campaigns
Tobacco

Tobacco cessation during pregnancy

1st National Campaign

p < 0.001
Analysis of the means: Conclusions

• Impact of the campaign
  • Knowledge +
  • Behaviours +

• But the impact of the campaign is limited

• The cost-benefit of folders is better than for TV-spots

• More and more people have access to health information’s by Internet

• There is a synergy between different campaigns

• In a first step, specific preconception visits can increase the visibility of the service
3. Analysis of the constraints
Constraints

- Economic: the cost
- Juridical: the law
- Ethical: the moral values
- Cultural: the traditional values and habits
- Educational: basic and continuous training
- Psychological: individual risk perception
Constraints

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New Eugenics

Actual aspects of eugenics:

- Prenatal visit
- Genetic counselling
- Antenatal Diagnosis
- Foetal medicine
- Gene Therapy
- Preconception care

Private or democratic eugenics
New or Private Eugenics

That is not a medical apparatus acting on the orders of a public authority that controls the society.

But individuals are going freely to the hospital or to the physician to obtain answers according to actual or anticipated suffering.

Jean Gayon
Ethics and Preventive medicine

Bioethics Advisory Committee of Belgium
Constraints

- Economic: the cost
- Juridical: the law
- Ethical: the moral values
- Cultural: the traditional habits and values
- Educational
- Psychological: individual risk perception
Folic Acid or other vitamins Intake

Folic Acid Intake before and during pregnancy

No response: 1.0%
Only before: 1.3%
Before and During: 27.7%
Only During: 47.5%
Never: 22.5%

N= 675
Problems with Folic Acid supplementation

- Insufficient food intake
- Insufficient folic acid supplementation
  - even after campaign / information
- Many pregnancies are not scheduled
- Long time between starting with folic acid and the beginning of pregnancy

Fortification
Constraints

- Economic: the cost
- Juridical: the law
- Ethical: the moral values
- Cultural: the traditional values and habits
- Educational
- Psychological: individual risk perception
Informations about preconception care during midwifery studies

- Informations: 35%
- No information: 65%
Constraints

- Economic: the cost
- Juridical: the law
- Ethical: the moral values
- Cultural: the traditional values and habits
- Educational
- Psychological: individual risk perception
Serologic investigations requested by gynaecologists

Serologic Exams

- Rubella
- CMV
- Toxoplasmosis
- Hepatitis B
- Hepatitis C
- HIV
- Syphilis
- Herpes zoster

Legend:
- Never
- Selective
- Always
Genetic investigations requested by gynaecologists

Genetic disorders

- Cystic fibrosis
- X Fragile
- Hémoglobinopathies
- Marfan
- Tay-Sachs
- Duchêne
- Huntington
- Caryotype

% never
Never
Selective
Always
Psychological Constraints

The preventive process and the anticipation difficulties

Curative demand

Preventive demand

Preventive demand for a third person

Preventive demand for a virtual third person
Analysis of the constraints: Recommendations

- High level of unwanted pregnancies
  - Role of Family Planning
- Difficulty to provide immunization and to postpone pregnancy
  - Role of scholar medicine
- Poor compliance of women to take folates
  - Fortification in folates
- Poor compliance of providers to follow guidelines
  - Continuous training of providers
Analysis of the constraints : Recommendations

• Difficulties for the providers to manage the ethical aspects of genetic disorders and to integrate the concept of democratic eugenics in their practice
  • Training in Ethics for providers

• Difficulties to assess the stochastic feature of clinical manifestations of inherited diseases
  • Training in public health for providers

• Failure in preconception care training both in midwifery schools and medical schools
  • To change the curriculum of these studies

• Lack of visibility of preconception care
  • Implementation of specific preconceptionnal clinics
4. Conclusions
Good health

Genetic susceptibility

Asymptomatic disease

Symptomatic disease

Physical Environment

Socio-cultural Environment

Natural History of Disease
Good health

Genetic susceptibility

Physical Environment

Socio-cultural Environment

Asymptomatic disease

Symptomatic disease

Curative Approach
Good health

Genetic susceptibility

Physical Environment

Socio-cultural Environment

Asymptomatic disease

Secondary prevention

Symptomatic disease

Prenatal visit Screening
Good health

Genetic susceptibility

Primary prevention

Physical Environment

Secondary prevention

Socio-cultural Environment

Preconception visit

Screening

Prenatal visit

Asymptomatic disease

Symptomatic disease
Prenatal visits begin BEFORE pregnancy

Preconception health begins BEFORE Preconception visit
Preconception care

Preconception health

is a new concept
Preconception care

Preconception health

is a new concept

is a new approach
Preconception health is a new concept is a new approach is a new paradigm
Preconception health is a new concept, a new approach, a new paradigm, and a new philosophy.

The purposes of Preconception health are focused on future generations.

In that way, it does participate to sustained development.
Thank You
for
your Attention
Audit on obstetrical practices (prenatal survey) 2005

• The number of prenatal visits per woman during pregnancy is higher than that estimated necessary.

• In general, there are too many biological analyses and too many technical exams.

• At the present time, there is no argument to generalise the screening of cystic fibrosis.
Prevalence des ALD

CV Diseases, cancer, diabètes, psychiatric, Resp D Infl, Alzheimier, neuro musc, hepatic, polyarthrite, rectocolite, immune de fic, Parkinson, renal, PAN LED, Scurrose en pl, paraplegie, mal metab, need, scolose evolui, Tuberculose, hemophage, insuff medullaire, bhp pathies, Mucoviscidose, suite transplant, bilharziose.
Cost per disease, per patient and per year

France 2004
Eugenics

ευ γενεα = good birth

Thomas More  Francis Bacon  1945  Nuremberg trial