Inequalities Increase Risk of Preventable Birth Defects

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Introduction
Go Folic! is a public health campaign targeting women of childbearing age. It was initiated in 2011 by the charity Shine, in response to the longstanding high level of pregnancies affected by neural tube defects (NTDs) in the UK. In 1000 pregnancies in the UK is affected, with the incidence rising to 6x the national average in some areas of Wales. Nationally, 80% of affected pregnancies result in late terminations at 20wks+ gestation (following diagnosis). Recent studies show that the number of children being born in South Wales with an NTD is increasing.

Problem
Numerous studies have demonstrated that the risk associated with neural tube defects in women is increased in women of lower socioeconomic status (SES), lower academic achievement, and certain ethnic minority groups. These women are also amongst those statistically less likely to receive preconception health; providing us with clear evidence that well informed women of childbearing age are more likely to have adequate blood folate levels by taking folic acid correctly prior to conception, and during early pregnancy.

Since 1992 it has been Government policy to recommend that women should take 400mcg of folic acid daily prior to conception and during the first 12 weeks of pregnancy, and 5mg daily if they fall into one of the medically recognised higher risk groups. However, too few women act on this important recommendation, and many pregnancies are not planned. Previous traditional awareness campaigns (eg Health Education Authority campaign, 1992) have succeeded in temporarily raising awareness of folic acid, but had little effect on women’s intake of folic acid supplements.

Method
Our creative campaign directly engages with women, providing information in alternative and easily accessible forms to help overcome some of the barriers that prevent many women from acting on longstanding advice due to lack of literacy, understanding and language barriers. We have effectively utilized social media, film (including animation) and audio to actively engage women and to reach groups in a different way, and in particular, to providing information in as many languages as possible.

Elements of our campaign so far have included:

- A bespoke, interactive website
- Facebook and Twitter interaction
- Targeted advertising on Facebook
- Contemporary leaflets/posters
- T-shirts, wristbands etc
- Local campaigns with midwives
- Initiatives to improve information on other health education sites

Our integrated pharmacy campaign with Norfolk PCT in 2012, where pharmacists not only created high profile displays of leaflets, posters and vitamins but were also encouraged to engage women in conversation about folic acid and healthy pregnancy. The activity was also supported by Go Folic! films shown on screens throughout the country’s library network. The rural spread of the country and significant SES factors provided an ideal opportunity to assess targeting more vulnerable and hard-to-reach groups. We have also successfully provided free information leaflets to surgeries, hospitals, midwives, pharmacies, colleges and community groups for the last 3 years, and more recent collaborations with the Family Planning Association and the All Wales Sexual Health Network have provided further opportunities to reach more at-risk women before pregnancy.

Results
Our social media activity has resulted in a continually growing Facebook, Twitter, and Youtube following, with Facebook advertising alone gaining the attention of up to 340,000 women per week who may not otherwise have accessed this important information. Our activity in Norfolk resulted in an increase of almost 800 prescriptions for folic acid during the campaign’s 3-month duration (‘Prescribing has increased substantially, with more folic acid prescribed than ever before and it must be related to campaign’. Ian Small, Chief Pharmacist for Norfolk and Waveney) with pharmacists also reporting increases in over the - the counter sales and more women asking questions about folic acid and preconception health, providing us with clear evidence that well targeted activity can also affect behaviour change, even in hard-to-reach areas. As Wales and Norfolk share a number of common SES factors, we plan to utilize the knowledge gained from this pilot and build on our success with a regional project in Wales.

Conclusion
It will be some time before we are able to fully assess the impact of Go Folic! However, the results of activity to date demonstrate the campaign’s potential for awareness raising, and most importantly, affecting behaviour change. It is indicative of the campaign’s appeal that our materials are now being used in Nigeria and Poland, with many more enquiries about adopting the Go Folic! approach overseas. In addition to extending the languages in which our materials are available, we will continue to support smaller overseas organizations with their prevention work.

In the future, structural activity in the form of mandatory fortification of flour with folic acid may help to further dissipate inequalities by removing the necessity for individual action and the significance of social or economic advantage. This effect can be seen in the results of previous interventions such as water fluoridation (which resulted in a reduction of inequalities affecting dental health) and global mandatory flour fortification policies that are estimated to prevent at least 38,417 birth defects annually.

Acknowledgements:
Thankyou to Vitabiotics and Lanes Health for funding this work, Norfolk PCT for partnering us on the pharmacy pilot, and The All Wales Sexual Health Network, the Family Planning Association and others too numerous to mention, for their invaluable support.

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