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Prevention of NTDs

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Reply

To the Editors: Coll et al comment on our article,¹ being convinced of the Dutch origin of the data. However, that assumption is wrong; only the first author is Dutch. This study was performed using data from the Slone Epidemiology Center Birth Defect Study, so it represents information among American pregnant women. In 2002, the use of folic acid in the relevant time period was 42% in this American study, which is generally consistent with the 36% use in a Dutch survey in 2002² and much higher than the disappointing 7% in the Mediterranean area presented by Coll. I completely agree with Coll et al that food fortification, as well as effective strategies for the prevention of NTDs are urgently needed, not only in Europe.

In the Netherlands, a slight decrease in the prevalence of NTDs was visible from 1.86 before to 1.60/1000 after the national mass media campaign aimed to inform patients as well as professionals about periconceptional use of FA.³ But such a campaign is only for that moment and does not approach women individual and proactive. A sustained effect of this one-time media exposure cannot be expected. In this respect proactive approaches that offer direct counseling before pregnancy and provide dietary supplementation in the target group have been successful in China and in a physician-intervention in Arkansas.⁴ Health providers, particularly gynecologists and general practitioners, can play an important role in informing and stimulating women planning their pregnancy to take folic acid. This was indeed the strongest predictor of folic acid use in the American study.¹ However, in daily practice these health providers do not reach the women before they attempt to get pregnant. Because approximately 70% of Dutch women take oral contraceptives (OC) before their first pregnancy and visit their pharmacy regularly, a proactive intervention in Dutch pharmacies was developed which aimed to inform and motivate OC-using women to start taking folic acid supplements before the attempt to become pregnant. Women who received the intervention

were more aware of the protective effects and the relevant period of use of folic acid compared with the reference women. More promising, the use of folic acid among women who intend to become pregnant was significantly higher in the intervention group than the reference group (62.5 vs 30.8% in nulligravidas and 40.0 vs 26.7 in women who had a previous pregnancy).⁵ These data strongly suggest that information provided from pharmacies, with the opportunity for discussion with the pharmacist or technician can reach, inform, and motivate women who are planning to become pregnant. Only through the development of creative educational interventions will the population as a whole benefit from the effects of folic acid to prevent NTDs.

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Timing of prophylactic antibiotic administration in the uninfected laboring gravida: A randomized clinical trial

To the Editors: In the study performed by Thigpen et al,¹ timing of antibiotic administration in uninfected laboring women was studied. Postoperative maternal and

neonatal infectious complications were well defined and registered. The authors conclude that timing of prophylactic antibiotic treatment, ie, at skin incision or at