

FOLIC ACID USE AMONG WOMEN IN CANADA

RESULTS FROM THE CANADIAN MATERNITY EXPERIENCES SURVEY

INTRODUCTION

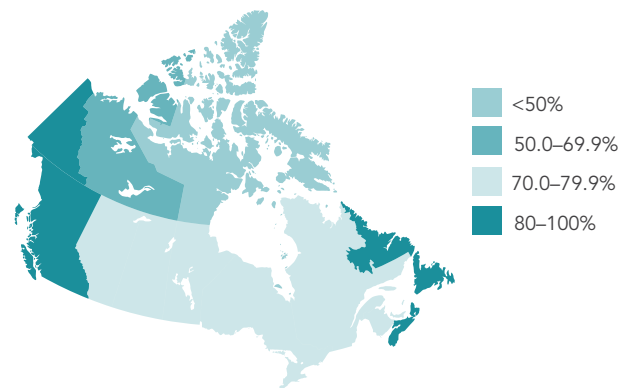
Since 1998, the Government of Canada has required that folic acid be added to all white flour, enriched pasta, and cornmeal products sold in Canada. Since then, there has been a significant decline in the rates of neural tube defects (NTDs) in Canada. As it is hard to get enough folic acid from diet alone, the Public Health Agency of Canada recommends that all women who could become pregnant should take a multivitamin containing 0.4 mg of folic acid every day. Higher amounts are recommended for some women whose risk for NTDs is higher. Although the benefit of folic acid in preventing NTDs is well known, not all women take supplements during the 3 months before conception, and during the first 3 months of pregnancy (periconceptual period).

SUMMARY

- Overall, 77.6% of women knew that taking folic acid before conception could help protect their baby from NTDs.
- Over half (57.7%) of women reported taking a multivitamin containing folic acid or a folic acid supplement before they became pregnant.
- Most (89.4%) women reported taking folic acid (multivitamin or supplement) during the first 3 months of pregnancy.
- Half (49.2%) of all women took folic acid according to the recommended guidelines (daily supplementation in periconceptual period).
- Where they live had an impact on whether women reported knowing about the benefits of using folic acid before pregnancy. (See Figure 1)

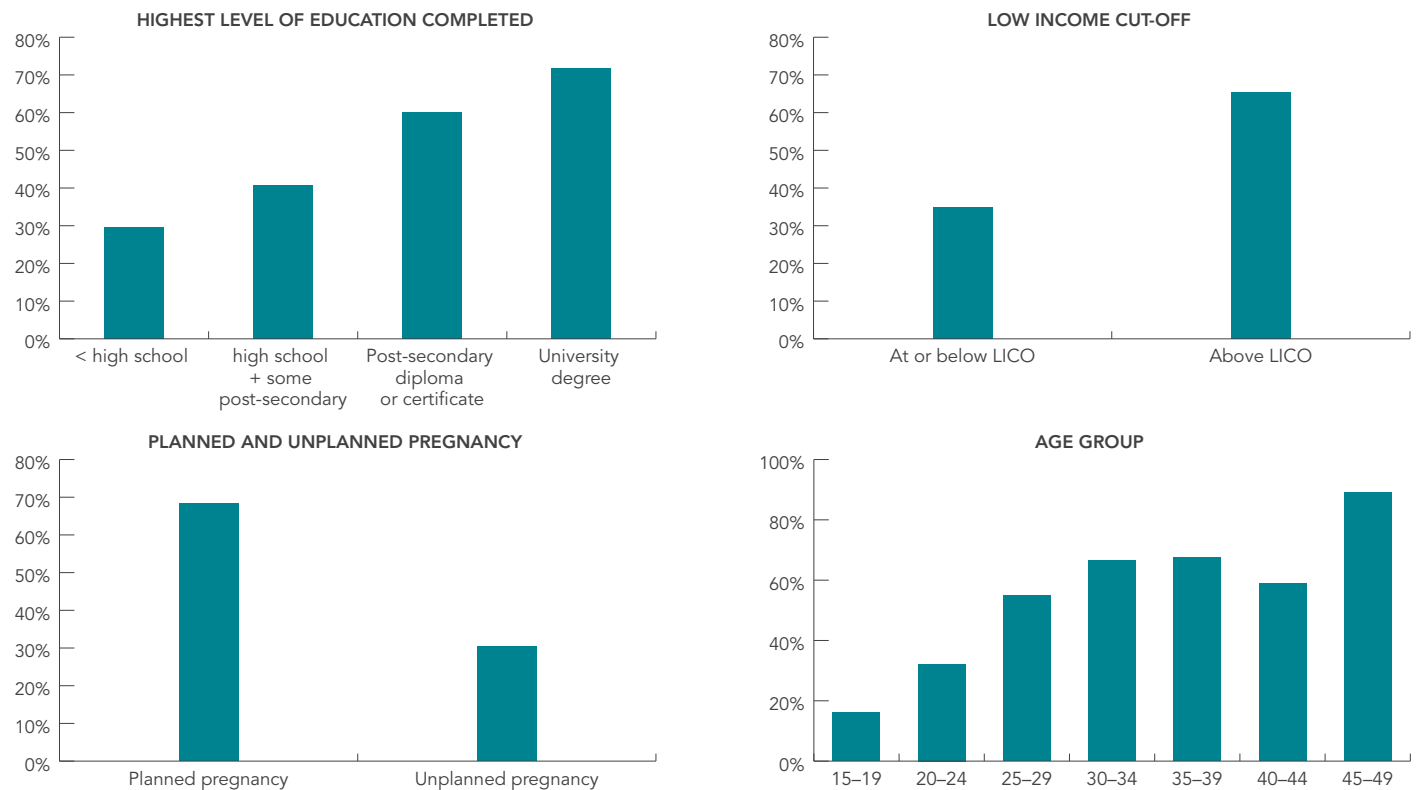
- Older women and those with higher levels of education and income were more likely to know about the benefits of folic acid and to take supplements before and after conception.
- Women who had an unplanned pregnancy were less likely to supplement with folic acid, compared to women who had a planned pregnancy.

FIGURE 1: Depending on where they live, Canadian women's understanding of the need to take folic acid varies



Although half of women were using folic acid according to the national recommendations, survey results also showed that differences existed based on social factors like education and economic status, as well as age and planning for pregnancy. (See Figure 2). Identification of women whose use of folic acid is low, may allow for educational or other interventions to increase knowledge of the importance of folic acid in pregnancy and increase its use to help achieve healthy pregnancy outcomes.



FIGURE 2: Percentage of women who used folic acid supplements before pregnancy, based on four factors

MORE INFORMATION

Details about the MES, such as the questionnaire, data tables, and teaching slides are available here: www.publichealth.gc.ca/mes

To learn more about positive choices to help ensure a healthy pregnancy, please see the Guide to a Healthy Pregnancy. Available from: www.phac-aspc.gc.ca/hp-gs/guide/index-eng.php

For more information on why all women who could become pregnant should be taking Folic Acid, please visit www.phac-aspc.gc.ca/fa-af/

In 2006–2007, the Canadian Maternity Experiences Survey (MES) surveyed Canadian women about their experiences and practices before and during pregnancy, after childbirth, and in the early months of being a parent. The MES was a project of the Canadian Perinatal Surveillance System (CPSS) which monitors and reports on key indicators of maternal, fetal and infant health in Canada. For more information visit: www.phac-aspc.gc.ca/rhs-ssg/