

---

## The request for advice

---

On 5 November 2004 the Minister of Health, Welfare and Sport addressed the following request for advice to the President of the Health Council of the Netherlands (letter reference: PG/ZP2.518.824, 5.11.2004).

In my opening address to the assembled experts at the Bilderberg Conference on 'Preconception Care for Prospective Parents' on 29th January 2004, I expressed the wish to enter into a discussion with them about how we can improve the information given to prospective parents about preconception care (annex 1). The aim of preconception care is to enable couples to prepare themselves in the best possible way for pregnancy, in order to reduce the risk of hereditary and congenital disorders. To achieve this goal, sufficient information should be provided about risks, health promotion and possible interventions. At present, this information is still extremely fragmented.

On 1st October 2004 the Dutch Foundation for Preconception Care was founded, comprising the following six participating organisations: the Dutch Genetic Alliance (VSOP), the Royal Dutch Organisation of Midwives (KNOV), the Dutch Association for Community Genetics (NAGC), the Dutch Society for Obstetrics and Gynaecology (NVOG), the Dutch Society for Clinical Genetics (VKGN) and the national association of municipal health authorities (GGD-Nederland). These organisations are seeking to establish how to gain better access to couples who want to have children, in order to improve the information that they receive. Earlier in the year, on 7th April 2004, the VSOP had produced an advisory report on preconception care (annex 2), in which it proposed that the Foundation be charged with the task of considering the precise content and structure of preconception care, and that the Health Council should be asked to advise on the implementation of preconception care, espe-

---

cially in relation to those aspects that are still surrounded by significant scientific and/or ethical uncertainty or controversy.

On 29th June 2004, during the debate over the policy on prenatal screening, the Lower House adopted the motion tabled by member Ormel and others, requesting the government to seek to require manufacturers of contraceptives to include on their packaging the advice that women should start taking folic acid as soon as they stop using contraceptives with a view to becoming pregnant. In response, State Secretary Ross-Van Dorp has agreed to look into how she might fulfil this request (annex 3). In the meantime, plans are being made to stage a folic acid campaign during the period 2005-2007. The precise details of such a campaign have yet to be worked out, however. I am keen that this initiative should, as closely as possible, reflect current expert thinking on the broad-based implementation of preconception care in the Netherlands (as indicated earlier) – and that this care should amount to more than just prophylactic folic acid.

Research has shed light on factors that have a major bearing on good pregnancy outcomes and measures that promote the health of mother and child. Research into risks has shown that some are associated with the lifestyle and that smoking and alcohol consumption, in particular, have an adverse impact on pregnancy. Other risks stem from use of medication and exposure to substances that are not normally harmful. Some of the available knowledge in these areas is already being applied, but application is not universal and it is frequently inadequate. We know, for example, that folic acid is only being taken by some of the women who should be using it. Others only start taking it at a later stage, namely when they are already pregnant (and they have sought advice from a midwife or GP). Similarly, women usually only get information about infections stemming from such sources as raw food and cat litter trays after they have become pregnant. Information about hereditary diseases, too, is being under-utilised. What is important is knowledge about this type of disorder within the family, an understanding of the risks of consanguinity and awareness of carrier status (e.g. in the case of such disorders as cystic fibrosis and sickle cell disease).

Ignorance has been identified as the main reason why the available knowledge is either not applied or only applied at a late stage. If we improve education about risks, prospective parents can do more to promote a favourable pregnancy outcome. As things currently stand, this information only reaches some of the individuals concerned. Application of this information requires sufficient support both from prospective parents and from the relevant professional groups and such sectors as the child health services. Acceptance of preconception care is, after all, a necessary condition for efficient implementation – and in order to gain the requisite level of support, it is necessary to ensure that the services provided are of a high quality.

This prompts me to raise the following questions with regard to preconception care:

---

- Is it possible to provide an overview of research results of relevance to the promotion of the health of mother and child, together with an assessment of the evidence on which these findings are based?
- To what extent are the above-mentioned research findings being applied in present-day practice in the Netherlands and other Western countries?
- How can we optimise the coverage of education about risks, health promotion and possible interventions before and during pregnancy, and which professional groups/agencies (e.g. the child health services) should be involved?
- What ethical questions and controversies need to be considered in connection with preconception care?
- Given the level of support that is needed for efficient implementation, what specific requirements should preconceptual information meet?

Yours sincerely,

(signed)

The Minister of Health, Welfare and Sport

H. Hoogervorst