

ESHRE 2020 Virtual (5-8 July 2020)

Questions for the speakers

Session 30: Nurse or midwife led e-health care interventions

Development and evaluation of a preconception health online learning module for nurses in primary care - Karin Hammarberg (Australia)

Q: What is the profile of people who don't mind being asked about pregnancy compared with the minority that (I assume) mind being asked that.

A: While most stated that they would not mind or would appreciate being asked this question, about one in four felt it would be inappropriate. The proportion who would feel the question was inappropriate was higher amongst those aged 18 to 24 years (33%) compared to those aged 25 to 35 years (19%), and among people who considered themselves to be quite overweight (39%) or a little overweight (29%), compared to those who reported a normal bodyweight (20%).

Q: Is it possible for health care providers from other countries to access this course?

A: Yes, it can be accessed from anywhere as far as I understand through this link:

<https://www.apna.asn.au/product/detail/bf1d73d6-ced9-e911-80d9-005056be66b1>

Q: Australia is leading the way. How can we convince other governments to fund this important work?

A: The health economic argument sometimes helps convince governments to invest in health promotion. The cost to the health care system of poor parental preconception health is considerable and far outweighs the cost of health promotion action to improve awareness about the importance of preconception health and support people to be in the best possible health before conception.

Q: How can we adopt this program in our country?

A: The online learning module can be accessed by anyone but having a country specific version would probably be better and more relevant to primary health care providers in individual countries. The evidence base is the same though, so mirroring the module we have developed would save some cost for those who want to develop a similar module for health professionals in their country.

Q: The module can be used by other health professionals? Can it be suitable for other settings other than primary care?

A: I think it's most relevant for primary care but could also be used by others as an educational resource to raise awareness about the importance of optimal parental preconception health.

The midwife-led development of e-based pre-conception care programme - Ilse Delbaere (Belgium)

Q: Can you tell us something about the feedback you had from people who do not want to have children?

A: They appreciate the explicit message that the choice not to have children, is a valid choice too. The tool includes this option and does not assume that people want children automatically. This message is given all too easy in society.

Q: Male binge drinking is disencouraged with respect to male fertility; what's the evidence for that? Advises regarding alcohol vary among literature.

A: This discussion is included in the website 'gezondzwangerworden.be': effect on fertility is less clear, but an effect on sexuality has been found.

Q: Any suggestions to reach more men of reproductive age with this information?

A: We included as many men as women in the focus groups in order to tailor our tool sufficiently to men. Men in the focus groups were very involved and found the selected tool appealing for them.

Q: About the graph of visitors to website, at the end of the curve we observe a decrease; could this be related to the end of confinement?

A: No, this is because data were not available yet. We always see this decrease at the time we check google analytics.

Q: How to deal with possible feelings of guilt and regret for those that perceived them in "advanced age"?

A: That is a very good question. I hope the message on the website klaarvoorkinderen.be is formulated positive enough not to stir up feelings of regret, but this is a complex matter in health promotion.