

New food safety and listeriosis resources for pregnant women and health care providers

Listeriosis is one of the most serious infections during pregnancy. It is acquired through the consumption of contaminated foods including deli meats, soft cheeses, unpasteurized cheeses, smoked seafood, and produce. Pregnant women are at increased risk from listeriosis due to the decline in cell-mediated immunity. Infection can lead to serious illness such as meningitis and sepsis. Vertical transmission can lead to stillbirth, premature labor, spontaneous abortion, or neonatal infection. In BC, approximately 9% of infections between 2002 and 2012 were pregnancy related. Practising food safety during pregnancy can almost entirely prevent listeriosis and other foodborne illnesses. Research in other countries suggests that knowledge and practices to prevent foodborne illness in pregnancy are not complete and that resources are not sufficient. Using qualitative and quantitative methods, we developed an understanding of the knowledge, attitudes, practices, and needs of pregnant women regarding food safety and used this to develop resources for pregnant women and their health care providers.¹

Three focus groups were conducted with women in the Fraser Health Authority (FHA) who had recently delivered; qualitative analysis was conducted. A questionnaire was completed by 107 pregnant women in seven offices in the Lower Mainland; statistically significant associations were assessed. Results from both study methods showed complementary findings. Four themes were identified:

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Food safety is important to pregnant women but their knowledge is limited and practices are somewhat unsafe.

Women were concerned that contaminated food could pose a threat to them and their babies. They thought about food safety during pregnancy and looked for information. However, only 54% of the participants knew what listeria was. High-risk foods, such as smoked salmon, were not properly identified. Women had limited knowledge of the symptoms and, more importantly, of the impact the illness could have on their baby. High-risk foods were regularly consumed by 17% of participants.

Relationship with the health care provider is important.

Women felt that their health care provider was their most trustworthy source of information during pregnancy (97.6%). However, fewer than 60% received information from their health care provider on food safety or listeriosis. Women identified barriers such as limited time, having to prompt for details, and the fact that they may not see a health care provider early in pregnancy.

Pregnant women do their own research on food safety and listeriosis.

Because women felt that food safety was important and because of limitations in accessing information through their health care provider, they searched for information themselves. The women used a variety of sources including books, the Internet, friends, family, and social media.

Improvement in messaging and availability of resources are desirable.

The women indicated that resources often provided conflicting or inadequate information, affecting their ability to make informed decisions. Over-

whelmingly, they indicated that they wanted information early in pregnancy. They suggested visual formats including color coding, bullets, checklists, and charts. They felt messages should include symptoms, impact on the baby, foods and practices to avoid, alternative foods, and how to prepare food safely.

Women identified a gap between the food safety information they need during pregnancy and the resources currently available in BC. Using their feedback, we developed resources consisting of a booklet, posters, and a website to meet their needs (www.bccdc.ca/foodsafetyinpregnancy). Distribution of materials will occur both through established partnerships and through innovative new channels recommended by participants. The aim is for women to access the information through various locations and means, at any point during their pregnancy, on their own as well as through their health care providers. These resources can be used by women and their health care providers to improve practices and knowledge, and help to decrease morbidity.

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Reference

1. Taylor M, Kelly M, Noel M, et al. Pregnant women's knowledge, practices, and needs related to food safety and listeriosis: A study in British Columbia. *Can Fam Physician* 2012;58:1106-1112.