RP-0007

Community-Based Folate Promotion for Preventing Non-Syndromic Cleft Lip and Palate Among High-Risk Mothers in the Thai-Lao-Myanmar Border Region

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INTRODUCTION

Non-syndromic cleft lip and/or palate (NSCL/P) remains a major congenital condition. In underserved border communities, limited access to health information and preconception care may constrain primary prevention. This study explored how community-based support enabled preventive practices among mothers at high risk of recurrence.

MATERIALS & METHODS

Design: Qualitative descriptive study
Setting: Thai-Lao-Myanmar border region
Data collection: Semi-structured interviews, June 2026
Participants: 4 high-risk mothers and 1 experienced practitioner
Analysis: Reflexive thematic analysis of maternal and practitioner narratives

RESULTS: FOUR INTERCONNECTED THEMES

01 TRUST-BASED ENGAGEMENT

Long-term NWDF outreach supported early identification, trusted relationships, and access to preconception care.

02 FOLIC ACID-CENTERED CARE

Mothers reported 5 mg folic acid daily, starting about 3 months before conception and continuing through the first trimester, with counseling and clinical follow-up.

03 HOLISTIC LIFESTYLE SYNERGY

Improved nutrition, reduced heavy work, avoidance of household smoke where feasible, and regular antenatal care reinforced preventive behavior.

04 GENERATIVE ADVOCACY

Mothers with successful subsequent pregnancies encouraged other women to seek preconception care and begin folic acid before pregnancy.

CONCLUSION

NWDF-led outreach may strengthen equitable access and adherence to preconception care among high-risk women in underserved border communities. The locally reported 5 mg/day regimen was clinician-supervised and should not be interpreted as a universal recommendation.

PUBLIC HEALTH INTERPRETATION

The findings suggest that trusted community organizations can bridge high-risk women to clinically guided preconception care. The narratives indicate that folic acid use was embedded within a broader package of counseling, follow-up, nutrition, smoke reduction, and antenatal care; the study does not establish that folic acid alone caused the observed outcomes.

LIMITATION

This exploratory case study included only 4 mothers and 1 practitioner. The small, selected high-risk cohort limits transferability; findings should inform implementation rather than efficacy claims.

References: Wilcox et al., BMJ (2007), doi:10.1136/bmj.39079.618287.0B | PMID:33118705 | WHO (2023)