Methods: 100 health workers working at family planning units of health centers were randomly sampled. Data about their counseling skills was gathered through observation of a cession of counseling with a client and filling a checklist. The clients were interviewed about how they satisfied by the family planning counseling. 

Findings: 32% of clients were satisfied by family planning counseling. There was a high correlation between clients’ satisfaction and providers performance in communicating with client and greeting them (p = 0.000), clients’ assessment and asking her needs (p = .000), telling the clients about all available forms of methods and the results of their assessment (p = 0.01), making decision about the family planning method (p = 0.02), explaining the selected method (p = 0.003), guidance about the additional visits on occurrence of selected methods’ side-effects (p = 0.02). 44% of them mentioned their need for more private place and 57% wanted more time for asking their questions.

Conclusion: The quality of family planning counseling process especially health workers’ skill must be improved. In service education on counseling skills and more supervision is suggested.

P777 Contraceptive counselling in primary health care – what do young women prefer? 
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Introduction: In 1991 a state funded health care system was replaced by a national solidarity based insurance system in Estonia. In addition to the existing women’s out-patient clinics, new types of primary health care services offering contraceptive counselling were set up: private gynaecological practices, a family doctor system, and youth friendly clinics (YFC).

Objective: This study aimed to investigate young women’s usage of, preferences for and satisfaction with different contraceptive service providers in Estonia.

Methods: Data from the population-based postal survey concerning the 649 women, aged 16–24 years, who visited health care services in order to get contraceptive counselling, were analysed. Logistic regression was used to investigate the association between satisfaction (friendliness, confidentiality, competence, adequacy of time) and the health care service type.

Results: Half of the respondents visited and also preferred the counselling provided by a gynecologist in a women’s out-patient clinic; the remainder YFCs (20% and 13%, respectively), private clinics (18% and 18%) and a family doctors (12% and 6%). Most of the women were satisfied with services. Compared to the women’s out-patient clinic, they were more likely to be satisfied with all studied aspects of care in YFCs and with friendliness and length of the visit for the other studied service providers.

Conclusion: Young women in Estonia have the possibility to choose between alternative health care services for contraceptive counselling. Although a traditional women’s out-patient clinic was most frequently visited, the satisfaction with care in the new services was high. More active involvement of YFC and family doctor system offering an integrated service may further contribute to an increase in contraception usage.

P778 Spina bifida … Are we doing enough? 
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Introduction: Daily intake of 400 microg of folic acid before conception can reduce the risk for having an infant with a neural tube defect (NTD) such as Spina Bifida (SB) or anencephaly by up to 80%. Although other risk factors for NTDs exist, such as diabetes, obesity, and family history of NTDs, prevention measures have focused predominantly on promoting folic acid consumption. National flour fortification with folic acid has started in Saudi Arabia in 2001, which reflected by a decline in the incidence from 1.9/1000 to 0.76/1000 in Jeddah City Kingdom of Saudi Arabia.

Objectives: The aim of this study is to evaluate the effect of flour fortification with folic acid on the frequency of SB cases diagnosed by the department of obstetric ultrasound OB/US in feito-maternal unit KAMC by comparing the number of cases of SB diagnosed during the years 1999–2000 and 2005–2007 with the total number of delivery as a denominator in each period.

Methods: All pregnant women diagnosed by the OB/US unit to carry a fetus with SB and confirmed post delivery during the years 1999–2000 and 2005–2007 were included to calculate the incidence of SB in each period in relation to the total live birth. The number of cases for each period was double checked by reviewing all the admission in neonatal intensive care unit with the diagnosis of SB.

Results: The total number of cases in the first period was 9 and in the second period were 11. Total number of deliveries was 13811 and 24938 for the two periods respectively giving an incidence of SB of 0.65/1000 and 0.44/1000 for the two periods respectively with 33% reduction in the incidence of SB between the two periods. The maternal demographic data of this cohort was as follows: the mean maternal age 29.5±6.8 years the parity was 3.5±3.4, the gestation age at the time of diagnosis was 29.8±6.7, and the gestation age at the time of delivery was 36.3±5.2 (All figures are (Mean ± SD). 75% of the infants had an isolated SB or its complications such as hydrocephalus, in the rest the SP was part of either a syndrome or multiple congenital anomalies. The commonest site of the SP was lumbo-sacral accounting for 47% of the cases followed by the lumber region in 26.3% of cases.

Discussion: SB is a preventable congenital problem in up to 80% of cases; national preventive measures have been implemented with marked difference in the incident of the disease world wide. In Riyadh area the population is dependent on rice, rather than flour, for their stable dietary item, in addition to the high consanguinity rate, these might be the main factors behind the decimal effect of national flour fortification with folic acid in this area. Addition...