Tobacco, Drug Use in Pregnancy
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SSEP Update

(Sweet Success Extension Program)

Winter 2014
Vol 9 No 1

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Motivating your GDM Patients: A Quick Overview of Motivational Interviewing

By Susan Dopart, MS, RD, CDE

Do you ever find yourself wrestling with your patients rather than dancing?

As healthcare professionals, we are trained to give our patients important information to benefit their health. If that information is not followed, there can be negative consequences, especially if it relates to gestational diabetes.

Have you ever thought your patients may not be ready to receive what you need to share with them?

Life pulls us in different directions. There's always more to do, or higher priorities that need attention. When it comes to decisions and important choices with respect to our health, it's not surprising that many of us are overwhelmed or resistant to one more thing to add to the list of "to do's."

James Prochaska, PhD, professor of psychology at University of Rhode Island, identified six stages in which people change: precompletation (not ready), contemplation (getting ready), preparation (ready), action (overt modifications in behavior change), maintenance (sustained action) and termination (zero temptation to return to old habits).

According to Dr. Prochaska, people move through these stages of change as they are ready. As an example, they cannot be forced into action if they are in precontemplation or contemplation. Relapse is the norm and not the exception when changing behavior, and many times patients can spiral through the stages multiple times before behavior change is maintained.

The good news is there is a language to use with patients to assess what stage they are in, and how to navigate movement through these stages and it's called Motivational Interviewing (MI).

MI: A POWERFUL TOOL

MI is a client-centered, guiding method of communication and counseling designed to elicit and strengthen motivation for change by exploring and resolving ambivalence.

The power and essence of MI lies in our basic assumption that people are naturally inclined to strive toward being the best person they can. As healthcare professionals, we can help our patients find the motivation that is already within them, and at the same time affirm and value them as people.

So, what is the best way to motivate our patients? We motivate by our presence, undivided attention, and curiosity to their particular situation. Research shows that common human reactions to being listened to are: feeling understood, wanting to talk more and open up, as well as feeling safe, empowered and hopeful.

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SSEP Update GOAL is to publish useful information and/or tools to help team members provide quality diabetes and pregnancy care.

SSEP Mission: Our mission is to improve pregnancy outcomes and long-term quality of life for women with diabetes and their offspring, which extends beyond birth for both mother and child. We work with provider groups to increase their knowledge and delivery of care by:

- Developing and/or endorsing events and activities that increase their knowledge.
- Supporting multidisciplinary health care teams as they take a proactive approach, focused on healthy lifestyles.
- Encouraging providers to involve the entire health care system, community and patient at all levels in supporting lifestyle changes that foster improved long-term health and quality of life.

SSEP Contact Information

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April 25-26, 2014: Hoag Conference Center, Newport Beach, CA - Sweet Success Associate Training
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THE OARS TECHNIQUE

As Theodore Roosevelt once said, "No one cares how much you know, until they know how much you care."

Although our education, advice and information have a role, the most powerful tool we have for helping people is not what we tell them. What supports change is the manner, attitude and spirit with which we empower them.

One acronym we use in MI is OARS – open-ended questions, affirmations, reflections, and summaries. It sounds simple, but common knowledge is not always common practice!

For example, a woman with GDM can be overwhelmed with her diagnosis, and reflecting her feelings can get to the heart of her fears of having a baby with health issues. When she feels heard and understood, she may be more open to hearing what we have to say.

Affirming what she is already doing is part of MI. For example, stating, "It must have taken a lot of courage for you to come to this appointment today given your fears," is affirming something she did to take care of herself and her baby.

Asking open-ended questions (versus closed ended, or yes and no questions) allows her to elaborate on her situation, giving you more information and a direction to go in.

Summarizing her statements after each pause can help her feel heard and want to talk more. Reflections are short summaries after a series of statements on the part of the patient. Longer summaries are often useful for them to feel heard and continue the conversation.

PUTTING MI INTO PRACTICE

People are more likely to make changes if they perceive they have control and choice. Our conversations with them can convey this choice and help them in their process.

Using OARS can be instrumental in assisting our patients to hear their own thoughts and address their fears with a focus on behavior change.

What is one easy way to start using MI? It's called engagement, which according to Steven Rollnick, co-author of Motivational Interviewing: Helping People Change, is 20% of the conversation. How do you engage your patients from the start?

Research shows that patients make up their mind if you are able to help them within the first two minutes of an interview.

Eye contact and body language convey presence and assist with engaging patients. If engagement does not happen, movement toward behavioral change will likely not occur.

Many healthcare practitioners immediately go to planning (educating, information giving, etc.) but engagement must happen first, followed by a focus on what the client is interested in hearing about.

Give your patients information in eyedropper-size units, and let them choose the information that is most relevant to their situation and interest. It will help with long-term change and take the pressure off you as a professional.

Just as you have to prep your house before you paint, MI is the prep before giving information. Motivational Interviewing is like learning a language and takes patience to grasp. Going to a one- or two-day workshop can help with the beginning stages of learning MI. If it is something you want to build upon, there are MI trainers and coaches throughout the U.S. and Europe. You can find their information at motivationalinterviewing.org.

If you choose to learn MI, you will have a lot more dancing than wrestling in your office, and go home feeling more satisfied and energetic knowing you made more of a difference in the world and your patients' lives.

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TOBACCO, DRUG USE IN PREGNANCY CAN DOUBLE RISK OF STILLBIRTH - NIH Report

U.S. Department of Health and Human Services NATIONAL INSTITUTES OF HEALTH (NIH) News Eunice Kennedy Shriver National Institute for Child Health and Human Development (NICHD) http://www.nichd.nih.gov/.
For Immediate Release: Wednesday, December 11, 2013

CONTACT: Kerri Childress, 301-496-5135, e-mail: Kerri.Childress@nih.gov.

NIH network study documents elevated risk associated with marijuana and other substances.

Smoking tobacco or marijuana, taking prescription painkillers, or using illegal drugs during pregnancy is associated with double or even triple the risk of stillbirth, according to research funded by the National Institutes of Health.

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TOBACCO, DRUG USE IN PREGNANCY CAN DOUBLE RISK OF STILLBIRTH - NIH Report

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Researchers based their findings on measurements of the chemical byproducts of nicotine in maternal blood samples; and cannabis, prescription painkillers and other drugs in umbilical cords. Taking direct measurements provided more precise information than did previous studies of stillbirth and substance use that relied only on women's self-reporting. The study findings appear in the journal Obstetrics & Gynecology.

"Smoking is a known risk factor for stillbirth, but this analysis gives us a much clearer picture of the risks than before," said senior author Uma M. Reddy, M.D., MPH, of the Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD), the NIH institute that supported the study. "Additionally, results from the latest findings also showed that likely exposure to secondhand smoke can elevate the risk of stillbirth."

Dr. Reddy added, "With the legalization of marijuana in some states, it is especially important for pregnant women and health care providers to be aware that cannabis use can increase stillbirth risk." The study enrolled women between March 2006 and September 2008 in five geographically defined areas delivering at 59 hospitals participating in the Stillbirth Collaborative Research Network <https://scrn.rti.org/>. Women who experienced a stillbirth and those who gave birth to a live infant participated in the study. The researchers tested blood samples at delivery from the two groups of women and the umbilical cords from their deliveries to measure the exposure to the fetus. They also asked participants to self-report smoking and drug use during pregnancy.

Stillbirth occurs when a fetus dies at or after 20 weeks of gestation. While the U.S. stillbirth rate decreased from 18 per 1,000 births in 1950 to 6 per 1,000 births in 2006, it still remains higher than many other developed countries and affects almost 26,000 U.S. newborns per year.

Dr. Reddy collaborated with first author Michael W. Varner, M.D., of the University of Utah School of Medicine, in Salt Lake City, and network researchers from Emory University, in Atlanta, GA; RTI International, in Research Triangle Park, NC; the University of Texas Medical Branch at Galveston; the University of Texas Health Science Center at San Antonio; Brown University, in Providence, RI, and the NICHD, in Bethesda, MD.

The researchers tested the women's blood for cotinine, a derivative of nicotine, and tested fetal umbilical cords for evidence of several types of drugs. They looked for evidence of the stimulants cocaine and amphetamine; prescription painkillers, such as morphine and codeine, and marijuana. These tests reflect exposure late in pregnancy. Among the women who had experienced a stillbirth, more than 80 percent showed no traces of cotinine and 93 percent tested negative for the other drugs. In comparison, about 90 percent of women who gave birth to a live infant tested tobacco-free and 96 percent tested negative for other drugs.

Based on the blood test results and women's own responses, the researchers calculated the increased risk of stillbirth for each of the substances they examined:

1. Tobacco use -- 1.8 to 2.8 times greater risk of stillbirth, with the highest risk found among the heaviest
   smokers
2. Marijuana use -- 2.3 times greater risk of stillbirth
3. Evidence of any stimulant, marijuana or prescription painkiller use-2.2 times greater risk of stillbirth
4. Passive exposure to tobacco -- 2.1 times greater risk of stillbirth

The researchers noted that they could not entirely separate the effects of smoking tobacco from those of smoking marijuana.

Only a small number of women tested positive for prescription painkiller use, but there was a trend towards an association of these drugs with an elevated stillbirth risk.

"As about 1 in 20 members of the U.S. population over the age of 12 have used opioid pain relievers non-medically, this finding could affect many pregnant women and calls for more investigation," said study co-author Marian Willinger, Ph.D., also of the NICHD.

About the Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD): The NICHD sponsors research on development, before and after birth; maternal, child, and family health; reproductive biology and population issues; and medical rehabilitation. For more information, visit the Institute's website at <http://www.nichd.nih.gov/>.

About the National Institutes of Health (NIH): NIH, the nation's medical research agency, includes 27 Institutes and Centers and is a component of the U.S. Department of Health and Human Services. NIH is the primary federal agency conducting and supporting basic, clinical, and translational medical research, and is investigating the causes, treatments, and cures for both common and rare diseases. For more information about NIH and its programs, visit <www.nih.gov>.

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