



# The Pregnancy Lifescripts initiative

*A resource package to support pregnancy lifestyle risk factor management in general practice*

The aim of the Pregnancy Lifescripts resources is to provide general practitioners with simple, brief, evidence-based tools to assist in the provision of structured, consistent lifestyle advice on smoking, alcohol use and nutrition to pregnant women and women contemplating pregnancy. Implementing Pregnancy Lifescripts involves discussing risk factors with patients; setting lifestyle change goals; providing written lifestyle prescriptions; organising ongoing review of lifestyle risk factors; and referring patients to other services that support healthy lifestyle choices. The Pregnancy Lifescripts resources have been developed in line with the existing Lifescripts resources that support GPs and practice nurses to incorporate lifestyle risk factor management into normal consultations. The development of Pregnancy Lifescripts resources was funded through the \$4.3 million Australian Government Smoking and Pregnancy initiative announced in the 2005 Budget that aims to assist women to stop smoking during pregnancy and to avoid taking up smoking again after giving birth.

## Evidence

### Smoking

Smoking is associated with poorer reproductive, pregnancy and perinatal outcomes including delayed conception and infertility<sup>1</sup>. Women who smoke during pregnancy have increased risk of premature rupture of membranes, placental abruption, placenta previa and premature labour<sup>1</sup>. Women who smoke during pregnancy increase the risk to their infant of preterm birth, low birth weight, small for gestational age and sudden infant death syndrome<sup>2</sup>. Smokers are also less likely to breastfeed or breastfeed for as long as non-smokers<sup>3</sup>. Quitting smoking before or early in pregnancy is most beneficial, but there are health benefits from quitting at any time during pregnancy<sup>4,5</sup>. Practice systems that increase the assessment and documentation of tobacco use almost double the quit rate for women who smoke<sup>6</sup>.

### Alcohol

Alcohol consumption at any stage of pregnancy may harm the unborn baby, leading to Foetal Alcohol Spectrum Disorder (FASD). Intellectual impairment associated with FASD is permanent<sup>7</sup>. There are known risk factors for women at higher risk of having a baby with FASD including binge drinking, previous child affected by FASD, high gravidity and parity, higher maternal age, cigarette use, use of other drugs and poor nutrition<sup>8</sup>. FASD is regarded as a leading, preventable cause of non-genetic intellectual handicap<sup>7</sup>. It is important to provide advice that stopping at any stage will benefit mother and baby.

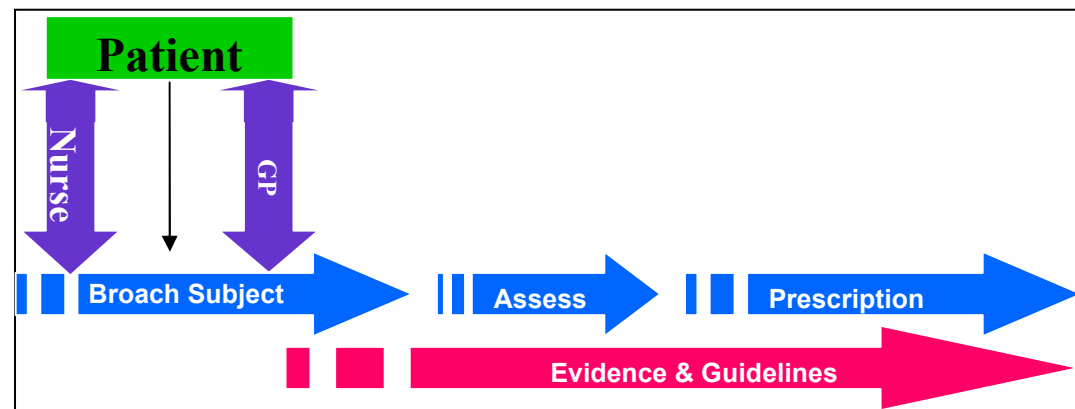
### Nutrition

Eating well during pre-pregnancy, pregnancy and breastfeeding means both mother and baby will be healthier, stronger and more able to cope with stress. Food does not have to be expensive or complicated, just varied. A diet rich in fruit, vegetables, wholegrain cereals, iron and calcium is recommended. Folic acid supplementation is also recommended. There are certain foods to be avoided such as fish with high mercury levels and excess caffeine. Food-borne infections such as toxoplasmosis and listeria should also be avoided. The general practice team has an essential role to play in providing pre-conception, pregnancy and breastfeeding nutritional advice.

## Practitioner Resources

The 'Pregnancy Lifescripts' resources include a 5As guidelines and evidence card, individual patient assessment and prescription tools for smoking, alcohol and nutrition. The tools are designed to inform practitioners and include a structured assessment to enable them to provide individualised lifestyle advice, tailored to each patient's needs. The prescription pad allows practitioners to refer patients to other services (e.g. Quitline) to support healthy lifestyle behaviour change. The back of the prescription provides patients with tips and advice on how to achieve a healthy lifestyle for each of the risk factors. Additionally, practitioners are advised to visit [www.agpn.com.au/pregnancy](http://www.agpn.com.au/pregnancy) and download an information sheet and offer it to patients. The information sheet provides patients with a list of key resources for them to access via the internet.

### Resource utilisation flow chart



### The lessons learned

- Patients need motivation and support to change.
- People are most likely to change when given tailored advice and assistance that suits individual circumstances and preferences.
- Simple, time-efficient strategies by individual GPs can be very effective.

## Implementation options

**Opportunistic** Deal with pregnancy lifestyle risk when the issue arises:

- Usually uses brief intervention
- Uses assessment tools to assess patient's interest/confidence, identifies barriers, can involve motivational interviewing
- Discuss evidence for lifestyle risks, provide non judgmental advice, discuss benefits (use guidelines)
- Provide a tailored prescription for a healthy pregnancy

**Planned or structured** - Involves systematic detection and management of risk through organisational structures, including recall, reminders, follow-up, referral

- Can involve brief or more intensive interventions
- Can involve all staff (GPs, practice nurses, administrative staff)
- Usually uses brief identification questions with each patient who is pregnant or considering pregnancy followed by the 5As

### General practice can make a difference

A brief intervention takes very little time, usually 5 -30 minutes over 1 to 6 sessions. Brief interventions are known to be effective for: quitting smoking, reducing risky drinking, and increasing nutritional awareness levels and behaviours in the general population and during pregnancy<sup>6,9,10</sup>. Pregnancy Lifescripts have been designed for use within a 5As model, to assist GP's and practice nurses give simple, brief, evidence-based advice on smoking, alcohol and nutrition during pregnancy.

### 5As model for brief pregnancy lifestyle intervention in general practice<sup>6,10</sup>

**1. ASK** about lifestyle behaviour

**2. ASSESS** risk level

**3. ADVISE** on healthier choices:

- Brief advice
- Written information
- Lifestyle prescriptions
- Motivational interviewing techniques
- Provide consumer website info

**4. ASSIST** patient to change:

- Plan
- Set goals
- Support

**5. ARRANGE** further support:

- Referral
- Community groups
- Follow-up

## Motivational interviewing

Using Motivational interviewing techniques, will assist a practitioner to guide patients towards considering change. By eliciting reasons for change from the patient, emphasising that their behaviour change is voluntary, by placing responsibility for decisions and results of behaviour change with them, and ensuring the patient understands they will be supported by the practitioner, patients are more likely to consider change<sup>11</sup>. The generic Lifescripts provides a CD-Rom known as; 'using Motivational Interviewing and the Lifescripts Resources' which contains video case studies outlining Motivational interviewing techniques.

### Evaluation

The Department of Health and Ageing has contracted a consortium to develop, test and evaluate the Pregnancy Lifescripts resources. Three elements of evaluation will involve all practitioners participating in the test phase. A baseline evaluation will determine existing practice, addressing lifestyle risk factors during pregnancy. A post test phase evaluation aims to determine the impact of the Pregnancy Lifescripts resources as well as their suitability for use in the general practice setting and finally, focus groups will be conducted to elicit qualitative feedback.

### Medicare

A number of Medicare Item Numbers may be of relevance in addressing pregnancy lifestyle risk factors with patients, most notably is the Antenatal Care Item 16500 for routine antenatal attendances, and the new Medicare item, 16400, which enables antenatal care to be provided in rural and remote communities by midwives, nurses, enrolled nurses and Aboriginal Health Workers on behalf of doctors.

### Contact

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Australian Government

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### References

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