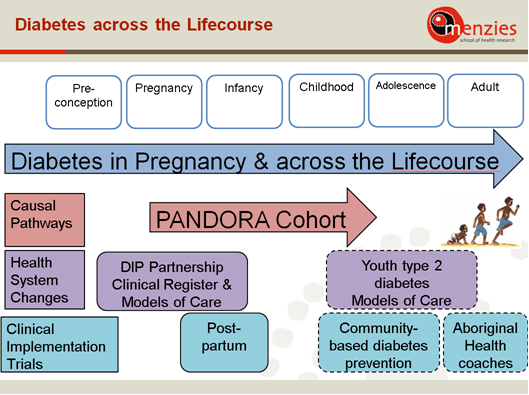
# DIABETES across the LIFECOURSE:

Northern Australia Partnership

NEWSLETTER

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| Welcome to the 2019 June editionof our Partnership newsletter.  This edition of our newsletter provides the latest updates from the partnerships including the Youth team, PANDORA, Clinical Register and Central Australia.  We will be focusing on smoking which is one of the key 5 focus areas for post partum management of women who have diabetes in pregnancy. Furthermore, more details on the Annual Educational Symposium and how you can register. |



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| The Key 5 |

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| **Smoke free in pregnancy** Katarina Keeler on behalf of the partnership. |

Smoking during pregnancy has many complications for mother and baby. During pregnancy, it is reported that over 52.2% of Aboriginal and Torres Strait Islander women smoke compared to 15.8% of non-Indigenous women (6). Smoking during pregnancy is the most preventable cause of complications in pregnancy. However, for many women smoking is linked to high stressors and difficult life circumstances. In Aboriginal and Torres Strait Islander communities, smoking is often normalised and highly influenced by the social determinants (7).

Risks of smoking for the mother before and during pregnancy include (4):

· Difficulty conceiving

· Pre-eclampsia

· High risk of cervical and vulval cancer

· Irregular menstrual cycle (absence of menstruation and menstrual cramps)

· Premature labour

· Higher risk of problems during pregnancy and labour

· Higher risk of miscarriage or ectopic pregnancy

Cigarettes contain over 4,000 chemicals such as nicotine, carbon monoxide, tar, phenols and fine particles. These chemicals reduce blood flow and pass through the placenta to the baby in utero. As a result it reduces the nutrients and oxygen that is vital for the babies health and development. All these chemicals can lead to a range of serious health effects that can lead throughout their life (8).

Babies exposed to smoke during pregnancy are more likely to have (4):

· Perinatal mortality

· Low birth weight

· Low APGAR score

· Admissions to SCN or NICU

· Congenital anomalies

Pregnancy is the best time to quit smoking for the health of the woman and her baby. The majority of women want to quit smoking and give their baby the best start in life. As health professionals, we know that it is often hard to do and takes many attempts for successful smoking cessation (9). Furthermore, nicotine metabolism is faster during pregnancy which can make it harder for cessation (3).

Many women feel ashamed to admit that they smoke during pregnancy due to the social stigma attached. The use of open ended questions and a non-judgemental approach can increase disclosure by 40% (5). The language used in smoking cessation interventions have shown that negative language isn’t ideal. The best approach is to always use empowering language. For example, using words such as “you could” rather than “you should” when delivering a message of smoking cessation (5). Most Aboriginal and Torres Strait women reduce the amount of smoking in pregnancy compared to complete cessation. This should be acknowledged during consults with positive affirmation for the harm reduction (5).

70% of women who quit during pregnancy take it back up within 12 months postpartum. When speaking with families it is vital to normalise relapse. It happens, and individuals often feel like they have failed. However, It’s a great way to reflect on what skills and strengths were gained from this relapse. It will give the family an idea of their triggers and how to overcome them the next try (9).

Furthermore, second hand smoking should always be addressed, as it can have the same effects on the pregnant woman and her unborn baby. Exposure to second-hand smoke and smoking in the home has adverse impacts in pregnancy and beyond. The risks of second hand smoking to children include sudden infant death syndrome, asthma, otitis media, respiratory illnesses and behavioural problems (1).

It is important that health professionals screen at every visit for women’s smoking status, pattern history and triggers. This includes talking about the risk associated to them and their family. As a partner has been found to be a major influence in smoking. A holistic approach in smoking cessation should be used through motivational interviewing. Along with follow up support, problem solving and social support for families (9).

References

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2. Bowker, K, Lewis, S, Coleman, T & Cooper, S. Changes in the rate of nicotine metabolism across pregnancy: a longitudinal study. 2015 110;11.

3. Eldridge, D., Sedgwick, K. , Cotter, D.. Australia’s mothers and babies 2015: in brief. Canberra: Australian Institute of Health and Welfare. (2017).

4. Hefler, M & Thomas, D. The Use of Incentives to Stop Smoking in Pregnancy among Aboriginal and Torres Strait Islander Women. Discussion Paper. The Lowitja Institute, Melbourne. 2013.

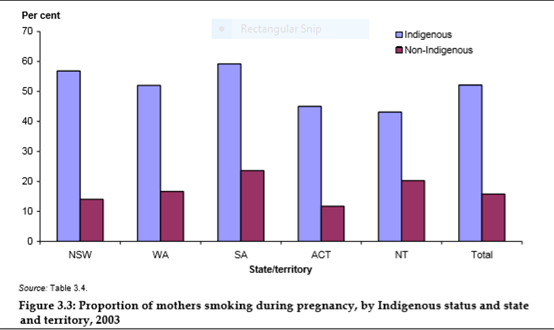
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6. Mendelsohn, C., et al. Management of smoking in pregnant women. Australian Family Physician. 2014; 43: 46-51.

7. NSW Government. Tobacco smoking and pregnancy. 2018.

8. The Royal Australian and New Zealand College and Obstetricians and Gynaecologist. Women and Smoking. 2017.

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| **Key messages**  Recommendations to support pregnant women through smoking cessation   * Explore what stage of change the women is at for smoking cessation * Talk about the benefits of smoking cessation in a strength-based approach * Use a holistic approach in smoking cessation and involve the whole family. * Offer follow up support to women who are wanting to quit * Explore treatment options e.g.  Nicotine replacement therapy   **Resources**   * AIMhi Stay Strong App * Don’t Make Smokes Your Story * Quitline 13 78 48. |



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| Congratulations to I-Lyn Lee (Right) with Professor Louise Maple-Brown (Left) who recently graduated with a PhD from Charles Darwin University. I-Lyn is the 1st PhD student from the PANDORA cohort |



**NT DIP Clinical Register**  
  
In the Top End, we are working to improve coverage of women with diabetes in pregnancy onto the Clinical Register.    
Please email us for copies of the Information for Women brochures or for further information.  
[ntdippartnership@menzies.edu.au](mailto:ntdippartnership@menzies.edu.au) Or visit our website: dipp.org.au

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| [**Click here to access our Diabetes in Pregnancy Partnership website**](http://dipp.org.au) |

**PANDORA Update**

**PANDORA Wave 1** (a subset of the PANDORA Cohort) was completed in late 2018. The team travelled extensively across the NT for 3 years and completed health examinations with over 400 mums and their children aged 18 months to 5 years.

Wave 1 involved collecting bio specimens and a physical assessment, looking for early predicators of chronic disease. The data is currently being analysed and the first papers will be published hopefully by the end of the year. We have recently received funding for **PANDORA Wave 2** (age 6-10 years) and will start health examinations with the whole cohort, starting in late 2019 till 2023.

**PANDORA Follow-up**- the cohort of over 1100 women and children are now all over 2 years of age. Follow questionaries will continue until the children reaches 3 years, along with medical records reviews of the mother and child.

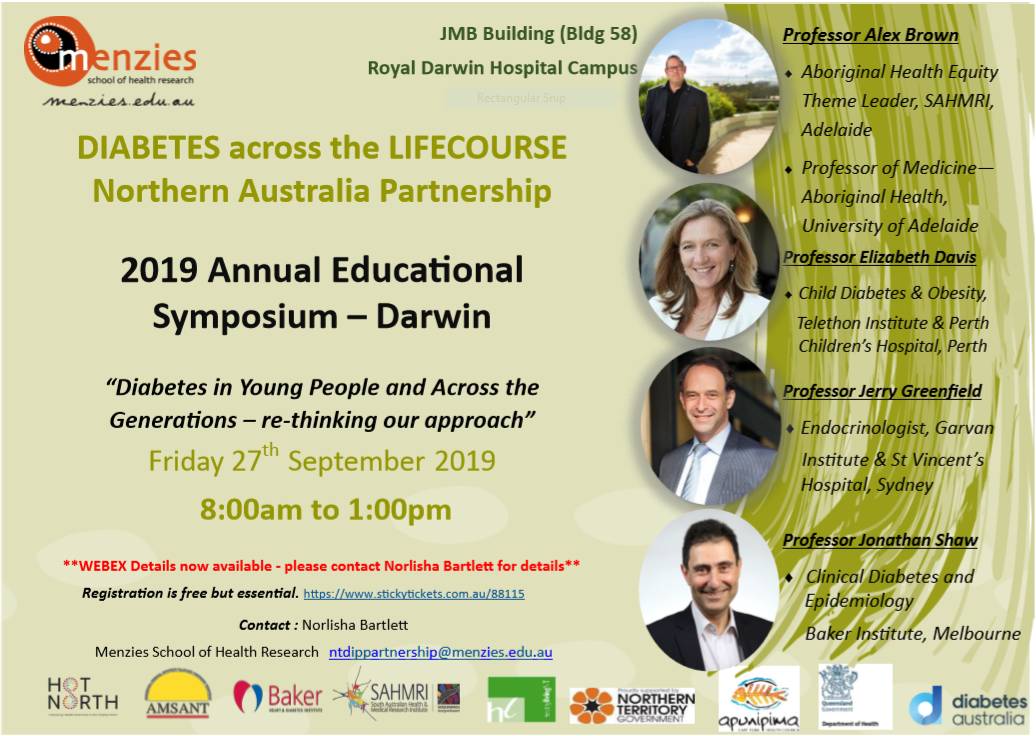
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| |  |  | | --- | --- | | |  | | --- | | **Diabetes and Pregnancy Workshops**  **Central Australia**  Diabetes in Pregnancy: Across the Lifecourse Education Day in Central Australia.  This Education Day in Central Australia was hosted at the Baker Heart and Diabetes Institute Rubuntja Building, Alice Springs on Thursday 6th June 2019.  Using the Key Five priorities to guide the topics presented (Glucose checks, Breastfeeding, Healthy weight, Smoke free and Contraception), a variety of Central Australian health professionals examined issues effecting pregnancy and birth in women with both gestational and pre-existing diabetes and their offspring. The pre-conception and post-natal period were also considered in detail, highlighting intergenerational effects of diabetes in pregnancy.   Over 50 registrants from a wide range of health disciplines had the opportunity to participate in a fantastic day of knowledge sharing, and the sessions were all very well received. Feedback from the day will now guide future educational opportunities in Central Australia and the whole of the Northern Territory.   A huge thank you to all those involved. The day was an excellent precursor to the upcoming 2019 Annual Educational Symposium, Friday 27th September in Darwin | | |

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**Youth Update**

The Youth Type 2 Diabetes team is slowly growing and includes Emma Weaver, Shiree Mack (Alice Springs), Chenoa Wapau (Cairns), and, Natasha Freeman and Renae Kirkham (Darwin). The team presented preliminary findings of formative work in the Northern Territory in a poster at the Lowitja International Health & Well-being Conference in Darwin.  They have also just had their first face-to-face planning meeting in Darwin, where they strategised engagement techniques and learnt more about relevant qualitative research methods that will be employed in the project.

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| **Webex** details: Meeting number: **573 825 736** / **Password**: G6cRpVXu [Click here to Register now!](https://www.stickytickets.com.au/88115/diabetes_across_the_lifecourse_northern_australia_partnership2019_annual_educational_symposium__darwin.aspx) |
| Your feedback on the content of this newsletter is welcome: [ntdippartnership@menzies.edu.au](mailto:ntdippartnership@menzies.edu.au) |
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