

# Overview

These training materials are intended to be used to train health care providers in Bladen, Nash, Onslow, Rockingham and Wayne counties in both large group training sessions and smaller in office in-services.

The goal of Young Moms Connect is to offer support to pregnancy and/or parenting women ages 13-24 years with health maintenance, parenting skills and parental self-sufficiency.

This training manual provides trainers with the tools and materials necessary to train health care providers in one maternal-child health best practice area: Using the 5 A's approach to counsel female patients to quit tobacco use.

## How to use this Training Guide:

These training materials can be adapted for large trainings and smaller in-office in-services. The key content for both types of training is found on the PowerPoint slides and in the notes section of the slides. The other training methods listed in the “module at a glance” are optional as training time allows.

## This Trainer's Guide contains the following:

**Purpose:** A brief description of the overall goal for the module

**Objectives:** A list of stated expectations for training participants with regards to increased knowledge, change in attitude or skill competency

**Pre-requisites:** A list of basic knowledge and/or skills that training participants should have prior to the training

**Materials:** A list of tools or handouts that can be used for training participants during the training session

**Advance Preparation:** A list of tasks to be completed by the trainer prior to the training

**Knowledge test/skills competency:** A quiz and/or skills competency assessment to ensure module objectives were met.

**Module at a Glance:** A visual table for the trainer to use to quickly see an outline of key content and training delivery methods

**Trainer & Participant Activities:** Instructions, scripts and handouts to be used throughout the training at the discretion of the trainer. PowerPoint slides also refer to good times to use these activities.

# Getting Started

## Welcome

Welcome training participants. Introduce yourself, the Young Moms Connect Site Coordinator and any guest speakers. Thank training participants for coming. Enthusiasm is contagious. Tell participants that you are excited to work with them and that you are excited to learn from them as well as share some information. Tell participants that this is meant to be an interactive training and that questions and comments are welcome. We have as much to learn from one another as we do from the training content.

Ask the Young Moms Connect Site Coordinator to describe the basic mission and components of Young Moms Connect (or do this yourself if not available).

*Young Moms Connect: Communities Supporting Young Families is a five county project funded through the Division of Public Health. Each funded county has a Community Advisory Council that will guide their county-specific project to implement an action plan that promotes integration, expansion and enhancement of services currently available to pregnant and/or parenting teens and women ages 13-24 years. Each county will integrate six identified Maternal and Child Health best (MCH) practices, implement or expand an evidence-based home visitation program, and create an integrated system of care. The Women's Health Branch of the N.C. Division of Public Health will provide trainings and coordinate a social marketing campaign related to the six MCH best practices.*

## Ice Breakers

Successful training days happen when participants feel comfortable, relaxed and have the desire to actively participate. Since this training is for various types of health care professionals it is important to “even the playing field” and do your best to make sure nurses and mid-level providers feel comfortable actively participating with medical doctors.

Choose one of your own favorite ice breakers. Or, use one of the following suggestions:

In larger group trainings:

- Ask participants to interview each other for 2 minutes each and then have them introduce their new acquaintance to the large group. Be sure to ask them to include participants' names, profession, why they are attending today and most importantly....one thing they think they can do to help improve birth outcomes among young mothers in their county.

In smaller, in-service trainings where participants already know each other:

- As participants to go around and give their names, what job they currently have. Then ask them to think back to when they were 17 years old and share with the group what life was like for a pregnant teen then.

## **Parking Lot**

Post a flip chart and tell training participants that any questions that arise throughout the training day that can't be answered today or that might be better addressed at a different part of the day will be "parked" in the parking lot. Be sure to revisit the parking lot at appropriate times throughout the training.

## **Agenda**

Post on a flip chart the schedule for the day. This should include which modules you will be training on, time estimations for welcome, training periods, breaks and lunch, group activities and closure activities including any competency assessments.

## **Miscellaneous**

Kindly ask participants to silence all cell phones and beepers. Point out restrooms (if necessary).

# Young Women & Tobacco: Using the 5 A's to help women quit

## Purpose

Train providers on how to use the 5 A's Approach to counsel young female patients to quit tobacco

## Objectives

1. Increase provider understanding about how smoking cessation relates to opportunistic preconception health counseling
2. Increase provider awareness about trends in smoking before, during and after pregnancy (also by county) and the influencing role of the health care provider
3. Increase provider awareness about the need for tobacco cessation in high need populations to improve birth outcomes
4. Improve provider counseling using the 5 A's approach with all young women of childbearing age (and how this can be adapted for pregnant women who are ready and those who are not)
5. Improve service delivery to extend provider practice standards to extend smoking cessation counseling services to 12 months postpartum (linking with medical home options)
6. Improve service delivery to address postpartum "relapse"
7. Increase provider awareness of reimbursement options for tobacco cessation counseling and pharmacotherapy options
8. Increase provider awareness of resources for patients and providers for smoking cessation

## Pre-requisites

- Basic knowledge of the health consequences of tobacco use

## Materials

- Flipchart
- Trainer Activities:
  - Demonstration for ADVISE: Motivational Points
  - Demonstration for ADVISE: Acknowledging Barriers
  - Demonstration for ADVISE: Negative/Positive

- Role Playing 5 A's Instructions
- Helping Patients Overcome Barriers: Group Brainstorm
- Participant Handouts:
  - ADVISE: Motivational Points
  - Role Playing 5 A's Character Descriptions
  - Role Playing 5 A's Observer Checklist

## **Advance Preparation**

- On flipchart paper, write out workshop objectives, parking lot, and agenda
- Obtain a TV/DVD player and the DVD "Counseling from the Heart" from the N.C. Division of Public Health, NC Healthy Start Foundation, or WATCH committee.
- Choose which Activities you want to use for this particular audience/training
- Make copies of trainer and participant handouts
- Bring a binder for each training participant entitled "Training Materials & Toolkit"
- Make any logistical preparations necessary for the training day – facilities, meals, etc.

## **Knowledge test/skills competency**

For this training, use the free CME exam found on pages 29-33 of Smoking Cessation during Pregnancy: A Clinician's Guide to Helping Pregnant Women Quit Smoking. 2011 Self Instructional Guide and Toolkit. An Educational Program from the American College of Obstetricians and Gynecologists. This resource is included in the Training Materials & Toolkit binder for each participant.

Can also be accessed at: <http://www.acog.org/departments/healthIssues/scdp/>

## Module at a Glance

	<b>Objective</b>	<b>Content</b>	<b>Time</b>	<b>Methods</b>
<b>INTRO</b>			10 min	PP slides 1-9
<b>Topic 1</b>	1	Key components of preconception care	5 min	PP slides 10-14 Q&A
<b>Topic 2</b>	2, 3	Trends in smoking before, during and after pregnancy, including high need populations	15 min	PP slides 14-28
<b>Topic 3</b>	4, 5, 6, 8	5 As counseling	1 hr	PP slides 29-56
		5 Rs counseling	30 min	Show DV D*
		Assisting heavy smokers	15 min	Trainer/Volunteer Demos for Advise: Motivational Points
		Post Partum Relapse counseling	5 min	Trainer Demo for Advise: Negative/Positive
			5 min	Trainer Demo for Advise: Acknowledging Barriers
			15 min	Group Brainstorm: Helping Patients Overcome Barriers
			45 min	Role playing/counseling check list
		15 min	Show Patient Education Materials	
<b>Topic 4</b>	7	Pharmacotherapy Lactating women and Non-lactating women	10 min	PP slides 57-58 Q&A

<b>Topic 5</b>	7	Reimbursement Options	15 min	PP slides 59-60 Group discussion
<b>Topic 6</b>	8	Creating a supportive health care facility environment	5 min	PP slide 61 **
<b>SUMMARY</b>			1 min	PP 62-63

\* Counseling from the Heart . Division of Public Health/NC Healthy Start Foundation/WATCH.

\*\* Adapted from: Smoking Cessation During Pregnancy: A Clinician’s Guide to Helping Pregnant Women Quit Smoking, 2011 Self Instructional Guide and Toolkit. An Educational Guide from the American College of Obstetricians and Gynecologists. Appendix: Assign tasks to staff. Page 25. (optional activity for small group or pairs)

Set-up plus presentation from PowerPoint is about 2 hours (or less depending on trainer preference). All the training activities are approximately 2 additional hours. Total training time with all activities = 4 hours.

## Activities

1. Demonstration for ADVISE: Motivational Points
2. Demonstration for ADVISE: Acknowledging Barriers
3. Demonstration for ADVISE: Negative/Positive
4. Helping Patients Overcome Barriers: Group Brainstorm
5. Role Playing 5 A's Instructions

Participant Handouts (copies also found in Training Materials & Tool Kit binders)

- ADVISE: Motivational Points
- Role Plays: 5 A's Character Descriptions
- Role Plays: 5 A's Observer Checklist



## **1. Demonstration for ADVISE: Motivational Points**

### **Instructions**

Ask for four volunteer participants to stand up and demonstrate how in the Advise step, they as health care providers would counsel using the following positive effects of smoking cessation. You the trainer can pretend to be the patient who is already identified as a smoker. Or, 2 trainers together can play the two roles.

Explain to the group that you and volunteer will be practicing using some motivational points that are appropriate for a specific patient description. Emphasize that these are just examples and that there are many others. At the end of the activity if time allows you may elect to have participants brainstorm additional motivational points for different types of young female patients that they have encountered in their clinical practice.

Remind the Volunteer Participants to keep their tone and language encouraging and positive. You as the trainer can elaborate on life circumstances as you role play the patient role. Try to keep each “demo” under 3 minutes.

*Use the “ADVISE: Motivational Points” Participant Handout also found in the “Training Materials & Tool Kit” binder.*

## 2. Demonstration for ADVISE: Acknowledging Barriers

### Instructions

Two trainers (or a trainer and a volunteer participant) read aloud these examples of addressing barriers

**Patient:** Quitting completely seems very hard. Can I just cut back on my smoking?

**Health Care Provider:** The most current information we have suggests that any smoking may harm your baby. It is best to quit completely. Smoking even just a small number of cigarettes is associated with decreased infant birth weight.

**Patient:** I'm concerned about how I can handle the cravings if I try to stop smoking.

**Health Care Provider:** Withdrawal symptoms are often signs that your body is healing. Cravings will be strongest during the first few weeks after quitting. They are normal and temporary, and will lesson over time. I can provide some coping strategies for problems you may face when quitting.

**Patient:** I've heard that most people gain weight when they quit smoking. I am already worried about how much weight I gained while pregnant and how I still have the "baby weight" and I don't want to gain more by quitting smoking.

**Health Care Provider:** I understand your concern and its good that you are thinking about being at a healthy weight. Average weight gain after quitting smoking is generally no more than 10 pounds (Fiore 2008). The weight you gain is far less harmful than the risk you take by continuing to smoke. Once you quit smoking we can work on strategies to help you achieve your weight goals and then maintain it in the long run.

Adapted from: Smoking Cessation During Pregnancy: A Clinician's Guide to Helping Pregnant Women Quit Smoking, 2011 Self Instructional Guide and Toolkit. An Educational Guide from the American College of Obstetricians and Gynecologists. Table 5.

### 3. Demonstration for ADVISE: Negative/Positive

#### Instructions

Use two trainers if possible, or a trainer and volunteer.

Explain to participants that you are doing to first demonstrate a negative way to advise a young female patient who is pregnant about smoking cessation. Then, you will demonstrate a more positive way to advise. At the end of the demonstrations, ask the participants to identify the changes that they noticed between the two approaches.

#### Negative Demo

**Note:** *Try to use a short, slightly judgmental tone. Don't make good eye contact (look at a piece of paper) and sit back in your seat, leaning back.*

**Health Care Provider:** How many cigarettes are you smoking a day?

**Patient:** Well, I've cut back to 3 a day. I was smoking, like, 6 or 7 so that's good right?

**Health Care Provider:** Not really. You are really asking for trouble. Your baby could be born too early and be in the NICU for months. She could have all sorts of problems like her lungs not growing properly, respiratory infections that could be life threatening and even Sudden Infant Death Syndrome from those 3 cigarettes a day.

**Patient:** Oh.

**Health Care Provider:** You should have quit before you became pregnant or at the very least the day you found out that you were expecting. You need to quit today.

**Patient:** Oh, okay.

#### Positive Demo

**Note:** *Try to sit forward, leaning in towards the patient. Make good eye contact and keep a smiling, relaxed attitude. Use a kind and encouraging tone.*

**Health Care Provider:** So I understand that you have been smoking. Can you tell me a little more about when you started?

**Patient:** Well, I started last year when I started dating Adam. He's a smoker.

**Health Care Provider:** And you smoke together?

**Patient:** Yes, sometimes.

**Health Care Provider:** And what other situations do you find yourself smoking?

**Patient:** Usually when I'm with my friends, at lunch and after school. I don't smoke at home or in the mornings.

**Health Care Provider:** And about how many cigarettes are you smoking a day?

**Patient:** About 3, but I used to smoke 6 or 7 a day so that's good, right?

**Health Care Provider:** Yes, that is good that you have cut back. I need to advise you to quit as soon as you can though. Even a small number of cigarettes a day can make your baby be born too small and possibly too early which will put her at risk for a lot of other health problems. I can see that you are trying to make changes in the right direction for your own health and the well-being of your baby. I'd like to help you quit and I have some ideas that can get you started that we can talk about today.

**Patient:** Yes, that would be great. I have been meaning to quit but I'm finding it really hard.

**Health Care Provider:** I think with your positive attitude and desire for a healthy baby you are going to be very successful with quitting. Let's get started today and then I'd like to see you in a few weeks again to see how you are doing and try some new things to address anything that we discuss today that's not working.

**Patient:** That would be great.

## 4. Helping Patients Overcome Barriers: Group Brainstorm

### Instructions

First ask participants to call out barriers that they have seen their patient struggle with, particularly young female patients. Record their responses on a flip chart. After all the barriers are recorded, create a second column and ask participants to call out possible coping strategies that they think might be effective.

Here are some to get started with. At the end, make sure the following barriers and coping strategies are posted on the flip chart.

<b>Barriers</b>	<b>Coping Strategies</b>
Negative moods	Participant in physical activity Taking 10 slow deep breaths Talk to a friend Express yourself through blogging or journaling Remind yourself that you are not a non-smoker
Being around other smokers	Spend more time with friends that don't smoke Ask others not to smoke around you Establish a "smoke free" zone in the house or car Walk away from smokers when you feel like smoking
Triggers	Identify and anticipate situations that prompt cravings such as social gatherings, being on the phone, waking from sleep, or stressful situations Change your routine after meals and after waking, immediately brush your teeth or take a walk Engage in distracting activities: take a walk, knit, garden, read, participate in a hobby, listen to music
Time Pressures	Change your behavior or lifestyle to reduce stress Use physical activity, such as walking

Adapted from: Smoking Cessation During Pregnancy: A Clinician's Guide to Helping Pregnant Women Quit Smoking, 2011 Self Instructional Guide and Toolkit. An Educational Guide from the American College of Obstetricians and Gynecologists. Table 6.

## 5. Role Playing 5 A's

### Instructions

Break participants into triads. Tell participants that one person will play the “provider,” the second person will play the “woman,” and the third person will be the “recorder.” Tell participants that the character descriptions for the “women” are just a start and they should feel free to add to it as the role plays progress. Participants will switch roles after 5-7 minutes so everyone will have a turn in each role. After each role play the recorder and the “woman” will give the “provider” feedback. Explain that each role play takes place in a clinic or other health care setting.

When the role plays are finished, process the activity with the large group. Ask for volunteers to share some thing that they learned. Ask about which parts of the clinical visit were difficult and why.

*Use the “Role Plays: 5 A's Character Descriptions” and “Role Plays: 5 A's Participant Checklist” handouts also found in the “Training Materials & Tool Kit” binder.*

## **Participant Handouts**

Also found in “Training Materials & Tool Kit” Binders for participants

1. ADVISE: Motivational Points
2. Role Plays: 5 A’s Character Descriptions
3. Role Plays: 5 A’s Observer Checklist

## **ADVISE: Motivational Points**

### **Patient A- Young Pregnant Woman who smokes**

- Your baby will get more oxygen, even after just one day of not smoking- the benefits are immediate
- Your baby is less likely to have bronchitis and asthma
- There is less risk that your baby will be born too early (17% reduction in moms who quit during pregnancy)
- Studies show a 20% reduction in babies born too small (low birth weight) to moms who quit during pregnancy
- There is a better chance that your baby will come home from the hospital with you
- Did you know that even being around other people who smoke when you are pregnant is dangerous for the baby? While a mom is pregnant, if she is breathing in second hand smoke her baby is at a higher risk of being born too small (low birth weight).
- Breastfeeding is one of the best ways to give a baby a healthy start in life. But a smoking mother can pass dangerous chemical on to her baby through breast milk.

### **Patient B- Young woman with risk factors of becoming pregnant with low resources**

- You will have more energy and will breathe more easily
- You will have more money that you can spend on other things
- Your clothes, hair, car, and home will smell better
- You will have a healthier, longer life without added risks for heart disease, cancer, and early death

### **Patient C- Young post-partum woman**

- Would you want your baby to be breathing in smoke filled air?
- Second hand smoke is the smoke given off by the burning end of a cigarette, pipe or cigar or the smoke exhaled by the smoker. Secondhand smoke contains over 250 harmful chemicals; about 50 of these can cause cancer. Your baby will breathe these in if you smoke in his/her presence.
- When a baby is born and is exposed to second hand smoke he or she is at a higher risk of having asthma, bronchitis, pneumonia, ear infections and respiratory problems such as slow lung growth.
- Breastfeeding is one of the best ways to give a baby a healthy start in life. But a smoking mother can pass dangerous chemical on to her baby through breast milk.
- Third hand smoke are gases and particles that cling to clothes, hair, couches, carpets, and the interior of cars well after the smoke has cleared from the room. Tobacco use is so dangerous to babies and young children that even third hand smoke is detrimental.



- Quitting smoking now may save your life so that you can be a great mother and even a grandmother someday

### **Patient D: Young mother between pregnancies**

- Quitting now helps get your body ready for a healthy pregnancy later
- Quitting now decreases your child's risk of second hand smoke and its consequences: SIDS, asthma, respiratory infections, etc.
- The effects of quitting are immediate:
  - 20 minutes after quitting your heart rate drops
  - In 12 hours the carbon monoxide level in your blood drops to normal
  - In 2-3 weeks your heart attack risk begins to drop and your lung function improves
  - In 1-9 months your coughing and shortness of breath decrease
  - In 1 year your added risk of coronary heart disease is half that of a smokers

Adapted from: Smoking Cessation during Pregnancy: A Clinician's Guide to Helping Pregnant Women Quit Smoking, 2011 Self Instructional Guide and Toolkit. An Educational Guide from the American College of Obstetricians and Gynecologists: Tables 3 and 4.

Additional Sources:

Lumley 2000, Goldenberg 2000 (review of clinical outcomes for pregnant women who quit smoking)

## Role Plays: 5 A's Character Descriptions

### Patient #1

Jaya is a 17 year old young woman who is from a low income family. She is struggling in school and sexually active. She uses contraception only some of the time because she “forgets.” She is here today for contraception. She started smoking a year ago socially and now she smokes about 4 cigarettes a day. She does not qualify for Medicaid but does qualify for free contraception based on sliding fee scales. She is reluctant to quit.

### Patient #2

Kat is a 20 year old young woman who is pregnant. This is her first prenatal appointment. She is 12 weeks into the pregnancy. She was a smoker prior to the pregnancy (about 4-6 cigarettes a day) and she has cut back to just 1 or 2 a day since learning she was pregnant. She works part time and goes to school part time. She is on Medicaid. She smokes in the evenings when she is trying to relax. She is open to quitting.

### Patient #3

Tonia is a 19 year old young woman with a 6 month old baby. She is here for a WIC visit. Tonia quit smoking when she was pregnant but she is smoking 3 cigarettes a day again. She feels stressed going to school and work with the demands of caring for a baby. Her mom looks after the baby when she isn't home. She lives with her mom who smokes. She smokes when she wakes up, on her lunch break and just before coming home to the baby. She thinks quitting now would be hard.

### Patient #4

Brianna is a 24 year old woman who has a 3 year old. She started smoking for the first time a year ago when her new boyfriend came into her life. He smokes as well. She is here today for a sick visit, for a cough and some wheezing- she has pneumonia. She has insurance through her work but there are large co-pays that are hard for her. She is thinking about getting pregnant soon. She smokes about 5 times a day, upon waking, after meals and before bed. She was surprised at how fast she felt “addicted.” She would like some help to stop smoking, or at least reduce the amount of her smoking.

### Patient #5

Durenda is a 22 year old young woman who is pregnant with her second baby. Her first child is 18 months old and has frequent ear infection and asthma. He was born premature and it's been a long road. She smoked before he was born, a little during his pregnancy (one cigarette per day) and since he was about 6 months old she started up again and smokes almost a pack a day, sometimes more on the weekends on her breaks at work at a restaurant. She never smokes inside the house or car. She is here today for a well-child visit. Her child qualifies for the CHIP but she does not qualify for Medicaid anymore. She has no insurance. She is reluctant to quit.

## Role Plays: 5 A's Observer Checklist

Did the Provider.....	Yes	No	N/A	Comments
ASK using the scripted multiple choice format?				
Document her smoking status into an identification system?				
ASK in a friendly, non-judgmental manner?				
ADVISE using a clear, strong message?				
ADVISE using a personalized message? Which messages?				
➤ Health risks to a growing fetus				
➤ Health risks to a pregnancy				
➤ Health risks to a baby or young child				
➤ Health risks to older children				
➤ Health risks to the patient				
➤ Personal vanity				
➤ Financial costs				
➤ Social stigma				
➤ Family member or self with asthma, lung disease or cancer				
Use positive messaging with ADVISE? (instead of scare or guilt inducing messages)				
ASSESS her willingness to quit?				
Attempt to set a quit date within 30 days?				
Make clear that quitting means not even a single puff after the quit date?				
Move to ASSIST an ARRANGE if she was willing to quit?				
ASSIST by providing information to motivate the patient to quit if she was unwilling to quit?				
ASSIST by providing motivational intervention (5Rs) if she was clearly unwilling to quit?				
Which of the 5 R's were addressed? How so?				
➤ Relevance				
➤ Risks				
➤ Rewards				
➤ Roadblocks				
➤ Repetition				
Document the patient's choice in her chart to ensure accurate follow-up at the next visit?				
ASSIST the patient in setting a quit date?				

ASSIST by reviewing past quit attempts to identify what contributed to the relapse?				
ASSIST by providing self-help patient materials relevant to her current life situation (at risk for first pregnancy, pregnant, postpartum, between pregnancies)? Which ones?				
ASSIST by discussing successful cessation techniques? If yes, which ones:				
➤ Publicize her quit decision to family and friends and gain support				
➤ Remove all tobacco and related products from her environment				
➤ Strategies for dealing with other smokers				
ASSIST by problem-solving potential barriers with the patient? Which ones?				
➤ Preparing for withdrawal symptoms				
➤ Partner that smokes				
➤ Cravings				
➤ Social situations				
➤				
➤				
➤				
ASSIST by making appropriate referrals? Which ones?				
NC Quitline?				
ARRANGE follow up visit to monitor progress and smoking status?				
Encourage her progress? With what messages?				
➤ One half of all people who have ever smoked have not quit				
➤ I believe you can succeed in quitting				
➤ Ask patient how she feels about quitting				
➤ Express concern and your willingness to help				
➤ Ask her about her fears about quitting				
➤ Ask her about difficulties in the past or present related to quitting				
➤ Ask about her reasons to quit				
➤ Invite her to talk about her success				
➤				
➤				

Adapted from: Smoking Cessation during Pregnancy: A Clinician’s Guide to Helping Pregnant Women Quit Smoking, 2011 Self Instructional Guide and Toolkit. An Educational Guide from the American College of Obstetricians and Gynecologists. 5 A’s Quick Reference.