Good communication is like a pencil.

It has to have a point.
Media Training:
What’s the Story Here?
“Instructions for making a speech: be sincere; be brief; be seated.”

Franklin D. Roosevelt
Unless the reporter is doing a “think piece” her goal is:

“Just tell me what I need for this story.”
Small Health Woes Increase Dementia Risk

A runny nose, fallen arches and dentures aren’t risk factors typically associated with brain health. But new research suggests that small health problems can add up, and the combined effect can increase a person’s risk for dementia.

The findings, published on Wednesday in the journal Neurology, are based on an analysis of 7,239 people age 65 and older who took part in the Canadian Study of Health and Aging between 1990 and 2002. Investigators intentionally ignored trite dementia risk factors like heart disease and diabetes as on seemingly inconsequential health issues often associated with aging, like sinus complaints, foot and ankle conditions, problems and trouble with vision, hearing or dental health.

Taken alone, none of these health conditions are related to a person’s dementia risk. But when investigators comb through relatively minor physical ailments into a single “frailty” they found a significant cumulative effect on dementia risk.

“We want to draw attention to the cumulative effects of small deficits, which individually may not be associated with anything, but they can still add up to give rise to an important risk factor,” said Dr. Kenneth Rockwood, professor of medicine at Dalhousie University in Halifax, Nova Scotia. “To the general public, it means that trying to maintain good health for as long as possible, not only do you have good health but lower risk of dementia in late life.”

In the study, each extra health problem increased an otherwise healthy person’s risk of developing dementia by 3 percent, compared with a healthy person without any minor complaints. For instance, a person who began the study with one health complaint had an 18 percent risk of developing dementia over the course of the study. But people with the most health complaints increased their risk to 40 percent.

It’s not clear why small health complaints app cumulative toll on the brain. It may be that it is indicators of overall poor health that also affect brain health. However, Dr. Rockwood says it is also likely that small health problems, especially in older people, have a flawed repair system and as likely to accumulate small health problems.

“If the risks are so disparate, then our understanding of what good health is must include not just things we’re exposed to, but our ability to repair them when we face them,” said Dr. Rockwood. “It may be that these little problems give rise to things that are insulting to the brain. Maybe we should be thinking about Alzheimer’s disease as a problem of brain repair.”
Overeating may be linked to memory loss

Older people who consume a diet very high in calories may be increasing their risk of mild cognitive impairment (MCI), the memory loss and mental-function problems that sometimes precede Alzheimer’s disease.

In a new study of more than 1,200 people in their 70s and 80s, Mayo Clinic researchers found that men and women who consumed at least 2,143 calories per day had more than double the odds of having MCI, compared with those who consumed 1,826 calories per day or less.

Preliminary findings from the study are slated to be presented at the annual meeting of the American Academy of Neurology in April. Unlike previous research published in medical journals, the study has not yet gone through peer review by other experts in the field.

Health.com: 7 ways to protect your memory

The study does not prove a cause-and-effect relationship between high-calorie diets and MCI, nor does it indicate a link between overeating and dementia. Some people with MCI go on to develop Alzheimer’s disease and other forms of dementia, but that does not happen in every case.

Lead researcher Yonas Geda, M.D., an associate professor of neurology and psychiatry at the Mayo Clinic in Scottsdale, Arizona, stresses that the study is provocative. At this point, he says, any observed link between calories and MCI remains “speculation.”

For instance, Geda says, the findings should not be construed as a recommendation for calorie intake. He and his colleagues divided the study participants into equal thirds according to their average intake (thus the oddly specific cutoff points) — an essentially “arbitrary” method that is commonly used in research but has little bearing on calorie targets for individuals, he says.

Health.com: Foods that may help save your memory

Federal health officials recommend that seniors over age 50 consume between 1,600 and 2,200 calories per day, depending on how physically active they are, and that men in the same age group eat for between 2,000 and 2,500 calories. But the guidelines emphasize the importance of balancing calorie intake and physical activity in order to maintain a healthy weight, not specific calorie amounts.

This emphasis on calorie balance points to a key limitation of the new study: Although Geda and his colleagues took into account confounding factors such as body mass index, genetic susceptibility to Alzheimer’s disease, and medical history (including heart disease, strokes, and obesity), they had no data on exercise and physical activity. Future studies will need to examine both sides of the balance, he says.

The study participants, all of whom hailed from Omsund County, filled out a detailed questionnaire about their typical diet over the previous week to assess a range of memory and cognitive tasks. None had researchers determined from the test results that 163 had MCI.

Health.com: 25 signs and symptoms of Alzheimer’s disease

MCI is “the gray zone between normal aging and dementia,” Geda says. “People with MCI are not demented [but] they are forgetful a little more than expected for their age.” This forgetfulness goes beyond senior moments (such as misplacing car keys), and might include forgetting airplane flights and other important appointments, he adds.

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Although it remains to be proven, there is a plausible scientific explanation for how overeating might erode mental function. Consuming a high-calorie diet may also produce the production of harmful, oxygen-containing molecules, and these so-called reactive radicals may accumulate in cells and cause neurons to break down, Geda says.

For instance, Geda says, the findings should not be construed as a recommendation for calorie intake. He and his colleagues divided the study participants into equal thirds according to their average intake (thus the oddly specific cutoff points) — an essentially “arbitrary” method that is commonly used in research but has little bearing on calorie targets for individuals, he says.

http://thechart.blogs.cnn.com/2012/02/13/overeating-may-be-linked-to-memory-loss/
More Than 4 Million Americans Have New Knee
And repeat surgery is likely for many younger recipients, researchers predict

By Madonna Solutions
HealthDay Reporter

FRIDAY, Feb. 10 (HealthDay News) -- More than 4 million Americans now live with an artificial knee, and increasing numbers of younger patients are undergoing knee replacement surgery, new research reveals.

Researchers at Brigham and Women's Hospital in Boston estimate that more than half of adults who are diagnosed with knee osteoarthritis will receive a total knee replacement in their lifetime.

Senior author Elena Losina, co-director of the hospital's Orthopaedic and Arthritis Center for Outcomes Research, said the country's aging population and high rates of obesity are only partly responsible for the rise in total knee replacements.

"We think that as more and more people began participating in active sports, they sustained injuries earlier in life, and therefore developed knee osteoarthritis earlier," Losina said. "And these active people are probably more willing to undergo surgery that will enable them to continue to be active."

Also, with improved success rates over the past 20 years and facilities that are more comfortable offering it, patients are more likely to undergo surgery.

"A shorter postoperative hospital stay has also made the procedure more acceptable," Losina said. "Ten or 15 years ago, patients stayed in the hospital for a week. Now, they're usually discharged on the third day.

"The number of knee replacement procedures doubled over the last decade, reached more than 200,000 in 2005, and the researchers said younger patients -- those 45 to 64 -- accounted for a disproportionate amount of that growth. Their relatively young age means many are at risk of revision surgery as well as potential long-term complications of surgery, the authors warned.

The researchers estimate that more than 4.2 million Americans currently have an intact knee replacement, which represents 4.4% of all adults aged 30 and over. Prevalence is slightly higher in men.

They further estimate that nearly 25% of men diagnosed with symptomatic knee osteoarthritis require knee replacement in their lifetime. The risk of subsequent for men and roughly 18 percent for women, the authors noted.

In osteoarthritis of the knee, the cartilage wears down, causing changes in the adjacent bone, resulting in pain, swelling and stiffness.

The study was scheduled for presentation Friday at an American Academy of Orthopaedic Surgeons meeting in San Francisco. The researchers' data included information from the U.S. Census, two national studies on people with knee arthritis, and a computer model on the history and management of knee arthritis.

One leading orthopedic surgeon, Dr. William J. Robb III, chairman of the department of orthopedic surgery at NorthShore University Health System in Evanston, Ill., said the findings were useful in that they provided more details about the number of patients now living with arthroplastic knee replacement.

"The study used historical failure and complication rates to predict future numbers of failures that might require revision surgery," Robb said. "The methodology used likely projects the 'worst-case scenario' for total numbers of failures, as implant materials have been improved and these improvements may decrease the overall revision rate."

The study was funded by the U.S. National Institutes of Health's National Institute of Arthritis and Musculoskeletal and Skin Diseases.

Data and conclusions presented at medical meetings should be viewed as preliminary until published in a peer-reviewed medical journal.

Maternal treatment with opioid analgesics and risk for birth defects

Cheryl S. Broussard, PhD; Sonja A. Rasmussen, MD, MS; Jennita Reehuis, PhD; Jan M. Friedman, MD, PhD; Michael W. Jann, PharmD; Tiffany Riehle-Colarusso, MD, MSE; Margaret A. Honein, PhD, MPH; for the National Birth Defects Prevention Study

OBJECTIVE: We examined whether maternal opioid treatment between 1 month before pregnancy and the first trimester was associated with birth defects.

STUDY DESIGN: The National Birth Defects Prevention Study (1997 through 2005) is an ongoing population-based case-control study. We estimated adjusted odds ratios (ORs) and 95% confidence intervals (CIs) for birth defects categories with at least 200 case infants or at least 4 exposed case infants.

RESULTS: Therapeutic opioid use was reported by 2.6% of 17,449 case mothers and 2.0% of 6701 control mothers. Treatment was statistically significantly associated with conotruncal septal defects (OR, 2.7; 95% CI, 1.1–6.3), atrioventricular septal defects (OR, 2.0; 95% CI, 1.2–3.6), hypoplastic left heart syndrome (OR, 2.4; 95% CI, 1.4–4.1), spina bifida (OR, 2.0; 95% CI, 1.3–3.2), or gastrochisis (OR, 1.8; 95% CI, 1.1–2.9) in infants.

CONCLUSION: Consistent with some previous investigations, our study shows an association between early pregnancy maternal opioid analgesic treatment and certain birth defects. This information should be considered by women and their physicians who are making treatment decisions during pregnancy.

Key words: analgesic, birth defect, medication, opioid, pregnancy

Major birth defects affect about 3% of the 4 million US live births each year.¹¹,¹² Congenital heart defects (CHD) are among the most common birth defects, affecting nearly 1% of US births,¹³ and are the main contributor to infant mortality attributable to birth defects.⁷,⁸

Opioid medications are potent prescription analgesics that are the mainstay for treatment of severe pain.⁹ Opioids are often used in combination with nonopioid analgesics, such as acetaminophen, and lower doses are also a component of some cough suppressants.¹⁰ Previous studies have shown that opioid analgesic use and abuse have been increasing in recent years,¹¹-¹³ but the effects of opioid use on the developing fetus during pregnancy are poorly understood.

Associations between maternal first-trimester use of the opioid analgesic co-
NATIONAL CENTER ON BIRTH DEFECTS AND DEVELOPMENTAL DISABILITIES
Health Communication Science Office – media

Name of paper: Maternal treatment with opioid analgesics and risk for birth defects

Journal: American Journal of Obstetrics & Gynecology

Publication date: April 2011 (Epub February 24, 2011)

NCBDDD spokesperson for this paper: Cheryl S. Broussard, PhD (lead author)

1. Who is the audience for this information?
   - Pregnant women and women of reproductive age
   - Healthcare providers (particularly OB-GYNs and others)

2. What is the most important finding of this paper?
   This study found an increased risk for congenital heart defects and some other birth defects in infants of mothers treated with opioid analgesics in early pregnancy, a finding consistent with some previous investigations.

3. Key messages:
   - The researchers' goal was to see if treatment with any opioid analgesic medication just before or during early pregnancy was associated with the occurrence of certain birth defects.
   - The study used data from the CDC-funded National Birth Defects Prevention Study, a population-based, case-control study to understand the causes and risk factors for major birth defects in the United States (including study centers in Arkansas, California, Georgia, Iowa, Massachusetts, New Jersey, New York, North Carolina, and Texas).
   - Main findings from this study are that treatment with opioid analgesics was linked with several types of congenital heart defects, spina bifida (a neural tube defect), hydrocephaly, glecoma, and gastroschisis. The findings related to congenital heart defects were consistent with findings of previous studies showing links between the use of codeine during the first trimester and the occurrence of some heart defects. In this study, however, the occurrence of oral clefts did not appear to be linked with treatment with opioid analgesics. (CHDs: conoventricular septal defects, atroventricular septal defects, hypoplastic left heart syndrome, atrial septal defect - NOS, tetralogy of Fallot, pulmonary valve stenosis)
   - Treatment with opioid analgesics just before or during early pregnancy was reported by 2-3% of the mothers. Codeine and hydrocodone were the most frequently reported medications, representing 69% of all reported opioid analgesics used. Commonly reported reasons for treatment with opioid analgesics during pregnancy included surgical procedures, infections, chronic diseases, and injuries.
The things to do:

- Know your audience
- Know your story
- Develop answers to the questions you think you’re going to get
- Practice, practice, practice
What is the most important message for women of reproductive age?
When making treatment decisions just before or during pregnancy, it is important that women talk with their doctors and weigh the benefits of opioid analgesic medications along with their potential risks for birth defects, including some types of congenital heart defects.

What is the most important message for their doctors?
Healthcare providers must weigh the benefits of opioid medications along with their potential risks when discussing analgesic treatment options with patients who are or may become pregnant, including reproductive-age women who are not planning a pregnancy but might be at risk for unintended pregnancy.
Key finding:
This study found an increased risk for congenital heart defects and some other birth defects in infants of mothers treated with opioid analgesics in early pregnancy, a finding consistent with some previous investigations.
Press Release

For Immediate Release
March 2, 2011

Opioid pain killers linked to increased risk of some birth defects:

Babies born to women who take opioid pain killers such as codeine, oxycodone or hydrocodone just before or in early pregnancy are at increased but modest risk of birth defects, according to a study conducted by the Centers for Disease Control and Prevention.

The study, published in the American Journal of Obstetrics and Gynecology, found 2-3 percent of mothers interviewed were treated with prescription opioid pain killers, or analgesics, just before or during early pregnancy. The study did not examine illicit use of these medications.

The most commonly used opioid medications reported by women were codeine and hydrocodone. Treatment with opioid analgesics was linked to several types of congenital heart defects as well as spina bifida, hydrocephaly, congenital glaucoma and gastrochisis. The findings with some congenital heart defects are consistent with previous studies.

This study found that women who took prescription opioid medications just before or during early pregnancy had about two times the risk for having a baby with hypoplastic left heart syndrome (one of the most critical heart defects) as women who were not treated with these opioid medications.

Congenital heart defects are the most common type of birth defect, affecting nearly 40,000 births in the United States each year. Many infants with congenital heart defects die in the first year of life, and infants who survive often require numerous surgeries, lengthy hospitalizations and a lifetime of treatment for related disabilities.

While some medications are known to be harmful when taken during pregnancy, the safety of most medications taken by pregnant women has not been determined. The effects depend on many factors, such as:

- How much medication was taken.
- When during the pregnancy the medication was taken.
- Other health conditions a woman might have.
- Other medications a woman takes.

becoming pregnant, should know there are risks associated with it Thomas R. Frieden, M.D., M.P.H. "They should only take it if their health care provider." There is an increased risk for some types of major birth defects of the risk for any individual woman is relatively modest," said I.D., CDC's National Center on Birth Defects and Rand serious and life threatening birth defects like hypoplastic left number of cases is very important.

Planning a pregnancy and you have taken or are considering using over-the-counter medications, as well as dietary or herbal supplements with Opioid Analgesics and Risk for Birth Defects," were facts Prevention Study (www.cdc.gov/nchbidd/bd/research.htm). These are the first results ever done on the causes of birth defects in the United States, California, Georgia, Iowa, Massachusetts, New York, Utah.

Providers weigh the benefits of opioid medications along with options with patients who are or might become pregnant, planning a pregnancy but might be at risk for unintended pregnancy, please visit: 5-Opioid-Analgesics-keyfindings.html

rg/article/S0002-9378(10)02524-X/abstract

algesic use, please visit: 5-Opioid-Analgesics-keyfindings.html

pregnancy, please visit 5-Opioid-Analgesics-keyfindings.html or call 1-800-CDC-INFO.

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CDC Links Prescription Painkillers in Pregnancy to Birth Defects

Mothers-to-be who take prescription opioid painkillers such as codeine, hydrocodone or oxycodone (Oxycontin) may increase the risk of birth defects in their newborns, according to a new U.S. government report.

Taking these types of analgesics just prior to pregnancy or in the early stages of pregnancy was linked to a modest risk of congenital heart defects and other types of birth defects, according to a new study, according to the Centers for Disease Control and Prevention.

The risk for serious birth defects such as hydrocephaly, congenital heart defects and gastroschisis was also heightened, the report said.

"Women who are pregnant, or thinking about becoming pregnant, should know there are risks associated with using prescription painkillers," said CDC Director Dr. Thomas Frieden, in an agency statement. "They should only take medications that are essential, in consultation with their health care provider."

In the study of data from 10 states, the CDC and its partners interviewed more than 3,000 mothers and found that 2 percent to 3 percent of mothers interviewed received prescription painkillers just before they got pregnant or early in their pregnancy, but the risk was not assessed.

For these women, the risk of having a baby with a critical heart defect -- was about double that of women who did not take painkillers.

About 40,000 infants are born with congenital heart defects each year. Many of these babies die within a year, while others require lengthy hospitalizations, multiple operations and lifelong problems, the CDC said.

According to the report, published in the American Journal of Obstetrics & Gynecology, the safety of most medications taken during pregnancy remains controversial.

Many factors may influence the risk, including how far along the mom is at what stage of pregnancy she takes it in other health conditions and other medications she takes.

However, the study authors noted that the risk from prior pregnancy is small.

"It's important to acknowledge that although there is an absolute risk for some of these defects, the absolute risk for any given individual woman is relatively modest," lead author Cheryl Broussard, of CDC's National Center on Birth Defects and Developmental Disabilities, said in the news release.

"However, with very serious and life-threatening birth defects like hypoplastic left heart syndrome, the prevention of even a small number of cases is very important," she said, adding that it's important for any woman who is pregnant or planning to become pregnant talk to her doctor before taking any medication.

"It's really important that women talk with their doctors," she says, "and talk about the potential benefits for these medications, as well as the potential risk for heart defects."
Strong painkillers may be linked to birth defects

(Reuters Health) - Women who take opioid painkillers such as codeine and oxycodone early in their pregnancy may be more likely to have a baby with a birth defect, according to a new study.

The link was only seen for some kinds of birth defects, however, and the overall risk remains small.

About 7 percent of all babies born in the U.S. have a malformation, including cleft palate, heart defects and spina bifida, in which the baby’s spinal column doesn’t close properly.

Birth defects are the leading cause of death for infants. Smoking and drinking alcohol during pregnancy have been linked to an increased risk of having a baby with a birth defect, but the cause of many birth defects is still unknown.

Whether opioid painkillers may be a risk and the new findings can prove cause and effect is unclear, said Galen Reese, lead author of the new study for the Centers for Disease Control and Prevention in Atlanta.

Previous studies have found some links suggested that opioids might increase the risk of clefts, lead author of the new study Dr. Cheryl Broussard, of the Centers for Disease Control and Prevention in Atlanta, told Reuters Health.

"Previous studies have had some inconsistent findings, (but) some have suggested that opioids might increase the risk for heart defects and oral clefts," lead author of the new study Dr. Cheryl Broussard, of the Centers for Disease Control and Prevention in Atlanta, told Reuters Health.

Broussard agreed. "When making medical treatment decisions either just before or during pregnancy, it’s important that women talk with their doctors and weigh their options," she said.

Painful Choices

09.20.11 Moms-to-be, think twice before taking pain medication

Everyday discomforts don’t disappear just because you’re pregnant, and ouch -inducing events still happen. But moms-to-be should be cautious when treating pain. It’s long been known that when taken later in pregnancy, steroid-free anti-inflammatory medications such as ibuprofen (Advil, Motrin) may harm the fetus. Aspirin, too, can be harmful.

In addition, a recent study from the University of Montreal found a possible link between the use of nonaspirin painkillers like ibuprofen in early pregnancy and a higher risk of miscarriage, Time magazine reports.

Reasearchers, in a study published in the Journal of Obstetrics and Gynecology, also have found evidence that opioids such as Vicodin (acetaminophen and hydrocodone) and codeine—often prescribed for pain caused by injuries, surgeries, infections or chronic medical conditions—may increase the risk of birth defects when taken just before conception or in the first trimester.

Now a study has found that children of women who used acetaminophen (Tylenol and other over-the-counter brands) at any time during pregnancy had an increased risk of asthma. This is news because acetaminophen has long been considered the safest pain medication for expectant women.

What to do? For minor pain, seek relief through drug-free therapies, such as rest, ice or hot or cold compresses. Even for more serious pain, don’t automatically reach for medications, says epidemiologist Cheryl Broussard, Ph.D., author of the opioid study. “Women making these decisions need to talk to their doctors and weigh the benefits against the risks of birth defects,” she says.

To read our expert suggestions regarding the use of over-the-counter medications. After all, there are some safe bets, but there are definitely some drugs that are strictly off-limits. If you’re still unsure, check with your OB-GYN for some peace of mind.

—Shari Roan / Maria Vega

Risks: Pain Drugs May Lead to Birth Defects

By RONI CARYN RABIN
Published: March 17, 2011

Women who take codeine, oxycodone and other opioid pain drugs early in pregnancy may be exposing their babies to a higher risk of birth defects, a new study suggests.

Though the overall numbers were small, babies whose mothers took opioids were considerably more likely than others to have congenital problems, including a potentially fatal syndrome in which the left part of the heart does not develop completely; spina bifida; and gastrochisis, in which the intestines stick out of the body.

The study, from the Centers for Disease Control and Prevention’s largest to examine the effects of opioid use during pregnancy month in The American Journal of Obstetrics & Gynecology.

It used data from the National Birth Defects Prevention Study about mothers in 10 states who gave birth from 1997 to 2005.

“Opioids and their receptors act as growth regulators during embryologic development, which may explain our findings,” said Cheryl S. Broussard, the paper’s lead author.

“Instructions for making a speech: be sincere; be brief; be seated.”

Franklin D. Roosevelt
EXT DAY MS: Mother Gina Tredder (ph) sits on park bench.

STILLS Tredder holds infant.

INT In interview Tredder says "The feelings of anxiety and sadness, despair, just gloom, and I knew at that time I needed to call my doctor and get some help with it."
MS: Empty crib with mobile.
MS (slow-motion) Pregnant woman's belly (faces unseen).
CU: Small piles of various anti-depressant pills.
In interview Beth Israel Medical Center's Dr Stephan Quentzel says "Any time we're going to use medicine in any situation of pregnancy, we're going to pay a lot of attention."
Slow-motion, blue-tinted video of babies in hospital cribs.
CU: Sonogram.

INT In interview Centers for Disease Control's Jennita Reefhuis says "We now know that there aren't any large increases in risk associated with SSRIs and birth defects."
CU: Pills.
In interview Quentzel says "Any time we're going to use medicine in any situation of pregnancy, we're going to pay a lot of attention."
MS: Doctor looks at sonogram on monitor.
MS: Hand guides sonogram wand over pregnant woman's belly.

EXT DAY MS: Tredder sits on bench watching children on playground swings.

INT In interview she says "Getting the help and support and the medication I needed was wonderful. It was a joy that I got to experience in my life that I would have missed if I didn't seek the help that I needed."

INT NEW YORK CITY NBC's Dr Nancy Snyderman closes on-camera (in Nightly News Studio, no signoff)
Story length – 2:40

Sound bite 1: 22 words, 8 seconds
“These findings are alarming. Diabetes is number one cause of blindness, number one cause of amputation, number one cause of kidney failure …”

Sound bite 2: 15 words, 6 seconds
“It is not inevitable. We have to change the course. We cannot fail at this.”

Sound bite 3: 23 words, 10 seconds
“It will take, first and foremost, people taking diabetes seriously and understanding we can make a difference but we have to start now.”
Maternal treatment with opioid analgesics and risk for birth defects

Cheryl S. Broussard, PhD; Sonja A. Rasmussen, MD, MS; Jennita Reefhuis, PhD; Jan M. Friedman, MD, PhD; Michael W. Jann, PharmD; Tiffany Riehle-Colarusso, MD, MSE; Margaret A. Honel, PhD, MPH; for the National Birth Defects Prevention Study

OBJECTIVE: We examined whether maternal opioid treatment between 1 month before pregnancy and the first trimester was associated with birth defects.

STUDY DESIGN: The National Birth Defects Prevention Study (1997 through 2005) is an ongoing population-based case-control study. We estimated adjusted odds ratios (ORs) and 95% confidence intervals (CIs) for birth defects categories with at least 200 case infants or at least 4 exposed case infants.

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Cite this article as: Broussard CS, Rasmussen SA, Reefhuis J, et al. Maternal treatment with opioid analgesics and risk for birth defects. Am J Obstet Gynecol 2011;204:x.x-x.x.

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What’s the message for women?

#1
#2
#3
#4
#5
The dreaded:
“um”
“uh
“you know”
Some things that will help

• Practice, practice, practice
• Take your time
• Plan at least 2 ways to deliver your key message
As I’ve said ....

That’s a good question ....
Things to do

• Answer the question but don’t “over answer”
• Plan at least 2 – better yet 3 - ways to deliver your key message
• Know your answer to “Is there anything else our readers need to know?”
• Avoid jargon and acronyms
More things to do

• If you don’t know the answer, just say so
• If you find yourself going down the wrong road, or tongue-tied, just stop - start over
• If you’re told “Some people say” – it’s ok to ask “Who?”
• If you’re told “other studies have found”, it’s ok to say “I can only talk to my study”
• It’s also ok to ask the reporter a question to clarify
More tips you may not know

- Don’t send the reporter to a website for the answers
- Reporters have editors and editors have rules
  - No more than 1 quote
  - No quote more than 20 words
Finally – be courteous and friendly

- Be available
- Use the reporter’s name
- Thank the reporter
- Don’t ask to clear the story
- Smile and be enthusiastic
Specifically for broadcast …

- Smile and be enthusiastic
- Keep answers short and memorable
- Lean forward
- Use hand gestures naturally
- Don’t wear distracting patterns
- Always act as if the microphone is on
Media coaching 101 –
thanks to Modern Family on ABC

“Instructions for making a speech: be sincere; be brief; be seated.”

Franklin D. Roosevelt
Conne Ward-Cameron
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