

Smoking Cessation During Pregnancy



Brought to you by:

The Florida Department of Health

and

The Florida AHEC Network

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A Clinician's Guide to Helping Pregnant Women Quit Smoking

The American College of
Obstetricians and Gynecologists



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Call to Action



- Smoking is the most modifiable risk factor for poor birth outcomes
- Successful treatment of tobacco dependence can achieve:
 - 20% reduction in low-birth-weight babies
 - 17% decrease in preterm births
 - Average increase in birth weight of 28 g

Smoking Risks in Pregnancy



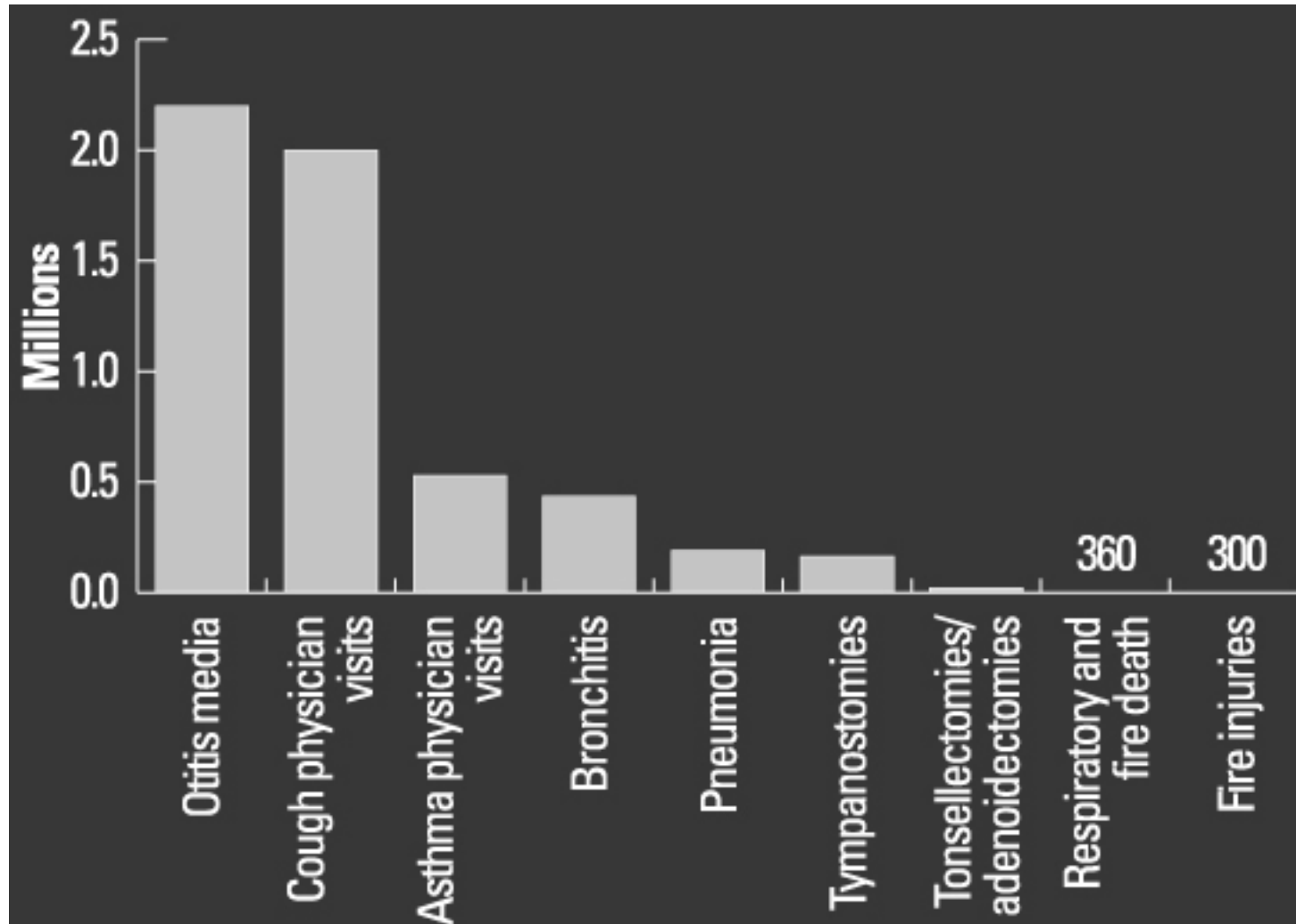
- Ectopic pregnancy
- Intrauterine growth restriction
- Placenta previa
- Abruptio placentae
- PROM
- Spontaneous abortion
- Preterm delivery
- Eclampsia and Pre-Eclampsia

Maternal Smoking During Pregnancy Increases Risk of Offspring Behavior Problems

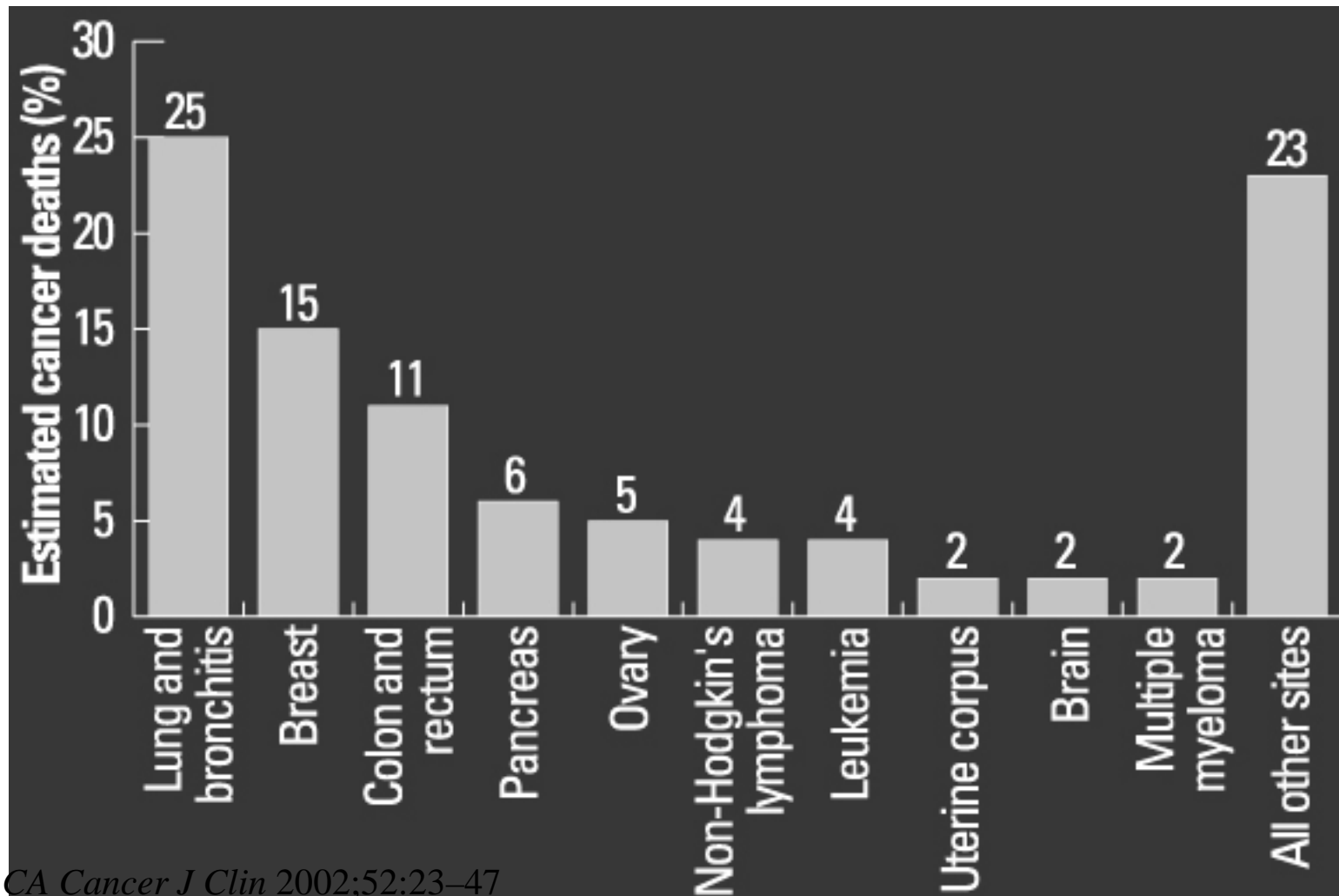


- 1-2 day old infants have elevated scores on measures of stress and excitability.
- Toddlers are at increased risk for aggressive behavior, negativity and hyper activity if mother smoked during pregnancy.
- Teenage offspring of mothers who smoke during pregnancy are at risk for memory problems and other cognitive difficulties.
- Maternal smoking during pregnancy predicts an increase in offspring risk for cigarette addiction during adolescence.

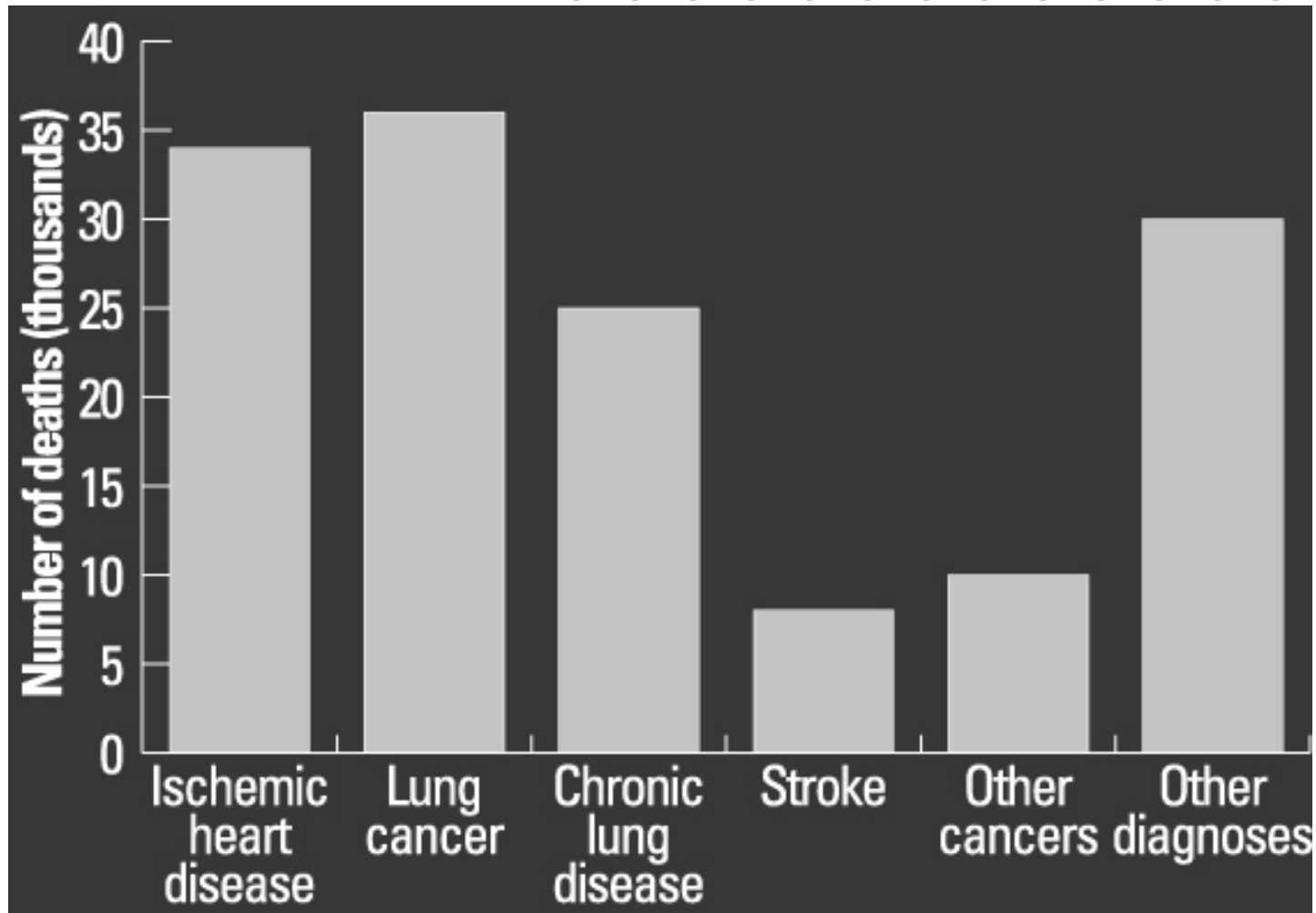
Annual Smoking-Related Child Morbidity and Mortality



Estimated Top 10 Causes of Cancer Death in Women, 2002

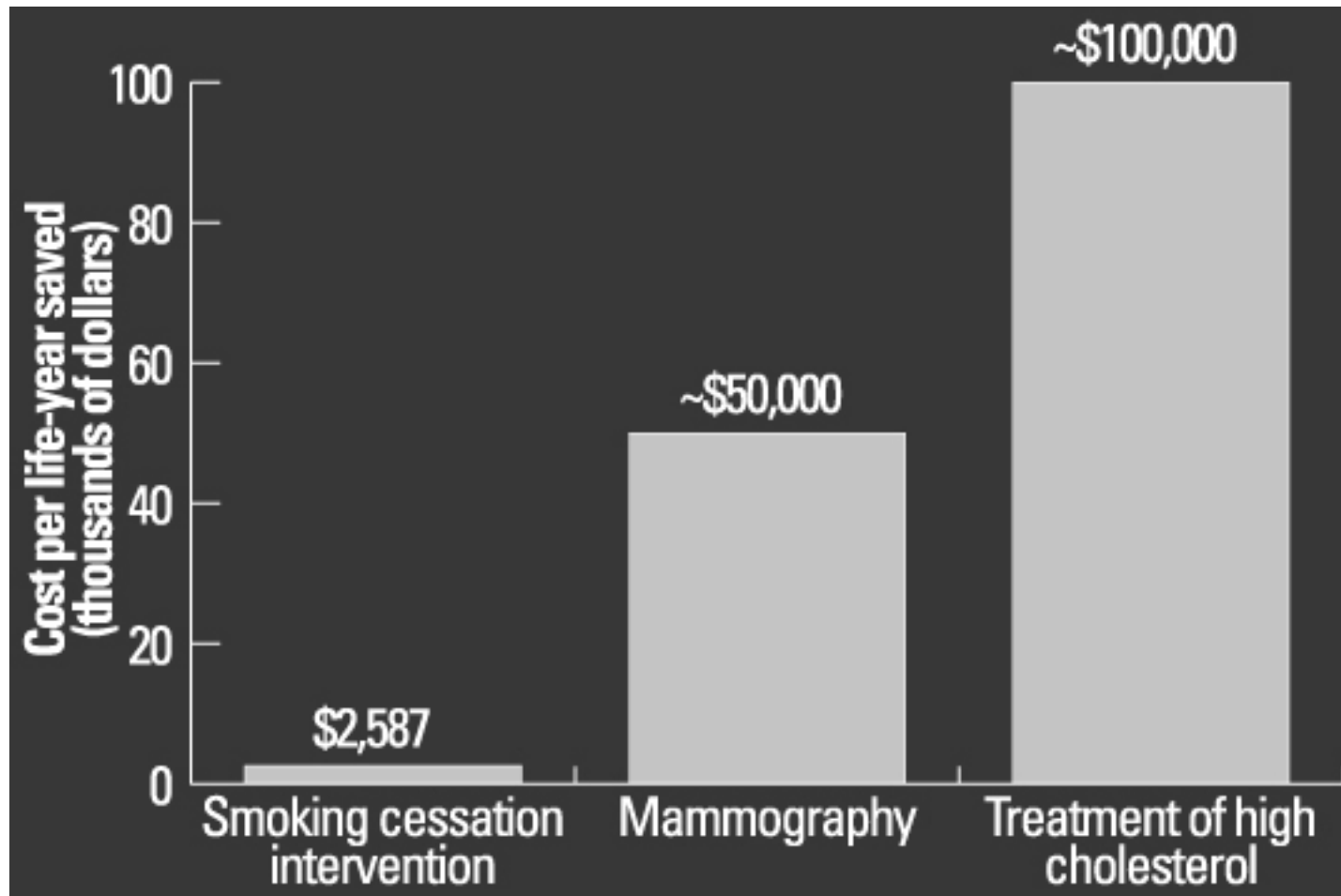


Smoking-related Causes of Death in US Women, 1990



CDC. *MMWR* 1993;42:645-649

Cost-effectiveness of Smoking Cessation Intervention



Effects of Maternal Smoking During & After Pregnancy-SIDS



Causal relationship

- **Sudden Infant Death Syndrome**

“Smoking by the mother causes SIDS.”

“A positive trend in SIDS risks with increasing numbers of cigarettes smoked during pregnancy remained after adjusting for birth weight.”

Data Source: The Health Consequences of Smoking, A Report of the Surgeon General, 2004.

Slide Source: Smoke Free Families

Effects of Maternal Smoking During & After Pregnancy-SIDS


“Compared with unexposed infants, babies exposed to secondhand smoke after birth are at twice the risk for SIDS, and infants whose mothers smoked before and after birth are at three to four times greater risk.”

“Cigarette smoking by parents leading to passive exposure of the baby carried a high relative risk of 3.”

Data Source: The Health Consequences of Smoking, A Report of the Surgeon General, 2004.

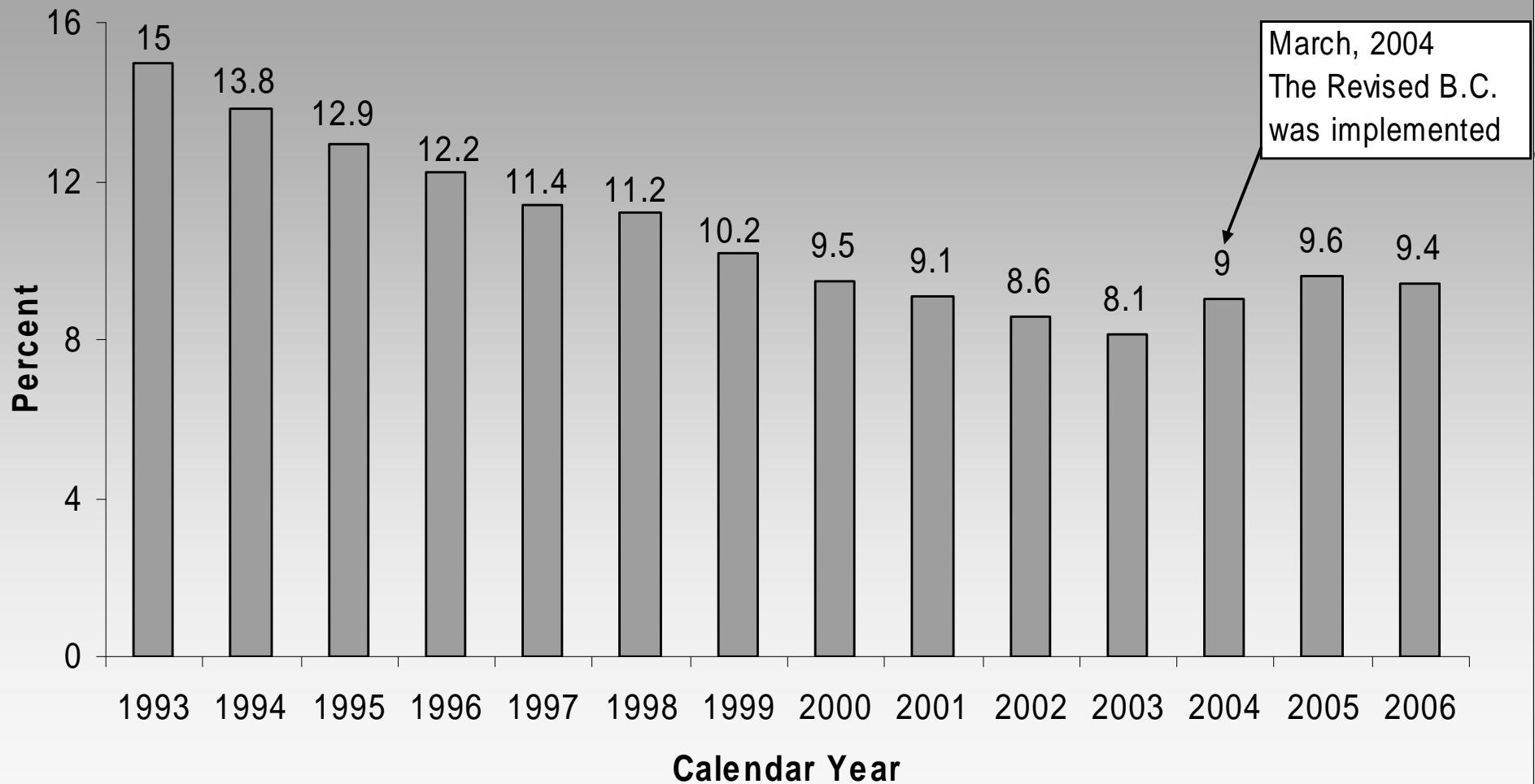
Slide Source: Smoke Free Families

SIDS Reduction

- 
- If woman continues to smoke, advise about the impact on both the unborn and newborn child. Advise her
 - Not smoke in her home
 - Not smoke in car
 - Stress impact of secondhand smoke exposure on immediate problems with child
 - ear infections
 - Bronchitis
 - asthma

Prevalence of Smoking During Pregnancy, Birth Certificate

Prevalence of Smoking During Pregnancy,
Florida's Birth Certificate, 1993-2006



*Data Source: Florida Department of Health, Vital Statistics, 2006 birth certificate data are provisional

**In 2001, the percent of births
under 2500 grams
(Low birth weight)
for mothers
who reported smoking on the birth
certificate was 11.8%**

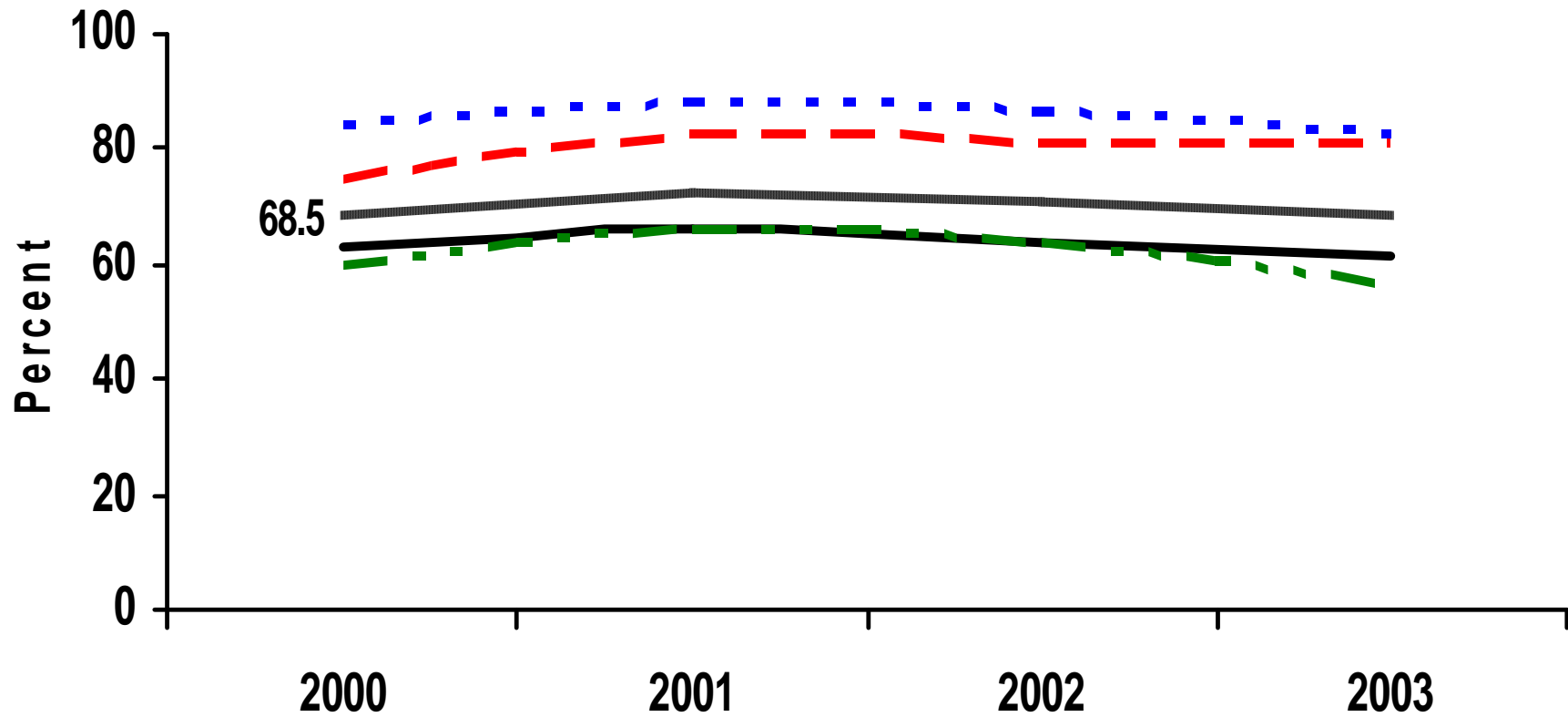
**Compared to 7.8% for
mothers who reported
Not smoking**



**Approximately 500 premature births
could be avoided annually if all
women who gave birth did not smoke**

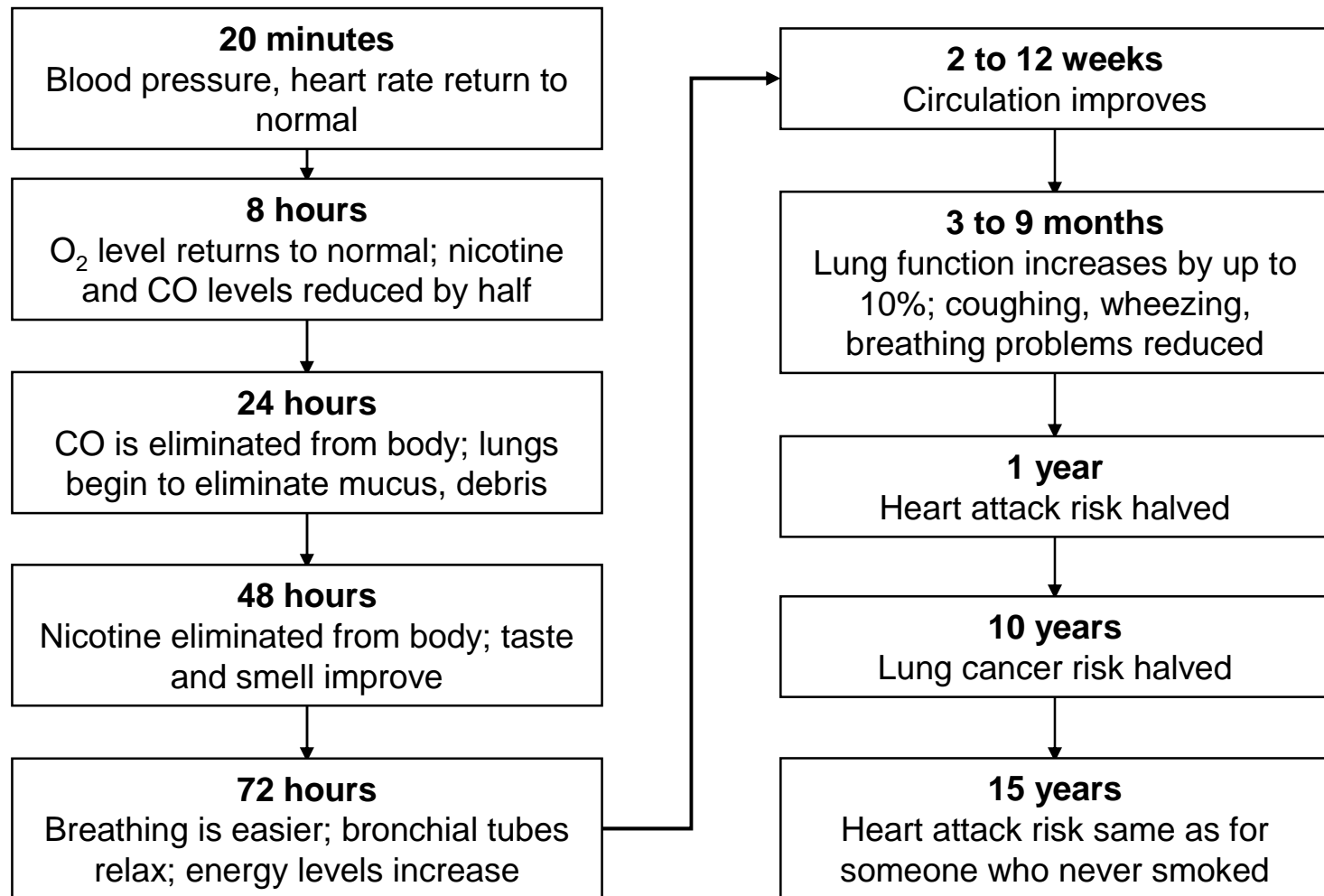
Source: Analysis completed by the Florida Department of
Health, Maternal and Child Health
Evaluation team

**Figure 6. Discussion on Smoking Occurred During Prenatal Care, by Age Group
FL PRAMS 2000--2003**



- - - 19 and younger - - - 20-24 ——— 25-34 - - - 35 and older ——— Overall

Timing of Health Benefits



1990 Surgeon General's Report

Barriers to treating tobacco dependence



“Not enough time.”

“Patients don’t want to hear about it.”

“I can’t help patients stop.”

Slide Source: Aaron Swanson, Iowa Department of Public Health
Division of Tobacco Use Prevention and Control

Intervention Makes a Difference: Time



- Smoking cessation intervention by clinicians improves quit rates.
- Brief counseling (5 to 15 minutes total) is enough to help some pregnant smokers quit
- A woman is more likely to quit smoking during pregnancy than at any other time in her life.
- Follow-up is essential to ensure continued abstinence from smoking.

Barrier:

“Patients don’t want to hear about it”



“Smoking cessation interventions during physician visits were associated with increased patient satisfaction with their care among those who smoke.”

- 1,898 patients in a study who reported that they had been asked about tobacco use or advised to quit during the latest visit had 10% greater satisfaction rating and 5% less dissatisfaction than those not reporting such discussions

Key to Intervention...Listening!



- Each patient has a unique reason for smoking onset and continued smoking.
- Many patients have already tried to quit.
- Most smokers report that they want to quit smoking.
- Most smokers require several attempts before they succeed.

Key to Intervention...Listening!



- Even a failed attempt is a valuable learning experience.
- Each physician intervention can promote quitting and continued abstinence.
- The physician must listen carefully to understand each smoker's motivations and respond specifically to her situation.

Conclusions from Behavioral Intervention Studies



- Pregnancy is a good time to intervene
- Brief counseling works better than simple advice to quit
- Counseling with self-help materials *offered by a trained clinician* can improve cessation rates by 30% to 70%
- Intervention works best for moderate (<20 cigarettes/day) smokers

Reimbursement Coding



- ICD-9-CM code 305.1 (tobacco use disorder, tobacco dependence)

AND

- CPT code 99401 (15-minute physician-provided counseling)
 - with modifier 25 as part of regular prenatal visit

OR

- CPT code 99211 (nurse counseling)

5 A's Approach to Smoking Cessation



- A 5-step smoking intervention proven effective for pregnant women
- Consistent with strategies developed by the National Cancer Institute, the American Medical Association, and others
- Adapted for pregnant women by ACOG

The 5 A's



1. *Ask* about tobacco use

2. *Advise* to quit

3. *Assess* willingness to make a quit attempt

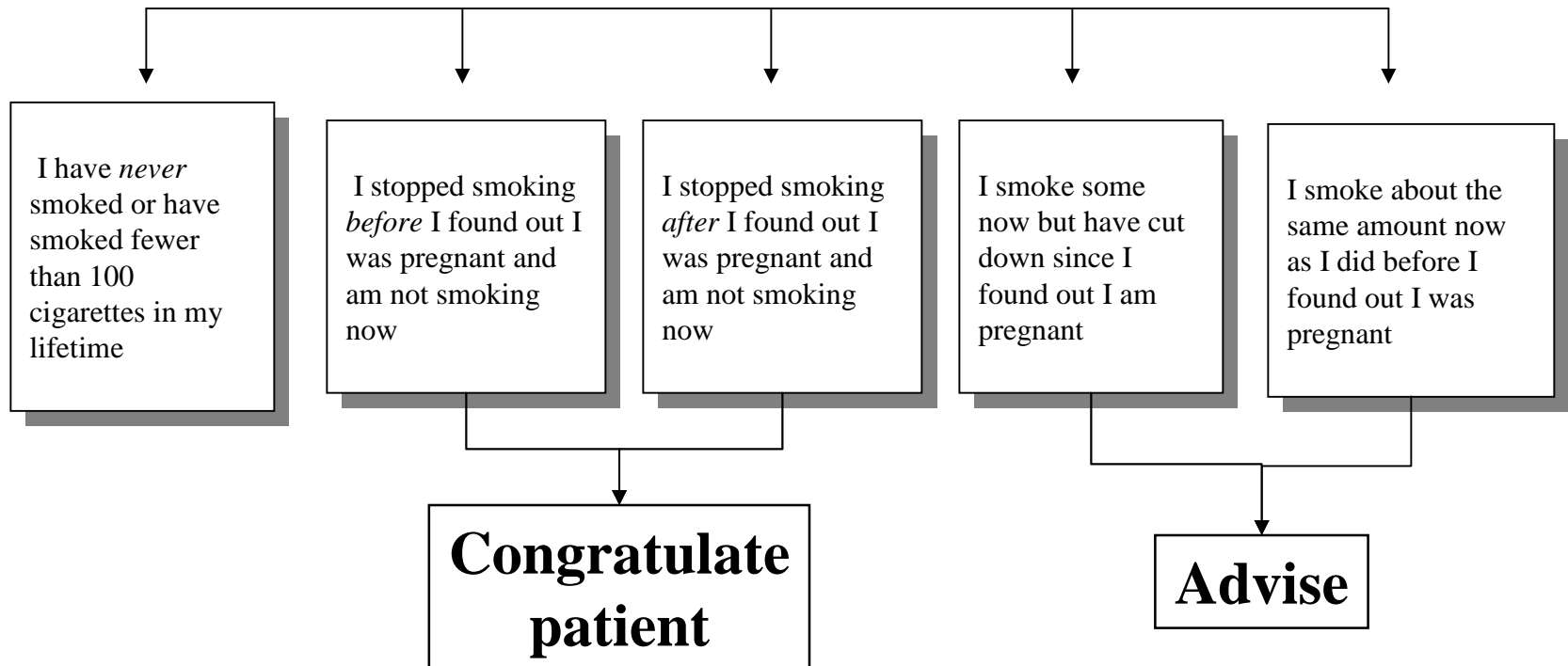
4. *Assist* in quit attempt

5. *Arrange* follow-up

Step 1: Ask—1 Minute



Which of the following statements best describes your cigarette smoking?



Step 2: Advise—1 Minute



- Clear, strong, personalized advice to quit
 - **Clear:** “My best advice for you and your baby is for you to quit smoking.”
 - **Strong:** “As your clinician, I need you to know that quitting smoking is the most important thing you can do to protect your baby and your own health.”
 - **Personalized:** Impact of smoking on the baby, the family, and the patient’s well being

Step 3: Assess—1 Minute



- Assess the patient's willingness to quit within the next 30 days.
- If a patient responds that she would like to try to quit within the next 30 days, move on to the *Assist* step.
- If the patient does not want to try to quit, use the 5 R's to try to increase her motivation.

Step 4: Assist—3+ Minutes



- Suggest and encourage the use of problem-solving methods and skills for smoking cessation
- Provide social support as part of the treatment
- Arrange social support in the smoker's environment
- Provide pregnancy-specific self-help smoking cessation materials

Strategies that Some Women Find Helpful



- Set quit date within 30 days and sign a contract
- Develop approaches to manage withdrawal symptoms
- Remove all tobacco products from her home
- Decide what to do in situations in which she usually smokes

Step 5: Arrange—1+ Minute



- Follow up to monitor progress and provide support
- Encourage the patient
- Express willingness to help
- Ask about concerns or difficulties
- Invite her to talk about her success

Pharmacologic Intervention



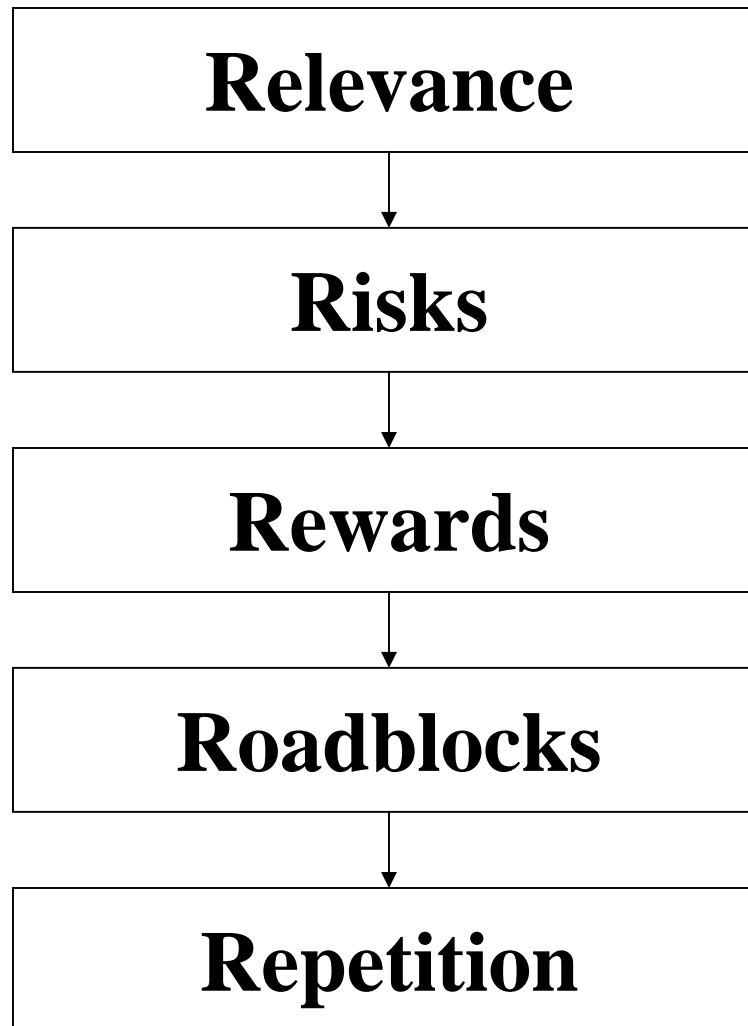
- Behavioral intervention is first-line treatment in pregnant women
- Pharmacotherapy has not been sufficiently tested for efficacy or safety in pregnant patients
- It may be necessary for heavy smokers (>1 pack/day)

Pharmacotherapy and Pregnancy



- First-line medications for smokers include bupropion (sustained-release bupropion), nicotine gum, nicotine inhaler, nicotine nasal spray, and nicotine patch.
- Second-line medications for smokers include clonidine.
- The safety and efficacy of these treatments for pregnant smokers remain unknown.
- Pharmacotherapy should be considered when a pregnant woman is otherwise unable to quit, and when the likelihood of quitting, with its potential benefits, outweighs the risks of the pharmacotherapy and potential continued smoking.

Patients Who Decline to Quit: Using the 5 R's



5 R's: Relevance



- Ask patient to identify why quitting might be personally relevant, such as:
 - children in her home
 - need for money
 - history of smoking-related illness

5 R's: Risks



- Ask, “What have you heard about smoking during pregnancy?”
- Reiterate benefits for her unborn baby and her other children
- Tell her that a previous trouble-free pregnancy is no guarantee that this pregnancy will be the same

5 R's: Rewards



- Your baby will get more oxygen after just 1 day
- Your clothes and hair will smell better
- You will have more money
- Food will taste better
- You will have more energy

5 R's: Roadblocks



- Negative moods
- Being around other smokers
- Triggers and cravings
- Time pressures

Overcoming Roadblocks: Negative Moods



- Suck on hard candy
- Engage in physical activity
- Express yourself (write, talk)
- Relax
- Think about pleasant, positive things
- Ask others for support

Overcoming Roadblocks: Other Smokers



- Ask a friend or relative to quit with you
- Ask others not to smoke around you
- Assign nonsmoking areas
- Leave the room when others smoke
- Keep hands and mouth busy

Overcoming Roadblocks: Triggers and Cravings



- Cravings will lessen within a few weeks
- Anticipate “triggers”: coffee breaks, social gatherings, being on the phone, waking up
- Change routine—for example, brush your teeth immediately after eating
- Distract yourself with pleasant activities: garden, listen to music

Overcoming Roadblocks: Time Pressures



- Change your lifestyle to reduce stress
- Increase physical activity

3 MINUTE VERSION

2 A's + R



- **ASK** – every patient about tobacco use and document in their medical record – 1 minute
- **ADVISE** – urge every tobacco user to quit; employ the teachable moment and link visit findings with advice – 1 minute
- **REFER** – patients to quitline or cessation classes and document in medical record – 1 minute

Healthy Start



HEALTHY
START



For families


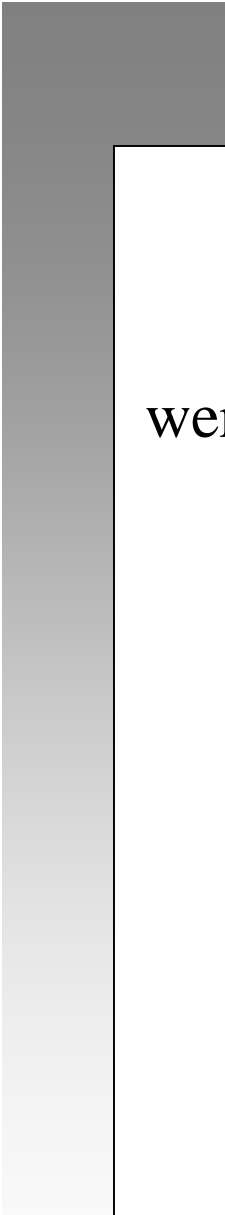
- **To reduce the incidence of prenatal and post-partum tobacco use**
- **To reduce the incidence of tobacco use by all household members**
- **To reduce exposure of the pregnant woman, fetus and infant to environmental tobacco smoke (ETS)**

Who is Eligible for Healthy Start Smoking Cessation Services?



- Anyone who says they smoked during pregnancy
 - Pregnant woman
 - Parent
- Any smoker in the home of a pregnant woman or child up to age 3





Pregnant women who received Healthy Start
smoking cessation services
were less likely to have babies born with low birth weights.

During the year 2000, 16.15% of pregnant smokers
who **did not** receive
Healthy Start smoking cessation services
had babies born with low birth weights
compared with 14.11% of those who **did** receive
Healthy Start smoking cessation services

(Source: Healthy Start Annual Report 2002).

Implementing a Smoking Cessation Program



Step 1. Develop administrative commitment

Step 2. Involve staff early

Step 3. Assign one coordinator

Step 4. Provide training

Step 5. Adapt procedures to your setting

Step 6. Monitor and provide feedback

Step 1: Develop Administrative Commitment



- Include all staff who are responsible for patient care, records, materials, or other aspects of implementation
- Review health consequences of smoking
- Explain the 5 A's
- Note cost-effectiveness

Step 2: Involve Staff Early



- Invite participation
- Address concerns
- Anticipate problems or barriers
- Schedule regular meetings
- Offer intervention to staff who smoke

Step 3: Assign One Coordinator



- One person should oversee implementation to ensure that tasks are not overlooked
- The coordinator can
 - answer questions
 - troubleshoot problems
 - arrange for training
 - monitor implementation

Step 4: Provide Training



- 5 A's approach to quitting
- 5 R's (when patients don't want to quit)
- Provider and patient resources

Step 5: Adapt Procedures to Your Setting



- Assign specific tasks
- Assignments depend on size of practice
- Additional support and follow-up beyond the 5 A's depends on staff availability

Assigning Tasks

	Tasks	Who	Where
Ask	Ask patient about smoking Document status		
Advise	Advise patient to quit		
Assess	Assess interest in quitting Assess previous quit attempts Assess barriers to quitting (5 R's)		
Assist	Help patient set a quit date Provide self-help materials Provide problem-solving information		
Arrange	Document status for checking at next visit Follow up by telephone (optional) Send congratulatory letters (optional)		
Administrative support	Order and keep materials stocked Compile follow-up results		

Step 6: Monitor, Provide Feedback




- Are procedures working as intended?
- Is staff completing assigned tasks?
- Is staff adequately trained?
- Is documentation complete and accurate?
- Are materials available and being used appropriately?

Smoking Cessation : *Postpartum* *Maintenance*



- Woman's health
- Next pregnancy
- Child's health



Are You Pregnant?
Have you quit smoking?
Good for You!

Did you know?

- It's just as important for your baby's health to stay smoke-free *after* you give birth?
- But 70% of new mothers start smoking again after delivery.

For an informational booklet with helpful advice on **staying smoke-free**, call us toll-free:

1-877-9-KICK-IT
(1-877-954-2548)

Kick It



- Kick It relapse prevention program is a series of empirically based booklets, validated in two clinical trials to reduce relapse among adult former smokers.

Brandon, T. et al. Efficacy and cost-effectiveness of a minimal intervention to prevent smoking relapse: Dismantling the effects of content versus contact. *J consult Clin Psychol* 2004; 72 (5) 797-808.

Slide Source: Adapting Smoking Relapse Prevention Materials for Pregnant and Postpartum Women, Gwendolyn P. Quinn, Ph.D.

Florida's Quit-For-Life Line

provides smoking cessation services

People wishing to quit can get help
by calling the Florida Quit-For-Life Line
toll-free at 877-U CAN NOW.

The hotline is available in English, Spanish,
and TDD for the hearing impaired.



1-877-822-6669

FLORIDA QUIT-FOR-LIFE LINE

1-877-U-CAN-NOW toll free



Fax Referral Program



- Efficient method for referring patients who smoke to effective cessation services
- Alleviates some of the problems posed by limited time and resources
- Takes the burden of initiating services off of the patient



- Florida Quit for Life Line
- Referral Form
- PROVIDER



Complete all of the following:

- Advised no tobacco in pregnancy and postpartum
- Assessed that patient wants to quit in the next 30 days
- Obtained permission to refer to the Quit for LifeLine
- Patient Name _____ Date _____
- Referring Provider _____
- Practice Name _____
- Practice address _____ Zip Code _____
- Telephone _____ Fax _____
- PATIENT

- Assistance from the Quit for Life Line will increase your chances for success in quitting tobacco.
- The LifeLine provides:
- Friendly, respectful support
- Expertise in tobacco and nicotine
- No-pressure, helpful counseling
- Ways to boost your confidence
- **Best day and time for Quitline staff to call me:**
- Day _____ Time _____
- *My signature gives permission for my provider to FAX this form to the Florida Quit for Life Line. I understand that a Quitline specialist will call me within the next week.*
- Patient Signature _____
- Patient telephone _____ Zip Code _____
- FAX THIS FORM TO (877) 747-9528
- *Questions? Call the Florida Quit for Life Line, 1-(877) U CAN NOW*

Resources



- American College of Obstetricians and Gynecologists (www.acog.org)
- Smoke-Free Families (www.smokefreefamilies.org)
- *Treating Tobacco Use and Dependence*
- Florida Department of Health's Alcohol, Tobacco and Other Drugs Webpage
<http://www.doh.state.fl.us/family/mch/substanceabuse/index.html>
- Healthy Start Smoking Cessation Services
www.healthystartflorida.com/directory/directorylist.asp