Welcome
Please stand by. We will begin shortly.

Tobacco Cessation for Pregnant Women and Mothers: What Clinicians Should Know

Wednesday, April 22, 2015 · 2pm ET (90 minutes)
Disclosure

Erin K. McClain and Catherine Saucedo have disclosed no financial interest/arrangement or affiliation with any commercial companies who have provided products or services relating to their presentation or commercial support for this continuing medical education activity.
Moderator

Catherine Saucedo

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NATIONAL BEHAVIORAL HEALTH NETWORK
FOR TOBACCO & CANCER CONTROL
Housekeeping

- All participants will be in **listen only mode**.
- Please **make sure your speakers are on** and adjust the volume accordingly.
- If you do not have speakers, please request the dial-in via the chat box.
- **This webinar is being recorded** and will be available on SCLC’s website, along with the slides.
- **Use the chat box to send questions** at any time for the presenters.
Today’s Speaker

Erin K. McClain, MA, MPH
- Program Director,
  You Quit, Two Quit
  UNC Center for Maternal & Infant Health
TOBACCO CESSATION FOR PREGNANT WOMEN & MOTHERS: WHAT CLINICIANS SHOULD KNOW

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Objectives

By the end of this webinar, participants will be able to:

- Describe tobacco use among reproductive age women, including pregnant women, in the US, and its relationship with maternal and infant outcomes;

- Demonstrate understanding of tobacco use screening and counseling of reproductive age women, including pregnant and postpartum mothers, and the integration into routine care;

- Discuss FDA-approved pharmacotherapy for adults, and their use by pregnant and lactating women; and

- Identify key national and state-level resources available for additional patient and provider support.
Tobacco Use and Women of Reproductive Age
Women & Tobacco Use

- Over 1 in 5 reproductive age women report using tobacco.
- Proportion is higher among white and American Indian/Alaska Native women, low-income women, Medicaid-insured women, and women with less than a college education.

![Trends in smoking before, during, and after pregnancy, PRAMS 2000-2010](image-url)
Tobacco Use During Pregnancy

Over 1 in 10 babies are born to women reporting tobacco use during pregnancy.

Prevalence of smoking during pregnancy in 27 sites, PRAMS 2010

Mean prevalence of smoking during pregnancy (10.7%)

HP 2020 goal (1.4%)
Tobacco use during pregnancy is directly associated with the top 4 causes of infant mortality.
Behavior Change & the 5 As/5Rs
Intervention Makes A Difference

- Brief counseling works better than simple advice to quit.
- Pregnancy is a particularly good time to intervene.
- Brief counseling with self-help materials offered by a trained clinician can double a smoker’s chances of quitting for good.
- Brief counseling works best for moderate smokers (<20 cigarettes/day).
  - Heavy smokers may need more intensive assistance and/or pharmacotherapy to quit.

The 5 A’s: Evidence-Based, Best Practice Intervention

- **ASK** the patient about her smoking status
- **ADVISE** her to quit smoking with personalized messages for pregnant and parenting women
- **ASSESS** her willingness to quit in next 30 days
- **ASSIST** with (pregnancy- and parent-specific, if applicable) self-help materials & social support
- **ARRANGE** to follow-up during subsequent visits
Step 1: Ask—1 Minute

Ask your pregnant clients:

Which of the following statements best describes your cigarette smoking?

A. I have NEVER smoked, or I have smoked less than 100 cigarettes in my lifetime.

B. I stopped smoking BEFORE I found out I was pregnant, and I am not smoking now.

C. I stopped smoking AFTER I found out I was pregnant, and I am not smoking now.

D. I smoke some now, but have cut down on the number of cigarettes I smoke since I found out I was pregnant.

E. I smoke regularly now, about the same as I did before I found out I was pregnant.

Screening for Second-Hand Exposure

Questions for Adults:

1) Does anyone smoke in your home?

2) Does anyone smoke in your car?

3) Is smoking allowed in your workplace?
Screening for Second-Hand Exposure

Questions for Parents/Caretakers of Children:

1) Does the **mother** smoke?
   If yes, in the home? In the car?

2) Does the **father** smoke?
   If yes, in the home? In the car?

3) Is the child exposed to tobacco smoke on a regular basis (at least once a week) by anyone other than the parents?
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: “I need you to know that quitting smoking is one of the most important things 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 Rs to try to increase her motivation.
Step 4: Assist—3+ Minutes

- Suggest and encourage the use of problem-solving methods and skills for tobacco cessation

- Provide social support as part of the treatment

- Arrange social support in the patient’s environment

- Provide (pregnancy- and parent-specific, if applicable) self-help tobacco cessation materials

- Provide a proactive fax referral to the Quitline
Strategies that Some Women Find Helpful

- Set an actual quit date
- Proactively develop approaches to manage withdrawal symptoms
- Remove all tobacco products from the home
- Decide what to do in situations in which she usually uses tobacco
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
**Provider Reminder: Five A’s Five R’s Intervention Record (FAIR Form)**

Versions available for working with non-pregnant adults and women who are pregnant or postpartum.

### POST-PARTUM FIVE A’s INTERVENTION RECORD

**DATE:** __________

**ASK** client to choose the statement that best describes her smoking status. *(Indicate nooshion actual con respecto a fumar)*

<table>
<thead>
<tr>
<th>A. I have NEVER smoked or have smoked less than 100 cigarettes in my lifetime.</th>
</tr>
</thead>
<tbody>
<tr>
<td>B. I stopped smoking BEFORE I found out I was pregnant and am not smoking now.</td>
</tr>
<tr>
<td>C. I stopped smoking AFTER I found out I was pregnant, and I am not smoking now.</td>
</tr>
<tr>
<td>D. I stopped smoking during pregnancy, but I am smoking now.</td>
</tr>
<tr>
<td>E. I am smoking during pregnancy, and I am not smoking now.</td>
</tr>
</tbody>
</table>

**Circle** the answer in the box.

**Yo no fumo**

**Yo deje de fumar antes de que me di cuenta que estaba embarazada y todavía no fumo.**

**Yo deje de fumar después de que me di cuenta que estaba embarazada y todavía no fumo.**

**Yo deje de fumar durante mi embarazo pero dejo de fumar ahora.**

**Yo fumo durante mi embarazo y continúo fumando.**

**ASK** client about second-hand smoke

<table>
<thead>
<tr>
<th>Mother (if the mother smokes)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Does the child’s mother currently smoke in the home?</td>
</tr>
<tr>
<td>b. Does the child’s father currently smoke in the home?</td>
</tr>
<tr>
<td>Others</td>
</tr>
<tr>
<td>a. Is the child exposed to tobacco smoke on a regular basis (any exposure at least 1 time per week) from anyone other than the parents?</td>
</tr>
</tbody>
</table>

**Circle** the answers in the box.

**Circle** in the box.

<table>
<thead>
<tr>
<th>Y</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>in the car?</td>
<td>in the car?</td>
</tr>
</tbody>
</table>

**ADVISE** – Clear, strong, personalized advice to quit. *Note benefits for women & whole family*

**ASSESS** – Assess willingness to quit in next 30 days. *Check boxes and enter dates where appropriate*

**NOT READY TO QUIT** *(If checked CONTINUE to 5 Rs)*

**READY TO QUIT** *(ENTER PLANNED QUIT DATE)*

**ASSIST** – For those who are ready to quit, provide parent-specific counseling and information

- Used a problem-solving method *(i.e., Identify trigger/support systems)*
- Addressed social environment *(with whom/where do they smoke?)*
- Provided parent-specific materials *(e.g., You Quit, Your Quit and Oh Baby! booklets)*
- Provided Quit Kit

**ARRANGE** – Arrange for follow-up via NC Quitline or healthcare provider

- Referred to Quit Line *(check box, fill out referral form and fax)*
- Referred to provider for Rx or additional assistance

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**Based on a form developed by American Family Association with support from the Kaiser Permanente Foundation**
Helping Those Who Aren’t Ready
Employ the 5 R’s

- **RELEVANCE**: Help patient figure out the relevant reasons to quit, based on their health, environment, individual situation

- **RISKS**: Encourage patient to identify possible negative outcomes to continuing to use tobacco

- **REWARDS**: Encourage patient to identify possible benefits to quitting

- **ROADBLOCKS**: Work with patient to identify obstacles to quitting and potentially how to overcome them

- **REPETITION**: Address the 5Rs with patients at each visit
Empathize

- **Use open ended questions to explore**
  - The importance of addressing smoking or other tobacco use
    “How important do you think it is for you to quit smoking?”
  - Concerns and benefits of quitting
    “What might happen if you quit?”

- **Use reflective listening to seek shared understanding**
  - Reflect words or meaning
    “So you think smoking helps you to maintain your weight.”
  - Summarize
    “What I have heard so far is that smoking is something you enjoy. On the other hand, your boyfriend hates your smoking and you are worried you might develop a serious disease.”
Be Supportive

- **Normalize feelings and concerns**
  - “Many people worry about managing without cigarettes.”

- **Support the patient’s autonomy and right to choose or reject change**
  - “I hear you saying you are not ready to quit smoking right now. I’m here to help you when you are ready.”
Develop Discrepancy

- Highlight the discrepancy between the patient’s present behavior and expressed priorities, values and goals
  - “It sounds like you are very devoted to your family. Do you think your smoking is affecting your children?”

- Reinforce and support “change talk” and “commitment” language.
  - “So, you realize how smoking is affecting your breathing and making it hard to keep up with your kids.”
  - “It’s great that you are going to quit when you get through this busy time at work.”
Build and deepen commitment to change

- “There are effective treatments that will ease the pain of quitting, including counseling and many medication options.”

- “We would like to help you avoid a stroke like the one your father had.”
Support Self-Efficacy

- Help the patient to identify and build on past successes.
  - “So you were fairly successful the last time you tried to quit… What worked well for you that time? What would you like to do differently?”

- Offer options for achievable small steps toward change.
  - Call the Quitline (1-800-QUIT-NOW) for advice and information
  - Read about quitting benefits and strategies
  - Change tobacco-use patterns (e.g., no smoking in the home)
  - Ask the patient to share his or her ideas about quitting strategies.
Preventing Postpartum Relapse
Epidemiology

- 65-80% of women who quit smoking during pregnancy start smoking again before the baby is one year old
  - 45% at 2-3 months postpartum
  - 60-70% at 6 months
  - As much as 80% at one year

Postpartum Relapse: Common Causes

- Return of triggers (caffeine, alcohol)
- Smoking spouse, family & friends
- Sleep deprivation, increased stress
- Weight concerns
- Less social pressure to stay quit
- Underdeveloped coping strategies & overconfidence
- Time limited restriction on tobacco use during pregnancy - not intentional behavior change

Postpartum Relapse: Prevention Strategies

- Begin relapse prevention counseling and skills building toward the end of pregnancy
- Focus on benefits of quitting for the woman
- Highlight harms associated with secondhand smoke for infant
- Involve pediatric providers, including well-child, WIC, early intervention, etc.
Learn from Relapse

- When did it happen? What was different from when you weren’t using tobacco?
- Where did the first cigarette come from? Friend, family member, did you purchase it?
- Did you use a cessation aid?
- Will you set another quit date? Is there a better time when you think you can go longer without using tobacco?
Helpful Messages

- Information on behavioral and mental coping skills
- Exercises regarding triggers to smoke
- Messages preparing them for withdrawal
- Reminders of why they quit
- Emphasizing negative health effects for both mom and baby, including ETS exposure
- Information on weight loss in the postpartum period
- Ways to spend money saved
- Establishing a non-smoking support system
- Focusing on new role as mother

Quinn, et al Mat & Child Health 2006
Pharmacotherapy During Pregnancy & Lactation
Public Health Service Guidelines

• Non-pregnant adults are more likely to quit when using a combination of brief counseling and pharmacotherapy

• Behavioral intervention is first-line treatment in pregnant women - Pharmacotherapy has not been sufficiently tested for efficacy or safety in pregnant patients
  
  • May be necessary for heavy smokers
FDA-Approved Pharmacotherapies for Adults

**Nicotine Replacement Products**
All forms of NRT are Pregnancy Category D
- Nicotine Patch
- Nicotine Gum
- Lozenge
- Nicotine Nasal Spray
- Nicotine Inhaler

**Non-Nicotine Prescription Medications**
- Bupropion SR (Zyban) (Pregnancy Category C)
- Varenicline (Chantix) (Pregnancy Category C)
Controversy Surrounding NRT during Pregnancy

- Questions remain about the safety of nicotine during fetal development

- NRT is not proven to be efficacious for pregnant women

- Lack of specific guidelines and the resulting ad-hoc decision-making on an individual level
Nicotine Replacement & Lactation

- **Nicotine Patch (non-prescription)**
  - Constant dose
  - 21 mg transdermal patch results in nicotine equivalent to smoking 17 cigarettes daily passing into breastmilk
  - 7mg & 14mg patches result in proportionately lower amounts in breastmilk

- **Nicotine Gum/Lozenge (non-prescription)**
  - Amount of nicotine that passes into breastmilk is variable, depending on the amount chewed/dissolved

- **Nicotine Inhaler (prescription only)**
  - Maternal plasma concentrations are about 1/3 of those of smokers, so breastmilk concentrations are probably proportionately less as well

Bupropion and Varenicline During Lactation

- **Bupropion (Zyban, Wellbutrin)**
  - Lactation risk category: L3 – Probably Safe
  - AAP: Drugs whose effect on nursing infants is unknown but may be of concern
  - Peak milk level occurs 2 hrs after a 100mg dose – this milk level provides 0.66% of the maternal dose
  - Anecdotal reports of reduction in milk supply after beginning bupropion
  - Should not be used in mothers and infants prone to seizures

- **Varenicline (Chantix)**
  - Lactation risk category: L4 – Possibly Hazardous
  - AAP: Not reviewed
  - Very little information available
  - There are concerns about its long half-life (24 hrs)
  - In animal studies, the drug was transferred to nursing pups


Buproprion and Chantix. Medication and Mothers Milk Discussion Forum. Available from: http://neonatal.ama.ttuhsc.edu/cgi-bin/discus/discus.cgi
E-Cigarettes

LED lights up when the smoker draws on the cigarette

Sensor detects when smoker takes a drag

Heater vaporises nicotine

BATTERY controls heater and light

MICROPROCESSOR

CARTRIDGE holds nicotine dissolved in propylene glycol

SOURCE: Samh-Sal, VehirSAN
E-Cigarettes & Reproductive Age Women

- Not currently regulated and have not been shown to be a safe or effective cessation aid

- The health effects of using e-cigarettes before or during pregnancy have not been adequately studied
  - Nicotine is a known reproductive toxicant and has adverse effects on fetal development, including lung and brain development
  - The use of smokeless tobacco products, such as snus, during pregnancy has been associated with preterm delivery, stillbirth, and infant apnea

E-Cigarettes & Children & Youth

Youth use of e-cigarettes (13.4%) now surpasses use of traditional cigarettes (9.2%)

http://www.cdc.gov/media/releases/2015/p0416-e-cigarette-use.html

Exposures to e-cigarettes & liquid nicotine reported to Poison Control jumped 156% from 2013 to 2014, and 14-fold since 2011

http://www.aapcc.org/alerts/e-cigarettes/
Coverage of Cessation Interventions

- Ambulatory patient services
- Emergency services
- Hospitalization
- Maternity & newborn care
- Mental health services
- Prescription drugs
- Rehabilitative services
- Laboratory services
- Preventative & wellness care
- Pediatric services
Affordable Care Act Requirements

Group health plans and health insurance issuers (incl. Medicaid & Medicare) are required to cover tobacco use counseling and interventions without cost-sharing, including:

- Screening for tobacco use
- For those who use tobacco products, at least 2 tobacco cessation attempts per year

A “cessation attempt” includes coverage without prior authorization for:

- 4 tobacco cessation counseling sessions of at least 10 minutes each
- FDA-approved tobacco cessation medications (including both prescription and over-the-counter medications) for a 90-day treatment regimen when prescribed by a health care provider

Resources
Posters on Benefits of Quitting

Can be ordered from the CDC: http://apps.nccd.cdc.gov/osh_pub_catalog/PublicationList.aspx
HELP FOR SMOKERS AND OTHER TOBACCO USERS

Available from: http://tinyurl.com/AHRQHelpforSmokers
North American Quitline Consortium

PROMOTING EVIDENCE BASED QUITLINE SERVICES ACROSS DIVERSE COMMUNITIES IN NORTH AMERICA

NAQC Issue Paper on Quitline Services for Pregnant & Postpartum Women!
The issue paper reviews current service offerings for the three largest quitline service providers and reports on their protocols and strategies to promote engagement and retention of pregnant callers.

The North American Quitline Consortium (NAQC) is an international, non-profit membership organization based in Phoenix, Arizona. NAQC seeks to promote evidence-based quitline services across diverse communities in North America.

Quitlines are telephone-based tobacco cessation services that help tobacco users quit. Today, residents in all 10 provinces and two territories in Canada, Mexico, and all 50 U.S. states, Puerto Rico, Guam, and the District of Columbia have access to quitline services.

NAQC membership is comprised of quitline service providers, funders of quitlines, researchers and strategic partners. Members of NAQC receive many benefits, including member only events, professional development, a variety of communications and opportunities for networking and information sharing.

We invite you to browse this site and learn more about quitlines, NAQC membership, and our work to move quitlines forward.
Looking for data about quitlines?
Each year NAQC collects information from quitlines across North America. Survey topics include the types of services offered, financing, and utilization of services. This survey data is available on our Quitline Facts page.

You can also view summarized content from all the quitline profiles included in the map above. Choose one of the following topics:

- Free and Discounted Cessation Medication
- Quitline Administration and Financing
- Web-Based Services
- Specialized Material
- Service Providers
Smoke Free Women & Mom

SMOKEFREE MOM

Featured Article
How Being a Smokefree Mom Helps Your Baby
Congratulations on your new bundle of joy!
Read full story »

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SMOKEFREE MOM

How Being a Smokefree Mom Makes Your Life Easier
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Are Quit Smoking Medications Safe for Pregnant Smokers?
Read full story: Are Quit

5 Questions Pregnant Smokers Have About Getting Support
Read full story: 5 Questions

women.smokefree.gov/smokefree-mom.aspx
Smoke Free Women & Mom Tools

Our Tools

The Smokefree Women Web site includes a variety of interactive tools to help you quit smoking.

- **Smokefree TXT**
  24/7 encouragement, advice, and tips.

- **Smokefree MOM**
  24/7 encouragement, advice, and tips.

- **Smokefree Women mobile apps**
  Having information at the ready can help.

- **Take a quiz**
  Learn about a variety of topics.

- **Craving Journal [.pdf file]**
  If you know when you are tempted to smoke, you can plan. [Viewing Files]

- **Medication Guide**
  Learn how medication can help you quit.

- **Savings calculator**
  Use our online savings calculator to find out how much you can save.

- **NCI LiveHelp**
  Receive information and advice about quitting smoking through real-time messaging.

[55x468] women.smokefree.gov/getting-support.aspx
ACOG Resources

http://tinyurl.com/ACOGTobacco
Counseling Your Patients

Counseling sessions as brief as 3 minutes can increase cessation rates for non-pregnant smokers. For pregnant women, counseling sessions as brief as 5 to 15 minutes are proven effective. The Guide for Counseling Women Who Smoke suggests specific opportunities and ways to counsel your patients.

Learn More »
Questions and Answers

• Submit questions via the chat box
FREE CME/CEUs of up to 1.5 credits are available to all attendees of this live session. Instructions will be emailed after the webinar.

Visit us online
• http://smokingcessationleadership.ucsf.edu

Call us toll-free
• 1-877-509-3786
Save the date

• Our next webinar, co-hosted with HRSA, will be on **Wednesday, May 27th** at 12pm ET. Registration coming soon.
CME/CEU Statement

Accreditation:
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Physician Assistants: The National Commission on Certification of Physician Assistants (NCCPA) states that the AMA PRA Category 1 Credits™ are acceptable for continuing medical education requirements for recertification.

California Pharmacists: The California Board of Pharmacy accepts as continuing professional education those courses that meet the standard of relevance to pharmacy practice and have been approved for AMA PRA category 1 credit™. If you are a pharmacist in another state, you should check with your state board for approval of this credit.

Social Workers: This course meets the qualifications for 1.5 hours of continuing education credit for MFTs and/or LCSWs as required by the California Board of Behavioral Sciences. If you a social worker in another state, you should check with your state board for approval of this credit.