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Preventing Smoking and Exposure to Secondhand Smoke Before, During, and After Pregnancy



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Learning Objectives

- Identify evidence-based guidelines for smoking cessation during pregnancy
- Describe how to effectively follow-up patients who are reluctant to quit smoking
- Counsel patients about postpartum relapse
- Address specific patient concerns about quitting
- Name strategies that can help overcome barriers to success
- Be able to locate patient-oriented information sources on smoking cessation



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Background

- 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*



Source: American College of Obstetricians and Gynecologists, 2002



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Smoking prior to and during pregnancy

Compared with women who do not smoke:

- Women who smoke prior to pregnancy are about twice as likely to experience a delay in conception and have approximately 30% higher odds of being infertile
- Women who smoke during pregnancy are about twice as likely to experience premature rupture of membranes, placental abruption, and placenta previa during pregnancy



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Smoking during pregnancy

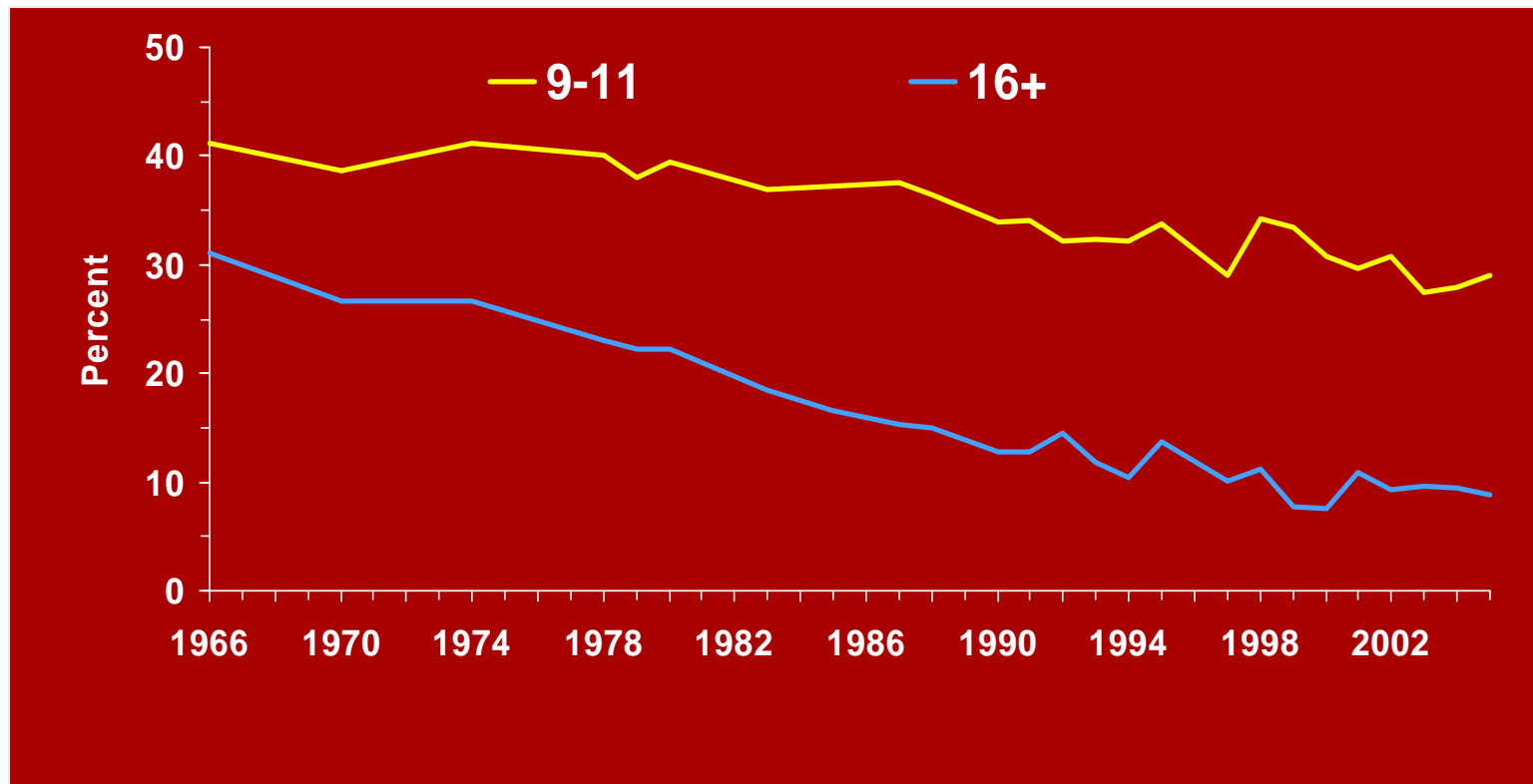
Babies born to women who smoke during pregnancy:

- Have about 30% higher odds of being born prematurely
- Are more likely to be born with low birth weight (less than 2500 grams or 5.5 lbs.) increasing their risk for illness and death
- Weigh an average of 200 grams less than infants born to women who do not smoke
- Are 1/5 to 3.0 times more likely to die of Sudden Infant Death Syndrome (SIDS)



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Cigarette Smoking Among All Women Aged 25+ by Select Education Levels—United States, 1966-2005





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Secondhand Smoke

Secondhand smoke causes premature death and disease in children and adults who DO NOT smoke

- Pregnant women who are exposed to secondhand smoke have a 20% higher odds of giving birth to a low-birth weight baby than women who are not exposed to secondhand smoke during pregnancy





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Post Natal Second Hand Smoke Exposure

- Behavioral problems
 - Delayed and impaired cognitive development
 - Behavioral and conduct disorders
 - Attention Deficit Disorder
 - Impact on IQ?
- Young children are particularly susceptible
 - Sudden Infant Death Syndrome (SIDS)
 - Possibly childhood cancers?
 - Asthma, Bronchitis, Pneumonia
 - Decreased lung functioning
 - Middle ear infections



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Assumptions to avoid during counseling

- Pregnancy is welcome and is therefore an opportunity for positive change
- Expectant mothers know that tobacco is harmful to the fetus
- Health of the fetus should be a strong enough motivation
- Pregnant smoker has a partner
- If she has a partner, it is a man
- Partner wants the pregnancy
- Pregnant woman's partner will want her to quit smoking also and/or that he/she plans to quit themselves



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Summary from PHS Guidelines

Clinical Practice

- Suggest the use of problem-solving methods and provide social support and pregnancy-specific self-help materials
- Arrange for follow-up assessments throughout pregnancy, including further encouragement of cessation
- In the early postpartum period, assess for relapse and use relapse prevention strategies recognizing that patients may minimize or deny

Source: Fiore MC, Bailey WC, Cohen SJ, et al., 2000.



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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)



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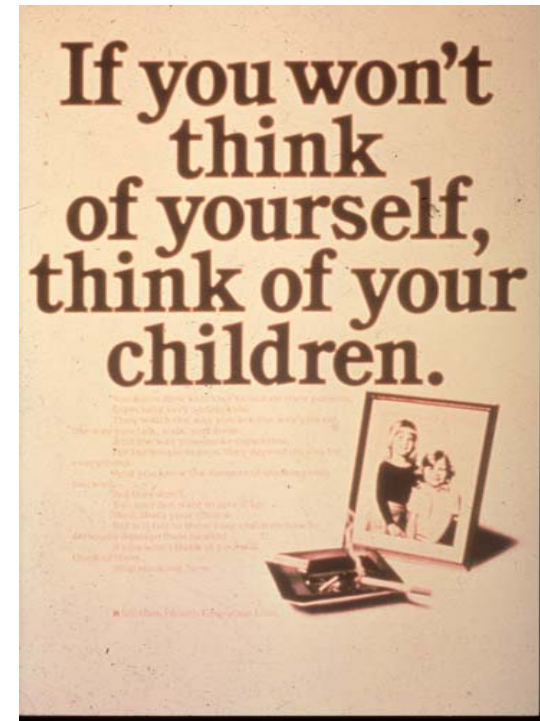
Framing cessation counseling during pregnancy

- There have been numerous interventions aimed at pregnant smokers with highly mixed results
- Programs often focus on increasing guilt or external motivation without consider what matters to the individual woman
- Programs tend to focus only on the period of pregnancy, with little emphasis on pre-pregnancy or postpartum



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A Guilt and Shame-based Approach



Not effective and may discourage seeking help from provider



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The 5 A's approach to smoking cessation

- A 5-step smoking intervention proven effective for pregnant women
 - **Ask** about tobacco use
 - **Advise** to quit
 - **Assess** willingness to make a quit attempt
 - **Assist** in quit attempt
 - **Arrange** follow-up
- Consistent with strategies developed by the National Cancer Institute, the American Medical Association, and others
- Adapted for pregnant women by ACOG

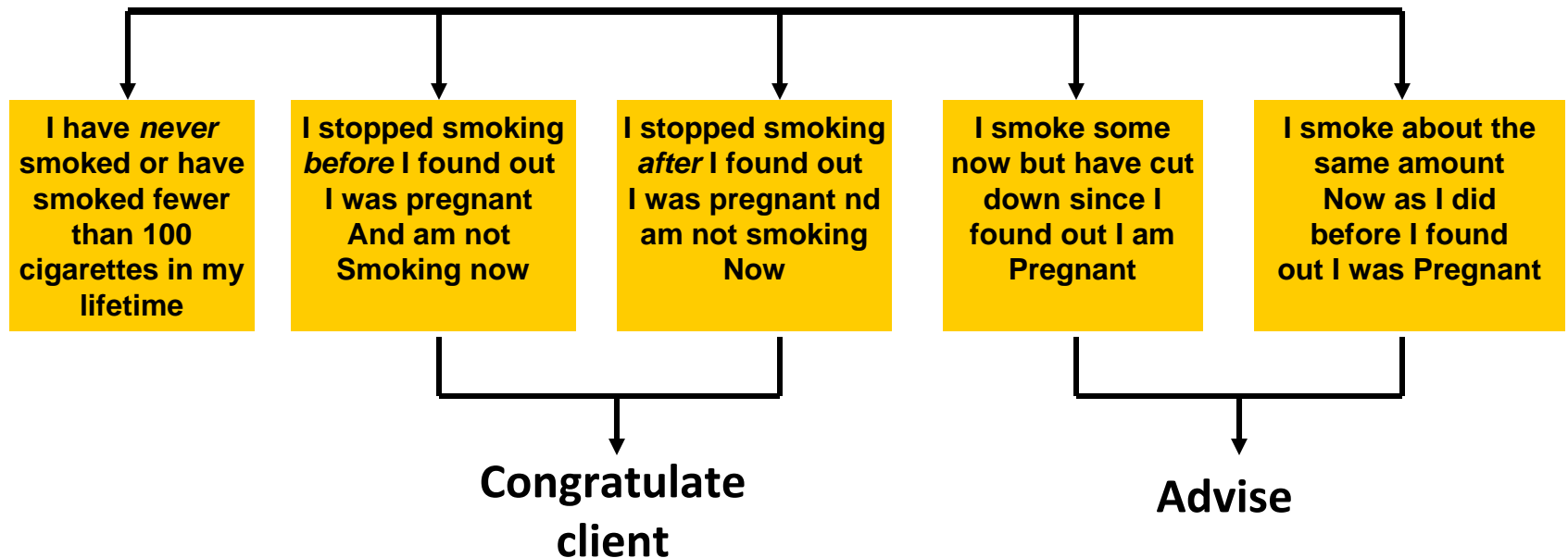


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Step 1: Ask – 1 minute

Which of the following statements best describes your cigarette smoking?





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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



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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.



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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



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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



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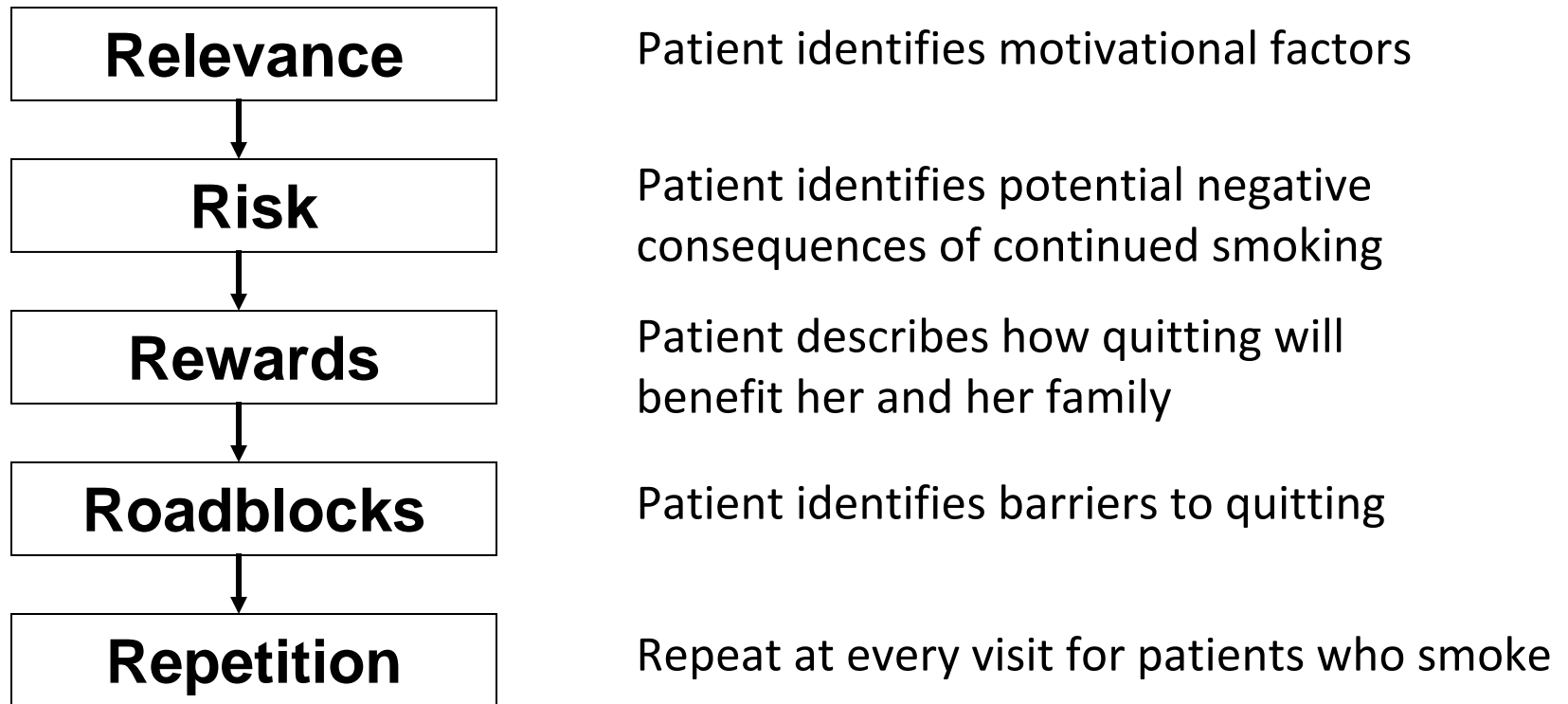
Step 5: Arrange—1+ Minute

- 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



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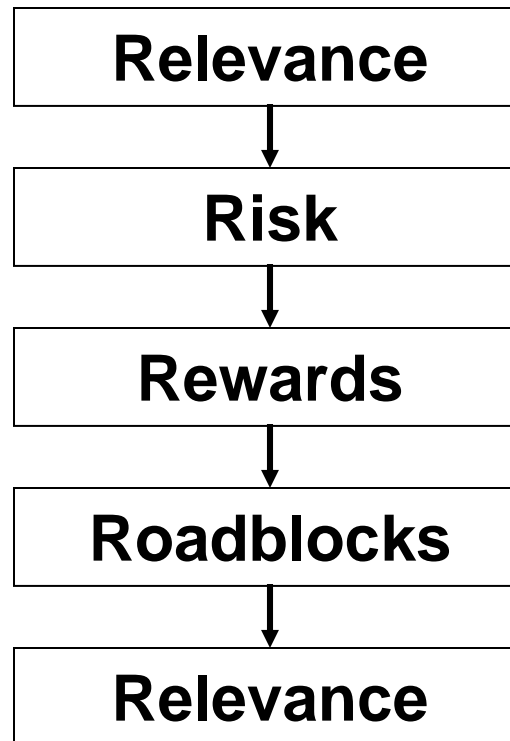
For Patients Who Decline to Quit: Use the 5 R's





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For Patients Who Decline to Quit: Use the 5 R's





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Short-term Benefits of Quitting

- Heart rate and blood pressure, which were abnormally high while smoking, begin to return to normal.
- Within a few hours, the level of carbon monoxide in the blood begins to decline.
- Within a few weeks, people who quit smoking have improved circulation, don't produce as much phlegm, and don't cough or wheeze as often.
- Within several months of quitting, people can expect significant improvements in lung function

Quitting Smoking: Why To Quit and How To Get Help, National Cancer Institute website: www.cancer.gov



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Long-term benefits of Quitting

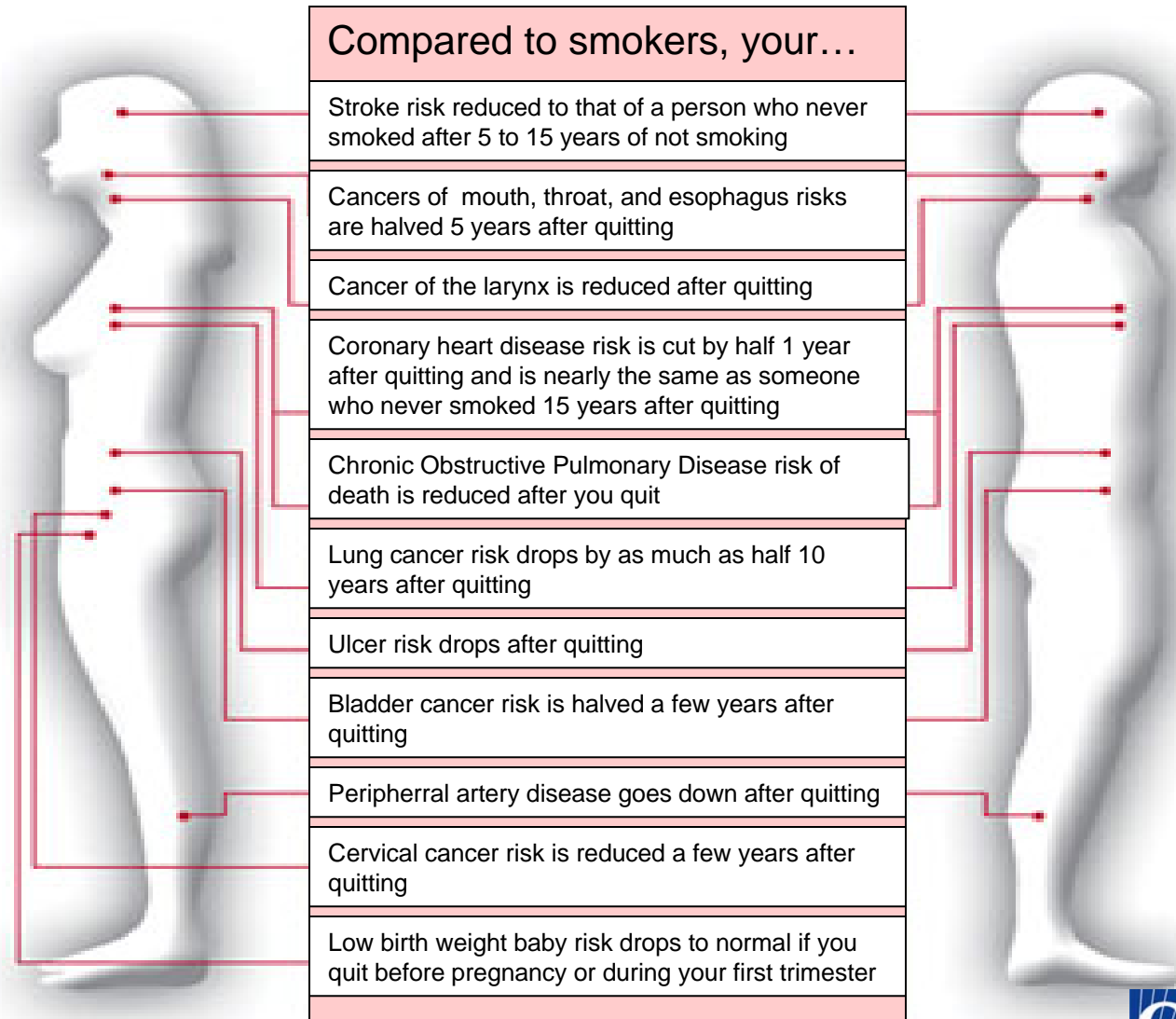
- Reduces the risk of cancer and other diseases, such as heart disease and lung disease, caused by smoking.
- People who quit smoking, regardless of their age, are less likely than those who continue to smoke to die from smoking-related illness.
- Studies have shown that quitting at about age 30 reduces the chance of dying from smoking-related diseases by more than 90 percent.
- People who quit at about age 50 reduce their risk of dying prematurely by 50 percent compared with those who continue to smoke.
- Even people who quit at about age 60 or older live longer than those who continue to smoke.



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This poster can be ordered free from CDC using the link provided in the glossary for this module

the benefits of quitting





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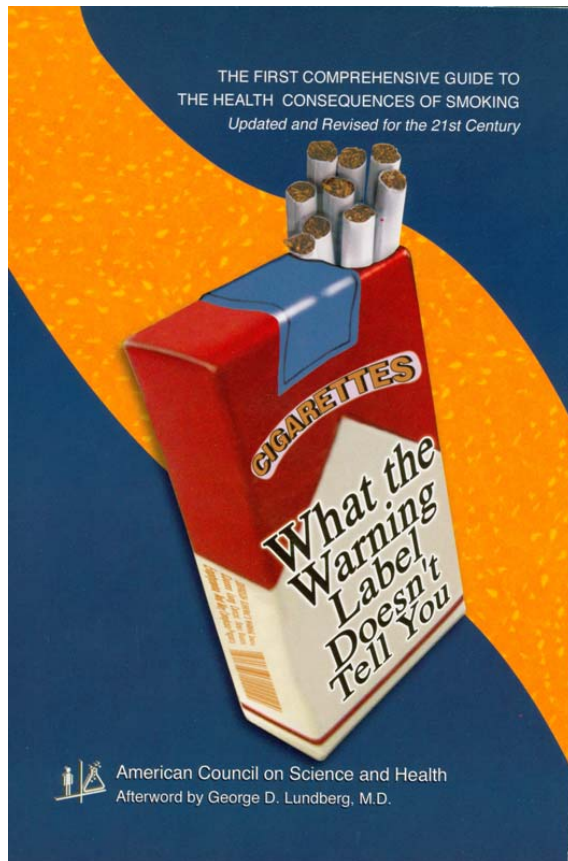
Recommendation for using this Information in combination with Motivational interviewing

- **Motivational Interviewing (MI)** focuses on overcoming resistance to change by increasing awareness that smoking is a problem, strengthening motivation, and increasing confidence that change is possible
- The information contained in this module can be used to help frame **relevant** messages about the risks of smoking for clients who have chronic disease conditions.



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For more information



Cigarettes: What the Warning Label Doesn't Tell You, provides a comprehensive look at the affects of smoking on health, and can be ordered online at: www.acsh.org