

## MCHB - DHSPS

*Minimizing Maternal and Child Health Disparities:  
A Focus on Latina Women*



February 2006 Webcast

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**Moderator:**  
Johannie G. Escarne, MPH

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**Treating Tobacco Use During Pregnancy:  
The National Partnership  
to Help Pregnant Smokers Quit**

Catherine L. Rohweder, DrPH



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## **Agenda**

1. The relationship between maternal smoking to maternal and infant health
2. Evidence-based interventions to reduce smoking during pregnancy
3. Adjuncts to the “5 A’s”
4. Addressing second-hand smoke
5. The National Partnership to Help Pregnant Smokers Quit



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## **Smoke-Free Families National Dissemination Office**

A seven-year grant to evaluate and promote evidence-based smoking cessation for women and their families

- Assure that all pregnant women are asked about tobacco use
- Assure that all pregnant smokers receive evidence-based treatments
- Increase providers and systems offering smoking cessation services



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## **Effects of Smoking on Maternal and Child Health**



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### **Smoking Prevalence Among Women in the United States**

- 25% of women ages 18 - 44 smoked cigarettes
- 18% - 22% of pregnant women smoked cigarettes
- 12% of women who had a live birth smoked cigarettes while they were pregnant

Source: Women and Smoking: A Report of the Surgeon General, 2001



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### **Tobacco Use in Pregnancy: Maternal Harm**

Probable causal association

- ectopic pregnancy
- spontaneous abortion
- preterm delivery

Causal association

- premature rupture of the membranes
- placenta previa
- placental abruption

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



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### **Tobacco Use in Pregnancy: Infant Harm**

Causal association

- preterm delivery
- small for gestational age
- low birthweight
- stillbirth
- Sudden Infant Death Syndrome (SIDS)

Source: Women and Smoking: A Report of the Surgeon General, 2001



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## Tobacco Exposure During Infancy and Early Childhood

### Causal association

- otitis media
- new and exacerbated cases of asthma
- bronchitis and pneumonia
- wheezing and lower respiratory illness

Source: Women and Smoking: A Report of the Surgeon General, 2001



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## Tobacco Use in Pregnancy: Medical Care Costs

### Direct health care costs

- Maternal conditions: \$135 - \$167 million per year
- Neonatal conditions: \$367 million per year

### Indirect costs

- Years of life lost
- Years of productivity lost

Sources: Adams EK, Melvin CL. Costs of maternal conditions attributable to smoking during pregnancy. Am J Prev Med. 1998;15:212-219 and Adams EK, Miller VP, Ernst C, Nishimura BK, Melvin C, Merritt R. Neonatal health care costs relating to smoking during pregnancy. Health Econ. 2002;11:193-206.



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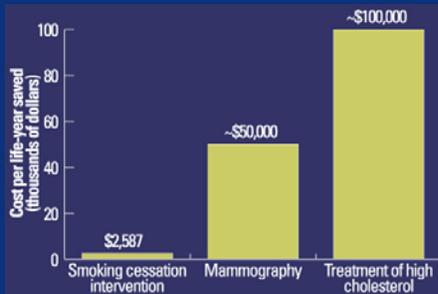
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## Cost-effectiveness of Smoking Cessation Intervention



Source: JAMA 1997;278:1759-1766



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## Evidence-Based Interventions to Reduce Smoking During Pregnancy



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## "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 the Public Health Service
- Adapted for pregnant women by ACOG



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## The "5 A's"

**ASK** the patient about her smoking status

**ADVISE** to quit smoking with personalized messages for pregnant women

**ASSESS** her willingness to quit in next 30 days

**ASSIST** with self-help materials and social support

**ARRANGE** to follow-up during subsequent visits



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## Disclosure of Smoking Status

- Recent studies confirm non-disclosure
  - Non-disclosure rates range from 3% to 13%
- Concerns with biomarkers
- Structured question still best method
  - improves disclosure by 40%

Sources: Melvin C. Treating Nicotine Use and dependence of pregnant and parenting smokers: An update.  
Russell T. Measurements for active cigarette smoke exposure in prevalence and cessation studies.  
Nicotine and Tobacco Research. 2004;6(suppl 2).



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## ASK

Which of the following statements best describes your cigarette smoking?

1. I smoke regularly now -- about the same amount as before finding out I was pregnant
2. I smoke regularly now, but I've cut down since I found out I was pregnant
3. I smoke every once in a while
4. I have quit smoking since finding out I was pregnant
5. I wasn't smoking around the time I found out I was pregnant, and I don't currently smoke cigarettes



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## ADVISE

- Provide clear, strong advice to quit with personalized messages about the impact of smoking and quitting on the woman and her baby



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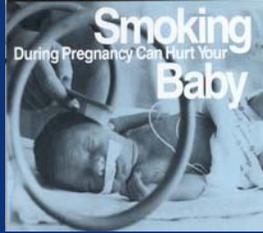
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## Avoiding Guilt and Victim Blaming



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## ASSESS

- Assess the willingness of the patient to attempt to quit within 30 days



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## ASSIST

- Suggest and encourage use of problem-solving methods and skills for 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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### Print Materials



Print materials should be tailored for pregnancy and should present:

- Adverse effects of smoking on pregnancy
- Techniques to help quitting
- Benefits to be gained from quitting
- Information that reinforces counseling
- Quitline referrals (1-866-667-8278)



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### ARRANGE

- Periodically assess smoking status for all pregnant patients and, if patient continues to smoke or relapses, encourage cessation and attempt to increase motivation to quit
- If a patient previously unwilling to make a quit attempt decides to try, offer assistance



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### *Adjuncts to the "5 A's"*



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### *Strategies for Enhancing the "5 A's"*

- Pharmacotherapies
- Quitlines
- Office systems support



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### *Adjuncts to Counseling: Pharmacotherapies*

- 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)



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**Recommendations from Treating Tobacco Use and Dependence, PHS Clinical Practice Guidelines**

- First-line medications include bupropion, nicotine gum, nicotine inhaler, nicotine nasal spray, and nicotine patch
- The safety and efficacy of these treatments for pregnant smokers are 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



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**Suggestions for Use of NRT**

**Clinical recommendations**

- Use NRT in combination with behavioral therapy
- Select dose based on evidence of what is effective to achieve quit
- Individualize delivery system given patient's symptoms
- Use non-continuous delivery mechanisms
- Use patches for 16 rather than 24 hours
- Start NRT as early as possible in pregnancy
- Monitor urinary cotinine levels
- Create a national registry for NRT use

Sources: Melvin C. Treating Nicotine Use and dependence of pregnant and parenting smokers: An update. Nicotine and Tobacco Research, 2004;6(suppl 2).



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**Morales-Suarez-Varela, et al. Smoking Habits, Nicotine Use, and Congenital Malformations. Obstetrics and Gynecology. 2006: 107(1) 51-57.**

- Data collected from the Danish National Birth Cohort from 1997-2003 (n=76,768)
- Prevalence rate ratios calculated for congenital malformations

“Our results show no increase in congenital malformations related to prenatal tobacco smoking. However, we identified an increase of malformations risk in nonsmokers using nicotine substitutes” OR 1.61 (95% CI 1.01-2.58)



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## Adjuncts to Clinical Interventions

- Incorporation of quit / help line support
  - Meta-analysis suggests that telephone counselling compared to less intensive intervention significantly increases quit rates (OR 1.56, 1.38 - 1.77)
- Proactive component in which provider referrals initiate call to client
- Feedback mechanisms for use of quit lines

Source: Stead, L. F., Lancaster, T., & Perera, R. (2004). Telephone counselling for smoking cessation. *The Cochrane Database of Systematic Reviews*, Reviews 2004, 2.



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## Increasing Compliance with Best Practice

Strategies found to be effective

- Academic detailing (outreach visits)
- Performance audit and feedback, sometimes with financial incentives
- Reminder systems
- Computerized decision support
- Participatory continuing medical education
- Standard documentation process/form



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## Addressing Secondhand Smoke



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## Disclosure of Pregnant Woman's Exposure to SHS

1. Since you found out you were pregnant, about how many hours a day, on average, are you in the same room with someone who smokes?
2. Which of the following statements best describes the rules about smoking inside your home while you were pregnant?
  - No one was allowed to smoke anywhere inside your home
  - Smoking was allowed in some rooms or at some times
  - Smoking was permitted anywhere inside your home

Source: Adapted from The Pregnancy Risk Assessment Monitoring System, The Centers for Disease Control and Prevention, 2002.



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## Disclosure of Child's Exposure to SHS

A validated, 5-part screening instrument for assessing child's exposure has been developed and tested

- Does child's mother currently smoke?
  - In the home?
- Does child's father currently smoke?
  - In the home?
- Is your child exposed to cigarette smoke on a regular basis (any exposure at least one time per week) from anyone other than the parents?

Source: Seifert, J. A., Ross, C. A., & Norris, J. M. (2002). Validation of a five-question survey to assess a child's exposure to environmental tobacco smoke. *Annals of Epidemiology*, 12(4), 273-277.



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## Treating Exposure to SHS

- Intervention trials have focused on parents of children with health problems
- Mixed results from trials
  - Clinical settings in pediatric and group model HMO have shown some success
  - More intensive interventions with biofeedback of child's cotinine level have lead to significant reductions in exposure
  - Home based programs show mixed results

Source: Klerman, LV. Protecting children: Reducing their environmental tobacco smoke exposure. *Nicotine & Tobacco Research*. 2004; 6(suppl 2):239-253.



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### **Treating Exposure to SHS**

- If no cessation or use of pharmacotherapy, messages should be:
  - Don't smoke in your home
  - Don't smoke in your car
- Stress impact of secondhand smoke exposure on immediate problem with child
  - Ear infections
  - Bronchitis
  - Asthma



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### **Recommended Treatment for Pregnant Smokers**

- **Ask** about smoking and exposure to SHS
- **Advise** smokers to quit and smokers and non-smokers exposed to SHS about the harms of exposure
- **Assess** willingness to quit and/or ways to minimize exposure to SHS



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### **Recommended Treatment for Parents who Smoke**

#### **Advise**

- Give information about the benefits of quitting for themselves and their children
- Consult with their primary care clinician about obtaining help, including pharmacotherapy, if they are willing to quit
- Provide information about nicotine replacement therapy



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## **The National Partnership to Help Pregnant Smokers Quit**



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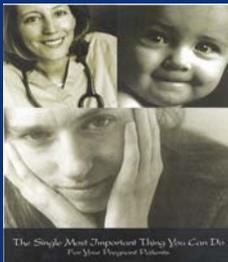
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## **The National Partnership to Help Pregnant Smokers Quit**



*The Single Most Important Thing You Can Do For Your Pregnant Future*

- Over 60 national organizations have come together to form the Partnership
- An Action Plan and communications plan were developed to accomplish dissemination goals
- We are in product-completion and sustainability phase



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## **Five Working Groups of the National Partnership**

- Offer Help Through the Healthcare System
- Use the Media Effectively
- Harness Resources in Communities and Worksites
- Capitalize on State Funding and Policies
- Promote Research, Evaluation, and Surveillance



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**Offer Help Through the Healthcare System - Benchmarks**

1. Increase the proportion of providers using all components of the “5 A’s” intervention
2. Increase outreach, training, and intervention capacity within the American Indian and Alaska Native Community
3. Increase the accessibility and use of pregnancy-specific quitline resources



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**Offer Help Through the Healthcare System: Products**

1. Training and systems change website  
[www.helppregnant smokersquit.org/care/partnerp.asp](http://www.helppregnant smokersquit.org/care/partnerp.asp)
2. Native American Action Plan
3. Pregnancy and post-partum quitline toolkit



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**Capitalize on State Funding and Policies: Benchmark**

- Promote economic and policy interventions that prevent and reduce maternal smoking, including increased funding for proven cessation interventions



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**Capitalize on State Funding and Policies: Product**

Medicaid Toolkit: Table of Contents

- Medicaid Coverage Options
- Adapting the "5 A's" for Pregnant Women
- Action in States to Cover Tobacco Dependence Treatment
- Estimating State Savings from Smoking Cessation Counseling for Pregnant Women
- Letter from Center for Medical Services to State Medicaid Directors regarding coverage of smoking cessation under Medicaid and EPSDT



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**Promote Research, Evaluation, and Surveillance: Benchmark**

- Improve monitoring of the prevalence of smoking and the use of proven cessation services during pregnancy



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**Promote Research, Evaluation, and Surveillance: Products**

- New birth certificate and PRAMS questions on smoking
  - Amount smoked 3 months prior to becoming pregnant
  - Amount smoked each trimester
- Research gaps paper
  - Maternal / child health outcomes
  - Pharmacotherapy
  - Harm reduction



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