

# Prenatal Smoking Cessation/Smoke Free for Baby and Me

Training of Trainers



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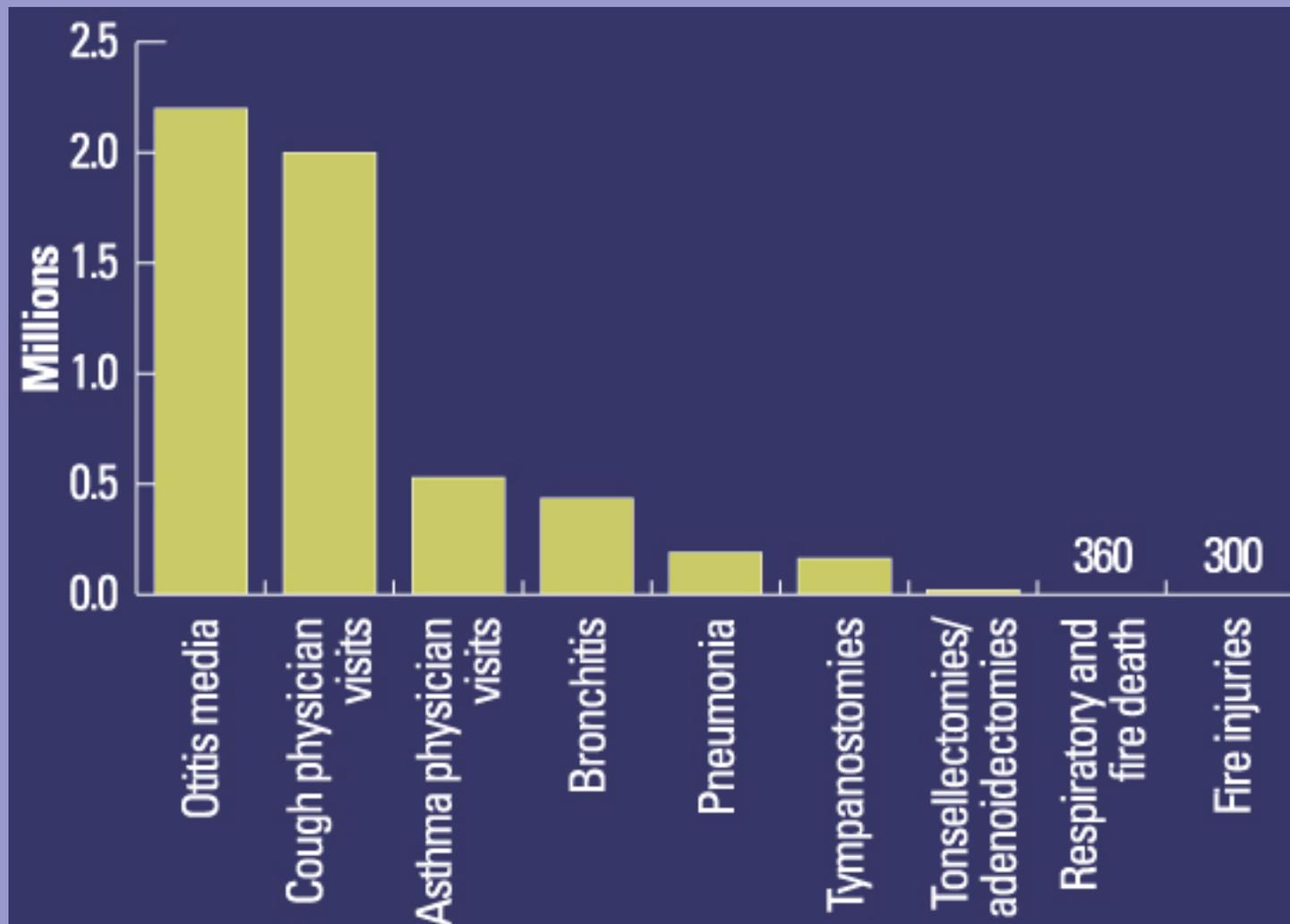
## Call to Action

- 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

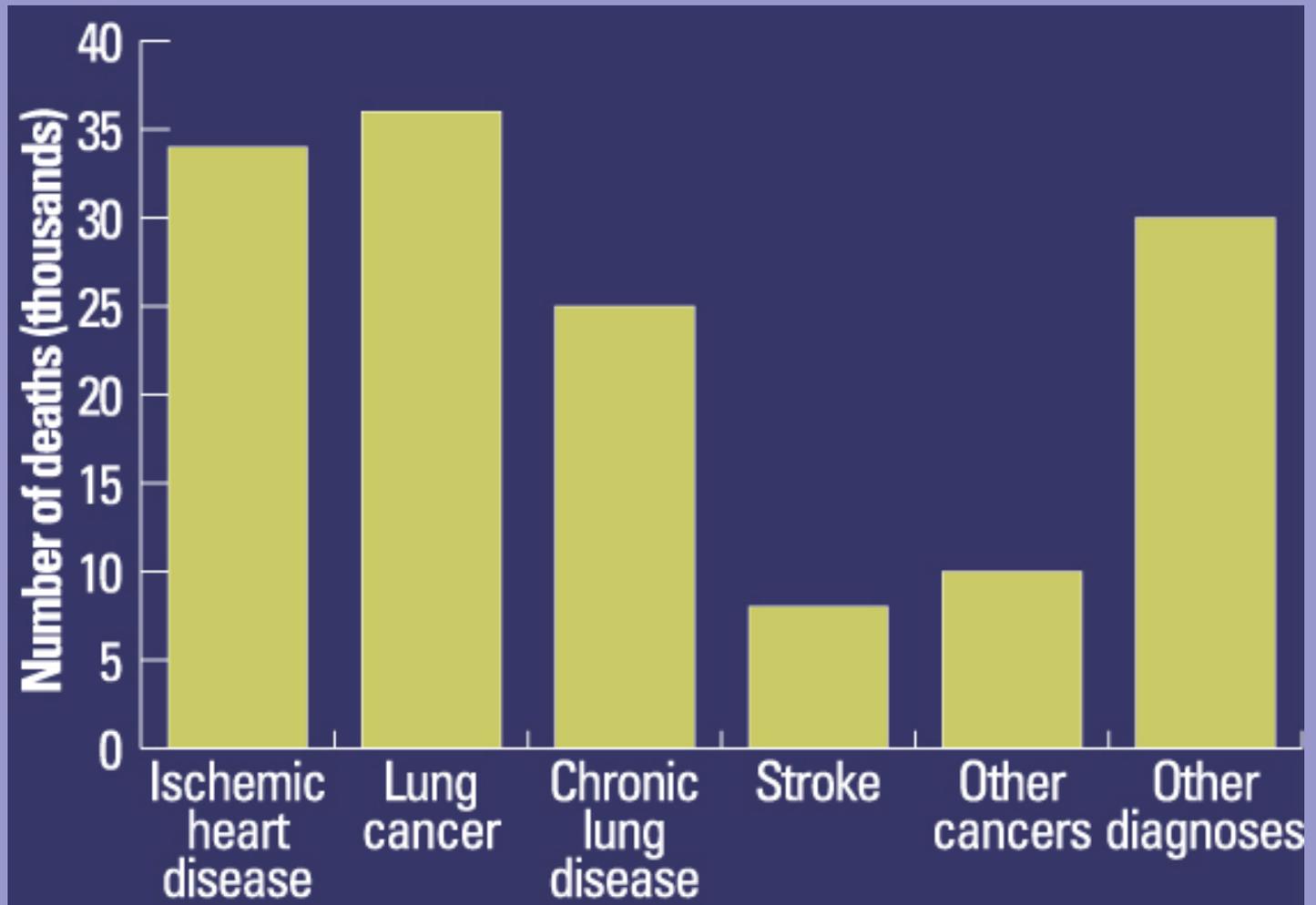
# Annual Smoking-Related Child Morbidity and Mortality



# Estimated Top 10 Causes of Cancer Death in Women, 2002

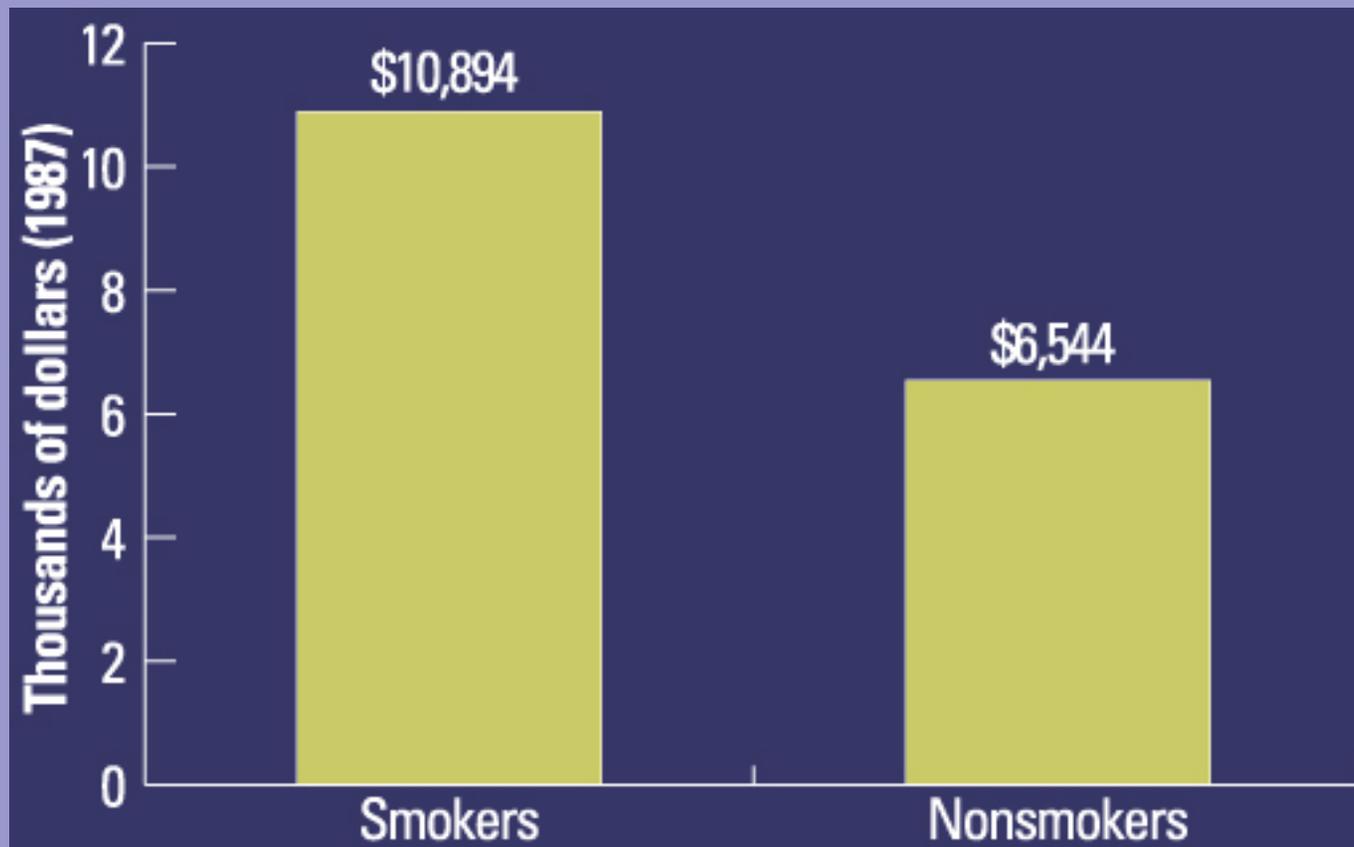


# Smoking-related Causes of Death in US Women, 1990



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

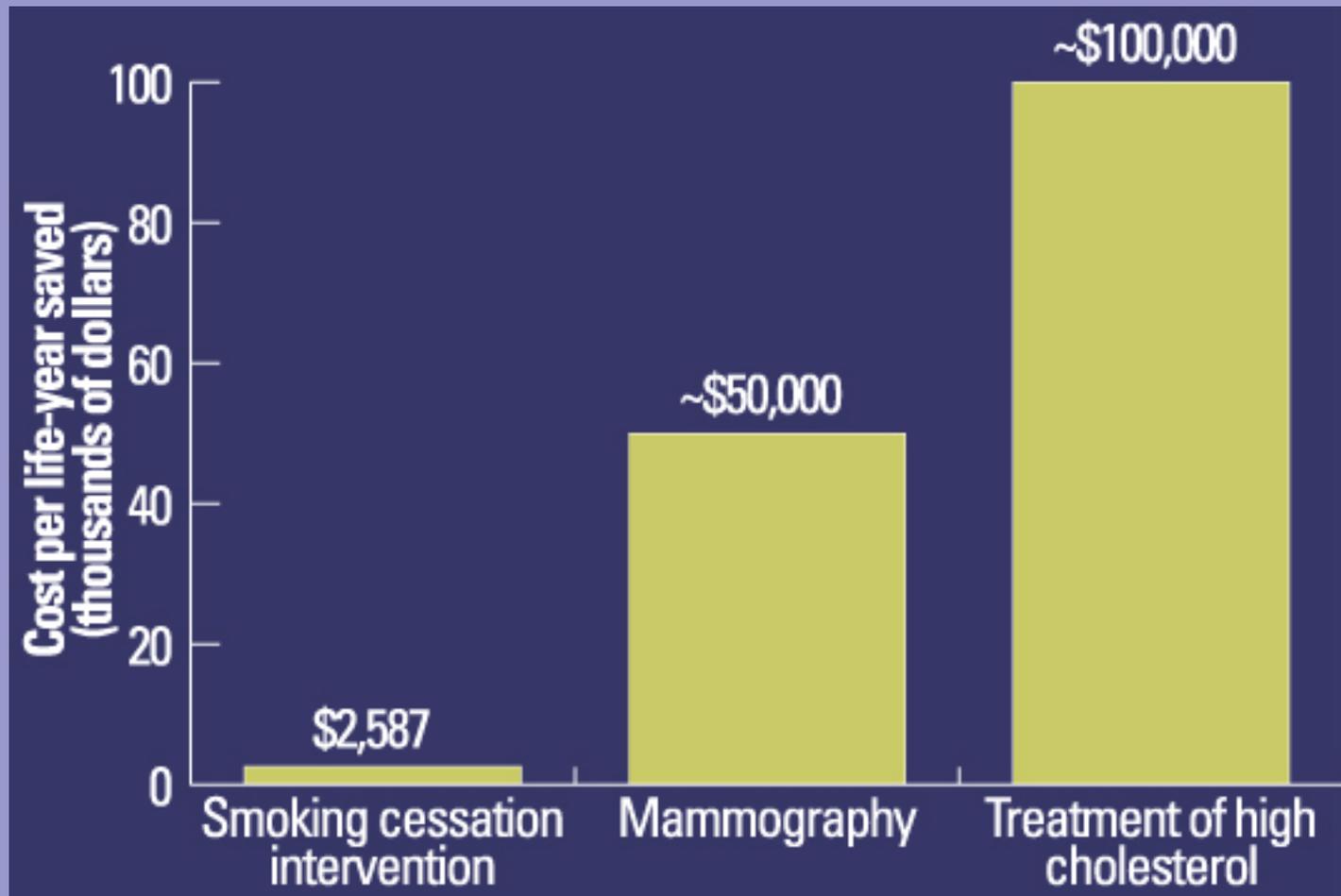
# Cost of Complicated\* Births



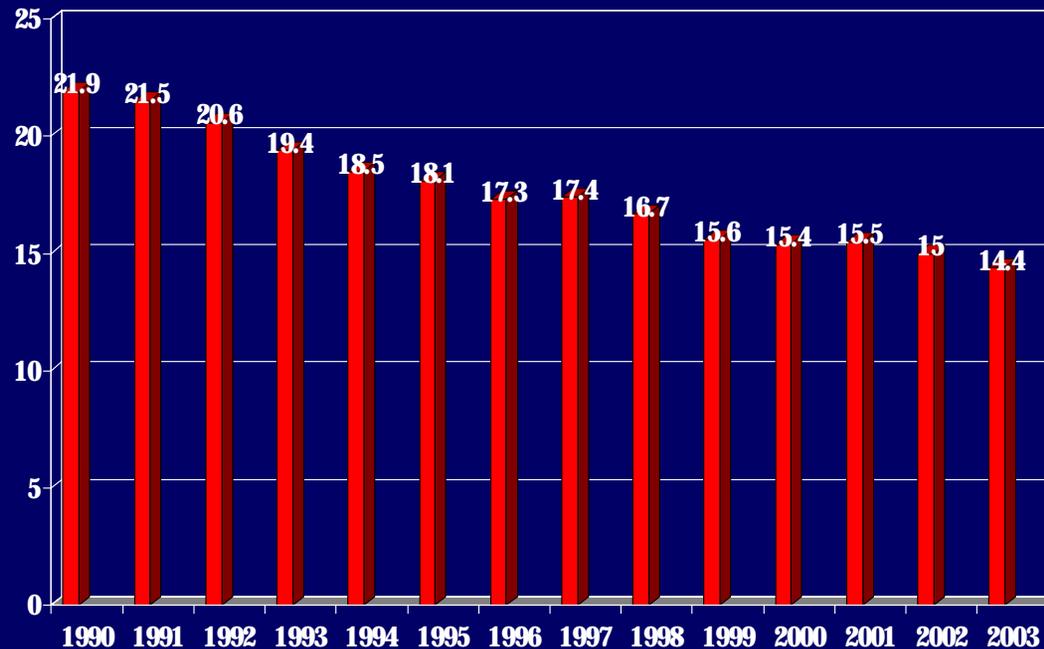
\*Complications include hemorrhage from placenta previa, maternal infection, fetal distress, malposition of the fetus

CDC. *MMWR* 1997;46:1048-1050

# Cost-effectiveness of Smoking Cessation Intervention



## Percentage of Mothers Who Reported Smoking While Pregnant

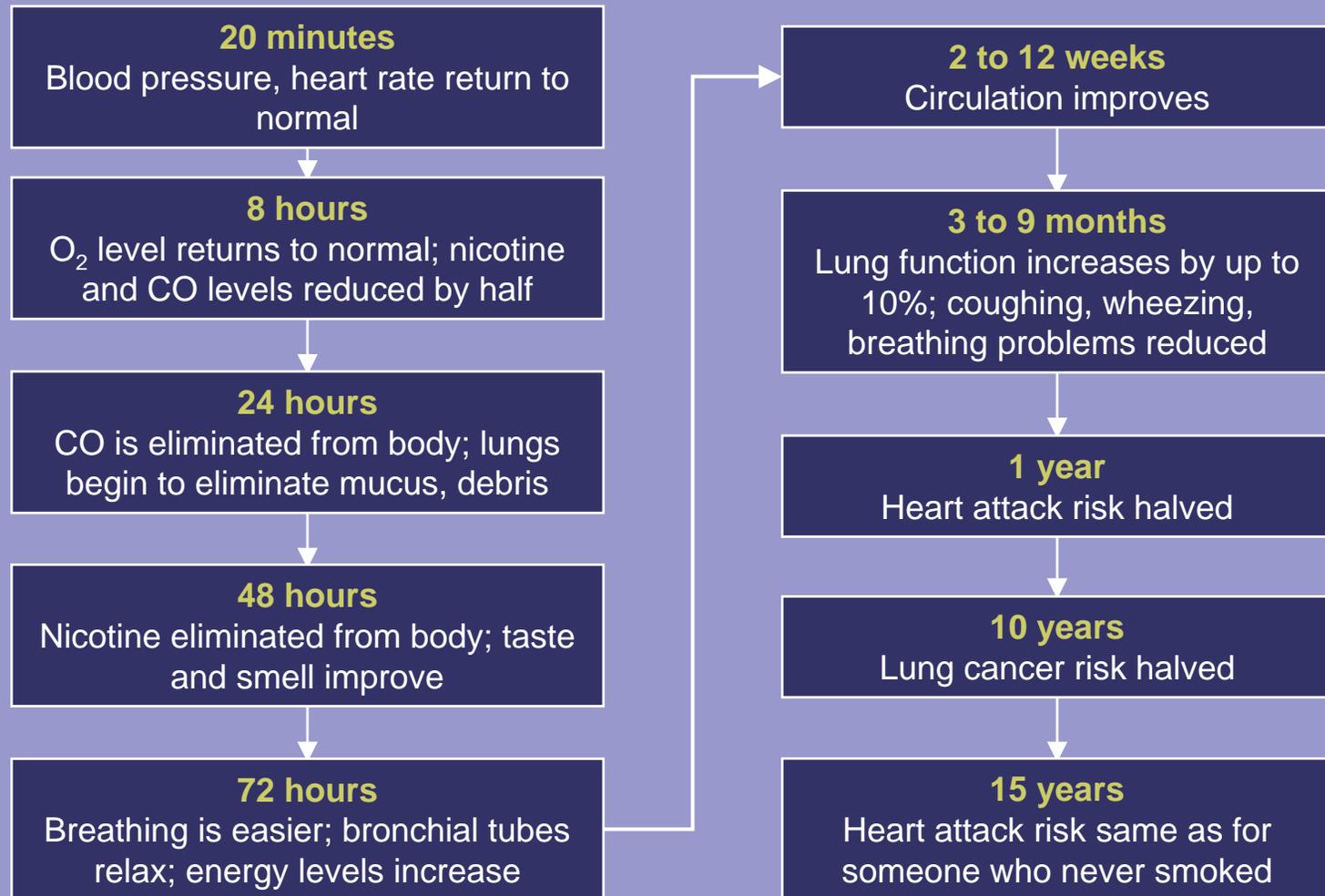


Source: Smoke Free for Baby and Me, MDCH, 2004

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# Timing of Health Benefits



1990 Surgeon General's Report

# Intervention Makes a Difference

- Smoking cessation intervention by clinicians improves quit rates
- Brief counseling (5 to 15 minutes total) is all that is needed to help many pregnant smokers quit
- A woman is more likely to quit smoking during pregnancy than at any other time in her life

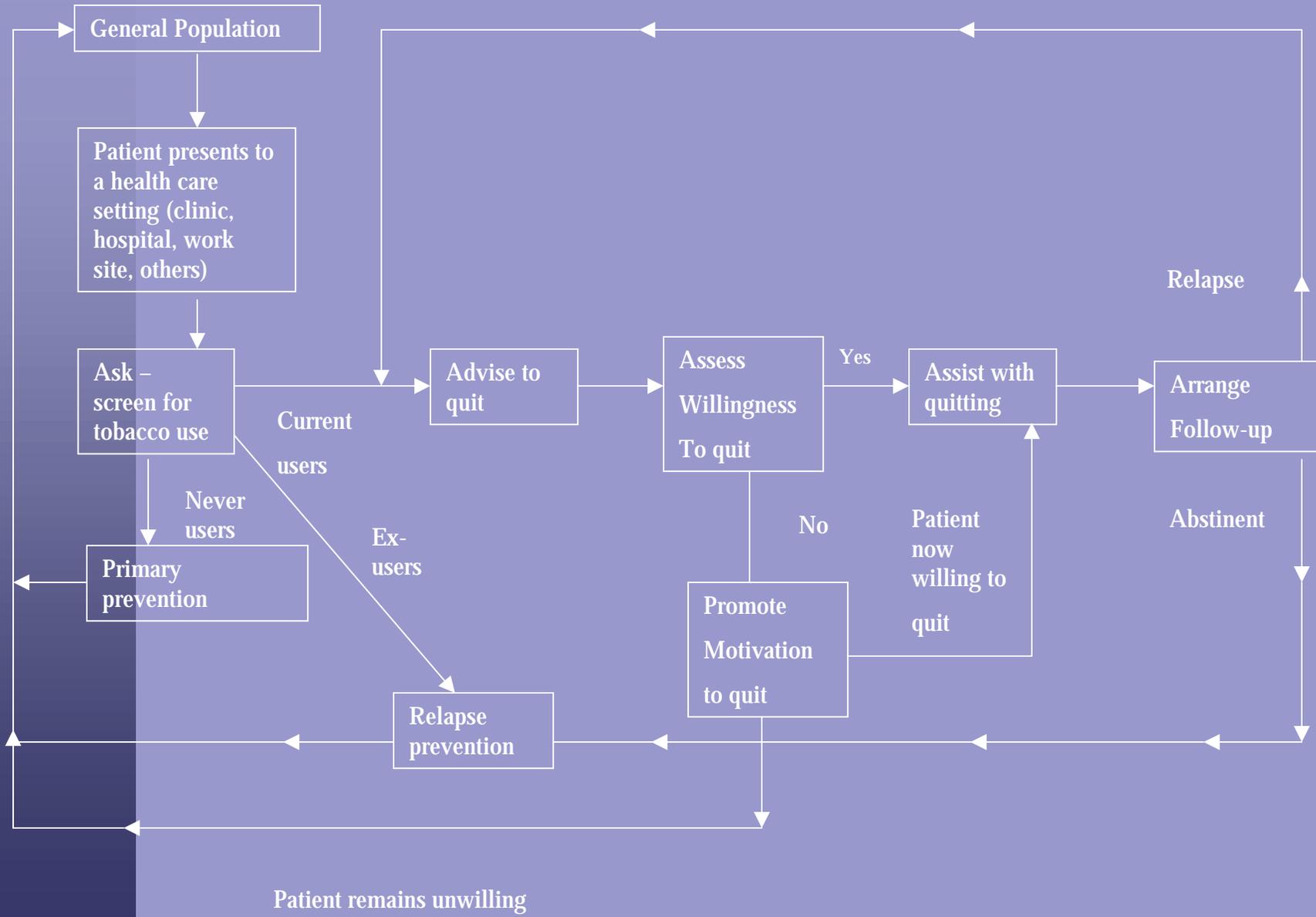
# Conclusions from Behavioral Intervention Studies

- 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

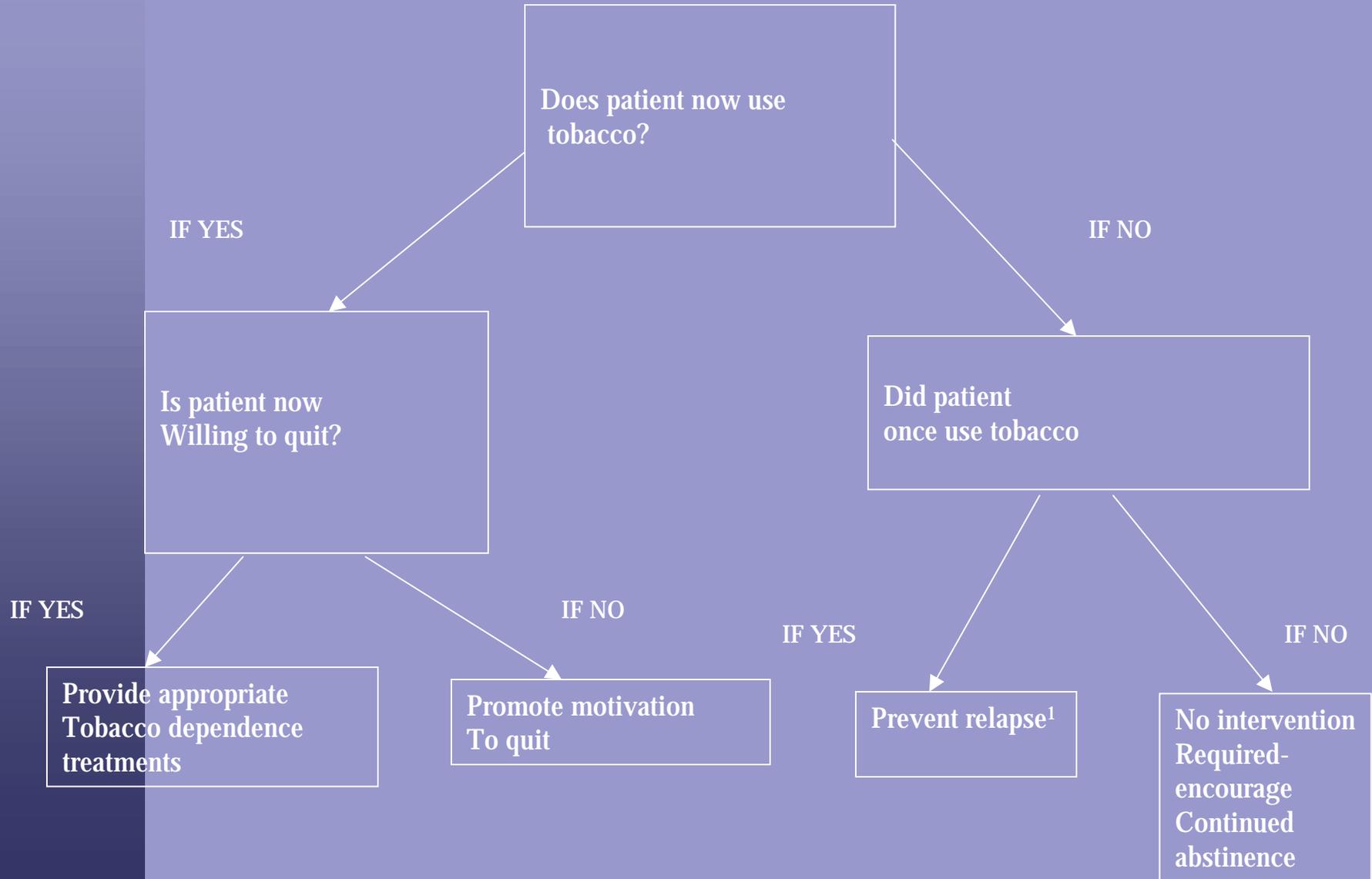


# Patient Flow Chart

ATTACHMENT #5



### Algorithm for treating tobacco use



<sup>1</sup>Relapse prevention interventions are not necessary in the case of the adult who has not used tobacco for many

# 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



```
graph TD; A["1. Ask about tobacco use"] --> B["2. Advise to quit"]; B --> C["3. Assess willingness to make a quit attempt"]; C --> D["4. Assist in quit attempt"]; D --> E["5. Arrange follow-up"];
```

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

**Relevance**



**Risks**



**Rewards**



**Roadblocks**



**Repetition**

## 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

## Resources

- American College of Obstetricians and Gynecologists ([www.acog.org](http://www.acog.org))
- Smoke-Free Families ([www.smokefreefamilies.org](http://www.smokefreefamilies.org))
- *Treating Tobacco Use and Dependence*
- Agency for Healthcare Research and Quality ([www.ahrq.gov](http://www.ahrq.gov))

# Supportive materials

- o Diary
- o Documentation form
- o Expectant Mother's Quit Kit

# Step 1

## “The Facts ”

This booklet gives facts about smoking to help motivate and reinforce the client’s decision to quit.

## Step 2

### “Planning To Quit”

This booklet will explain ways to help the client come up with a plan and prepare the client to stop smoking

## Step 3

### “After You’ve Quit : Staying on Track”

This is devoted to helping the client stay smoke-free and making it easier for the client to adjust to a life as a non-smoker

# Resources

- o Other training sessions
- o List books, articles, electronic sources
- o Consulting services, other sources