

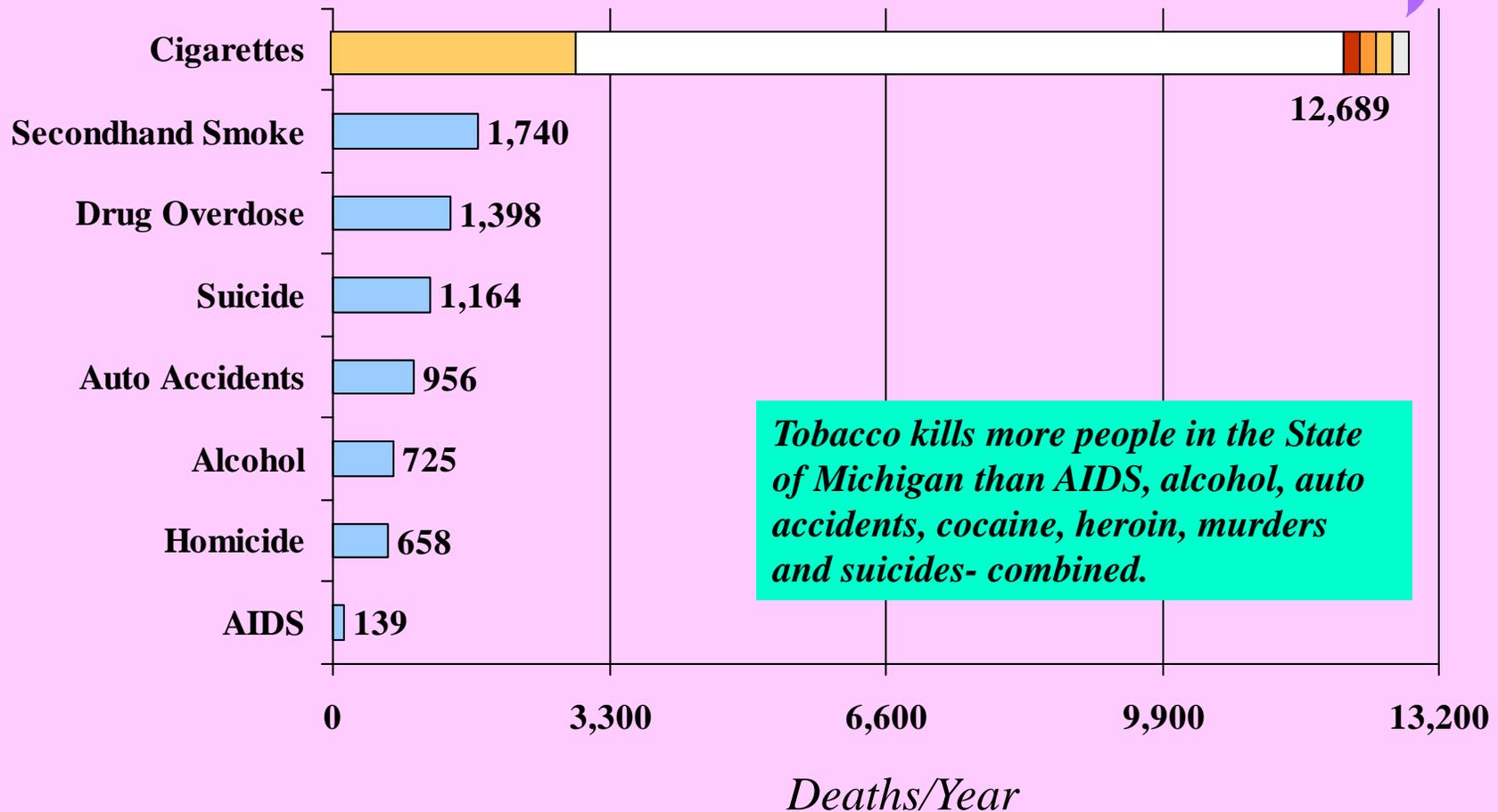
# **Prenatal Tobacco Use and Dependence Treatment**

Providing assistance to clients toward  
increasing their success in quitting  
tobacco use

# Burden of Tobacco Use in Michigan

- ❖ Tobacco use is the number one cause of preventable death in Michigan
- ❖ Tobacco kills more people in Michigan than AIDS, alcohol, auto accidents, cocaine, heroin, murders and suicides combined

# Causes of Preventable Death State of Michigan Residents, 2009



Source: Division for Vital Records & Health Statistics, Michigan Department of Community Health; Centers for Disease Control and Prevention CDC Wonder On-Line Database and SAMMEC On-Line Database.

Prepared by: Kathie Boynton, June 2011

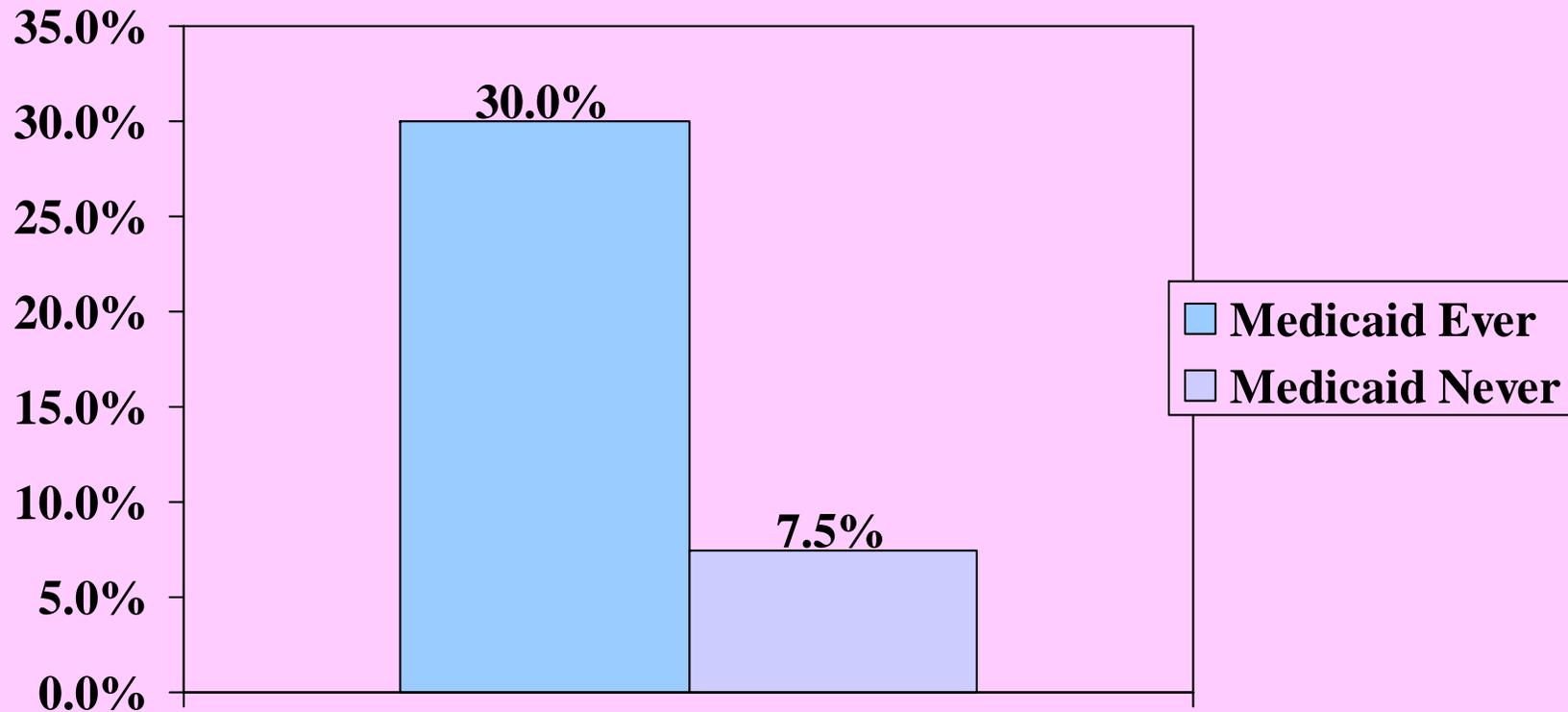
# Smoking During Pregnancy

- ❖ Smoking during pregnancy is the **leading** preventable cause of **illness** and **death** among mothers and infants
- ❖ Pregnant women who smoke or are exposed to secondhand smoke are between 1.5 and 3.5 times more likely to have a **LBW baby**.
- ❖ Maternal smoking seems to double the **risk of SIDS**.
  - A mother smoking 10 or more cigarettes per day seems to raise the risk of SIDS by 70%
  - One study found that 23.6% of SIDS deaths among single-births appear to be attributable to prenatal maternal smoking
  - Exposure of an infant to secondhand smoke raises the risk of SIDS

**Live Births, and Infant Death Rate/10,000 by the risk factor of mother's smoking status during pregnancy, 2008**

Smoking status	Live Births	Infant Death Rate /10,000
Non-Smoker	109,535	6.8 ± 0.5
<b>Smoker</b>	<b>17,542</b>	<b>9.9 ± 1.5</b>
<b>State Totals</b>	<b>127,537</b>	<b>7.4 ± 0.5</b>

# Prevalence of Smoking in the last 3 months of pregnancy by Medicaid participation, 2006



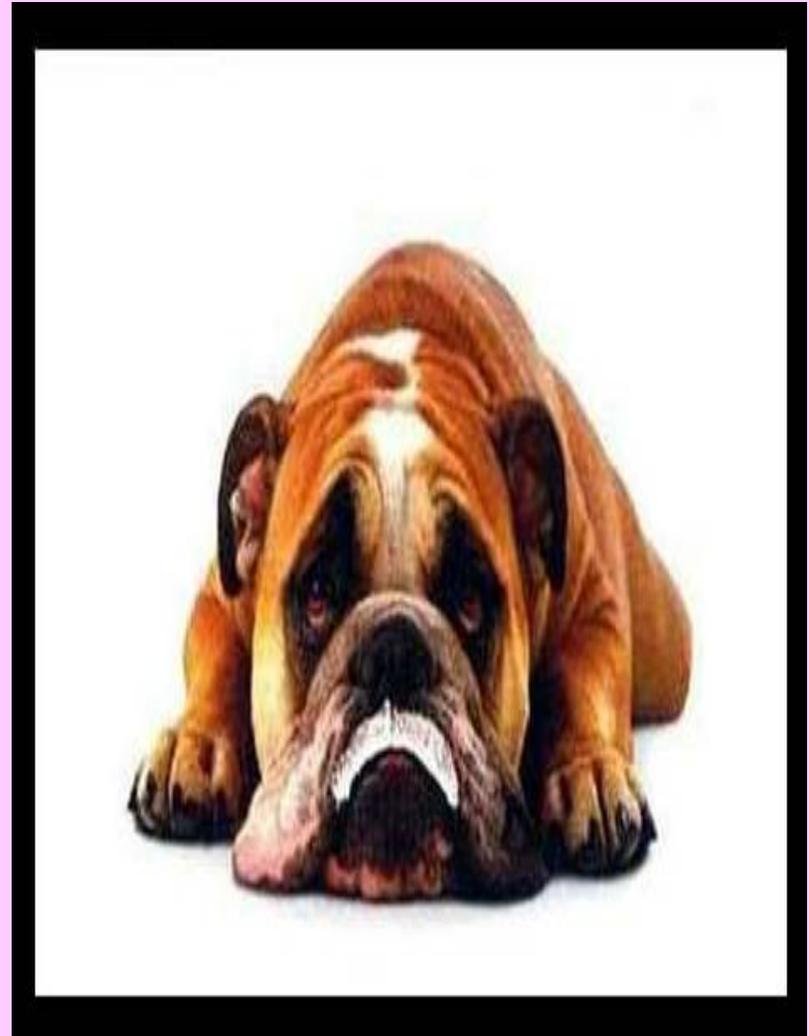
Source: 2006 Michigan Pregnancy Risk Assessment Monitoring System (PRAMS)

# Nicotine Addiction

- ❖ Cigarettes and other forms of tobacco are addictive
- ❖ **Nicotine**, found in tobacco products, is the addictive chemical
- ❖ **Addiction** to tobacco is similar to addiction to other drugs such as cocaine and heroin
- ❖ Creates a relaxed, pleasurable feeling in the user
- ❖ BUT tolerance develops over time

# Nicotine Addiction

- ❖ Withdrawal symptoms within 4-6 **hours** of quitting
- ❖ **May include:**
  - headache,
  - nausea,
  - irritability,
  - depression,
  - fatigue,
  - increased appetite



# Nicotine Addiction

- ❖ It is very difficult for most smokers to quit smoking
- ❖ Most tobacco users try several times before they are successful
- ❖ When asked, most smokers want to quit
- ❖ There are tools available to make quitting smoking or other tobacco use easier

# Benefits of Quitting

- ❖ **After 20 minutes:** BP and pulse rate drops; body temp rises toward normal
- ❖ **After 8 hours:** CO level in blood drops to normal; O2 level rises to normal
- ❖ **After 24 hours:** The chance of heart attack decreases
- ❖ **After 48 hours:** Nerve endings start re-growing; ability to smell and taste is enhanced
- ❖ **After 2 weeks to 3 months:** Circulation improves; walking becomes easier; lung function improves
- ❖ **After 1-9 months:** Decrease in coughing, sinus congestion, fatigue, shortness of breath

Source: American Cancer Society, *When Smokers Quit- The Health Benefits of Quitting*, [www.cancer.org](http://www.cancer.org). HHS, *The Health Benefits of Smoking Cessation: A Report of the Surgeon General*, 1990. HHS, *The Health Consequences of Smoking- Nicotine Addiction: A Report of the Surgeon General*, 1988.

# Benefits of Quitting ...*Continued*

- ❖ **After 1 year:** Excess risk of coronary heart disease is decreased to half that of a smoker
- ❖ **After 5 to 15 years:** Stroke risk is reduced to that of people who have never smoked
- ❖ **After 10 years:** Risk of lung cancer drops to as little as one-half that of continuing smokers; risk of cancer of the mouth, throat, esophagus, bladder, kidney, and pancreas decreases; risk of ulcer decreases
- ❖ **After 15 years:** Risk of coronary heart disease is now similar to that of people who have never smoked; risk of death returns to nearly the level of people who have never smoked

# Provider Counseling: The 5 A's

- ❖ Ask
- ❖ Advise
- ❖ Assess
- ❖ Assist
- ❖ Arrange

If have limited time do the : 2A's-1R

Ask

Advise

Refer

# 1- ASK

- ❖ Treat smoking status as a vital sign.
- ❖ **Ask every client** about their smoking status at **every visit.**
- ❖ The simple act of a health care provider asking about a person's smoking status has been demonstrated to be a **significant trigger** in helping that person to think about quitting.

## 2- ADVISE

- ❖ Clearly and **strongly urge all tobacco users to quit.**
- ❖ Personalize your message - your message should be tied to the individual pregnant's health status, their economic benefit, benefits to them and to their babies.
- ❖ Clearly advise all clients who are exposed to SHS to ask household members not to smoke in indoor environments and around them.

## 3- Refer

### 1. Provide supplementary materials

- MDCH materials and brochures
  - **“Quit Smoking for You and Your Baby”**
- MDCH Telephone Quitline Number (poster)

### 2. Use the **Fax referral form** to refer the “pregnant” to the Quitline

# Fax Referral Form



## TOBACCO REDUCTION AND PREVENTION

### PATIENT FAX REFERRAL FORM

**Fax to: 1-800-261-6259**

Today's Date \_\_\_\_\_

Use this form to refer patients who are ready to quit tobacco in the next 30 days to the Michigan Tobacco Quitline.

#### PROVIDER(S): Complete this section

Provider name _____	Contact Name _____
Clinic/Hosp/Dept _____	E-mail _____
Address _____	Phone (    )    - _____
City/State/Zip _____	Fax (    )    - _____

Does patient have any of the following conditions:  pregnant  uncontrolled high blood pressure  heart disease

If yes, please sign to authorize the Michigan Tobacco Quitline to send the patient free, over-the-counter nicotine replacement therapy if available. If provider does not sign and the patient has any of the above listed conditions, the Michigan Tobacco Quitline cannot dispense medication.

Provider Signature \_\_\_\_\_

Please Check:  Patient agreed with clinician to be referred to the Michigan Tobacco Quitline.

#### PATIENT: Complete this section

\_\_\_\_ Yes, I am ready to quit and ask that a quitline coach call me. I understand that the Michigan Tobacco Quitline will inform my provider about my participation.  
*Initial*

Best times to call?  morning  afternoon  evening  weekend

May we leave a message?  Yes  No

Are you hearing impaired and need assistance?  Yes  No

Date of Birth? \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender  M  F

Patient Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ E-mail \_\_\_\_\_

Phone #1 (    )    - \_\_\_\_\_ Phone #2 (    )    - \_\_\_\_\_

Language  English  Spanish  Other \_\_\_\_\_

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

#### PLEASE FAX TO: 1-800-261-6259

Or mail to: Michigan Tobacco Quitline, c/o National Jewish Health®, 1400 Jackson St., S117A, Denver, CO 80206

**Confidentiality Notice:** This facsimile contains confidential information. If you have received this in error, please notify the sender immediately by telephone and confidentially dispose of the material. Do not review, disclose, copy or distribute.

# Key Points

- ❖ You have the **opportunity** to help the clients you see to be successful in quitting smoking.
- ❖ It takes **time**, but it is worth it. The benefits to individuals is immense. Spending even 1-2 minutes can make a difference.
- ❖ By helping a **pregnant** to quit smoking, you are protecting **children** from SHS and decreasing the likelihood that they will smoke as they get older.