



# Navigating the Quitline during Pregnancy

Michigan Department  
of Health and Human  
Services

September 16, 2020



**Thomas Ylioja, PhD, LSW**

Clinical Director, Health Initiatives

Assistant Professor of Medicine, Division of  
Medical, Behavioral and Community Health

# Objectives

Review

Review the importance of tobacco cessation during pregnancy

Discuss

Discuss best practices in tobacco treatment

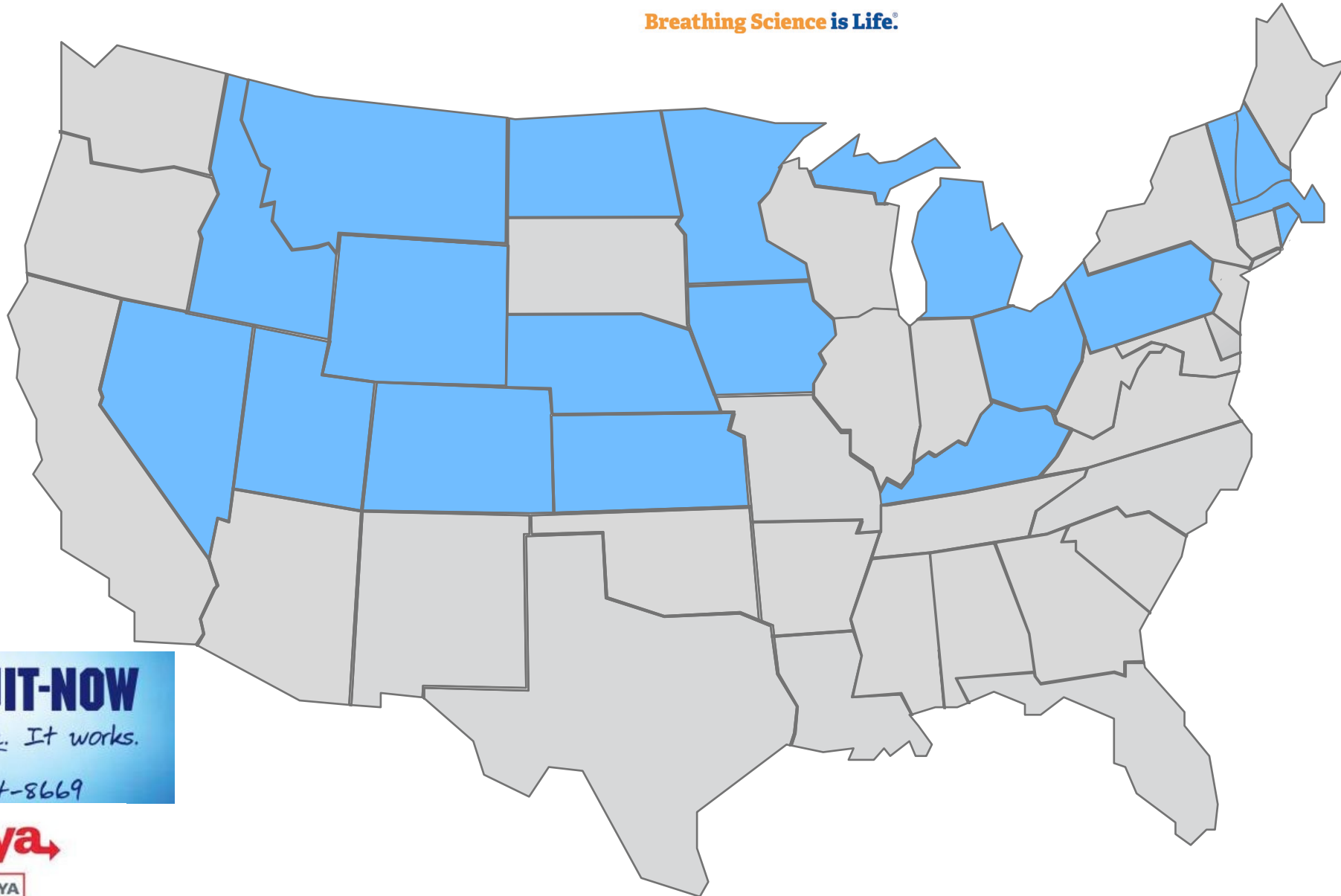
Understand

Understand how the Quitline can help

# Who we are

- Nonprofit, nonsectarian academic medical center
- Est. 1899





- Colorado
- Idaho
- Iowa
- Kansas
- Kentucky
- Massachusetts
- Michigan
- Minnesota
- Montana
- Nebraska
- Nevada
- New Hampshire
- North Dakota
- Ohio
- Pennsylvania
- Rhode Island
- Vermont
- Wyoming
- Utah
- Health Plans and Employer Groups

**1-800-QUIT-NOW**  
Call. It's free. It works.  
1-800-784-8669

**déjelo ya** →

1.855.DÉJELO.YA

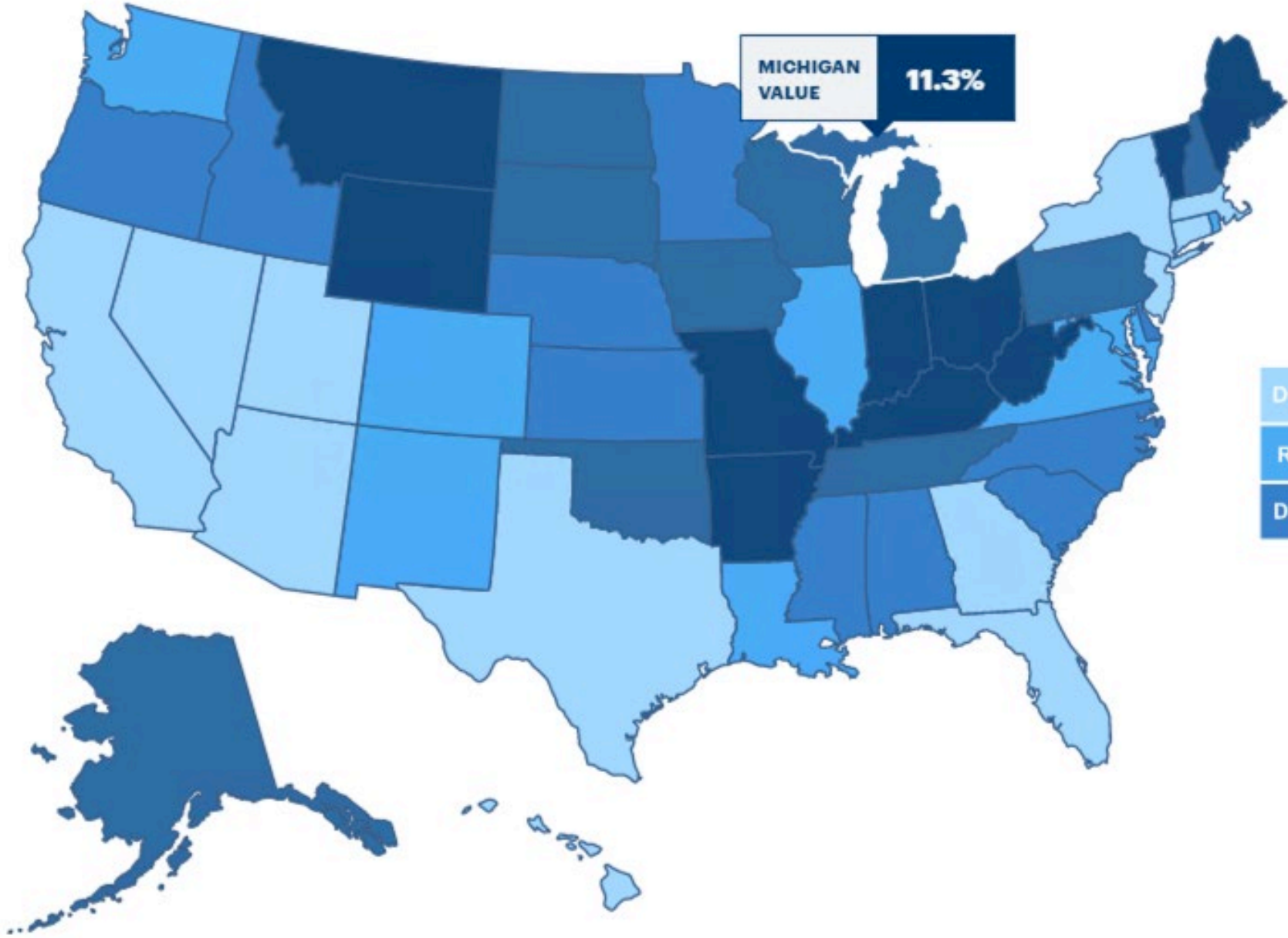
# Why tobacco?

- Perinatal risks associated with tobacco use:
  - orofacial clefts
  - fetal growth restriction
  - placenta previa
  - abruptio placentae
  - preterm labor (5–8% attributable)
  - rupture of membranes
  - low birth weight (13–19% attributable)
  - increased perinatal mortality (22–34% SIDS attributable)
  - ectopic pregnancy
  - decreased maternal thyroid function

# Why tobacco?

- Childhood health effects associated with maternal tobacco use:
  - risk of respiratory infections
  - asthma
  - infantile colic
  - bone fractures
  - childhood obesity







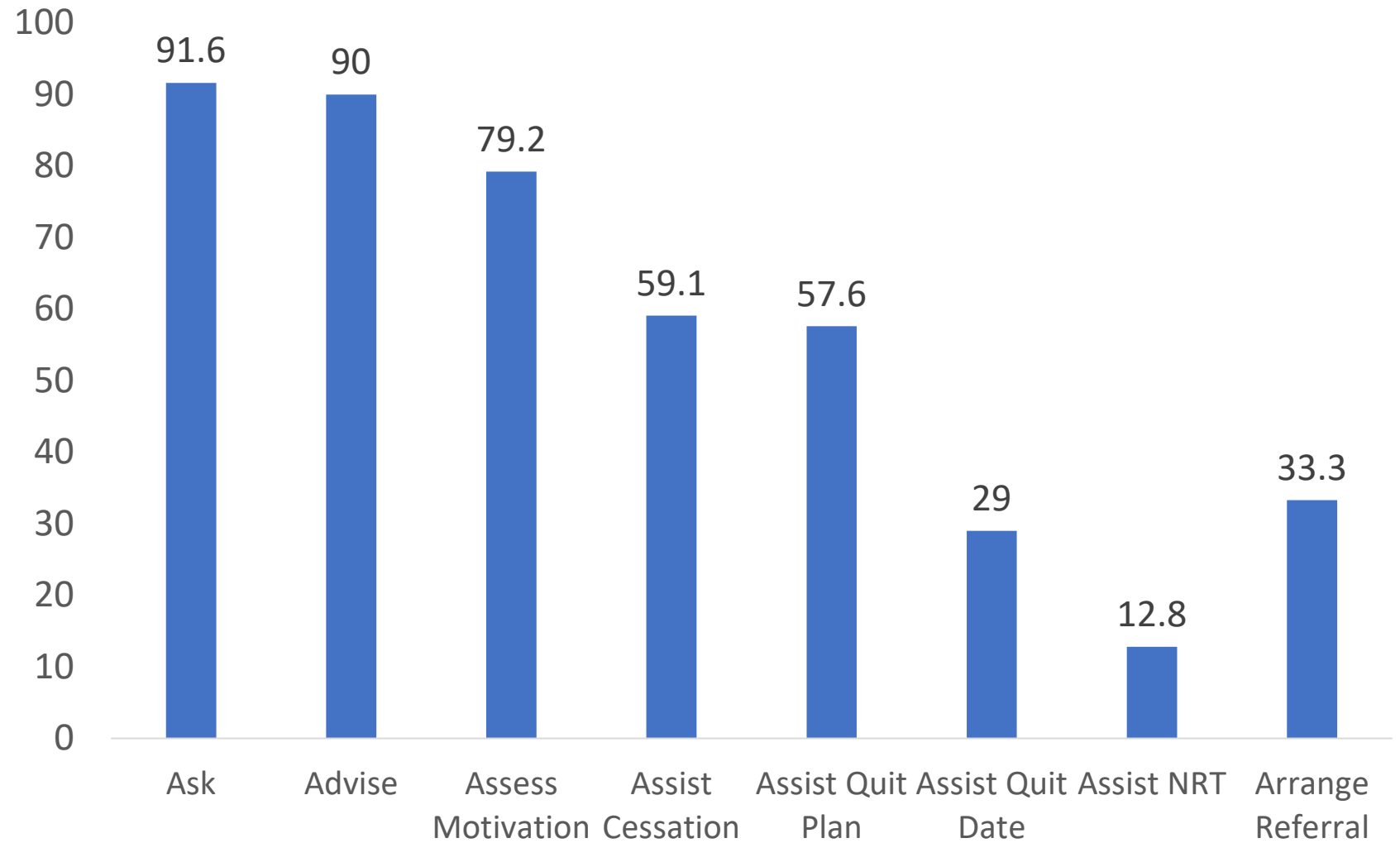
# Risks for tobacco use

- Younger maternal age
- High school education or less
- American Indian or Alaska Native
- Pre-pregnancy mental health conditions

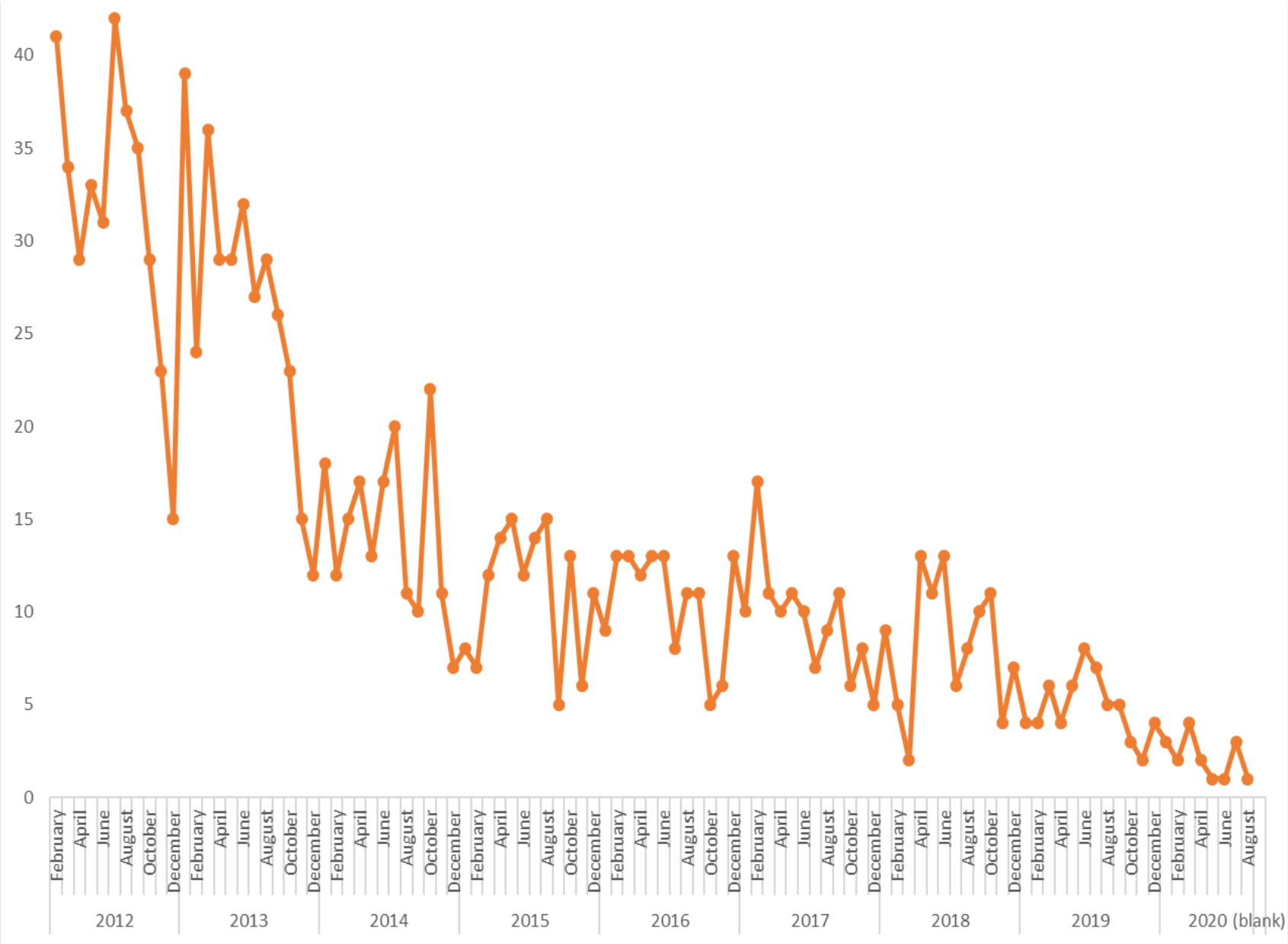
# Quitting during pregnancy

- How many women who smoke quit while pregnant?
  - 54%
- How many women who quit during pregnancy return to smoking within 1 year?
  - 50-60%

## Rates of treatment



Gould GS, Twyman L, Stevenson L, et al. What components of smoking cessation care during pregnancy are implemented by health providers? A systematic review and meta-analysis. *BMJ Open*. 2019;9(8):e026037. Published 2019 Aug 18. doi:10.1136/bmjopen-2018-026037



Michigan  
Quitline  
Use During  
Pregnancy

# Clinical Treatment Guidelines

- In-person, group and telephone interventions are recommended.
- Provider should implement brief interventions such as 5A's or Ask-Advise-Refer/Connect
- Ask about all tobacco types, including e-cigarettes/vaping
  - Ask in multiple choice format
- Advise cessation
  - Clear, personalized, connected to current health status
  - Secondhand smoke exposure
  - All gestational ages
- 5A and AAC both include Quitline

# Specific guidance for pregnancy

## Clinical Treatment Guidelines (2008)

- Offer person-to-person psychosocial interventions that exceed minimal advice to quit (more effective than advice/referral)
- Counseling and self-help materials are more effective than educational materials and passive cessation referrals

# Specific guidance for pregnancy

## ACOG Guidelines:

- Counseling should include motivational interviewing technique and cognitive behavioral strategies
- Counseling should include problem solving, trigger/craving management, managing stress/anxiety, self-efficacy
- Financial incentives and pregnancy-related feedback
- Refer to quitlines

# Specific guidance for pregnancy

## ACOG Guidelines for Cessation Medications:

- Insufficient evidence on cessation meds during pregnancy
- Requires discussion of risks/benefits of continued nicotine. Risk of smoking >> than NRT
- Does not appear to increase risk of congenital anomalies, low birth weight or preterm birth
- Use if unable to quit using only behavioral strategies





# Are Quitline interventions effective?

---

- Quitlines are a recommended evidence-based intervention in clinical guidelines for treating tobacco dependence
  - Multi-session proactive telephone counseling is effective (RR 1.38)
  - 3+ coaching sessions improves effectiveness (RR1.27)
  - Referrals work! (RR 1.25)
- Interactive and personalized text and online programs are also effective

# Pregnancy and Postpartum Program (PPP)

## Why a special quitline program?

- Motivation to quit during pregnancy is high
  - More than half of women quit during pregnancy
- Return to smoking postpartum is common
  - More than half of women who quit during pregnancy return to smoking within 1 year

# Pregnancy and Postpartum Program

- Offered during intake when participant reports being pregnant
- Work with same coach throughout program to build rapport
- 5 call program during pregnancy to achieve cessation
  - \$5 incentive per completed call

Resume program 2-weeks before/after due date

- Additional 4 calls to sustain quit
  - \$10 incentive per completed call

Hours: 7 days/week, starting 7am et

# Pregnancy and Postpartum Program

- Can access NRT with medical authorization
- Coach will fax MD consent form if provider identified or mail to participant to give to provider
- Form must be filled out completely (name, address, clinic) and signed by prescribing provider before NRT can be sent

# Pregnancy and Postpartum Program

- Can access NRT with medical authorization
  - Patch, gum or lozenge available up to 8 weeks
- Coach will fax MD consent form if provider identified or mail to participant to give to provider
- Form must be filled out completely (name, address, clinic) and signed by prescribing provider before NRT can be sent

# Pregnancy and Postpartum Program

## Program stats

- 35% enroll in 1<sup>st</sup> trimester
- 45% enroll in 2<sup>nd</sup> trimester
- 47% complete 3+ calls during pregnancy
- 35% re-enroll postpartum
  - 63% complete 3+ calls postpartum
- 15% use NRT

# Pregnancy and Postpartum Program

- 35% quit during pregnancy, 72% reduce CPD if not quit
- Long-term cessation (6-months after intake)
  - Pregnancy program only: 20%
  - Pregnancy and postpartum: 53%
  - 3+ calls in pregnancy and in postpartum: 68%
- High satisfaction with the program
  - General satisfaction: 96%
  - Materials: 100%
  - Coaches: 92%

# Pregnancy and Postpartum Program

- We engage in continuous quality improvement
- Participant feedback is very important to us; please let us know what you are hearing!

Contact Karen S. Brown, MPA

Tobacco Dependence Treatment Coordinator

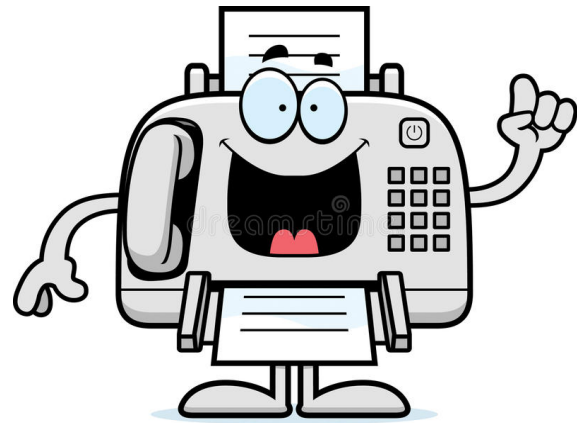
Michigan Department of Health and Human Services

[brownk34@michigan.gov](mailto:brownk34@michigan.gov)



# Summary

- Tobacco use during pregnancy is higher than the national average in Michigan
- Tobacco treatment during pregnancy is effective
- Tobacco treatment rates during pregnancy need improvement
- Providers can implement a brief intervention in clinic and refer to evidence-based cessation programs
- Quitline is an evidence-based tobacco cessation program
- **Quitline is complementary to other programs**



# How to connect to the Quitline

---



Thank you!

**Thomas Ylioja, PhD**

yliojat@njhealth.org

