Tobacco Cessation Pathway

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Essential Resources

www.YouQuitTwoQuit.com

You Quit, Two Quit's website provides information about tobacco cessation geared towards women, family and friends, and health care providers. You can find patient education materials, links to additional training, and updated information about perinatal tobacco use and cessation.

www.QuitlineNC.com

The Quitline NC website provides information about the tobacco quitline, web-based tobacco cessation coaching, and a wide variety of resources for health care providers, including information on counseling for change and motivational interviewing, working with different populations, and materials for patients.

Tobacco Use in Pregnancy – Guidance for Pregnancy Care Managers

Tobacco use is one of the most prevalent risk factors for preterm birth among Medicaid patients. Pregnancy care managers need to utilize the essential information and resources contained in the Tobacco Cessation Pathway, to effectively provide support and interventions for pregnant patients with current or recent tobacco use. Cessation or reduction of tobacco use during pregnancy is an important step to reduce the risk of preterm birth, low birth weight and other adverse outcomes.

<u>For women who stop smoking after learning they are pregnant ("C" smokers)</u>

- Complete a thorough assessment of all patient risk factors and current needs, with specific attention to current tobacco use and tobacco use history.
- Contact as needed to address other risks, needs, and goals.
- Contact at least once every 90 days to ensure patient has not relapsed to tobacco use, is receiving prenatal care consistently, and other needs are met (see Common Pathway).
- Start relapse prevention counseling in third trimester to prevent postpartum relapse; emphasize women's health risks (not just fetus), work with prenatal care provider to arrange for prescription for nicotine replacement therapy immediately postpartum, instead of at outpatient postpartum visit, if appropriate.
- Increase frequency of follow-up if patient begins smoking again.

For women who continue to smoke after learning they are pregnant ("D" and "E" smokers)

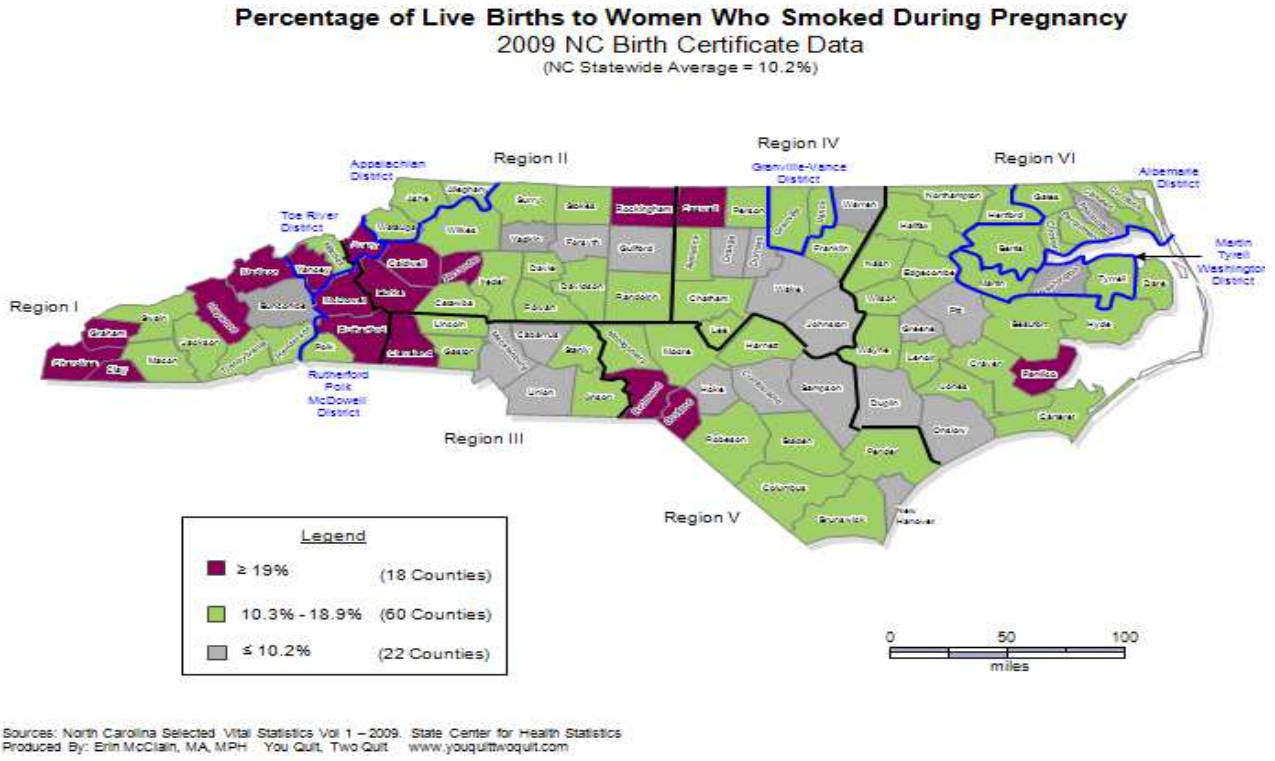
- Using the 5As, complete a thorough assessment of all patient risk factors and current needs, with specific attention to current tobacco use and tobacco use history, including previous quit attempts and successful cessation/reduction strategies.
- For patients who are ready to quit, develop a quit plan; provide increased support leading up to and immediately following quit date.
- For patients who are not ready to quit ("not interested" on third A, Assess), use 5 Rs; use opportunities across pregnancy to address tobacco use, bearing in mind that quitting even in the final weeks of pregnancy can improve fetal weight gain prior to delivery.
- Women who are smoking during pregnancy should consistently receive messages throughout the pregnancy from all care providers working with them about quitting or reducing tobacco use. A harm reduction approach is valuable for women who are not ready to quit smoking; reducing tobacco use during pregnancy will reduce risk of poor pregnancy outcome, though ongoing smoking, even at a reduced level, is detrimental to the long-term health of the woman.
- Follow-up with patient should be based on patient's overall needs and goals; counseling related to tobacco use should be integrated into ongoing interactions with patient.
- **Collaborate with prenatal care provider (and other health professionals caring for the patient) to address the patient's tobacco use:**
    - How is the prenatal care provider (or other health professional) providing tobacco cessation counseling, treatment and/or other interventions?
    - Share pregnancy care management goals and activities focusing on the patient's tobacco use and ask how the Pregnancy Care Manager can support the provider's clinical care plan to address tobacco cessation.
    - Work with the prenatal care provider to arrange for prescription for nicotine replacement therapy immediately postpartum, instead of at outpatient postpartum visit, if appropriate.

Documentation of care management activity related to tobacco use in pregnancy

- Complete the **Tobacco Use section of the Pregnancy Assessment**, including patient-specific comments based on assessment findings related to current tobacco use or history of tobacco use and previous smoking cessation/reduction attempts.
- Create an open **condition** of Perinatal Tobacco Use.
- Create a **goal** of "Reduce Identified Risk Factors" with a specific, measureable, achievable, realistic, and time-specific (SMART) "as evidenced by" statement.
- Examples of **interventions** that would be performed **with the patient** to address perinatal tobacco use include assessment, education, follow-up/monitoring, referral sent, service coordination.
- Examples of **interventions** that would be performed **with the provider or other health professional or community agency** (including the NC Quitline) include consultation, service coordination, and referral.
- **Tasks** addressing perinatal tobacco use would occur with the patient, provider, and community agency.

TOBACCO USE DURING PREGNANCY

Despite the well-known consequences of tobacco use, almost 1 in 5 women of reproductive age in North Carolina currently uses tobacco.[1] Tobacco use among women of reproductive age is particularly dangerous given the potential for multigenerational harm. Tobacco use is associated with numerous poor reproductive health outcomes, including infertility, ectopic pregnancy, and spontaneous abortion.[2] With regard to birth outcomes, tobacco use during pregnancy strongly contributes to preterm birth, low birth weight, stillbirth and Sudden Infant Death Syndrome (SIDS).[2] Over one in ten babies in NC are born to women who report using tobacco during pregnancy; in some counties, as many as one in three babies are born to women who smoke.[3] It is estimated that the infant mortality rate in NC would drop 10-20% if women were able to quit using tobacco completely during pregnancy.[4]



Sources: North Carolina Selected Vital Statistics Vol 1 – 2009. State Center for Health Statistics
Produced By: Erin McClain, MA, MPH You Quit, Two Quit www.youquittwoquit.com

Women who smoke are less likely to become pregnant, compared to non-smokers. Smoking during pregnancy has been linked to up to10% of all infant deaths.[5] Pregnant smokers are twice as likely to have a low birth weight baby and more likely to deliver their babies prematurely.[5] Babies whose mothers smoked during their pregnancy are more likely to die from Sudden Infant Death Syndrome (SIDS) than those whose mothers did not smoke.[5] Smoking during pregnancy may impair normal fetal brain and nervous

TOBACCO USE: MATERNAL HARM

- Infertility
- Ectopic pregnancy
- Miscarriage
- Premature rupture of the membranes
- Placenta previa
- Placental abruption
- Preterm delivery

TOBACCO USE: FETAL/INFANT HARM

- Preterm delivery
- Small for gestational age
- Low birth weight
- Stillbirth
- Sudden Infant Death Syndrome (SIDS)
- Congenital anomalies

system development.[5] The direct medical costs of a complicated birth are 66% higher for smokers than for non-smokers, reflecting the greater severity of complications and the more intensive care that is required.[6]

TOBACCO EXPOSURE: INFANT/CHILD HARM

- Otitis media
- New and exacerbated cases of asthma
- Bronchitis and pneumonia
- Wheezing and lower respiratory illness
- SIDS

Smoking after the baby is born poses risks for the mother, child, and other household members. Twenty-seven percent of US children aged 6 years and under live with a parent or other family member who smokes; the annual direct medical costs associated with this exposure to parental smoking is estimated at $4.6 billion.[7] Environmental tobacco smoke, also known as second-hand smoke, can contribute to an increase in respiratory illnesses in mothers and babies, middle ear infections in children, children with impaired lung function,[8] and an increase in SIDS.[9]

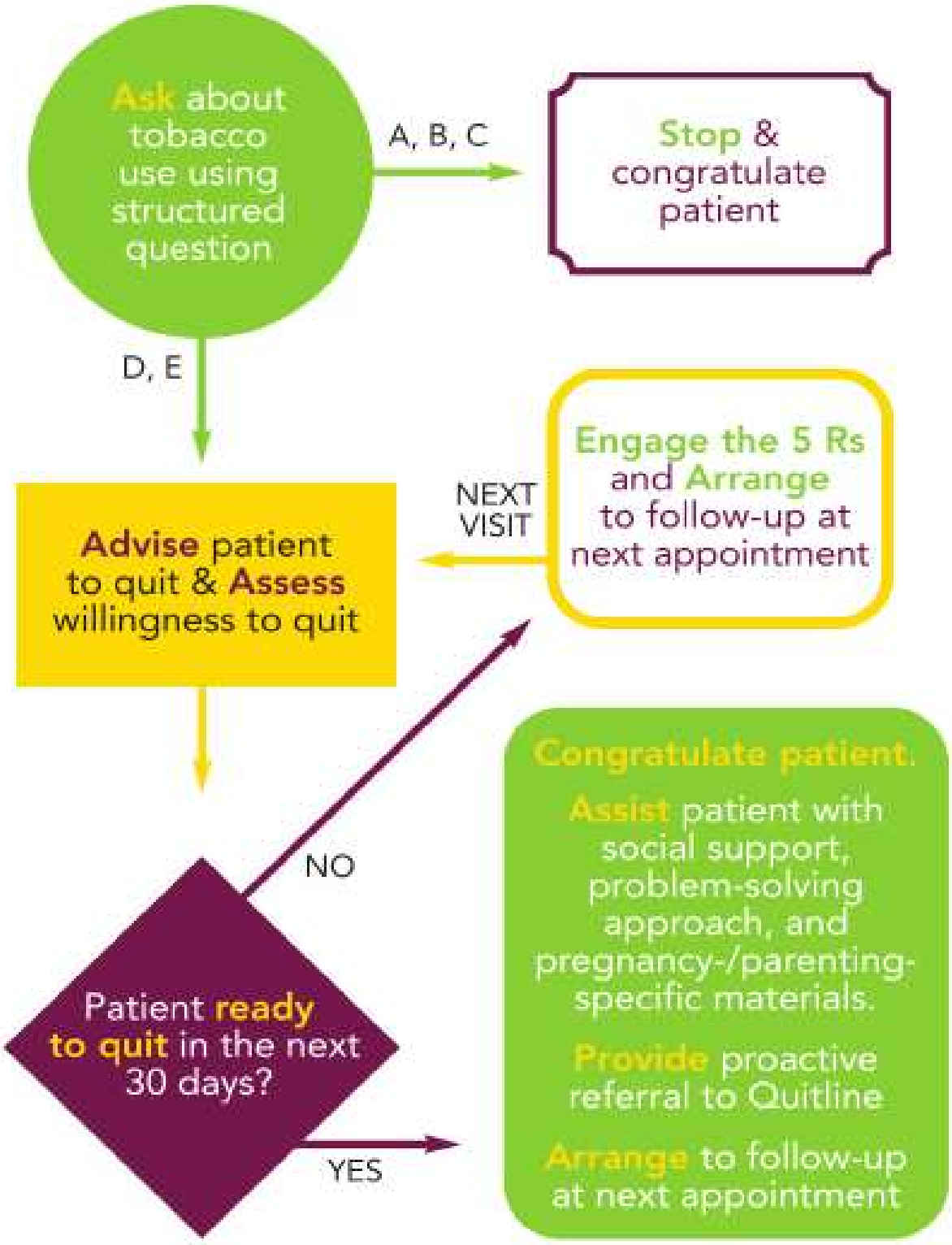
THE 5 As: EVIDENCE-BASED, BEST-PRACTICE INTERVENTION

The Treating Tobacco Use and Dependence: 2008 Update provides recommendations specific to Tobacco Cessation for Pregnant Women and Protecting Children from Second-Hand Smoke. This guide notes that "whenever possible pregnant smokers should be offered person-to -person psychosocial interventions that exceed minimal advice to quit. Clinicians should offer effective tobacco dependence interventions to pregnant smokers at the first prenatal visit as well as throughout the course of pregnancy."[2]

- **ASK** the patient about her tobacco use status
- **ADVISE** her to quit smoking with personalized messages for pregnant and parenting women
- **ASSESS** her willingness to quit in next 30 days
- **ASSIST** with pregnancy- and parent-specific self-help materials & social support
- **ARRANGE** to follow-up during subsequent visits

While all women should be screened for tobacco use using the structured question, only a subset will be tobacco users requiring assessment of their willingness to quit. Of those, only a smaller subset will be willing to quit in the next 30 days, requiring the full intervention.

The 5 A's Algorithm



Prenatal ASK in English & Spanish

Ask client to choose the statement that best describes her smoking status:

A. I have NEVER smoked or have smoked less than 100 cigarettes in my lifetime.
B. I stopped smoking BEFORE I found out I was pregnant and am not smoking now.
C. I stopped smoking AFTER I found out I was pregnant, and I am not smoking now.
D. I smoke some now, but have cut down since I found out I am pregnant.
E. I smoke about the same amount now as I did before I found out I was pregnant.

A. Yo NUNCA he fumado, o he fumado MENOS DE 100 cigarrillos en toda mi vida.
B. Yo dejé de fumar ANTES de dar cuenta que estaba embarazada, y no fumo ahora.
C. Yo dejé de fumar DESPUES de dar cuenta que estaba embarazada, y no fumo ahora.
D. Yo fumo un poco ahora, pero he reducido la cantidad de cigarrillos que fumo desde que me dio cuenta que estaba embarazada.
E. Yo fumo la misma cantidad que antes de dar cuenta que estaba embarazada.

How to ASK
(all patients)

Postpartum ASK in English & Spanish

Ask client to choose the statement that best describes her smoking status:

A. I have NEVER smoked or have smoked less than 100 cigarettes in my lifetime.
B. I stopped smoking BEFORE I found out I was pregnant and am not smoking now.
C. I stopped smoking AFTER I found out I was pregnant, and I am not smoking now.
D. I stopped smoking during pregnancy, but I am smoking now.
E. I smoked during pregnancy, and I am smoking now.

A. Yo NUNCA he fumado o he fumado menos que 100 cigarillos en todo de mi vida.
B. Yo dejé de fumar ANTES que dió cuenta que estaba embarazada y todavia No Estoy fumando.
C. Yo dejé de fumar DESPUES que dió cuenta que estaba embarazada y todavia No Estoy fumanda.
D. Yo dejé de fumar durante mi embarazo pero estoy fumando ahora.
E. Yo fumé durante mi embarazo y continuo de fumar.

ASK (all patients)

Ask all patients about their tobacco use status using the validated questions on the previous page. By asking in a neutral, non-judgmental manner, you are more likely to get an honest response and signal your willingness to help them quit (if applicable).

ADVISE (Current tobacco users – Ds & Es)

Provide your client with clear, strong, personalized advice to quit:

Clear: "My best advice for you and your baby is for you to quit smoking.

Strong: "I need you to know that quitting smoking is one of the most important things you can do to protect your baby and your own health."

Personalized: Impact of tobacco use on the baby, the family, and the patient's well being

ASSESS (Current tobacco users – Ds & Es)

Assess her willingness to quit in the next 30 days.

Think about what she said when you were advising her to quit and integrate that into the assessment of her willingness to quit. For example:

"I heard you say that you know smoking isn't good for you or your baby… Do you think you are ready to try quitting?"

- 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 Rs to try to increase her motivation.
    - See page 8 – Helping Those Who Are Not Ready to Quit

ASSIST (Current tobacco users READY TO QUIT)

- **Suggest and encourage the use of problem-solving methods and skills for tobacco cessation**
    - WHERE/WHY/WHO: Encourage the patient to identify where she uses tobacco, why she uses tobacco, and with whom she uses tobacco.

    - Encourage her to identify small changes that she can make that will help her quit.
        - Some strategies that women find helpful include:
            - Setting an actual quit date
            - Counting down or reducing the number of cigarettes smoked each day
            - Removing all tobacco products from the home and car
            - Brushing her teeth immediately after a meal
            - Taking a walk during breaks at work
            - Chewing gum

    - Help her think of ways that she can manage withdrawal symptoms and stress proactively

- **Provide social support as part of the treatment**
    - "I know you can do it!"

    - "I know quitting may be difficult, but you have overcome so many other challenges, I know you'll be successful at this, too."

- **Help arrange social support in the patient's environment**
    - Ask partners and other family members present about what they are going to do to support the patient's quit attempt

    - If no family or friends are present, ask the patient who she thinks will support her in quitting and talk with her about expressing to them what will be helpful for her.
        - Info for family & friends available at: http://www.youquittwoquit.com/FamilyAndFriends.aspx

- **Provide pregnancy- and parent-specific self-help tobacco cessation materials**
    - If You Smoke and are Pregnant…
    - You Quit, Two Quit: A Guide to Help New Mothers Stay Smoke-Free
    - Oh Baby! We Want to Keep You Safe From Second-Hand Smoke

- **Provide a proactive fax referral to the Quitline**
    - Fax Referral Form in English & Spanish: http://www.quitlinenc.com/health-professionals/screening-brief-intervention

ARRANGE

- **Follow up to monitor progress and provide support**
  - Check in with the patient each time you talk with her:
    - "How is the quitting smoking going? Is there anything I can do to help?

- **Encourage the patient**
  - Even if a patient has not completely quit, it is important to celebrate any reduction while continuing to encourage them to quit.

- **Express willingness to help**

- **Invite her to talk about her success**
  - This can be a really important part of encouraging self-efficacy and may help when she is postpartum in not returning to smoking.

- **Ask about concerns or difficulties**
  - Reiterate that a slip is not a failure… Just because she had a slip does not mean she needs to give up on quitting.
    - Help her figure out what led to the slip and what support or changes might keep it from happening again

HELPING THOSE WHO ARE NOT READY TO QUIT

- **Employ the 5 Rs**
  When women are unsure or unwilling to quit, it can be helpful to focus your conversation around the following 5 Rs

  - **RELEVANCE**:
    Help patient figure out the relevant reasons to quit, based on their health, environment, individual situation
  - **RISKS**
    Encourage patient to identify possible negative outcomes to continuing to use tobacco
  - **REWARDS**
    Encourage patient to identify possible benefits to quitting
  - **ROADBLOCKS**
    Work with patient to identify obstacles to quitting and potentially how to overcome them
  - **REPETITION**
    Address the 5Rs with patients at each visit

- **Empathize**
  - **Use open ended questions to explore**:
    - The importance of addressing smoking or other tobacco use
      - "How important do you think it is for you to quit smoking?"
    - Concerns and benefits of quitting
      - "What might happen if you quit?"
  - **Use reflective listening to seek shared understanding:**
    - Reflect words or meaning
      - "So you think smoking helps you to maintain your weight."
    - Summarize
      - "What I have heard so far is that smoking is something you enjoy. On the other hand, your boyfriend hates your smoking and you are worried you might develop a serious disease."

- **Be Supportive**
  - Normalize feelings and concerns
    - "Many people worry about managing without cigarettes."
  - Support the patient's autonomy and right to choose or reject change
    - "I hear you saying you are not ready to quit smoking right now. I'm here to help you when you are ready."

- **Develop Discrepancy**
  - Highlight the discrepancy between the patient's present behavior and expressed priorities, values and goals
    - "It sounds like you are very devoted to your family. How do you think your smoking is affecting your children?"

  - Reinforce and support "change talk" and "commitment" language.
    - "So, you realize how smoking is affecting your breathing and making it hard to keep up with your kids."
    - "It's great that you are going to quit when you get through this busy time at work."

- **Support Self-Efficacy**
  - Help the patient to identify and build on past successes.
    - "So you were fairly successful the last time you tried to quit… What worked well for you that time? What would you like to do differently?"

  - Offer options for achievable small steps toward change.
    - Change tobacco-use patterns (e.g., no smoking insider the home)
    - Cutting back on tobacco use

SUPPORTING THOSE WHO QUIT DURING PREGNANCY & PREVENTING POSTPARTUM RELAPSE

Research shows that, currently, 65-80% of women who quit smoking during pregnancy start smoking again before the baby reaches one year old.

- 45% at 2-3 months postpartum
- 60-70% at 6 months
- As much as 80% at one year

As a care manager, you have an essential role in helping women stay quit during pregnancy and postpartum. By arranging to follow-up at least once per trimester and postpartum with women who identify as a "C" and with women who quit while you are working with them, you are providing support at a critical time that can have far-reaching consequences for women and their infants.

WHAT LEADS TO POSTPARTUM RELAPSE?

- Return of triggers (caffeine, alcohol)
- Smoking spouse, family & friends
- Sleep deprivation
- Increased stress
- Weight concerns
- Less social pressure to stay quit
- Underdeveloped coping strategies & overconfidence
- Time-limited restriction on tobacco use during pregnancy

PREVENTING POSTPARTUM RELAPSE

- **Begin relapse prevention counseling and skills building <u>toward the end of pregnancy</u>**
  - Waiting until the woman has delivered is too late – once the baby is born, women are too exhausted and have too much information being delivered to them
- **Focus on benefits of quitting for the woman**
  - Shifting the conversation towards the woman's own health – both in the short-term and long-term – and not focusing everything on the fetus can be helpful in motivating women to stay quit.
  - Resources:
    - You Quit, Two Quit: A Guide to Help New Mothers Stay Smoke Free
    - Taking Care of You: Your Postpartum Health and Visit
- **Highlight harms associated with second-hand smoke for infant**
  - Resources: Oh Baby! We Want to Keep You Safe From Second-Hand Smoke
- **Involve pediatric providers**, including pediatric care managers, well-child, WIC, early intervention, etc.

LEARNING FROM RELAPSE

When a slip occurs, working through the following questions can be helpful:

- When did it happen? What were you doing at that time?
- What was different from when you weren't using tobacco?
- Where did the first cigarette come from? Friend, family member, did you purchase it?
- Will you set another quit date? Is there a better time when you think you can go longer without using tobacco?

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