Management of Perinatal Tobacco Use

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Community Care of North Carolina

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Objectives

By the end of this session, participants will have an understanding of the Pregnancy Medical Home Care Pathway *Management of Perinatal Tobacco Use* and will be able to:

- Demonstrate understanding of tobacco use screening and counseling methods for pregnant and postpartum women;
- Discuss FDA-approved pharmacotherapy options for pregnant and lactating women who smoke; and
- Identify local, state, and national resources available for additional patient and provider support.
- Identify opportunities to integrate tobacco use screening and smoking cessation counseling into clinical practice

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PMH Care Pathway:
Management of Perinatal Tobacco Use

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- Endorsed by CCNC OB Physician Champions
- Released January 2015
- Includes three appendices available on PMH webpage as stand-alone documents:
  - Resources for Providers
  - Patient Education Materials
  - Billing for Tobacco Cessation Counseling
- Establishes statewide standards of care for all Pregnancy Medical Home providers
- Network OB teams to support implementation of pathway guidance

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Tobacco Use During Pregnancy

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- More than 1/3 of the pregnant Medicaid population reports they were smoking at the time they learned of the pregnancy
  - 20% of this population continues to smoke during pregnancy
- NC's infant mortality rate would drop 10-20% if there were no tobacco use during pregnancy
- Tobacco use is associated with numerous poor reproductive health outcomes, including infertility, ectopic pregnancy, and spontaneous abortion.
- Tobacco use contributes to premature birth, low birth weight, stillbirth and Sudden Infant Death Syndrome

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The 5 A's: Evidence-Based, Best Practice Intervention

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- **ASK** the patient about her smoking status
- **ADVISE** her to quit smoking with personalized messages for pregnant and parenting women
- **ASSESS** her willingness to quit in next 30 days
- **ASSIST** her to identify barriers, develop strategies, find resources for support
- **ARRANGE** to follow-up during subsequent visits

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Screening For Tobacco Use In Pregnancy

- The first “A”, ask, is included on the Pregnancy Medical Home Risk Screening Form:
  - Which statement best describes your smoking status?
    - I have never smoked, or smoked <100 cigarettes in my lifetime
    - I stopped smoking BEFORE I found out I was pregnant and am not smoking now
    - I stopped smoking AFTER I found out I was pregnant and am not smoking now
    - I smoke now but have cut down some since I found out I was pregnant
    - I smoke about the same amount now as I did before I found out I was pregnant
- A clinician should review both sides of the screening form with the patient before she leaves the office

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Brief Intervention For Pregnant Women Who Use Tobacco

- Tobacco users should receive a brief intervention every time they come into contact with the health care system
  - "Every patient, every visit"
- Provide the patient with clear, strong, personalized advice to quit (the second A, **ADVISE**)
- **ASSESS** the patient's willingness to quit in the next 30 days
  - Intervention will focus on assistance with quitting for those who are ready and on increasing motivation to quit for those who are not

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Brief Intervention – Ready To Quit (Fourth "A" – ASSIST)

Encourage the patient to identify:

- Where she uses tobacco, why she uses tobacco and with whom she uses tobacco
- Small changes she can make that will help her quit
  - Set a quit date
  - Reduce number of cigarettes smoked each day
  - Remove tobacco products from the home/car
  - Brush teeth immediately after a meal
- Strategies to manage withdrawal symptoms and stress
  - Talking a walk instead of a "smoke break"
  - Chewing gum
  - Social support

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Brief Intervention: Not Ready To Quit

- Provide brief counseling using a motivational interviewing approach
- The “5 R’s” may help increase a patient’s motivation to quit
  - **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

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Establish A Follow-up Plan (5th "A" – ARRANGE)

- Arrange to follow-up during subsequent prenatal visits
- Make a proactive fax referral to QuitlineNC
  - Proactive fax referral is a more effective strategy than providing patients with the QuitlineNC number
  - Visit www.quitlinenc.com for referral forms and more info
  - Trained counselors will reach out to the patient directly upon referral and will provide follow up to the referring provider
- Provide pregnancy-specific self-help materials

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Additional Guidance

- Periodically assess tobacco use status among all patients and, if the patient continues to use tobacco, encourage cessation regularly
- Collaborate with Pregnancy Care Managers and other health professionals caring for the patient to address the patient's tobacco use
- All smokers ages 19-64 should receive pneumococcal vaccination
  - Ideally, women should receive the vaccine before pregnancy
  - The pregnant patient who smokes and who has not been previously immunized should be offered pneumococcal vaccine either during pregnancy or in the immediate postpartum period

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Preventing Postpartum Relapse

- The majority of women who quit smoking during pregnancy are smoking again before the infant's first birthday
- Factors associated with recidivism to tobacco use:
  - Return of triggers (caffeine, alcohol)
  - Spouse, family & friends who smoke
  - Sleep deprivation
  - Increased stress
  - Weight concerns
  - Less social pressure to stay quit
  - Underdeveloped coping strategies & overconfidence
  - Time-limited restriction on tobacco use during pregnancy

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Preventing Postpartum Relapse

- Start relapse prevention counseling in the 3rd trimester
- Focus on benefits of quitting for the woman's own health
- Highlight harms associated with second-hand smoke for infant
- Inform pediatric providers of history of tobacco use so they can support the woman's efforts to abstain from tobacco use in the postpartum period
- Arrange for prescription for nicotine replacement therapy immediately postpartum, instead of at outpatient postpartum visit, if appropriate

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FDA-Approved Tobacco Cessation Pharmacotherapy

- Nicotine replacement products
  - Patch, gum, lozenge
  - Nicotine nasal spray
  - Nicotine inhaler
- Non-nicotine prescription medications
  - Bupropion SR (Zyban/Wellbutrin)
  - Varenicline (Chantix)
- E-cigarettes are not FDA-approved as smoking cessation devices
  - There is limited to no evidence about the safety and efficacy of e-cigarettes as a smoking cessation aid or their use in pregnancy

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Use Of Nicotine Replacement Therapy (NRT) In Pregnancy

- Non-pregnant adults are more likely to quit when using a combination of brief counseling and pharmacotherapy
- Behavioral intervention is the first-line treatment in pregnant women
  - Pharmacotherapy has not been sufficiently tested for efficacy or safety in pregnant patients
- May be necessary for heavy smokers
- Questions remain about the safety of nicotine during fetal development

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Nicotine Replacement Therapy And Lactation

- Nicotine Patch (non-prescription)
  - Constant dose
  - 21 mg transdermal patch results in nicotine equivalent to smoking 17 cigarettes daily
  - 7mg & 14mg patches result in proportionately lower amounts in breastmilk
- Nicotine Gum/Lozenge (non-prescription)
  - Amount of nicotine that passes into breastmilk is variable, depending on the amount chewed/dissolved
- Nicotine Inhaler (prescription only)
  - Maternal plasma concentrations are about 1/3 of those of smokers, so breastmilk concentrations are probably proportionately less as well

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Bupropion And Varenicline During Lactation

- Bupropion (Zyban, Wellbutrin)
  - Lactation risk category: L3 – Probably Safe
  - AAP: Drugs whose effect on nursing infants is unknown but may be of concern
  - Should not be used in mothers and infants prone to seizures
- Varenicline (Chantix)
  - Lactation risk category: L4 – Possibly Hazardous
  - AAP: Not reviewed
  - Very little information available

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Billing For Tobacco Cessation Counseling

- Physicians, NPs, CNMs, health departments and some allied health professionals can bill Medicaid for the following tobacco cessation counseling CPT codes*:
  - 99406 – Intermediate visit (3-10 minutes)
  - 99407 – Intensive visit (over 10 minutes)
- Tobacco cessation counseling may be billed in addition to package codes for prenatal care, such as the global fee
- See the January 2009 NC Medicaid Bulletin at http://www.ncdhhs.gov/dma/bulletin/0109bulletin.htm for details.

* See Appendix C of the PMH Care Pathway: Management of Perinatal Tobacco Use for more information.

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Resources for Providers

- QuitlineNC – www.quitlinenc.com
- YouQuitTwoQuit – www.youquittwoquit.com
  - Patient Education materials available for free download
  - Request free training for your practice, other provider resources available
- CDC http://www.cdc.gov/reproductivehealth/TobaccoUsePregnancy/Providers.html
  - Information for Health Care Providers and Public Health Professionals: Preventing Tobacco Use During Pregnancy
- ACOG
  - Committee Opinion No. 471 Smoking Cessation During Pregnancy – November 2010
  - Smoking Cessation Tools and Resources - http://www.acog.org/About-ACOG/ACOG-Districts/District-II/Smoking-Cessation-Tools-and-Resources

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Questions?

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