

Management of Perinatal Tobacco Use

David Stamilio, MD, MSCE

Division of Maternal-Fetal Medicine,

Department of Obstetrics and Gynecology,

UNC School of Medicine

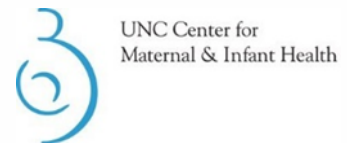


Objectives



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



PMH Care Pathway: Management of Perinatal Tobacco Use

- 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

Tobacco Use During Pregnancy

- 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

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



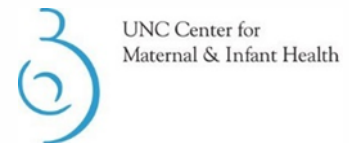
- **ASK** the patient about her smoking status
- **ADVISE** her to quit smoking with personalized messages for pregnant and parenting women
- **ASSESS** her willingness to quit in next 30 days
- **ASSIST** her to identify barriers, develop strategies, find resources for support
- **ARRANGE** to follow-up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



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



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



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





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



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

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

Preventing Postpartum Relapse



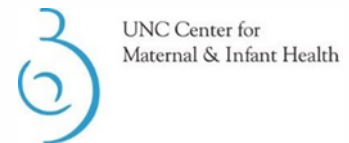
- The majority of women who quit smoking during pregnancy are smoking again before the infant's first birthday
- Factors associated with recidivism to tobacco use:
 - Return of triggers (caffeine, alcohol)
 - Spouse, family & friends who smoke
 - Sleep deprivation
 - Increased stress
 - Weight concerns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



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



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

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

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

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



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.

Resources for Providers



- [QuitlineNC – www.quitlinenc.com](http://www.quitlinenc.com)
- [YouQuitTwoQuit – www.youquittwoquit.com](http://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](http://www.acog.org/About-ACOG/ACOG-Districts/District-II/Smoking-Cessation-Tools-and-Resources)

Questions?



David Stamilio, MD, MSCE

david_stamilio@med.unc.edu

Erin McClain, MA, MPH

erin_mcclain@unc.edu

919-808-0989

