

Treating Tobacco Dependence among Pregnant Women and Parents with Children 0-5

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Objectives

As a result of this program, participants will be able to:

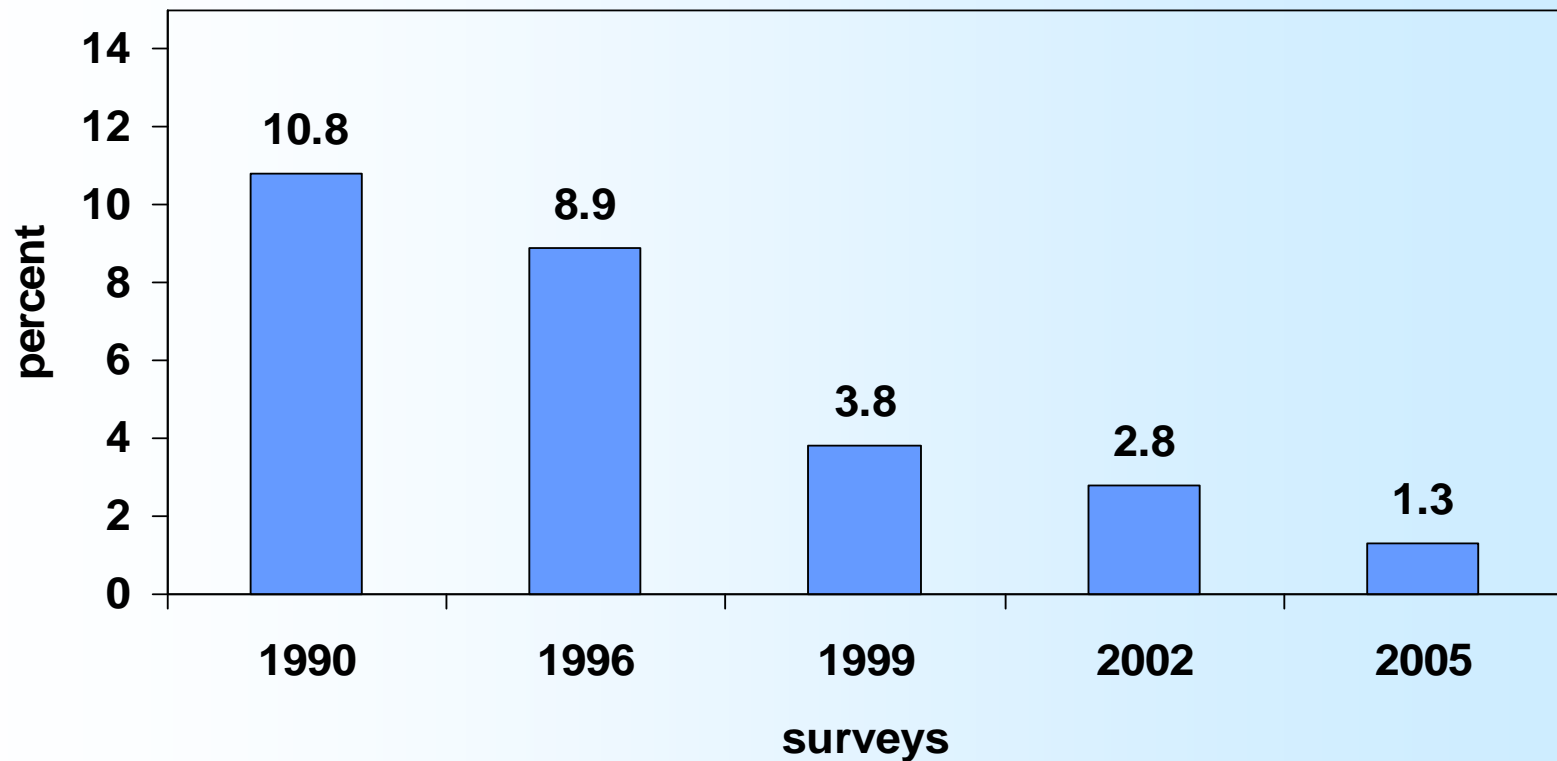
- Describe the importance of treating tobacco use
- Summarize current research findings on the correlation between prenatal exposure to tobacco smoke and adverse health effects of smoking to children
- Explain the impact secondhand smoke exposure has on a child's overall health
- Identify effective ways to initiate conversations with pregnant women and parents of young children about the health risks of smoking
- Deliver effective and efficient clinical tobacco interventions to patients using systemic, proven steps

Fundamentals

- Pregnancy and smoking data
- Secondhand smoke
- The importance of treating tobacco dependence



Smoking Prevalence Among Pregnant Women



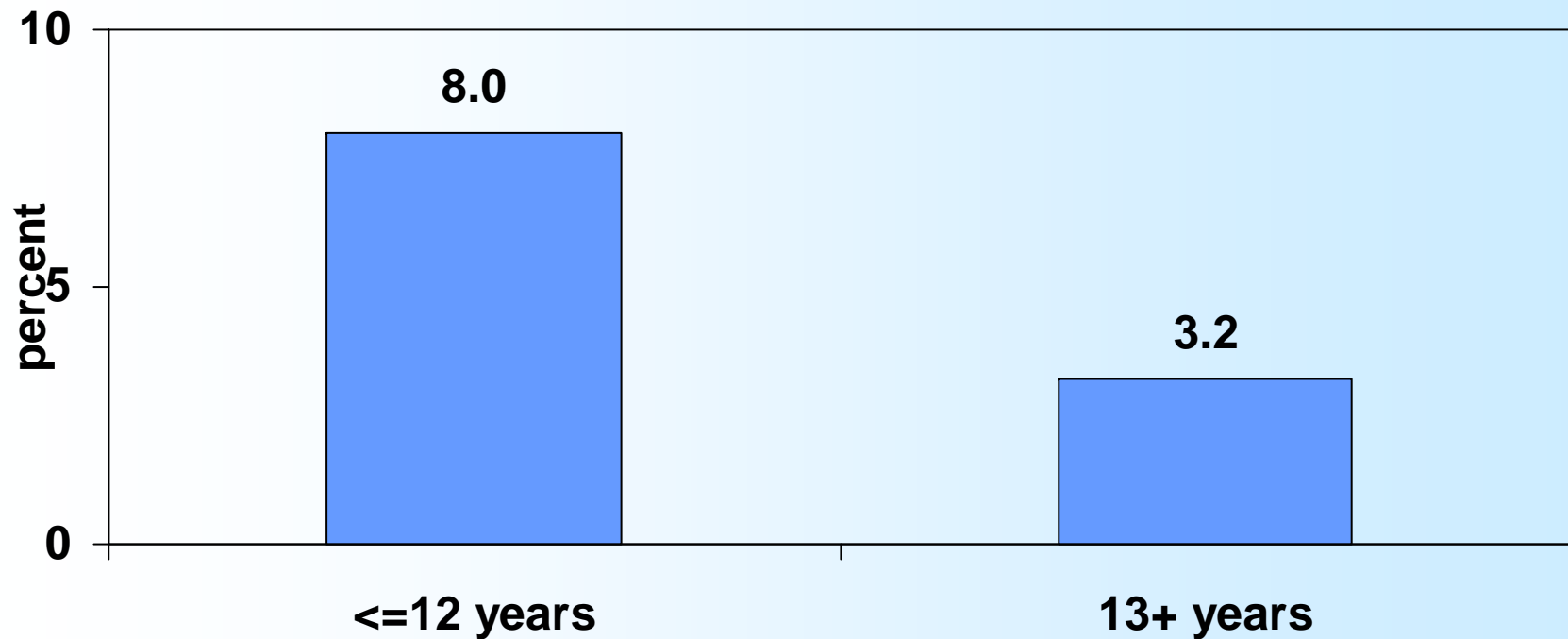
Data source: California Tobacco Survey, 1990-2005

Smoking Prevalence Among Pregnant Women using 2003 PRAMS

	2003 PRAMS	2002 CTS
Healthy People 2010 goal	<1%	
Utah	3.9%	
California		2.8%
West Virginia	27.5%	

Data source: 2003 Pregnancy Risk Assessment Monitoring System (PRAMS from 19 states) & 2002 California Tobacco Survey

Smoking Prevalence Among Pregnant Women by Education



Data source: California Tobacco Survey, 1990-2005

Reason for Lower Prevalence

- Appears to be due to less smoking initiation rather than higher rates of quitting while pregnant

Information source: Coleman & Joyce (2003)

Spontaneous Quitter

- Quits on her own when she finds out she's pregnant before advice or intervention
- 40%-65% of privately insured pregnant smokers
- 11%-28% of publicly insured pregnant smokers
- That leaves 35% to 89% still smoking

Information source: Solomon & Quinn (2004)

Quitting with Assistance

- 2006 Cochrane Review of randomized cessation intervention trials
- 48 trials
- Odds Ratio of 0.94 (95% CI=0.93-0.95)
- Intervention leads to an absolute difference of 6 in 100 fewer women continuing to smoke during pregnancy

Information source: Lumley, Oliver, Chamberlain, Oakley (2006)

Secondhand Smoke

- Secondhand smoke is composed of sidestream smoke (the smoke released from the burning end of a cigarette) and exhaled mainstream smoke (the smoke exhaled by the smoker).
- Secondhand smoke has been designated as a ***known human carcinogen*** (cancer-causing agent) by the U.S. Environmental Protection Agency, the National Toxicology Program, and the International Agency for Research on Cancer, and an occupational carcinogen by the National Institute for Occupational Safety and Health.

Information source: The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General

Secondhand Smoke Exposure Among Children

- 60% (22 million) of children ages 3-11 are exposed to secondhand smoke
- Serum cotinine levels in children are double the levels among nonsmoking adults
- Children exposed to secondhand smoke have higher rates of: Sudden Infant Death Syndrome (SIDS), acute respiratory infections, ear problems, and more severe asthma
- Children who live in western part of US have lower cotinine levels

Information source: Surgeon General report (2006)

Why Treat Tobacco Dependence?



Health Truths

- Prenatal exposure to smoke & health effects on those children after birth
- Effects of child exposure to secondhand smoke

Prenatal Exposure & Health Effects on Children (maternal smoking)

- Body development
 - Low birth weight
 - Premature birth
- Lung Development
 - Lung infections
 - Asthma

Prenatal Exposure & Health Effects on Children (cont.)

- Brain Development
 - Attention Deficient Disorder
 - Learning Disabilities
- Mortality
 - Miscarriage
 - Fetal death
 - Babies whose mother smoked while pregnant are 3 times more likely to die from SIDS

Effects of Secondhand Smoke on Children In Utero

- Miscarriages
- Premature delivery
- Low birth weight (underdeveloped babies)
- SIDS

Effects of Secondhand Smoke on Children 0-5

- SIDS
- Asthma
- Respiratory-tract infections
 - Bronchitis
 - Pneumonia
- Chronic infections and fluid in the middle ear
- Frequent sore throats, stuffy noses, hoarseness, and trouble getting over colds
- Chronic cough or increased phlegm

Treating Pregnant Smokers & Parents of Young Children

- Role of health care providers
- Clinical Practice Guidelines on Treating Tobacco Dependence
- Team approach for cessation intervention

What is Your Role?



Role of Health Care Providers

- Opportunity for contact with patients
- Teachable moment
- Patients respect your advice

Clinical Practice Guidelines on Treating Tobacco Dependence

- Comprehensive, evidence-based approach for smoking cessation
- Released in June 2000 by the U.S. Public Health Service—updated version due out in 2008
- Systematic approach to tobacco for all healthcare facilities

Evidence-Based Model: The 5 As

Ask: Systematically identify all tobacco users at every visit

Advice: Advise smokers to quit

Assess: Assess each smoker's willingness to quit

Assist: Assist smokers with a quit plan

Arrange: Arrange follow-up contact

Barriers for Using the 5 As

- Time
- Energy
- Support
- Expertise

Team Approach

- Amended 5 As for those who don't have time or resources
- ***A, A, R***
 - *Ask*
 - *Advise*
 - *Refer*

The 5 As and A, A, R

Ask: Systematically identify all tobacco users at every visit

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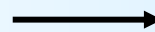
Refer to the California Smokers' Helpline and we will do the rest!

Assist: Assist smokers with a quit plan



The Helpline provides behavior modification counseling (quit plan and quit date)

Arrange: Arrange follow-up contact



The Helpline provides 5 follow-up calls based on a relapse sensitive schedule

Ask-about tobacco use

- Identify smokers
 - Pregnant
 - “Do you smoke?”
 - “Now that you know you are pregnant, have you quit or cut down?”
 - Parents of young children
 - “Do you or anyone else smoke around your child?”

Advise-tobacco users to quit

- Recommend quitting
 - “As your Doctor, I must let you know that quitting smoking is the most important thing you can do to protect the health of your baby/child and yourself.”
 - “Secondhand smoke is dangerous to the health of your baby/child, make sure that no one smokes around them”

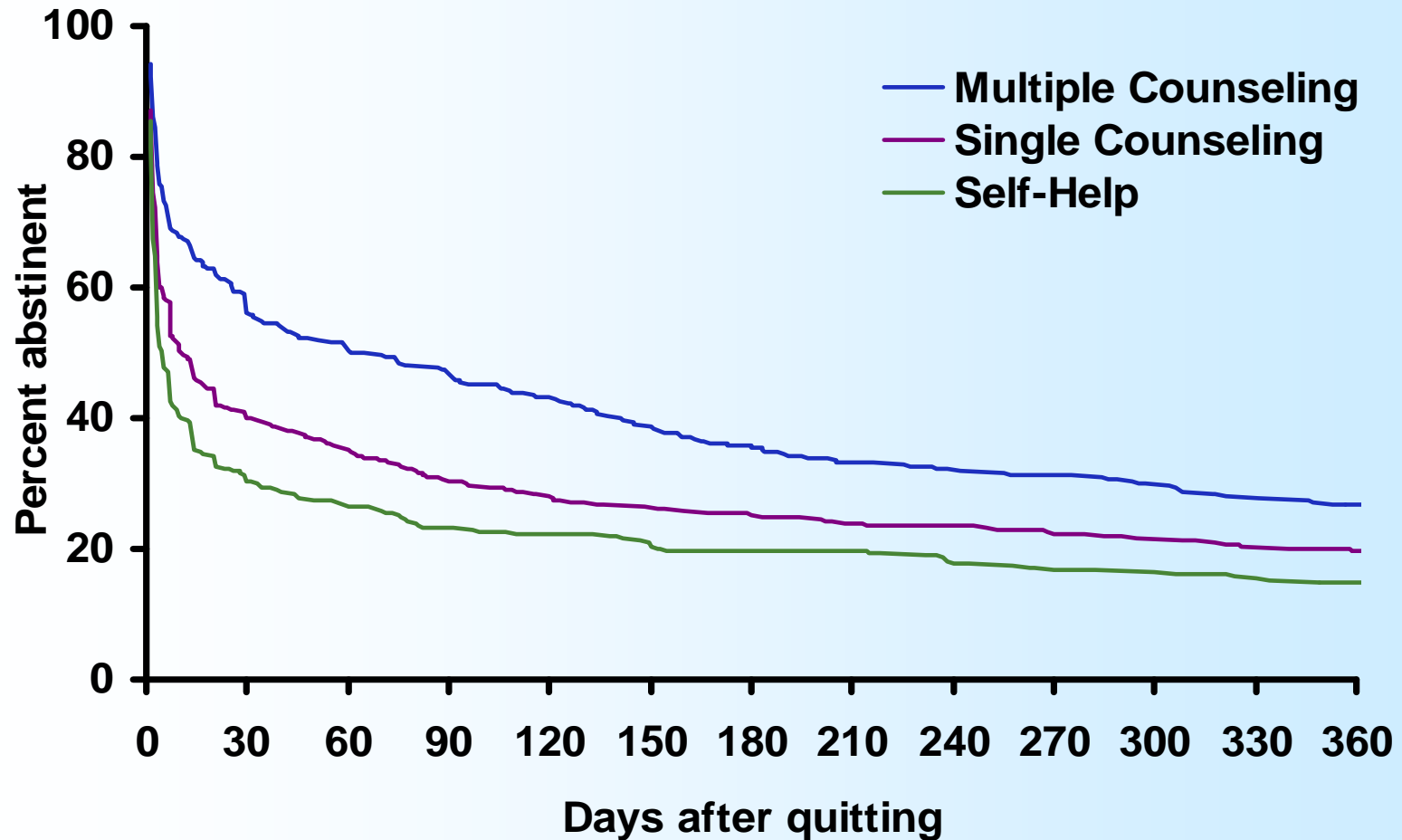
Refer-tobacco users to other resources

- People who receive assistance are more likely to quit successfully
 - A toll-free telephone quit line: **1-800-NO-BUTTS**
 - An individual or group counseling program in the community
 - A physician, nurse, pharmacist, or other clinician, for additional counseling
 - The support program provided free with most smoking cessation medications

California Smokers' Helpline

- Free statewide tobacco cessation program
- 1-800-NO-BUTTS
- Funded by Proposition 99 & Proposition 10
- Scientifically proven to be effective
- All services available by telephone
- 15 year anniversary
- Multiple languages
- Adults, teens, pregnant and nursing women

Relapse Curves for 3 Groups



Data source: Zhu et al. (1996), *JCCP*, 64, 202-211

Postpartum Relapse

- Multiple counseling doubles the success rate of a smoker quitting and staying quit
- The effect of counseling persists out to 6 months postpartum
- Always educate the new Mom about the dangers of smoking to her baby
 - while breastfeeding
 - secondhand smoke exposure

Pharmacotherapy Options

Combination of behavioral modification (counseling) and drug therapy increases the chance of successfully quitting.

General Smokers

NRT (Nicotine Replacement Therapy)	Medications
Patches (Rx & OTC)	Bupropion SR (Zyban)
Gum (OTC))	Varenicline (Chantix)
Lozenges (OTC)	
Spray (Rx)	
Inhaler (Rx)	

Pharmacotherapy for Pregnant Women?



Pharmacotherapy for Pregnant Women?

- Controversial
 - Pharmacotherapy has not been sufficiently tested for efficacy or safety in pregnant patients
 - Risks of heavy smoking may outweigh potential risks associated with drug therapy
- Manufacturer position
 - Pros
 - Harm reduction-better than smoking
 - Cons
 - Baby is still getting the nicotine
- Health care provider and patient's decision

Summary

- The importance of:
 - Clinician advice
 - Quit attempts
 - Referral
 - Benefits

Questions?

