



NORTH CAROLINA  
PRECONCEPTION  
HEALTH CAMPAIGN

Young Women &  
Tobacco

Using the 5As to help  
women quit

Brenda Stubbs  
Triad Coordinator

Steffie Duginske  
Western Coordinator

Sarah Wright  
Cape Fear Coordinator, Moderator

December 11, 2014

march of dimes

## Disclosures

- Neither Brenda Stubbs nor Steffie Duginske, nor their respective partners, have relationships with commercial companies that could be perceived as a conflict of interest (within the past 12 months).
- There will be no discussion of a product that is still investigational or not labeled for the use under discussion.
- Per *ACCME Content Validity Value Statements*: This talk is based on "evidence that is accepted within the profession of medicine" and all materials used "conform to the generally acceptable standards of experimental design, data collection, and analysis."
- All materials related to this discussion are not libelous or unlawful, will not cause harm or injury, and do not infringe on any copyright or other proprietary, personal, or contractual rights of any other party.

## Acknowledgements



- This training was developed by the North Carolina Preconception Health Campaign, a program of the North Carolina Chapter of the March of Dimes, under a contract and in collaboration with the North Carolina Division of Public Health, Women's Health Branch.
- This material was developed through support provided by the Department of Health and Human Services, Office of the Assistant Secretary for Health, Office of Adolescent Health (grant #SP1AH000004).
- Area L AHEC for their support in providing continuing education credit for this webinar



## Acknowledgements



- Many thanks to these agencies and individuals for their generosity in sharing their resources in the area of tobacco cessation for women:
  - The American College of Obstetrics and Gynecology
  - The North Carolina Health and Wellness Trust Fund
  - The UNC Center for Maternal & Infant Health
  - Judy Ruffin, Women's Health Branch, NC Division of Public Health
  - Tish Singletary, Director of Training, NC Health & Wellness Trust Fund
- Specific resources used to guide the development of this training:
  - Smoking Cessation During Pregnancy: A Clinician's Guide to Helping Pregnant Women Quit Smoking, 2011 Self Instructional Guide and Toolkit.
  - You Quit Two Quit. Smoking Cessation: An Essential Maternal Child Health Intervention. ACOG Practice Bulletin, December 2009.
  - The National Preconception Curriculum and Resources Guide for Clinicians (Module 1: Preconception Care: What it is and what it isn't).

## Housekeeping

- Obtaining credits
  - Groups should email [swright@marchofdimes.com](mailto:swright@marchofdimes.com)
- Asking questions
- Accessing slides at a later date



march of dimes

## Objectives

- Understand the role of preconception health counseling in women's health services
- Understand how smoking cessation relates to opportunistic preconception health counseling
- Increase awareness about trends in smoking before, during and after pregnancy and the influencing role of the health care provider
- Increase awareness about the need for tobacco cessation in high need populations to improve birth outcomes


 NORTH CAROLINA  
 PRECONCEPTION  
 HEALTH CAMPAIGN

march of dimes

## Objectives cont.



- Improve counseling skill set using the 5As approach with all young women of childbearing age
- Improve service delivery to extend provider practice standards for smoking cessation counseling services to 12 months postpartum
- Improve service delivery to address postpartum "relapse"



## "Opportunistic" care



- Preconception care is for every woman of childbearing age every time she is seen
- Every woman, every time



## Preconception health: Tobacco cessation

- Smoking during pregnancy is the most modifiable risk factor for poor birth outcomes
- For women who may become pregnant and who smoke, provide opportunistic care about tobacco cessation
- For women who are pregnant, use prenatal visits to reduce/eliminate tobacco use
- For postpartum women, use the postpartum period to re-assess and assist women with tobacco cessation

ACOG. Smoking Cessation During Pregnancy: A Clinician's Guide to Helping Pregnant Women Quit Smoking; 2011.

## Maternal smoking during pregnancy

- Increased risk for mother of:
  - Preterm birth
  - Ectopic pregnancy
  - Placental complications
  - Spontaneous abortion
  - Stillbirth



Chattinlus S. The epidemiology of smoking during pregnancy: Smoking prevalence, maternal characteristics, and pregnancy outcomes. *Nicotine Tob Res*. 2004.

## Maternal smoking during pregnancy



- Increased risk for child of:
  - Low birth weight (causal association – twice as likely in smokers)<sup>1</sup>
  - Sudden infant death syndrome<sup>1</sup>
  - Childhood respiratory illnesses<sup>2</sup>
  - Learning disabilities and conduct disorders<sup>1</sup>
- If it were possible to eliminate smoking during pregnancy entirely, the infant mortality rate in North Carolina would drop 10-20%.<sup>3</sup>

<sup>1</sup>Women and smoking: A report of the Surgeon General. U.S. Dept. of Health and Human Services, Public Health Service, Office of the Surgeon General; Washington, DC, 2001.

<sup>2</sup>Hsu FB, et al., Prevalence of asthma and wheezing in public schoolchildren: association with maternal smoking during pregnancy, Annals of Allergy, Asthma and Immunology 79(1): 80-84, 1997

<sup>3</sup>Rosenberg DC, Buescher PA. The Association of Maternal Smoking with Infant Mortality and Low Birth Weight in North Carolina, 1999. SCHS Studies No. 135. Raleigh, NC: North Carolina State Center for Health Statistics; 2002.

## Infant mortality, 2013



- In 2013, 7.0 babies in NC died for every 1,000 born alive
  - Tied for the lowest in the state's history
  - Down 5.4% since 2012

Country	IM Rate, 2013
Japan	2.17
Singapore	2.57
Sweden	2.73
France	3.34
Germany	3.48
Republic of Korea	4.0
United Kingdom	4.50
Canada	4.78
<b>United States</b>	<b>5.9</b>
Russian Federation	7.19
China	15.2

NC State Center for Health Statistics, 2013; Henry J. Kaiser Foundation, Infant Mortality Rate, 2013; Debra G. Peterson, Foundation, 2014

## Monetary costs of smoking



- In NC in 2014, the average cost for a pack of Marlboro Red cigarettes is \$5.45 a pack
  - 20 cigarettes in a pack
  - 200 cigarettes in a carton
- This means a pack a day habit costs about \$175 a month (including sales tax)
- NC has the 45<sup>th</sup> lowest cigarette excise tax
  - Only \$0.45 per pack
  - NY has the highest, at \$4.35 per pack
- According to the CDC, diseases caused by cigarette smoking result in \$96 billion in health care costs each year

TobaccoFreeKids.org, 2014; TheAwJ.com, 2014; Centers for Disease Control and Prevention, Tobacco State Control Highlights, 2010.

## E-Cigarettes



- A September 2014 study for *Nicotine & Tobacco Research* found that:
  - The percentage of adults who have used an e-cigarette at least once rose from 3.3% in 2010 to 8.5% in 2013.
  - Current e-cigarette use (use in the past 30 days) increased from 1.0% in 2010 to 2.6% in 2013.
  - The percentage of adults who are aware of e-cigarettes nearly doubled, from 40.9% in 2010 to 79.7% in 2013.
- Currently no regulation through the US Food & Drug Administration
- Health impacts of long-term exposure to propylene glycol (vapor liquid) are not yet known

Brian A. King, Roshni Patel, Kimberly Nguyen, and Shanta R. Dube. "Trends in Awareness and Use of Electronic Cigarettes among U.S. Adults, 2010-2013." *Nicotine & Tobacco Research*; Nature.com, E-cigarettes: The lingering questions, 2014.

## Smoking in North Carolina, 2013

- Among females ages 18-44:
  - 20% defined themselves as a current smoker
  - 14.8% said they smoke every day
- Among female high school students:
  - 11.8% reported smoking cigarettes one or more of the past 30 days
  - 3.3% reported 20 or more of the past 30 days
- Highest rates among women with low levels of educational attainment and/or high levels of poverty

NC Behavioral Risk Factor Surveillance System, 2011; NC Youth Risk Behavior Survey, 2011

## Smoking in the perinatal period, 2011

Time Period	% women reporting smoking
In the last 3 months prior to pregnancy	25.8%
During last 3 months of pregnancy	11.7%
Postpartum	18.1%

NC PRAMS, 2011; PRAMS, 2008



## Smoking cessation during pregnancy: A maternal-child health best practice

- Despite the well-known health risks associated with smoking during pregnancy, many women continue to smoke even after learning they are pregnant
  - 10.9% of women report continuous smoking before, during, and after pregnancy
- In a Cochrane review, successful smoking cessation during pregnancy resulted in a:
  - 20% reduction in the number of low birthweight babies
  - 17% decrease in preterm birth



Lumley J, Oliver S, Water F. *Interventions for promoting smoking cessation during pregnancy*. Cochrane Database Syst Rev 2000. CD001055.

## A teachable moment

- Pregnant women are more likely to quit at this time than any other time in their lives
- Generally motivated to have a healthy baby
- Brief counseling sessions are proven to work but are generally not integrated into regular prenatal care
- Cessation rates are 80% higher for women who receive counseling than for women who attempt quitting on their own
- Even pregnancy specific, self-help materials alone increase cessation rates (vs. usual care)

Fiore MC et al. Treating Tobacco Use and Dependence: 2008 Update. Clinical Practice Guideline. U.S. Department of Health and Human Services. 2008; For further discussion, see also: ACOG. Smoking Cessation During Pregnancy: A Clinician's Guide to Helping Pregnant Women Quit Smoking. 2011.

## What providers can do



- Move beyond screening and recommendations
- Provide brief smoking cessation counseling and use pregnancy-specific self-help materials
- Use the 5As regularly with preconception, pregnant and postpartum patients
- Connect patients with support such as the NC Quitline



Fiore MC et al. Treating Tobacco Use and Dependence: 2008 Update. Clinical Practice Guideline. U.S. Department of Health and Human Services, 2008.

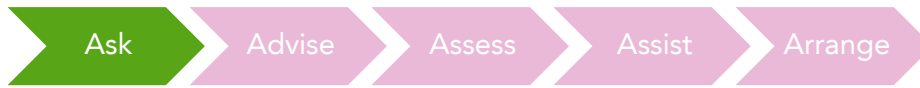
## The 5As of tobacco cessation



- Easy to implement
- Evidence-based
- Clinical counseling approach
- Effective for most pregnant smokers
- Also works preconceptionally and during the postpartum period

Fiore MC et al. Treating Tobacco Use and Dependence: 2008 Update. Clinical Practice Guideline. U.S. Department of Health and Human Services, 2008. ; For further discussion, see also: ACOG. Smoking Cessation During Pregnancy: A Clinician's Guide to Helping Pregnant Women Quit Smoking. 2011.

## ASK: Patients who are pregnant



Which of the following statements best describes your cigarette smoking?

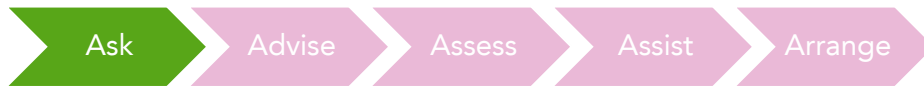
1. I have NEVER smoked, or have smoked LESS THAN 100 cigarettes in my lifetime.
2. I stopped smoking BEFORE I found out I was pregnant, and I am not smoking now.
3. I stopped smoking AFTER I found out I was pregnant, and I am not smoking now.
4. I smoke some now, but I cut down on the number of cigarettes I smoke SINCE I found out I was pregnant.
5. I smoke regularly now, about the same as BEFORE I found out I was pregnant.

## ASK: Patients who are NOT pregnant



- Ask if she has ever smoked, or smoked fewer than 100 cigarettes in her lifetime
- Ask if she uses any of the following tobacco products: chewing or smokeless tobacco, little cigars or cigarillos, shisha (hookah), snuff, melt in your mouth orbs, sticks or strips, e-cigarettes
- Ask if someone smokes inside her house, in her car, around her, or at her workplace

## ASK: Patients who are postpartum or between pregnancies



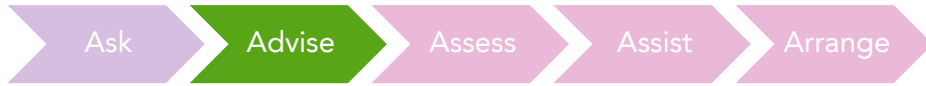
- Ask the patient to choose the statement that best describes her smoking status:
  1. I have NEVER smoked or have smoked less than 100 cigarettes in my life.
  2. I stopped smoking BEFORE I found out I was pregnant and am not smoking now.
  3. I stopped smoking AFTER I found out I was pregnant and I am not smoking now.
  4. I stopped smoking during pregnancy, but I am smoking now.
  5. I smoked during pregnancy and I am smoking now.

## The 5As: ASK



- Use a concerned, helpful tone when you ask about smoking
- Use a multiple choice format
- Use either a written survey or clinical interview

## The 5As: ADVISE



- Strongly urge all tobacco users to quit
- Aim to use:
  - Clear language
  - A strong tone
  - A helpful tone
  - A personalized message



## ADVISE: Link to motivational points



- Tailor to her personal situation
- Use positive language
- Focus on positive benefits of quitting
- Use appropriate motivational messages



## ADVISE: Acknowledge barriers



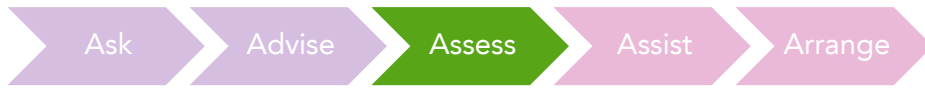
“I know I’m asking you to do something that takes a lot of effort, but my best advice to you (and your baby) is to quit smoking. I also see from your questionnaire that you have a history of bronchitis and asthma. Quitting smoking will help you feel better (and provide a healthier environment for your baby).”

## ADVISE: Recent quitters to remain smokefree



- Congratulate!
- Reiterate the importance of staying smoke free for her own health, any current or future pregnancies, and any current or future children
- Let her know you will be asking about her smoking status in future visits

## The 5As: ASSESS



- Assess the willingness of the patient to make a quit attempt within the next 30 days
- For women who are ready, move on to ASSIST
- For women not ready to try quitting or commit to quitting, use the 5 R's



## The 5Rs of tobacco cessation

- Relevance
- Risks
- Rewards
- Roadblocks
- Repetition



## The 5Rs: RELEVANCE

- Patient should discuss why quitting would be personally relevant
- Help her identify motivational factors of her own
- Link the motivational factor to her personal situation
- Be specific

Smoking Cessation During Pregnancy: A Clinician's Guide to Helping Pregnant Women Quit Smoking, 2011 Self Instructional Guide and Toolkit. An Educational Guide from the American College of Obstetricians and Gynecologists.

## The 5Rs: RISKS

- Ask her to list potential negative consequences of smoking
- If patient is unaware of risks, this is a teachable moment—share information
- Tailor risks for where she is in life
  - No pregnancies yet
  - Pregnant
  - Postpartum
  - Between pregnancies



## The 5Rs: Rewards

- Ask the patient to think about how quitting might benefit her and her family
- Give her examples tailored to her situation
- Use the patient's history and comments about her smoking behavior to create a checklist of factors that will increase her motivation to quit



## The 5Rs: Roadblocks

- Ask the woman what she thinks her barriers to quitting are
- Talk through problem solving strategies

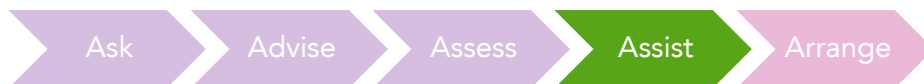


## The 5Rs: Repetition

- At each subsequent appointment ask if she has changed her mind about trying to quit
- Explain that many people have to try more than once to quit and that each new attempt to quit increases the likelihood of quitting for good

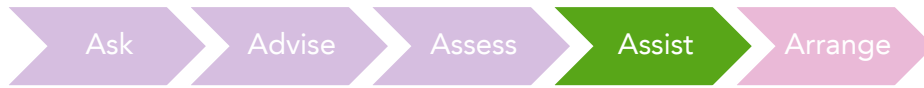
Smoking Cessation During Pregnancy: A Clinician's Guide to Helping Pregnant Women Quit Smoking, 2011 Self Instructional Guide and Toolkit. An Educational Guide from the American College of Obstetricians and Gynecologists.

## The 5As: ASSIST



- Set a quit date
- Use a direct approach
- Avoid dates of significant events such as a birthday or anniversary
- Use a Quit Contract or record the quit date in a patient education material

## The 5As: ASSIST



- Assess/arrange for support in the smoker's environment
- Provide pregnancy or postpartum specific, self-help smoking cessation materials & review with patient
- Help patient envision and have a plan for cravings, withdrawal symptoms and social situations
- Ask patient to prioritize 1 or 2 concerns or potential barriers
- Provide reinforcement through a congratulatory letter or phone call

## ASSIST: QuitlineNC



Make a referral to the  
QuitlineNC: 1-800-QUITNOW

- Trained cessation coaches have protocols for pregnant women and adolescents/young adults
- Free, 24 hours a day, 7 days a week, English and Spanish
- Online resources at [www.quitlinenc.com](http://www.quitlinenc.com)
- Fax referral service speeds up the process
  - Can be found in English & Spanish within the "Health Professionals" tab on the QuitlineNC website



## ASSIST: Local resources



**FREE** patient education materials available through the NC Women's Health branch

- <http://whb.ncpublichealth.com/pregnant/docs/10-14-13-WHBOOrderForm.pdf>
- *If You Smoke and Are Pregnant*
- *You Quit, Two Quit: A Guide to Help New Mothers Stay Smoke-Free* (a postpartum booklet)
- *Oh Baby! We Want to Keep You Safe from Secondhand Smoke* (a second-hand smoke booklet that also addresses dads and grandparents)



## ASSIST: Mobile & online resources



- Free tobacco cessation apps
  - LIVESTRONG My Quit Coach (iTunes)
  - Quit It Lite (iTunes)
  - Quit Smoking (Android)
  - Quit Smoking-Cessation Nation (Android)
  - QuitSTART App (iTunes & Android)
- Websites with free tobacco cessation support groups or forums
  - [QuitNet.com](http://QuitNet.com)
  - [WhyQuit.com](http://WhyQuit.com)
  - [StopSmokingCenter.net](http://StopSmokingCenter.net)

## The 5As: ARRANGE



- Make follow-up visits
- Repeatedly assess smoking status and, if she is a continuing smoker, encourage cessation
- For patients trying to quit these visits should allow time to:
  - Monitor progress
  - Reinforce the steps toward quitting
  - Promote problem solving skills to prevent relapse or quickly recover from relapse

Smoking Cessation During Pregnancy: A Clinician's Guide to Helping Pregnant Women Quit Smoking, 2011 Self Instructional Guide and Toolkit. An Educational Guide from the American College of Obstetricians and Gynecologists.

## Postpartum relapse

- 45%-70% of women who quit smoking during pregnancy relapse within 1 year of delivery
- Relapse may be delayed or avoided among women who receive smoking cessation counseling during the postpartum period

US Department of Health and Human Services. Women and Smoking: A Report of the Surgeon General. 2001.; McBride CM et al. Prevention of relapse in women who quit smoking during pregnancy. Am J Public Health. 1999;89:706-11.

## Preventing postpartum relapse



- Good documentation
- Use the 5 A's at the postpartum visit
- Use positive language to counsel
- Reiterate messages of:
  - Risks to babies and children from smoke exposure
  - Make your home a SMOKE-FREE ZONE
  - Praise for efforts to quit and stay quit



## Treating postpartum relapse



- Reassure and encourage her to try again
- Ask her to:
  - Quit immediately and put it in writing
  - Get rid of all smoking materials
  - Talk about what worked initially and what may have led to the relapse
  - Prioritize smoking cessation over post-partum weight loss
- Review triggers
- Refer back to QuitlineNC and self-help materials
- Ensure that the patient has a medical home for follow up beyond the postpartum period
  - Smoking cessation counseling should be extended to at least 12 months postpartum

## Creating a supportive health care facility environment



- Implement a tobacco user identification system
- Dedicate specific staff to provide tobacco cessation treatment
- Educate and gain input from staff about implementing tobacco cessation services
- Assign one person to coordinate and monitor implementation
- Train staff on 5As
- Adapt procedures to your specific setting
- Extend postpartum tobacco cessation services to 12 months postpartum

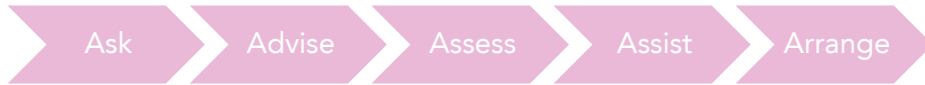
ACOG. Smoking Cessation During Pregnancy: A Clinician's Guide to Helping Pregnant Women Quit Smoking, 2011.

## Other local tobacco cessation training opportunities



- **You Quit, Two Quit** trainings
  - Provide training on evidence-based tobacco use screening and cessation counseling for your practice
  - Can provide assistance in integrating tobacco screening and treatment into your clinic's work flow
  - Training (including CNEs) and assistance is free and provided at a location convenient for your staff
  - For more information, contact:
    - Erin McClain
    - 919-808-0989
    - Erin\_mcclain@unc.edu

## Summary: The 5As of tobacco cessation



1. Ask: Systematically identify all tobacco users
2. Advise: Strongly urge all tobacco users to quit
3. Assess: Determine willingness to quit
4. Assist: Set a quit date, materials, problem solve
5. Arrange: Make plans to monitor smoking status, provide reinforcement, support and encouragement

## Summary



- Identify and counsel young women who use tobacco and who might become pregnant—beyond minimal advice to quit
- The 5As approach is an effective, evidence-based method of achieving smoking cessation before, during and after pregnancy
- Maintaining cessation in the postpartum period is challenging and postpartum relapse is common
- Postpartum relapse can be prevented with proper postpartum screening, 5As approach, and extended cessation services to 12 months postpartum



### March of Dimes North Carolina Preconception Health Campaign Contacts

**Steffie Duprate**  
Western Region  
Phone: 828-219-9331  
E-mail: [Steffie.Duprate@moj.org](mailto:Steffie.Duprate@moj.org)

**Dwanda W. Stubbs**  
West Region  
Phone: 252-431-3776  
E-mail: [dstubbs@marchofdimes.org](mailto:dstubbs@marchofdimes.org)

**Kweli Rashied Henry, MPH**  
Triangle Region  
Phone: 919-424-2158  
E-mail: [krashiedhenry@marchofdimes.org](mailto:krashiedhenry@marchofdimes.org)

**Additional Campaign Contacts**  
**Rachie Anderson** (Public Support)  
Lateral Campaign Coordinator  
919-304-6017  
[RachieAnderson@marchofdimes.org](mailto:RachieAnderson@marchofdimes.org)  
[andersonr@copd@gmail.com](mailto:andersonr@copd@gmail.com)

**Kweli Rashied Henry, MPH**  
Piedmont Region  
Phone: 919-424-2158  
E-mail: [krashiedhenry@marchofdimes.org](mailto:krashiedhenry@marchofdimes.org)

**Melissa Paris**  
Tarheel Region  
Phone: 919-424-2166  
E-mail: [meparis@marchofdimes.org](mailto:meparis@marchofdimes.org)

**Sarah Wright, MA**  
Cape Fear Region  
Phone: 910-424-2699  
E-mail: [swright@marchofdimes.org](mailto:swright@marchofdimes.org)

**Questions? Comments?**

## More webinars to come!

Date	Time	Webinar Topic
Wednesday, January 14, 2015	12-1pm	Healthy Weight Matters: Young women and the reproductive health consequences of obesity
Thursday, February 12, 2015	2-3pm	Folic Acid & Multivitamins: Preventing neural tube birth defects in North Carolina
Wednesday, March 11, 2015	12-1pm	The Circle of Care for Women: The role of early and effective utilization of prenatal care
Thursday, April 16, 2015	2-3:30pm	The Affordable Care Act: Services that support women of childbearing age

## Thank you!

- For more information about the Campaign and other preconception health topics visit, [EveryWomanNC.com](http://EveryWomanNC.com)
- Find us on Facebook: <http://www.facebook.com/everywomannc>
- Follow us Twitter: [@everywomannc](https://twitter.com/everywomannc)



## March of Dimes North Carolina Preconception Health Campaign

- A statewide initiative aimed at improving birth outcomes in NC by reaching out to women with important health messages before they become pregnant
- Formerly functioned as the NC Folic Acid Campaign
- Goals of the Campaign are to reduce infant mortality, birth defects, premature birth, and chronic health conditions in women, while also aiming to increase intended pregnancies in NC
- Seeks to raise awareness and inspire positive action among the general public, health care professionals, and community agencies



