

Smoking Cessation for Pregnant/Postpartum Patients

Date: 11/9/09

1 ASK - systematically identify all tobacco users at every visit. Using multiple choice responses can improve disclosure of smoking among pregnant women.

"Which of the following statements best describes your cigarette smoking?"

- I smoke regularly now - about the same as before finding out I was pregnant.
- I smoke regularly now, but I've cut down since I found out I was pregnant.
- I stopped smoking before I found out I was pregnant and I am not smoking now.
- I have quit smoking since finding out I was pregnant.
- I have never smoked.

2 ADVISE - use clear, personalized and positive messages to urge all tobacco users to quit.

- › "Smoking can cause serious health problems for you and your baby. This is an excellent time for you to quit smoking, and one of the best ways to help your baby be healthy before and after it's born."
- › "There is less risk that your baby will be born too early and a better chance that your baby will come home from the hospital with you if you stop smoking."
- › "The single most important thing you can do for your health and for the health of your baby is to make a quit attempt. I can help."
- › "Quitting at any time during your pregnancy will make a difference in your baby's health, but earlier (first trimester) is best."

3 ASSESS - willingness to make a quit attempt within the next 30 days (at every visit).

- › If willing to quit, conduct a brief (3-5 minute) cessation intervention.

4 ASSIST - provide quit plan or REFER to the Colorado QuitLine. (800.QUIT.NOW)

- › "I'm glad to hear you are interested in quitting; you don't have to do it alone. I can help; I can refer you to the Colorado QuitLine." OR
- › "I understand that quitting smoking is a very hard thing to do. You are doing a wonderful thing for your baby by trying to quit. Your uncertainty about how you will handle not smoking is normal. Here are a few suggestions that should help..."

5 ARRANGE - for follow-up.

- › "Let's talk about this again at your next visit."

- › If unwilling to quit, conduct a brief motivational intervention:
 - » Describe positive effects of smoking cessation during pregnancy to raise awareness.
 - » Use positive encouragement to keep the door open for future discussion.
 - » Explore why quitting may be personally relevant which might motivate the patient to make a quit attempt (money, health, smoking related illnesses).
 - » Continue the conversation at each visit.
- › "I understand you're not interested in quitting right now, but you might want to think about cutting back as a first step. When you are ready, we can talk more about next steps."
- › "No one can make you quit except you. At this point, you may not be ready to quit. But I do think that when you are ready, you can be successful in quitting."
- › "I am interested in your thoughts. Are there any concerns about this pregnancy and your smoking that we should talk about?"

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Key Considerations:

- › Quitting at any point in pregnancy can yield benefits; abstinence early in pregnancy will produce the greatest benefits to the fetus and expectant mother.
- › Throughout the preconception, pregnancy and post-partum periods, women who smoke should be offered pregnancy-specific educational materials and personalized behavior change interventions.
- › The Colorado QuitLine offers free pregnancy-specific coaching (800.QUIT.NOW or www.coquitline.org)

Pharmacotherapeutics:

Behavioral intervention is the first-line approach for pregnant women who smoke. Pharmacotherapy has not been sufficiently tested for efficacy and safety in pregnant patients. Pharmacotherapy may be considered when a pregnant woman is otherwise unable to quit and when the likelihood of quitting, with its potential benefits, outweighs the risks of the pharmacotherapy and potential continued smoking. It is important for the provider and the pregnant smoker to discuss risks and benefits.

Prevention of Relapse:

The post-partum period is a high-risk time for relapse. Factors that contribute to relapse include lack of financial resources, lack of social support, reliance on cigarettes to deal with stress, lack of resources for childrearing, low self-esteem, and other smokers in the household.

Actions:

- › Evaluate for relapse potential at every visit.
- › Careful documentation and positive language are key to reducing the risk of relapse.
- › Discuss the health benefits of not smoking for the patient, the newborn baby, and others in the household.
- › Encourage the patient to enlist her family and friends for support.
- › Develop concrete plans with patient to prevent relapse and to deal with temptations and triggers.
- › Suggest creating smoke-free environments in the home and car by having smokers step outside to smoke.
- › Encourage the patient to contact the Colorado QuitLine for additional pregnancy-specific cessation support (800.QUIT.NOW or www.coquitline.org)

Resources:

- › Smoke-Free Families: www.smokefreefamilies.tobacco-cessation.org
- › CCGC: www.coloradoguidelines.org/tobacco
- › Colorado QuitLine: www.coquitline.org

References:

- › Partnership for Smoke-Free Families. Implementation of Pregnancy-Specific Practice Guidelines for Smoking Cessation. www.smokefreefamilies.tobacco-cessation.org
- › ACOG Committee Opinion: Smoking Cessation During Pregnancy, No. 316, October 2005
- › Treating Tobacco Use and Dependence; US Department of Health and Human Services Public Health Service, 2008 Update