

SMOKING CESSATION

Importance

The Problem

Cigarette smoking is the leading modifiable risk factor for adverse birth outcomes. It is responsible for 10% of all preterm births and 25% of all births affected by intrauterine growth restriction. Screening, treatment and referral during prenatal care is not consistent.

Incidence and costs

Approximately 6% to 14% of women smoke during pregnancy. A study in California estimated savings of \$21 million a year in direct costs with an annual decrease of just 1% in the prevalence of maternal smoking.

Rationale

Increased screening and treatment increases quit rates and can significantly reduce low birthweight births.

Interventions:

The U.S. Public Health Service has convened the Tobacco Use and Dependence Guideline Panel to develop evidence-based strategies to guide clinicians in providing brief interventions to help patients quit smoking and to prevent relapse. These "Best Practice" guidelines were published in June 2000 and include a special section on pregnant women.

Concern about the time commitment required to screen for and intervene for smoking cessation can be resolved with established protocols, establishment of referral mechanisms, and designation of non-provider tasks to support staff. Intervening with patients at every visit and following the 5 A's or R's is critical.

Steps to Implementing Smoking Cessation

The 5 A's listed below are to be used by clinicians at each prenatal visit for women that are smoking during pregnancy:

5A's of Smoking Cessation for all Pregnant Women	
Ask about tobacco use	Identify and document tobacco use status for every patient at every visit
Advise to quit	In a clear, strong and personalized manner urge every tobacco user to quit
Assess willingness to make a quit attempt	Is the tobacco user willing to make a quit attempt at this time?
Assist in quit attempt	For the patient willing to make a quit attempt use counseling and pharmaco-therapy to help him or her quit.
Arrange follow-up	Schedule follow-up contact, preferably within the first week after the quit date

*Adapted from Clinical Practice Guidelines. Treating Tobacco Use and Dependence. U.S. Department of Health and Human Services, June 2000.

For the patient who is unwilling to quit, the clinician should provide the "5R's"

5R's of Smoking Cessation for the Patient Who is Unwilling to Quit	
Relevance	Encourage the patient to indicate why quitting is personally relevant, being as specific as possible.
Risks	The clinician should ask the patient to identify potential negative consequences of tobacco use.
Rewards	The clinician should ask the patient to identify potential benefits of stopping tobacco use.
Roadblocks	The clinician should ask the patient to identify barriers to impediments to

	quitting and note elements of treatment that could address barriers.
Repetition	The motivational intervention should be repeated every time an unmotivated patient visits the clinic setting.

*Adapted from Clinical Practice Guidelines. Treating Tobacco Use and Dependence. U.S. Department of Health and Human Services, June 2000.

Preventing Relapse in the Patient Who Has Recently Quit	
Minimal practice relapse prevention	<p>Congratulate the ex-tobacco user</p> <p>Encourage active discussions of</p> <ul style="list-style-type: none"> - The benefits of quitting - Any success the patient has had in quitting - Problems encountered or threats to maintaining abstinence
Prescriptive relapse prevention	During prescriptive relapse prevention, a patient might identify a problem that threatens his or her abstinence.

Tools for Implementation

The American College of Obstetrics and Gynecology provides a tool kit with specific materials including:

Chart Stickers, brochures and posters for medical offices to use.

The Next Generation California Tobacco Control Alliance (NGA) has developed the Health Care Provider's Tool Kit for Delivering Smoking Cessation Services. The Tool Kit contains:

- Information on tracking patients' smoking status

- Service delivery models for implementing the 5 A's (Ask, Advise, Assess, Assist, Arrange)
- Prescribing guide for cessation pharmacotherapies
- Treatment recommendations for special populations

Challenges for OB Practices

- Concern about the time commitment required to screen for and intervene for smoking cessation.
- Need for established protocols, referral mechanisms, and non-provider support staff.

Source Materials & Useful Resources

There are specific tool kits for these interventions:

Smoking Cessation During Pregnancy, A Clinician's Guide To Helping Pregnant Women Quit Smoking

The American College of Obstetricians and Gynecologists Phone 800-762-ACOG

References/Resources:

1. Smoke Free Families
www.smokefreefamilies.org
2. You can quit smoking: Support and Advice from Your Prenatal Care Provider: AHRQ, CDC, NCI. 800-358-9295
3. California Smokers Help Line 800-NO-BUTTS
4. Great Start Quit Line-866-66-START
5. LA/California Tobacco Control
www.tobaccofreealliance.org

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7. American College of Nurse Midwives
ACNM
8. American Cancer Society
www.cancer.org
9. American Lung Association, California
Division
www.californialung.org
10. California Health Care Foundation
www.chcf.org
11. 2000 Public Health Service Guidelines
Office of the Surgeon General
www.surgeongeneral.gov/tobacco/
12. Campaign for Tobacco Free Kids
www.tobaccofreekids.org
13. Office on Smoking and Health
www.cdc.gov/tobacco/
14. California Department of Health
Services, Tobacco Control Section
www.dhs.ca.gov/tobacco
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