

## Smoking Cessation for Pregnant Women



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## Tobacco Cessation Provider Training

- Thanks to a grant from the WV Department of Health and Human Resources Division of Tobacco Prevention

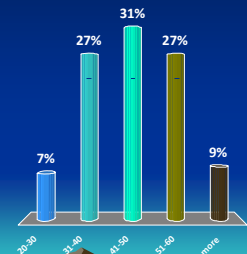


## Study

Pre and post lecture questions  
3 month very brief follow up survey – email link to anonymous survey  
Evaluation forms for CE credit

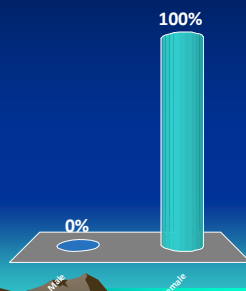
## What is your age?

- 20-30
- 31-40
- 41-50
- 51-60
- 61 or more



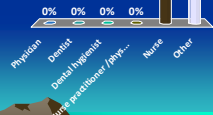
## What is your gender?

- Male
- Female



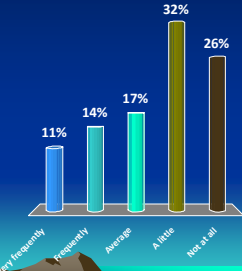
## What is your profession?

- Physician
- Dentist
- Dental hygienist
- Nurse practitioner /physician assistant
- Nurse
- Other



How often do you recommend pharmacotherapy to your patients trying to quit tobacco use?

1. Very frequently
2. Frequently
3. Average
4. A little
5. Not at all



## Objectives

- Recall the tobacco cessation guidelines
- List some patient and provider barriers to smoking cessation counseling and note how these barriers might be addressed.
- Counsel patients in different stages of change using motivational interviewing

## Guidelines: the 5 A's

- **A**sk- every visit
- **A**dvice – clear and personalized
- **A**ssess –Ready to quit in next 30 days?
- **A**ssist – Counsel/Handouts
- **A**rrange- follow up

[http://www.surgeongeneral.gov/tobacco/treating\\_tobacco\\_use08.pdf](http://www.surgeongeneral.gov/tobacco/treating_tobacco_use08.pdf)

## Ask about smoking history

- 1. I have NEVER smoked or smoked less than 10 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 became pregnant and am not smoking now.
- 4. I smoke some now but have CUT DOWN since I became pregnant.
- 5. I smoke regularly now the SAME as before I became pregnant.

**RIGHT FROM THE START PROJECT (RFSTS) TS003 TOBACCO SCREENING FORM**

CD VALUE:  Refused  PPM   Equipment Problem  Explanation in Progress Notes

1. Which statements best describe your tobacco use now? (Choose all that apply)

2. How many cigarettes smokers live in the same house with you? (Choose only one)

3. How soon after you wake up do you usually use tobacco? (Choose only one)

4. How many of your family and friends are cigarette smokers? (Choose only one)

5. How soon after you wake up do you usually use tobacco? (Choose only one)

6. How many are you that you could/are stop smoking for 24 hours? (Choose only one)

## Advise her to quit

- Provide strong clear evidence of the health benefits to her and her infant if she quits smoking.
- Emphasize **positive** results from quitting.



## Assess

- Ready to quit? Important? Successful?
- Scale of 1-10, 10= very much, 1=not at all
- If 7 or less, why? What would it take to make you an 8?

1 2 3 4 5 6 7 8 9 10

## Assist her to quit

- Have her pick a stop smoking date and remove all smoking products by that date
- Review Video and Pregnant Woman's Guide to Quit Smoking
- Review previous quit attempts
- Cut down with scheduled smoking
- Encourage family members to support her in her efforts

**Step 1 SIGN YOUR AGREEMENT TO QUIT SMOKING!**

*Decide to stop.* Many women pick 7 days. How many days from now do you think you need? Fill out and sign your Stop Smoking Agreement NOW.

**Stop Smoking Agreement**

I, \_\_\_\_\_ (Print Name), PROMISE TO READ AND USE  
A PREGNANT WOMAN'S GUIDE TO QUIT SMOKING.  
I WILL SHOW THE GUIDE AND VIDEO TO MY FAMILY.  
I PROMISE TO STOP SMOKING ON \_\_\_\_\_ QUIT DATE.  
Signed \_\_\_\_\_ Date \_\_\_\_\_

Now that you have signed your agreement, how do you feel? Most women say, "I feel good! I've taken a big step for my baby and me." Remember, many women like you have used this Guide and quit. **You can too!**

**After you sign the agreement:**

- Keep this Guide where you will see it and use it.
- Read this Guide and do the steps and activities every day for seven days.
- Tell your family and friends "I am going to stop smoking." Tell them your Quit Date.
- Ask them to help you become a nonsmoker.

**Step 3 SCHEDULE YOUR SMOKING**

Smoking only at certain times will help you quit. Look at your diary (STEP 2). Starting today, increase the time - 30 to 60 minutes - between each cigarette.

**How To Schedule Your Smoking**

Plan to smoke only at certain times today. Smoke each cigarette at the EXACT time of only 5 minutes BEFORE or 5 minutes AFTER the time you choose. If you do not smoke then, SKIP that cigarette. Put it in your YUCK JAR.

**"DO NOT SAVE A MISSED CIGARETTE FOR LATER!"**

How many cigarettes do you usually smoke? Smoke 1 to 3 fewer cigarettes each day. Pick the hour to smoke each cigarette for the next 6 days.

Number of Cigarettes	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	QUIT DATE
7000								NO SMOKING
6000								NO SMOKING
5000								NO SMOKING
4000								NO SMOKING
3000								NO SMOKING
2000								NO SMOKING
1500								NO SMOKING
1000								NO SMOKING
500								NO SMOKING
0								NO SMOKING

**TAKE CONTROL!**

**MAKING A PLAN TO STOP TOBACCO USE**

**ALL MY REASONS**

I will write down all my reasons not to use tobacco on the lines below. They will be something I can see, change and something that I feel strongly about.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**THINGS I CAN DO INSTEAD OF USING TOBACCO**

Places it will be hard	What I can do instead
_____	_____
_____	_____
_____	_____

**AVOIDS**

Sometimes there are people, places, or things I need to avoid for a short period of time until I feel stronger as a non-smoker. I will write these on the lines below.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## Arrange

- Arrange follow up – phone call 2 weeks from quit date
- Quitline referral
- Consider a visit for those unable to quit

## What if she declines to quit?

- Relevance
- Risks
- Rewards
- Roadblocks
- Repetition

# 5 R's

## Relevance

- Ask her about benefits of quitting
- Cost
- Health problems
- Wrinkles

## Risks

- What does she know about the risks ?
- Correct misinformation

## Rewards

- Food will taste better
- Baby's oxygen level will improve in 24 hrs
- More money
- Infant will grow better

## Rewards

- Baby more likely to come home with mom
- Baby less likely to need intensive care
- Less risk of learning disabilities
- Less long-term health risks to her

## Roadblocks

- Identify triggers
- Why wasn't she successful in the past?
- Suggest alternative ways to handle stress
- Address weight gain concerns

## Overcoming Roadblocks

- Ask friend or relative to quit with you - buddy
- Ask others not to smoke around you
- Find other activities to do with smokers or spend more time with non-smoking friends

## Overcoming Roadblocks

- Keep hands and mouth busy
- Suck on sugar free hard candy, sip cold water through a straw
- Increase in physical exercise if doctor allows
- Relaxation techniques to reduce stress

**what to do INSTEAD of smoking**

If you're trying to quit smoking, you know how difficult it can be to break the habit. Your chances for a successful quit attempt increase greatly the more you plan. Consider when you typically have a cigarette and alternatives before your quit attempt.

IF YOU SMOKE WHEN YOU...	CHANGE TO...	PLAN FOR ANY TIME OF THE DAY
Drink coffee	Drinking tea or hot chocolate. Making it at home. Buying it at a giftware shop.	With your hands... Chew gum with a natural flavor, write letters. Rip a post or a parcel, sew, draw or sketch, knead clay or hollow ball or massage your fingers or hands.
Finish a meal	Leaving the table quickly. Enjoying an after dinner walk. Doing the dishes immediately.	With your mouth... Eat fresh fruit, popcorn, or nuts, suck on hard candy, chew on a stick or toothpick, sip on water.
Watch TV	Occupying your hands. Sitting in a different place. Turning the TV off and going outside.	
Need to relax	Drumming slowly. Exercising. Calling a friend.	

## Stages of Behavioral Change

- Precontemplation
- Contemplation
- Preparation
- Action
- Relapse
- Maintenance
- Termination

## Patient Barrier

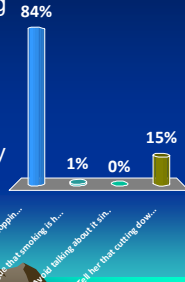
- **Precontemplation** = Says "I don't want to quit."
  - Not willing to "hear" risks
  - Often labeled "hopeless case"

## Case #1: "Betty"

- 32 year old arrives for new OB appointment – she is 10 weeks pregnant
- Social: married, smokes 1 ppd since age 18 and she doesn't want to quit; spouse smokes
- Smoked with prior two pregnancies "no problems" per patient
- Vaginal deliveries at term x2; both were "small" <6 pounds
- Chronic cough and both children with asthma

## How do you counsel a patient in the precontemplation stage?

1. Advise her that stopping smoking will help her other children with asthma.
2. Argue that smoking is harmful to the baby even if she denies it.
3. Avoid talking about it since it only aggravates the patient.
4. Tell her that cutting down to 5 cigarettes a day would be OK.

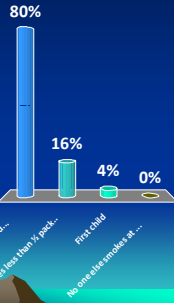


## Key points

- Patient very unlikely to quit due to fetal concerns
- More likely to quit due to her current physical problems and those of her children
- Important to get all tobacco out of house if decides to quit; encourage spouse to quit
- Will probably need nicotine replacement or Bupropion to be successful

## Which of the following is a risk factor for continuing to smoke during pregnancy?

1. Less than high school education
2. Smokes less than 1/2 pack a day
3. First child
4. No one else smokes at home



## Risk factors for continuing to smoke

- Low socioeconomic status
- Less than high school education
- Heavy smoking >10 cigarettes/day
- Partner continues to smoke
- Multiparity
- Public assistance
- Coexisting emotional or psychiatric illness

## Precontemplation counseling

- Motivational interviewing -

**Leads to behavior change**

**Decision Analysis**

## Patient Barrier

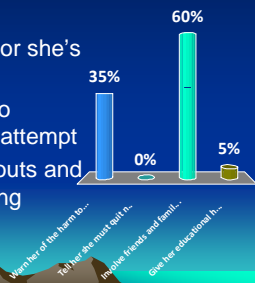
- **Contemplation stage:** Says, "I know I should quit, but it's just not the right time."
  - Considering changing in the **next 6 months**
  - Often labeled as procrastinators

## Case 2: "Alice"

- 16 year old, first pregnancy, at 12 weeks gestation arrives for new OB appointment
- ½-1ppd since age 12, she cut down since she learned she was pregnant
- Lives with single mom and three siblings; mom smokes; Father of baby not involved

## What would be **most** helpful to encourage her to stop smoking?

1. Warn her of the harm to the baby if she continues to smoke
2. Tell her she must quit now or she's a bad mother
3. Involve friends and family to support her during the quit attempt
4. Give her educational handouts and see if she asks about quitting



## Key points

- Teenagers unlikely to stop smoking based on future risks to herself or infant
- Motivate family/friends to encourage her to quit and stop with her
- Very concerned about weight gain; encourage healthy eating habits and exercise regimen

## Motivational Interviewing – Use your **OARS**

- **O**pen ended questions –
  - “What concerns you about your smoking?”
  - “What do you think would be the hardest part of quitting?”

## **OARS**

- **A**ffirm – recognize the patient's strengths –

“It's great that you were able to quit for a few months. You were able to make it through the toughest withdrawal symptoms.”

## OARS cont'd

### Reflect –

**Restate** what the patient said, 3:1 ratio (3 patient reflections to one provider comment).

“So you use smoking as something to do when you are bored. . .”

**Comment** “I have a suggestion, would you like to hear it?”

## OARS

### Summarize your reflections:

“Let me see if I have this correct. . . You know you need to quit but you are too stressed to make a quit attempt right now. . .”

### and then:

“What’s the next step?”

“Do you see yourself making any changes in the next month?”

Create a change plan if pt. is ready.


## Change plan

- If she is not ready to quit:
  - See if the patient is willing to change her smoking pattern
  - Is she willing to try scheduled reduction? Gradually cutting down on the number of cigarettes smoked per day. This could lead to a quit attempt.

## Patient Barriers: Some reasons they can't quit

- Too much going on right now – **stress** (29%)
- Enjoy smoking (12%)
- Craving too strong (12%)
- **Spouse/friends smoke** (7%)
- Habit (7%)
- No one thing (7%)
- Don't want to **gain weight** (5%)
- Can't change (5%)

USA Today, A Carey and G Visgaitis, 6/9/99



**HANDLING STRESS**

**DEEP BREATHING**

Learning to breathe is one way to help you relax. Practice deep breathing using the following steps:

1. Inhale through your nose for 4 counts.
2. Count slowly as you breathe in and hold your breath for 4 counts.
3. Put your lips together like you are whistling and blow out slowly.
4. Blow out longer than you breathe in twice as long if you can.
5. Repeat all your deep breaths.
6. Stop for a few minutes if you feel dizzy!

**STAGE OF LOSS**

You may feel yourself going through the following stages when you plan to quit. You may experience all these feelings or just one or two. Be patient with yourself during this time. These common feelings will go away with time.

1. Denial
2. Anger
3. Bargaining
4. Depression
5. Acceptance

The urge for tobacco will go away if you think about something that keeps up the good work!

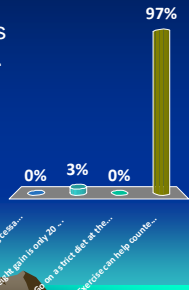
## Relapse/Contemplation

- 25 year old female presents for her 6 week postpartum visit. She quit during her pregnancy but then started back up after delivery. She knows she needs to quit, but is concerned about weight gain. She scored 6/10 for ready, 10/10 important, 5/10 successful. She says that if it wasn't for the gain in weight she would be ready to try again.



## What is the best counseling strategy regarding weight gain and smoking cessation?

1. All of the smoking cessation drugs cause weight gain so avoid these.
2. Weight gain is only 20 pounds on average.
3. Go on a strict diet at the same time you quit smoking to avoid weight gain.
4. Exercise can help counteract weight gain and does not affect success at smoking cessation.



eightounce  
icecoldwater  
throughas  
trawallDAY  
walking  
fruits  
weighours  
offKEEPbusy  
anURGE  
DRINKH2O  
yardwork  
healthysnacks  
Gapples  
medium  
FRUIT  
Nofats  
oranges  
cookedor  
rawvegetables  
EATslowly  
needlepoint  
house  
WORK  
clothes  
willfitbetter  
carrots  
consistent

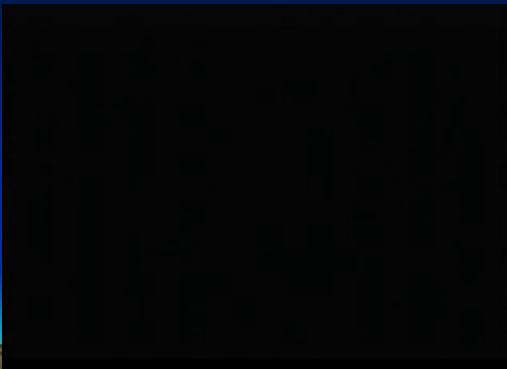
### weightandexercise

Quitting tobacco is hard! Sometimes feeling about giving something up from your life is just too hard to think about to give yourself something instead!

Below are some helpful suggestions for exercise and weight management:

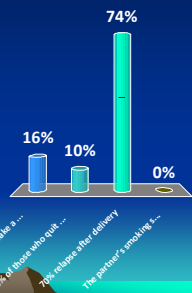
1. Start an exercise program such as walking 15 minutes every day. If you are already exercising, make your routine consistent 4-5 times/week.
2. Keep healthy snacks ready to eat!
3. Eat slowly, try to identify different tastes or seasonings.
4. Drink eight 8-oz glasses of water a day.
5. Sip on cold water through a straw all day.
6. Count the number of vegetables and fruits you eat a day. Make sure you take in 8 servings in any combination. (Servings: 1 medium red, 1 cup raw or 1/2 cup cooked vegetables. (Make sure you do not add high fat sauces!))
7. Keep busy with hobbies such as woodworking, yard work, house work, needlepoint, cross stitch, etc.
8. Take a walk for 5 minutes every time you have an urge or craving.

## Video example



## Which of the following are true regarding smoking during pregnancy?

1. 80% of patients make a quit attempt when they find out they are pregnant.
2. 50% of those who quit remain abstinent during pregnancy
3. 70% relapse after delivery
4. The partner's smoking status doesn't influence cessation in the pregnant woman



## Provider Barrier – patients not motivated

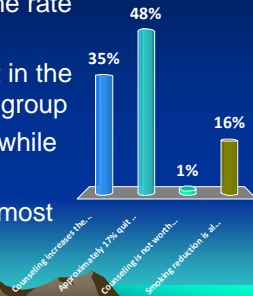
- Patient more likely to quit while pregnant than any other time
- 25% patients attempt to quit when they discover they are pregnant
- 85% of these will remain abstinent while pregnant
- 70% relapse in post-partum period
- More likely to relapse if partner continues to smoke

## What can we do about low motivation?

- Find out what is important to her
- Stress the benefits
- Avoid scare tactics

## Which is true about counseling pregnant women for smoking?

1. Counseling increases the rate of quitting by 50%
2. Approximately 17% quit in the counseling intervention group
3. Counseling is not worthwhile in the third trimester
4. Smoking reduction is almost as good as cessation



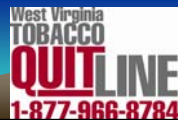
## Provider Barrier – low success rate with counseling

- Pregnant women who receive smoking cessation intervention have a 70% greater chance of quitting
- 17% quit in intervention group versus 6% in control group (Only 10% success rate with non-pregnant)

Getting trained in tobacco cessation counseling increases your success!

## Provider Barrier: Not Aware of Resources

- State Quitline
  - Free nicotine replacement –gum, patches, lozenges for WV residents and family in the home of pregnant women
  - 4 telephone counseling sessions with a trained tobacco cessation counselor
  - Free educational booklets
  - 1 877 Y NOT QUIT
  - New fax referral



## Summary

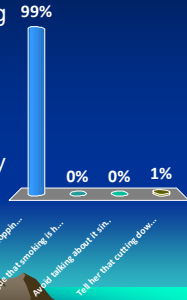
- Smoking cessation guidelines
  - 5 A's ask, advise, assess, assist, arrange
  - 5 R's relevance, risk, reward, roadblocks, repeat

## Summary

- How to counsel in different stages of change
  - Motivational interviewing
    - Decision analysis
    - OARS
    - Ready, Important, Successful

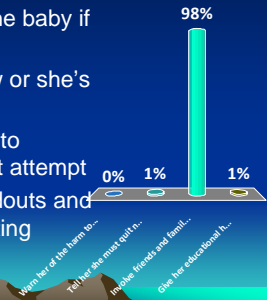
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