Smoking Cessation for Pregnant Women

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Tobacco Cessation Provider Training

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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?
1. 20-30
2. 31-40
3. 41-50
4. 51-60
5. 61 or more

What is your gender?
1. Male
2. Female

What is your profession?
1. Physician
2. Dentist
3. Dental hygienist
4. Nurse practitioner /physician assistant
5. Nurse
6. 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

11% 14% 17% 32% 28%

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
• Ask - every visit
• Advise – clear and personalized
• Assess – Ready to quit in next 30 days?
• Assist – Counsel/Handouts
• Arrange - follow up

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.

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.

http://www.surgeongeneral.gov/tobacco/treating_tobacco_use08.pdf
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

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

Stages of Behavioral Change

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

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

Patient Barrier

- **Precontemplation** = Says “I don’t want to quit.”
  - Not willing to “hear” risks
  - Often labeled “hopeless case”
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 ½ 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

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

- **Affirm** – 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?”

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**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.

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**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.

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**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

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**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.

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: 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

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!

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
How do you counsel a patient in the precontemplation stage?

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