Tobacco Cessation for Women of Reproductive Age

Erin McClain, MA, MPH
Tobacco Use During Pregnancy in NC

1 in 10 babies in NC are born to women reporting tobacco use during pregnancy.

In some counties over 30% of babies are born to women who smoked.
Tobacco Use Causes Poor Birth & Infant Outcomes

Maternal/Fetal Harm From Tobacco
- Infertility
- Miscarriage
- Ectopic Pregnancy
- Premature Birth
- Low Birth Weight
- Stillbirth
- SIDS

Infant/Child Harm From Tobacco
- SIDS
- Ear infections
- Respiratory Infections
- Asthma
- Links with childhood obesity, cancer, & attention disorders, and cardiovascular disease & diabetes in adulthood

Tobacco use during pregnancy is directly associated with the top 4 causes of infant mortality in NC.
Prenatal Tobacco Use & Neonatal Abstinence Syndrome (NAS)

- NAS increased 511% between 2004-2012 in NC
  - From 104.4 to 637.9 per 100,000 live births
- 70-90% of pregnant women in substance use treatment also use tobacco
- Heavier smoking among opioid-maintained women is associated with lower birth weight and smaller birth length
- Dose-response between the daily number of cigarettes smoked and the severity of NAS, including:
  - total amount of morphine needed to treat NAS,
  - number of days medicated for NAS,
  - neonatal length of hospital stay in days, and
  - is negatively associated with 1- and 5-min Apgar scores


Behavior Change & the 5 As/5Rs

- **Ask about tobacco use using structured question**
- **Advise patient to quit & Assess willingness to quit**
- **Stop & congratulate patient**
- **Engage the 5 R’s and Arrange to follow-up at next appointment**
- **Congratulate patient.**
  - Assist patient with social support, problem-solving approach, and self-help materials.
  - Provide proactive referral to Quitline and, if applicable, Rx for pharmacotherapy
  - Arrange to follow-up at next appointment

**Patient ready to quit in the next 30 days?**

- **Yes**
  - Stop & congratulate patient
  - Engage the 5 R’s and Arrange to follow-up at next appointment

- **No**
  - Advise patient to quit & Assess willingness to quit
  - Stop & congratulate patient
  - Engage the 5 R’s and Arrange to follow-up at next appointment
Intervention Makes A Difference

- Brief counseling works better than simple advice to quit

- Pregnancy is a particularly good time to intervene

- Brief counseling with self-help materials offered by a trained clinician can double a smoker’s chances of quitting for good.

- Brief counseling works best for moderate smokers (<20 cigarettes/day)
  - Heavy tobacco users may need more intensive assistance and/or pharmacotherapy to quit
The 5 A’s: Evidence-Based, Best Practice Intervention

- **ASK** the patient about her tobacco use status
- **ADVISE** her to quit tobacco with personalized messages for pregnant and parenting women
- **ASSESS** her willingness to quit in next 30 days
- **ASSIST** with (pregnancy- and parent-specific, if applicable) self-help materials & social support
- **ARRANGE** to follow-up during subsequent visits
Structured ASK question

Ask your pregnant patients:

Which of the following statements best describes your cigarette smoking?

A. I have NEVER smoked or have smoked less than 100 cigarettes in my lifetime.
B. I stopped smoking BEFORE I found out I was pregnant and am not smoking now.
C. I stopped smoking AFTER I found out I was pregnant, and I am not smoking now.
D. I smoke some now, but have cut down since I found out I am pregnant.
E. I smoke about the same amount now as I did before I found out I was pregnant.
Screen for Other Tobacco Products

Please circle any other tobacco products you have used in the past month:

- Electronic Cigarettes
- Chew
- Snus
- Strips
- Sticks
- Orbs
- Lozenges
- Hookah
- Cigars/Cigarillos
Helping Those Who Aren’t Ready to Quit: The 5 R’s

- **RELEVANCE**: Help patient figure out the relevant reasons to quit, based on their health, environment, individual situation

- **RISKS**: Encourage patient to identify possible negative outcomes to continuing to use tobacco

- **REWARDS**: Encourage patient to identify possible benefits to quitting

- **ROADBLOCKS**: Work with patient to identify obstacles to quitting and potentially how to overcome them

- **REPETITION**: Address the 5Rs with patients at each visit
65-80% of women who quit smoking during pregnancy start using tobacco again before their baby is one year old

- 45% at 2-3 months postpartum
- 60-70% at 6 months
- As much as 80% at one year

**Postpartum Relapse Prevention Strategies**

- Begin relapse prevention counseling and skills building **toward the end of pregnancy**
- Focus on benefits of quitting for the woman
- Highlight harms associated with secondhand smoke for infant
- Involve pediatric providers, including well-child, WIC, early intervention, etc.
Medicaid & Other Insurers Reimburse for Tobacco Cessation Counseling

Physicians, NPs, CNMs, and some allied health professionals* can receive reimbursement for the following CPT codes:

- **99406** – Intermediate visit (3-10 minutes)
- **99407** – Intensive visit (over 10 minutes)

- An appropriate tobacco-related diagnosis must be filed in addition to the Evaluation and Management code and submitted with the CPT code
  - **O99.33** Smoking (tobacco) complicating pregnancy, childbirth, and the puerperium
  - **P04.2** Newborn (suspected to be) affected by maternal use of tobacco
  - **P96.81** Exposure to (parental) (environmental) tobacco smoke in the perinatal period
Current Reimbursement Rates

**MEDICAID**

- Can bill once per day, per patient
- Can bill in addition to prenatal care services at same visit
- Can bill in addition to alcohol and/or substance (other than tobacco) abuse structured screening and brief intervention services on the same date of service
- **Cannot** bill Be Smart Family Planning SPA for tobacco cessation counseling

<table>
<thead>
<tr>
<th>Medicaid (all patients):</th>
<th>Medicare (symptomatic patients)</th>
<th>Medicare (PartB) (asymptomatic patients)</th>
</tr>
</thead>
<tbody>
<tr>
<td>99406: $11.93 (3-10 min.) (intermediate)</td>
<td>99406: $12.55 (3-10 min) (intermediate)</td>
<td>*G0436: $13.60 (3-10 min) (intermediate)</td>
</tr>
<tr>
<td>99407: $23.05 (&gt;10 min.) (intensive)</td>
<td>99407: $24.27 (&gt;10 min) (intensive)</td>
<td>*G0437: $26.18 (&gt;10 min.) (intensive)</td>
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*Medicare will waive the deductible and coinsurance/copayment for counseling and billing with the G codes*
# Pharmacotherapy During Pregnancy & Lactation

<table>
<thead>
<tr>
<th>FDA-Approved Pharmacotherapies for Adults</th>
<th>FDA Pregnancy Category</th>
<th>Lactation Risk Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nicotine Patch</td>
<td>D</td>
<td>L2: Safer</td>
</tr>
<tr>
<td>Nicotine Gum</td>
<td>D</td>
<td>L2: Safer</td>
</tr>
<tr>
<td>Nicotine Lozenge</td>
<td>D</td>
<td>L2: Safer</td>
</tr>
<tr>
<td>Nicotine Oral Inhaler (Rx only)</td>
<td>D</td>
<td>L2: Safer</td>
</tr>
<tr>
<td>Bupropion (Zyban, Wellbutrin)</td>
<td>C</td>
<td>L3: Probably Safe</td>
</tr>
<tr>
<td>Varenicline (Chantix)</td>
<td>C</td>
<td>L4: Possibly Hazardous</td>
</tr>
</tbody>
</table>
FDA-Approved Pharmacotherapies for Adults

Nicotine Replacement Products
Pregnancy Category D & Lactation Risk Category L2: Safer
• Nicotine Patch
• Nicotine Gum
• Lozenge
• Nicotine Nasal Spray
• Nicotine Inhaler

Non-Nicotine Prescription Medications
• Bupropion SR (Zyban/Wellbutrin)
Pregnancy Category C & Lactation Risk Category L3: Probably Safe
• Varenicline (Chantix)
Pregnancy Category C & Lactation Risk Category L4: Possibly Hazardous
Non-pregnant adults are more likely to quit when using a combination of brief counseling and pharmacotherapy.

Behavioral intervention is first-line treatment in pregnant women:
- Pharmacotherapy has not been sufficiently tested for efficacy or safety in pregnant patients.

May be necessary for heavy tobacco users.

Electronic Nicotine Delivery Systems

- LED lights up when the smoker draws on the cigarette
- Sensor detects when smoker takes a drag
- Battery controls heater and light
- Microprocessor
- Heater vaporises nicotine
- Cartridge holds nicotine dissolved in propylene glycol
Harmful & Potentially Harmful Ingredients in ENDS Aerosol

The National Institute for Occupational Safety and Health (NIOSH) recommends that workplaces be tobacco-free, including e-cigarette-free.
Examples of ENDS Products
ENDS & Reproductive Age Women

- Have not been shown to be a safe or effective cessation aid
- The health effects of using e-cigarettes & other ENDS before or during pregnancy have not been adequately studied
  - Nicotine is a known reproductive toxicant and has adverse effects on fetal development, including lung and brain development
  - The use of smokeless tobacco products, such as snus, during pregnancy has been associated with preterm delivery, stillbirth, and infant apnea

Youth use of ENDS Surpasses use of Cigarettes

81% of youth e-cigarette users cited the availability of appealing flavors as the primary reason for use.

ENDS and Poison Control

Exposures to e-cigarettes & liquid nicotine can be fatal for infants and young children

- Even a teaspoon of liquid nicotine can be fatal; smaller amounts can cause severe illness

E-cigarette Device & Liquid Nicotine
Reported Exposures to Poison Centers

http://www.aapcc.org/alerts/e-cigarettes/
QuitlineNC.com 1-800-QUIT-NOW

- Up to 10 calls with relapse prevention sensitivity.
  - 7 calls will be completed within 60-90 days of enrollment
- One call delivered 30 days prior to due date
- 2 postpartum contacts (15 & 45 days postpartum) for women who quit
- Structured content for pregnant tobacco users not ready to quit
Perinatal Patient Education Materials

Available from the NC DHHS DPH Women’s Health Branch:

http://tinyurl.com/WHBorderform
Key Resources Available:

• 5As/5Rs Intervention Records (FAIR forms)
  o Sample documentation - versions for pregnant, postpartum, & non-pregnant adults

• US DHHS Implementation Blueprint
  o Step-by-step approach for integrating tobacco use screening & treatment in clinical setting
  o Includes tips, real-life examples & tools

• YQ2Q Practice Bulletin
  o 5As algorithm, evidence-based screening questions, billing for cessation counseling, Rx during pregnancy & lactation, & E-cigarette info

• Updated Guide for Counseling Women Who Use Tobacco
  o Information on screening & counseling women across the life span; includes important info about working with different populations
Questions?

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YouQuitTwoQuit.com