



Tobacco Cessation for Women of Reproductive Age

Erin McClain, MA, MPH



NORTH CAROLINA
Preterm Birth Prevention
SYMPOSIUM
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UNC Center for
Maternal & Infant Health



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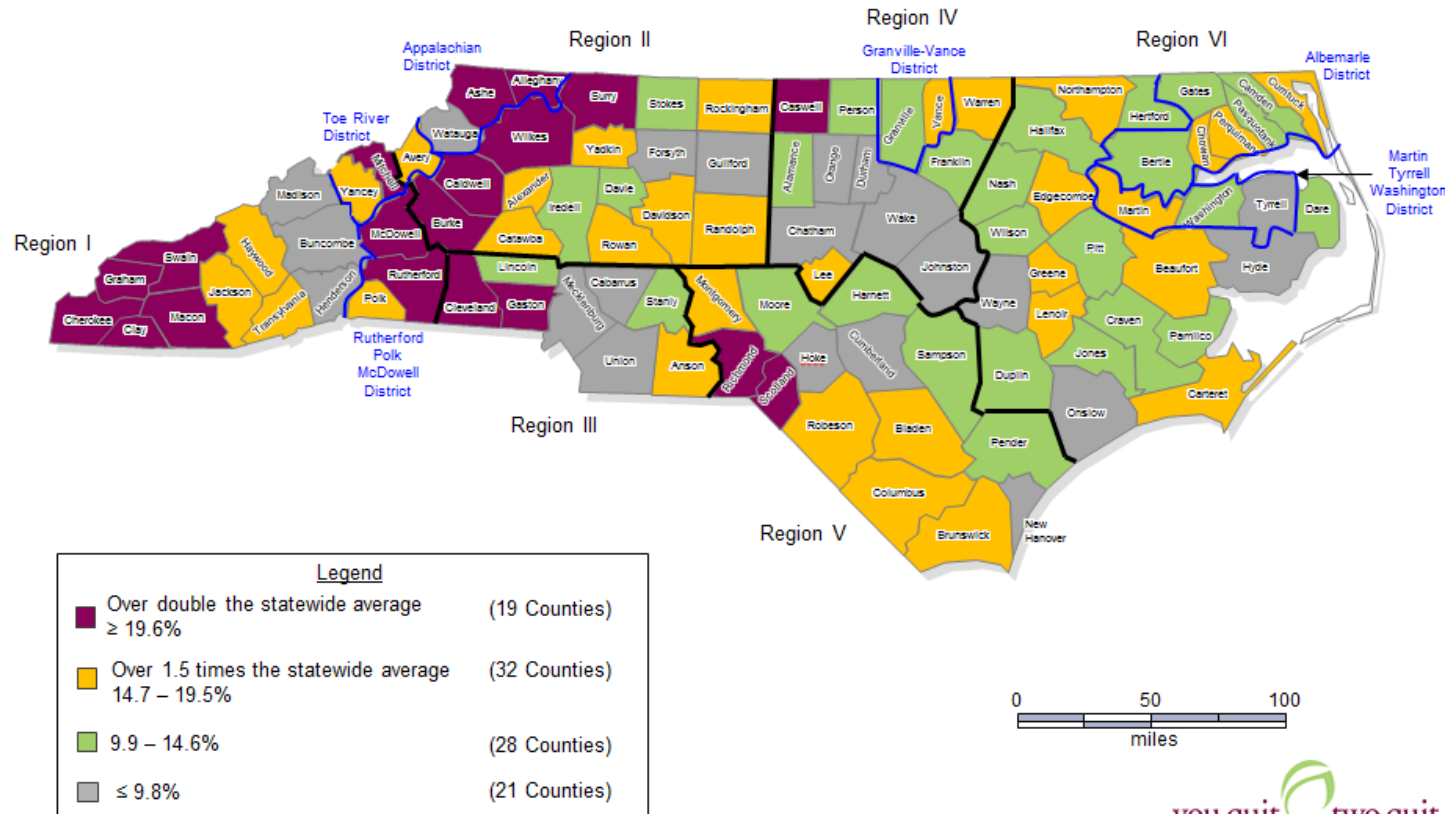
Tobacco Use During Pregnancy in NC

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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

Percentage of Live Births to Women Who Smoked During Pregnancy
2014 NC Birth Certificate Data
(NC Statewide Average = 9.8%)



Source: North Carolina Selected Vital Statistics Vol 1 – 2014. NC State Center for Health Statistics
Produced by: Erin McClain, MA, MPH You Quit, Two Quit www.youquittwoquit.com

you quit two quit

Tobacco Use Causes Poor Birth & Infant Outcomes

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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)

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- 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

N.C. State Center for Health Statistics. Injury and Epidemiology and Surveillance Unit. Neonatal Abstinence Syndrome 2004-2012.

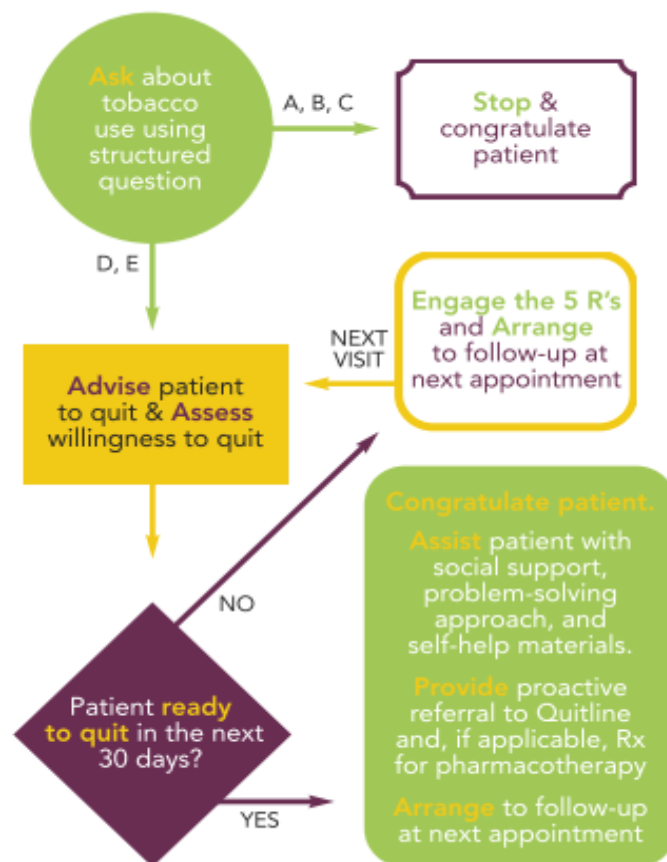
Haug NA, Stitzer ML, Sivikis DS. Smoking during pregnancy and intention to quit: a profile of methadone-maintained women. *Nicotine & Tobacco Research*. November 1, 2001 3(4):333-339.

Jones H, Heil S, O'Grady K, et al. Smoking in pregnant women screened for an opioid agonist medication study compared to related pregnant and non-pregnant patient samples. *The American journal of drug and alcohol abuse*. 2009;35(5):375-380.

Winklbaur B, Baewert A, Jagsch R, Rohrmeister K, Metz V, Aeschbach Jachmann C, Thau K, Fischer G. Association between prenatal tobacco exposure and outcome of neonates born to opioid-maintained mothers. Implications for treatment. *Eur Addict Res*. 2009; 15(3):150-6.

Jones HE, Heil SH, Tuten M, Chisolm MS, Foster JM, O'Grady KE, Kaltenbach K. Cigarette smoking in opioid-dependent pregnant women: neonatal and maternal outcomes. *Drug Alcohol Depend*. 2013; 131(3):271-7.

5 Behavior Change & the 5 As/5Rs



Intervention Makes A Difference

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- 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

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- **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

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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

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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

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- **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

Postpartum Relapse

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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

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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

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Medicaid (all patients):	Medicare (symptomatic patients)	Medicare (PartB) (asymptomatic patients)
99406: \$11.93 (3-10 min.) (intermediate)	99406: \$12.55 (3-10 min) (intermediate)	*G0436: \$13.60 (3-10 min) (intermediate)
99407: \$23.05 (>10 min.) (intensive)	99407: \$24.27 (>10 min) (intensive)	*G0437: \$26.18 (>10 min.) (intensive)

*Medicare will waive the deductible and coinsurance/copayment for counseling and billing with the G codes

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

Pharmacotherapy During Pregnancy & Lactation

FDA-Approved Pharmacotherapies for Adults	FDA Pregnancy Category ³	Lactation Risk Category ³
Nicotine Patch	D	L2: Safer
Nicotine Gum	D	L2: Safer
Nicotine Lozenge	D	L2: Safer
Nicotine Oral Inhaler (Rx only)	D	L2: Safer
Bupropion (Zyban, Wellbutrin)	C	L3: Probably Safe
Varenicline (Chantix)	C	L4: Possibly Hazardous

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

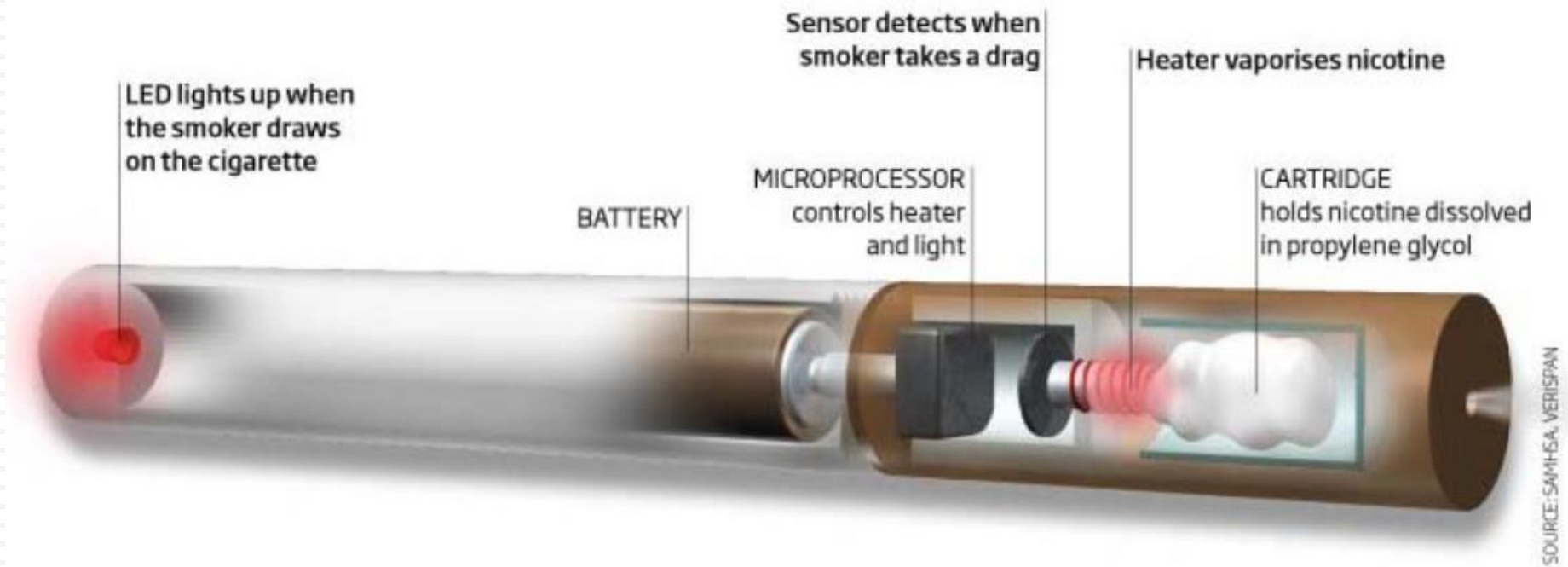
- Varenicline (Chantix)

Pregnancy Category C & Lactation Risk Category L4: Possibly Hazardous

Public Health Service Guidelines

- ❑ 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
- ❑ More info available in the YQ2Q Practice Bulletin:
<http://tinyurl.com/YQ2QPracticeBulletin>

Electronic Nicotine Delivery Systems



Harmful & Potentially Harmful Ingredients in ENDS Aerosol

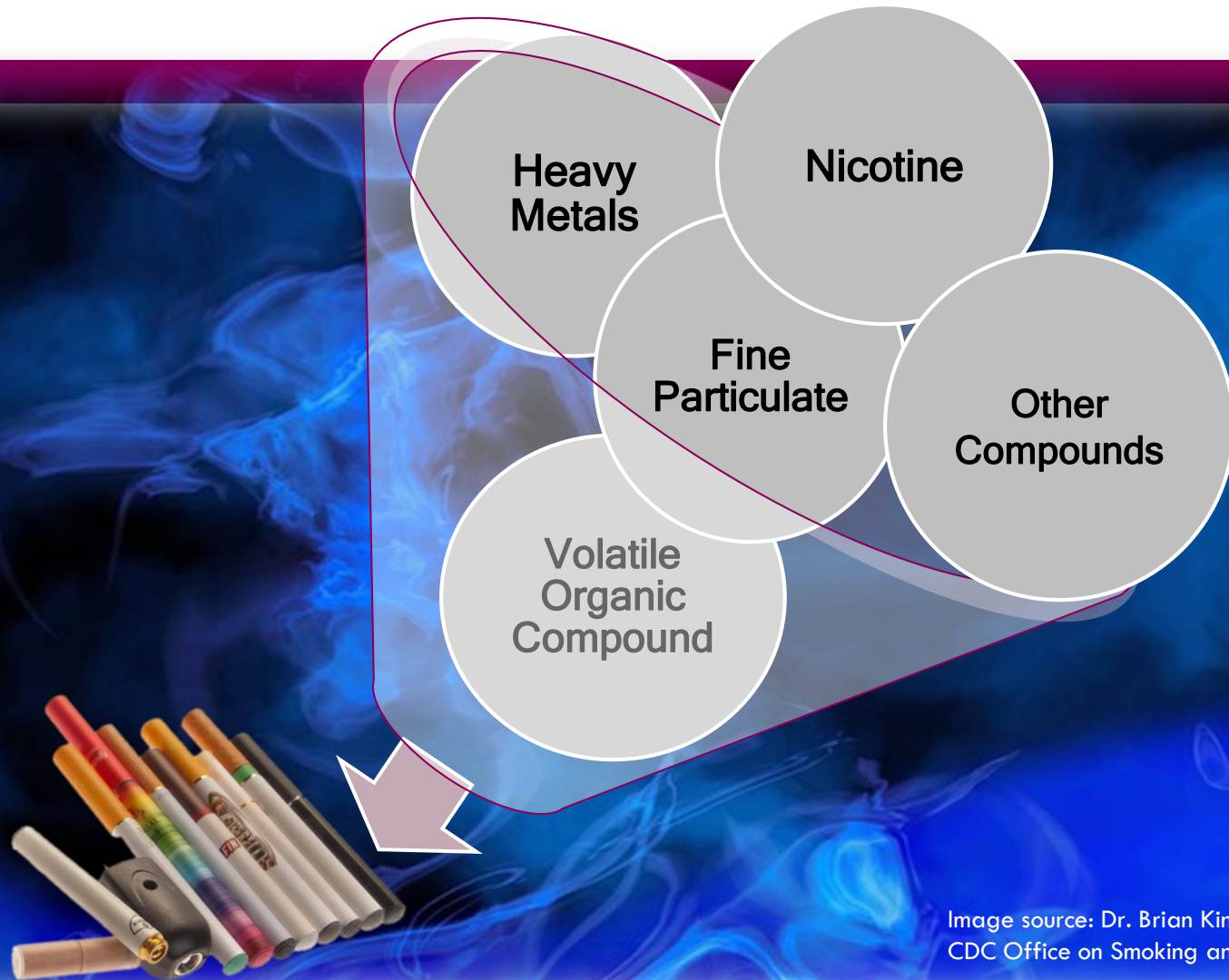


Image source: Dr. Brian King, PhD, MPH,
CDC Office on Smoking and Health

The National Institute for Occupational Safety and Health (NIOSH) recommends that workplaces be tobacco-free, including e-cigarette-free.

Examples of ENDS Products

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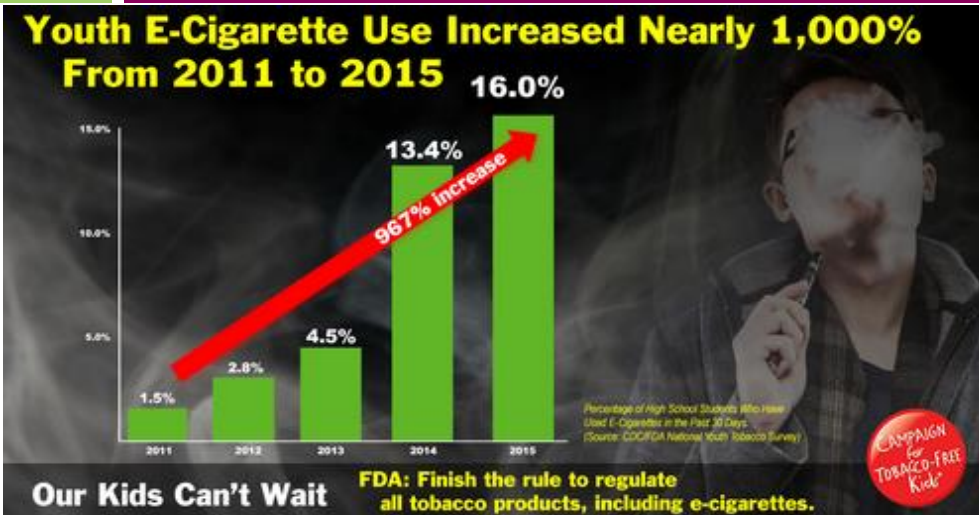
ENDS & Reproductive Age Women

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- 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

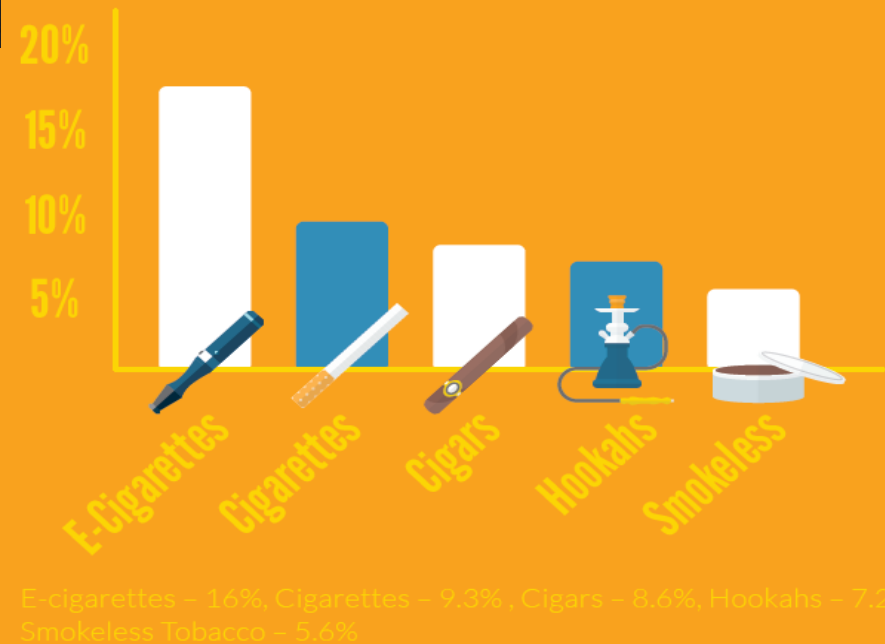
Youth use of ENDS Surpasses use of Cigarettes

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Youth use of e-cigarettes (16%) surpasses use of traditional cigarettes (9.3%)

Current use of tobacco products by high school students in 2015



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

Villanti AC, Johnson AL, Ambrose BK, et al. Use of flavored tobacco products among U.S. youth and adults; findings from the first wave of the PATH Study (2013-2014).

http://www.cdc.gov/tobacco/data_statistics/tables/trends/infographics/index.htm#youth-tobacco
http://www.tobaccofreekids.org/press_releases/post/2016_04_14_ecigarettes

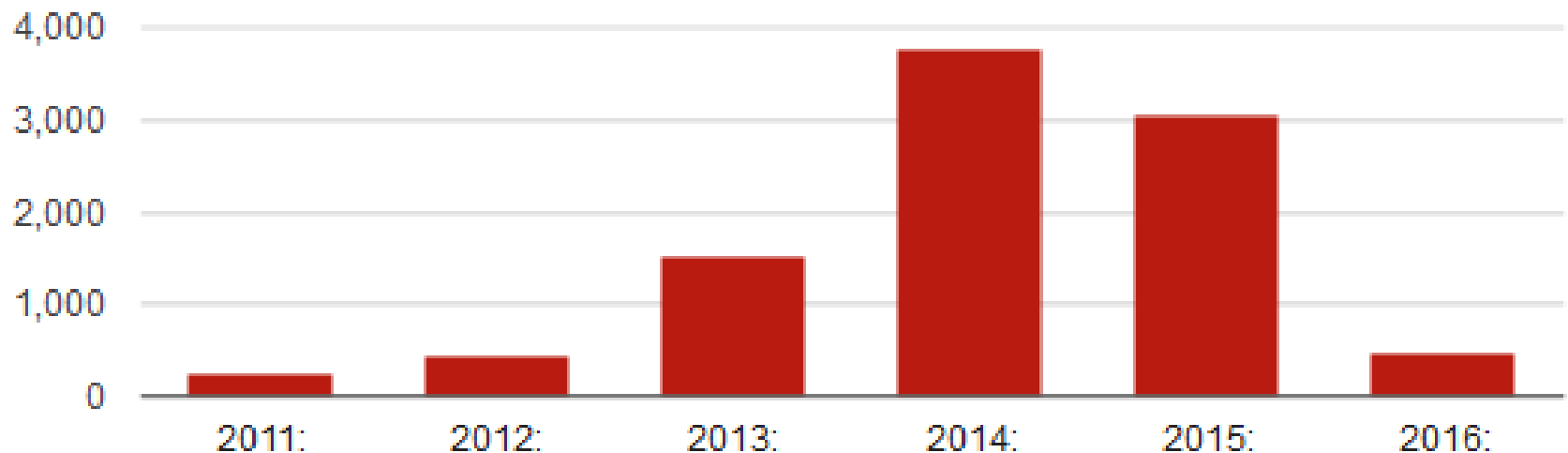
ENDS and Poison Control

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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



Tools for Providers, Clinics, & Patients



**You quit.
Two quit.**

Quitting smoking is one of the best things you can do for your health and the health of your baby. It is never too late to quit.

Ask your health care provider for help or call 1-800-QUIT-NOW (1-800-784-8669).

you quit two quit
Health Wellness

www.youquittwoquit.com

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Usted lo deja por los dos.

Si dejó de fumar durante el embarazo, pero empezó a hacerlo otra vez, o si está pensando en dejarlo ahora, ¡NUNCA es demasiado tarde!

Pídale ayuda a su proveedor de atención médica o llame al 1-800-QUIT-NOW (1-800-784-8669).

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**You quit.
Two quit.**


Whether you quit smoking during pregnancy, but have started again, or you are just now deciding to take the plunge, it is NEVER too late to quit!

Ask your health care provider for help or call 1-800-QUIT-NOW (1-800-784-8669).

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QuitlineNC
FAX REFERRAL FORM

QuitlineNC.com
1-800-QUIT-NOW

Fax completed form to: 1-800-483-3114

Referring Organization Information: Date Fax Sent: __/__/__

Organization Name: _____ County: _____
(Hospital - Clinic)

In order to receive a Participant's Outcome Report, you must be a HIPAA-Covered Entity

• I am a HIPAA-Covered Entity? (Please check one) ☐ Yes ☐ No ☐ I Don't Know

• Check if you do NOT want to receive an Outcome Report. ☐

Fax: (____) _____ - _____ Person Referring: _____ Contact Phone: (____) _____ - _____

Person Being Referred to Quitline:

Name: _____ DOB: __/__/__

Address: _____ City: _____ Zip: _____

Gender: ☐ Male ☐ Female Pregnant?: ☐ Yes ☐ No

Best # to call: (____) _____ - _____ Type: ☐ Home ☐ Work ☐ CELL

Back-up # to call: (____) _____ - _____ Type: ☐ Home ☐ Work ☐ CELL

Language Preference (check one): ☐ English ☐ Spanish ☐ Other - _____

____ (Initial) I am ready to quit tobacco use within the next 30 days, or have recently quit. I request QuitlineNC to contact me to help me with my quit plan.

____ (Initial) I **DO NOT** give permission to QuitlineNC to leave a message when contacting me.

Signature: _____ Date: __/__/__



Check the BEST time for QuitlineNC to call:

☐ 9am - 12pm ☐ 12pm - 3pm ☐ 3pm - 6pm ☐ 6pm - 9pm ☐ 9pm - 12am

NOTE: The QuitlineNC is open 7 days a week, but call attempts to participants are only made until midnight. Calls made over the weekend may be made at times outside of the 3-hour time frame selection.

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Confidentiality Notice: This facsimile contains confidential information. If you have received this facsimile in error, please notify the sender immediately by telephone and confidentially dispose of the material. Do not review, disclose, copy, or distribute.

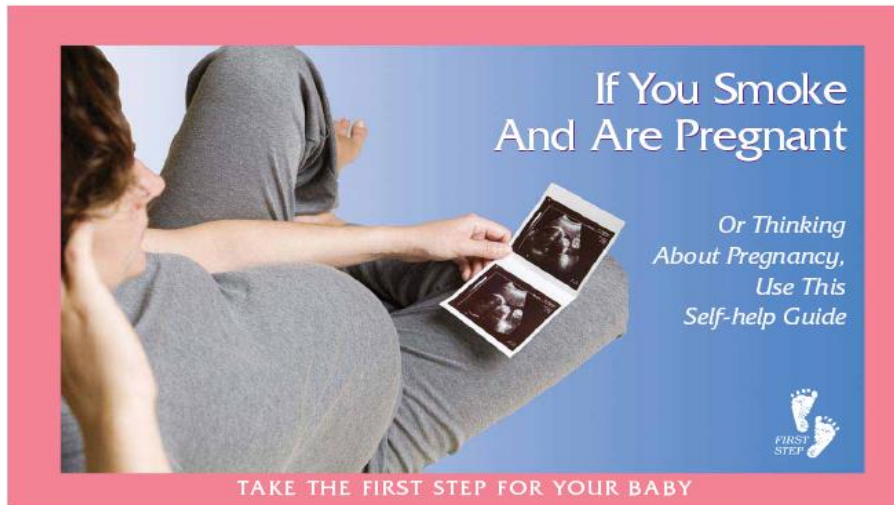
DOUBLE YOUR CHANCES OF QUITTING FOR GOOD

- 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

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

<http://tinyurl.com/WHBorderform>



YouQuitTwoQuit.com

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Key Resources Available:

- **5As/5Rs Intervention Records (FAIR forms)**
 - Sample documentation - versions for pregnant, postpartum, & non-pregnant adults
- **US DHHS Implementation Blueprint**
 - Step-by-step approach for integrating tobacco use screening & treatment in clinical setting
 - Includes tips, real-life examples & tools
- **YQ2Q Practice Bulletin**
 - 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***
 - Information on screening & counseling women across the life span; includes important info about working with different populations



Questions?



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Erin McClain
erin_mcclain@unc.edu
919-808-0989

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life. health. support.

CONTACT US

Pregnant Women, Mothers, and Families | Health Professionals | Guide for Counseling Women Who Smoke | News & Resources | Our Program

Counseling Your Patients

Counseling sessions as brief as 3 minutes can increase cessation rates for non-pregnant smokers. For pregnant women, counseling sessions as brief as 5 to 15 minutes are proven effective. The Guide for Counseling Women Who Smoke suggests specific opportunities and ways to counsel your patients.

[Learn More »](#)

[DOWNLOAD US DHHS IMPLEMENTATION BLUEPRINT](#)

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