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A Guide for Helping to Eliminate Tobacco Use and Exposure for Women

NC Division of Public Health
Women's and Children's Health Section
Women's Health Branch

Contents

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ADDRESSING YOUR CONCERNS ABOUT COUNSELING WOMEN WHO USE TOBACCO[1,2,3]

Can I really make a difference?

- YES. Seventy-five percent of women smokers report wanting to quit.
- Quit rates increase by 30 – 70 percent when pregnant smokers are counseled by health care providers and provided with self-help materials.
- Pharmacotherapy has been shown to increase cessation rates and should be considered as part of tobacco cessation treatment for non-pregnant tobacco users.
- You have a special opportunity and the privilege to make a difference. Research shows that women expect and want their providers to address tobacco use and to support them while quitting.

It's hard to find time to counsel tobacco users.

- Counseling sessions as brief as 3 minutes or less can increase cessation rates for non-pregnant smokers.
- Counseling sessions as brief as 5 to 15 minutes can be effective with pregnant women.
- This guide will suggest specific opportunities and ways to counsel women, including pregnant women, who use tobacco in the time you currently spend with them.
- At every visit, ask about her tobacco use status and provide clear and direct advice to quit; each interaction has an impact on those who use tobacco.

I don't have time to learn.

- The methods and instructional materials in this guide and the accompanying video will give you enough information so you will feel knowledgeable and comfortable counseling women who use tobacco.
- This guide provides information on how to counsel women who use tobacco in a clear, concise, and easy-to-follow format.

Who should do this counseling?

- Counseling delivered by a variety of clinician types, including physicians and non-physicians increases quit rates. All clinicians should provide tobacco cessation counseling interventions.
- Counseling provided by more than one type of clinician is more effective.
- For non-pregnant women, the most effective approach is using a combination of tobacco cessation counseling and pharmacotherapy.
- For pregnant women, the most effective approach is using a combination of tobacco cessation counseling and self-help materials.
- Smokers cite a physician's advice to quit as an important motivator for attempting to stop smoking.

Can providers who currently use or have used tobacco counsel effectively?

- If you've never used tobacco, be ready to answer the challenge that you do not know how hard it is to quit. Be prepared to share other ex-tobacco users' experiences. It can also be helpful for providers to share their own experiences with addictive behaviors (e.g., eating).
- If you are an ex-tobacco user, you may be able to help by sharing your experiences.
- If you are a tobacco user, you may be less effective. Tobacco users may not see providers who use tobacco as credible sources of information on this issue. By continuing to use tobacco you send an inconsistent message to the patients whom you counsel to quit. (CDC MMWR, 2005)

Ask about tobacco use status at each patient encounter.

Tobacco cessation counseling is evidence-based and effective.

What if the tobacco user has other unhealthy behaviors?

- Give her all of the appropriate health information and help her set her own priorities.
- If needed, refer her to alcohol or drug treatment. Call the Perinatal Substance Use Project – Alcohol /Drug Council of North Carolina at **1-800-688-4232** for assistance making an appropriate referral in North Carolina.

Where do I begin?

- Right here and right now. Read this counseling guide. It provides you with the information you need to counsel women who use tobacco.
- Create a tobacco-free workplace for both staff and visitors to reinforce that smoking and exposure to secondhand smoke is harmful.
- Assess who among your staff should provide counseling or be trained to provide counseling.
- Include as many staff as possible in your tobacco cessation program. Staff can help assess tobacco use status, provide advice to quit, provide support, make follow-up calls, counsel women, etc.
- Obtain tobacco cessation educational materials to give to your patients, their partners, and family members. Refer to the Resources section for more information on patient educational

Tobacco-free is the way to go.

Ask about tobacco use status at each patient encounter.

KEY POINTS FOR COUNSELING WOMEN WHO USE TOBACCO

1. Counseling is most effective when you join with the woman as her partner to develop a plan to quit tobacco use. Having a personalized plan is the critical component to quit successfully.
2. Nicotine dependence, developed over many years, is the strongest determinant of success in quitting. Therefore, the sooner you provide tobacco cessation counseling, the more successful she may be in quitting.
3. Assess how ready each woman is to quit and tailor your counseling accordingly. It is essential to the success of her quitting that you start where she is in the quitting process.
4. Problem-solve together to break down each woman's barrier to quitting. Listen well. Give her the opportunity to come up with her own answers rather than imposing your ideas.
5. Quitting is a process that may occur after many attempts to quit. View these attempts as practice where she learns what her triggers are and what coping strategies work or don't work for her. Refer to the Handling Nicotine Withdrawal section for information on withdrawal symptoms. Timely follow-up is the key after initial counseling.
6. Women are most likely to succeed when they believe they can successfully quit or cut down. Your confidence in each woman's ability to quit successfully will increase her confidence in herself.
7. Most women know that tobacco use is bad for them and they need support to help them quit.
8. It is important to take time to develop rapport and put each woman at ease. Be non-judgmental. Use a conversational tone of voice, establish eye contact, sit next to her, and smile.
9. Women who lack support or who live with a smoker may have the most difficulty quitting.
10. Regardless of whether a woman is pregnant, a new mother, or thinking about pregnancy, there are health benefits for both her and her baby when she quits using tobacco.

POINTS TO PONDER BEFORE YOU BEGIN TO COUNSEL

Pregnancy is the ideal time to counsel tobacco users to quit. Women are often motivated to quit to protect the health of their unborn babies. However, it is important to address the benefits of quitting for both the woman and her baby. Otherwise, the woman may be able to quit during pregnancy but is likely to resume smoking after the baby is born.

Counsel from your heart as well as your head.

Some women who use tobacco during an earlier pregnancy may already have a healthy child or may have friends who smoke during their pregnancies and have healthy babies. Since all pregnancies are different, emphasize that she increases her chances of having a healthy baby this time if she stops using tobacco.

Take time to build rapport. Be warm, friendly, and caring. Show respect for the woman and what she says and feels. Find out what she values and needs. Be concrete and specific in your responses. This does not take much time at all.

Be positive and non-judgmental. Some women fear you may criticize and lecture them about tobacco use. Acknowledge that it is not easy to quit, and encourage her that you have confidence in her ability to quit using tobacco. Suggest she talk to ex-tobacco users about how they were able to quit. If she has tried to quit before, focus on the positive aspects of her previous "practice" quit attempts rather than on her feeling of failure.

Focus on other positive lifestyle changes she has made (e.g., getting prenatal care, wearing a seatbelt, exercising, eating healthy, etc.) to build her confidence. Tobacco users who believe they can quit are the ones who succeed.

Focus on the woman's feelings and behavior. Every pregnant woman has some worries about her pregnancy, her body, and fatigue. Allow her to discuss her concerns and reassure her that such feelings are normal.

Remember that a stressful situation in a woman's home or work life (financial issues, violence, harassment, etc.) may contribute to why she uses tobacco or why she finds it hard to quit.

Encourage support from others. Ask her to identify family members and friends who can help her stop using tobacco. Together, brainstorm ways to ask for help. Discuss whether her partner or close friends use tobacco. If they do, talk about things they can do to help her, like not smoking around her or quitting also. If she has no other support, you may want to offer yourself as a support person or another staff person.

Worldwide, tobacco use causes more than 5 million deaths per year, and current trends show that tobacco use will cause more than 8 million deaths annually by 2030.

CIGARETTE SMOKING FACTS

Tobacco Fact #1: People are still smoking across the lifespan.[4]

Facts: While there has been remarkable decline in the number of people smoking and women smoking during pregnancy, much works remains to be done in tobacco cessation and preventing tobacco use initiation. Annually, in the United States, nearly 42 million people smoke. One of every five Americans classifies themselves as current smokers.

Smoking by Age

People are still smoking across the lifespan . There is not much variation among the age groups until we get to the 65+ bracket. Nationally, smoking prevalence is lowest for individuals 65 years of age and older (7.9%) and highest among people aged 25-44 years (22.1%). Nearly 9 out of 10 smokers started smoking by age 18, and 99% started by age 26.

Smoking by Sex

Historically, cigarette smoking rates have been lower among women than men. Yet, one in five reproductive age women continue to use tobacco. http://www.cdc.gov/brfss/

Smoking by Race

Historically, tobacco use among women has been higher among Whites and American Indians. Women of all races and ethnicities should be screened for tobacco use.

Smoking by Economic Status

There are variations in smoking by socioeconomic status. There are higher rates of smoking among the uninsured and those with lower education attainment. Nationally,

- 29.0% of adults who live below the poverty level smoke
- 17.9% of adults who live at or above the poverty level smoke.

Smoking during Pregnancy

While the rate of smoking during pregnancy has decreased, it is still a matter of great concern and demands our attention. Cigarette smoking during pregnancy is the number one preventable risk factor for low birthweight and prematurity, the leading causes of infant mortality. Women are more likely to quit smoking during pregnancy than any other time in their lives. The

aim is for women to quit smoking before conception and remain smoke-free after delivery.

For more information on smoking in North Carolina: NC BRFSS Tobacco Use Status

Tobacco Fact #2: Quitting tobacco does not worsen mental health symptoms.[5]
Facts: Persons with mental illnesses or substance abuse disorders are nicotine dependent at rates 2-3 times higher than the general population. Persons with mental illnesses can quit tobacco use and do not experience a worsening of symptoms. Intensive counseling along with pharmacotherapy has proven effective in tobacco cessation with quit rates comparable to the general population. Download the CDC Vital Sign Fact Sheet on Adult Smoking and Mental Illness for more information.

Tobacco Fact #3: Infrequent, social smoking causes death and disease.[6]
Facts: The scientific evidence supports that there is no risk-free level of tobacco use, whether from conventional tobacco products or other combustible products. Even an occasional cigarette or exposure to secondhand smoke is harmful.

Tobacco Fact #4: E-Cigarettes are not safe alternatives to traditional cigarette smoking.

Facts: Electronic cigarettes or e-cigarettes are battery-powered devices that provide doses of nicotine, propylene glycol, flavorings, and other additives to the users in an aerosol. To date, there has been little research on the safety of e-cigarettes . Another concern is that there is no regulation of product standards. What we do know is that nicotine is addictive and does have adverse health effects. Just as there is no risk-free level of tobacco use, there is no safe level of nicotine use whether from traditional tobacco products or electronic cigarettes and other non-combustible products. It is strongly advised that people not use electronic cigarettes.

Although some e-cigarettes have been marketed as smoking cessation aids, there is no conclusive scientific evidence that e-cigarettes promote successful long-term quitting. However, there are proven cessation strategies and treatments, including counseling and FDA-approved cessation medications.

http://betobaccofree.hhs.gov/about-tobacco/Electronic-Cigarettes/

Tobacco Fact #5: Smoking outside does not eliminate the dangers of secondhand smoke.[7]
Facts: There is no risk free level of exposure to secondhand smoke. Even brief contact with involuntary exposure to tobacco smoke causes harm. Concentrations of many cancer-causing and toxic chemicals are higher in secondhand smoke than in the smoke inhaled by smokers.

Tobacco Fact #6: Brief tobacco cessation counseling increases quit rates. [8]

- Facts: 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. This guide will suggest specific opportunities and ways to counsel women, including pregnant women, who smoke in the time you currently spend with them. You don't have to go it alone. Counseling delivered by a variety of clinician types, including physicians and non-physicians, increases quit rates. For non-pregnant women, the most effective approach is using a combination of tobacco cessation counseling and pharmacotherapy. For pregnant women, the most effective approach is using a combination of tobacco cessation counseling and self-help materials.

HEALTH EFFECTS OF TOBACCO USE

TOBACCO DEPENDENCE IS A CHRONIC DISEASE

Tobacco use is the single most preventable cause of death and disease in the United States. Worldwide, tobacco use causes more than 5 million deaths per year, and current trends show that tobacco use will cause more than 8 million deaths annually by 2030.[9] Tobacco dependence is a chronic condition with the majority of users reporting that they want to quit. Less than 10 percent of adults who try to quit unassisted are successful. [10]

In 2014, 18.8 percent of adult males and 14.8 percent of adult women identified themselves as current smokers; reporting smoking at least 100 cigarettes during their lifetime and reporting smoking every day or some days[11]. Fortunately, most of these tobacco users want to quit. As a healthcare provider, you have a special opportunity and the privilege to make a difference. At least 70% of smokers visit a physician each year[12], providing key opportunities for intervention.

Research shows that people expect and want their healthcare provider to address their tobacco use issue and support them while quitting.[13] Pregnancy is an especially key time to leverage receptivity to tobacco cessation. Counseling by a health care provider increases quit rates by 30 – 70 percent. [14] Effective treatment increases the likelihood of long-term abstinence.

Tobacco cessation counseling can easily be worked into the clinic routine.[15] Counseling sessions as brief as three minutes or less can increase cessation rates for non-pregnant smokers. Counseling sessions as brief as 5 to 15 minutes can be effective with pregnant women.[16]

OVERALL HEALTH EFFECTS OF TOBACCO USE

Since the first Surgeon General's report on smoking and health in 1964, there have been 34 more reports from the Surgeon General on tobacco use. The consensus of each report is that tobacco use causes disability and death.[17]

Tobacco use harms nearly every organ of the body; causing many diseases and reducing the health of tobacco users in general.[18] The adverse health effects from cigarette smoking account for more than 400,000 deaths, or nearly 1 of every 5 deaths, each year in the United States.[19,20] For every person who dies from a tobacco-related disease, 20 more people suffer with at least one serious illness from tobacco.

MORE DEATHS ARE CAUSED EACH YEAR BY TOBACCO USE THAN BY HUMAN IMMUNODEFICIENCY VIRUS (HIV), ILLEGAL DRUG USE, ALCOHOL USE, MOTOR VEHICLE INJURIES, SUICIDES, AND MURDERS COMBINED.

HTTP://WWW.TOBACCOFREEKIDS.ORG/FACTS_ISSUES/TOLL_US/

Respiratory Disease and Other Effects

- Smoking causes lung cancer.
- Cigarette smoking is associated with a tenfold increase in the risk of dying from chronic obstructive lung disease. About 90% of all deaths from chronic obstructive lung diseases are attributable to cigarette smoking.

Cancer

- Cancer is the second leading cause of death and was among the first diseases causally linked to tobacco use.
- Smoking causes about 90% of lung cancer deaths in men and almost 80% of lung cancer deaths in women. The risk of dying from lung cancer is more than 23 times higher among men who smoke cigarettes, and about 13 times higher among women who smoke cigarettes compared with those who never smoked.
- Tobacco use causes cancers of the bladder, oral cavity, pharynx, larynx (voice box), esophagus, cervix, kidney, lung, pancreas, stomach, and liver, and acute myeloid leukemia.

THE GOOD NEWS:

Nearly 70% of the more than 45.4 million American adults who smoke cigarettes want to quit.[21]

Cardiovascular Disease

- Tobacco use causes coronary heart disease, the leading cause of death in the United States. Cigarette smokers are 2–4 times more likely to develop coronary heart disease than nonsmokers.
- Cigarette smoking approximately doubles a person's risk for stroke.
- Tobacco use causes reduced circulation by narrowing the blood vessels (arteries). Tobacco users are more than 10 times as likely as non- tobacco users to develop peripheral vascular disease.

Other Effects

- Tobacco use is causally associated with age-related macular degeneration, diabetes, colorectal cancer, adverse health outcomes in cancer patients and survivors, tuberculosis, erectile dysfunction, orofacial clefts in infants, ectopic pregnancy, rheumatoid arthritis, inflammation, and impaired immune function.
- Smoking is a cause of type 2 diabetes mellitus. The risk of developing diabetes is 30-40% higher for active smokers than nonsmokers. The risk of developing diabetes increases as the number of cigarettes smoked grows.

From: http://www.cdc.gov/tobacco/basic_information/health_effects/index.htm

TOBACCO USE AND WOMEN'S HEALTH

Tobacco use has many adverse health effects across a woman's lifespan. Compared with women who don't use tobacco, women who use tobacco have a greater incidence of immediate and long-term health problems including reproductive health problems, heart diseases, cancers, chronic obstructive pulmonary disease (COPD), respiratory diseases, diabetes mellitus, and osteoporosis. Each year, more than 200,000 women die as a result of tobacco-related illnesses (including deaths from secondhand smoke)[22]. Healthcare providers should avail themselves of every opportunity to ask about tobacco use status and provide, as applicable, clear and direct advice to quit; each interaction has an impact on the smoker.

Tobacco Use During the Preconception and Interconception Periods

The ideal time for a woman to quit using tobacco is before pregnancy. Appropriate Preconception Health Care Counseling should advise on the impact of tobacco use on the health of the mother and future pregnancy outcomes. Tobacco use before, during, and after pregnancy is a major cause of infertility and infant morbidity and mortality. [23]

- The prevalence of infertility is higher and the time it takes to conceive a baby has been shown to be longer in smokers as opposed to non-smokers.
- Women who stop using tobacco before getting pregnant lower their risk of infertility, miscarriage, ectopic pregnancy, premature birth, placenta previa, placenta abruption, having a low birthweight baby, and other detrimental pregnancy outcomes.
- Tobacco use affects various factors of men's fertility, from sperm motility and volume to damage of the seminiferous tubules which produce sperm, to hormones impacting sexual desire, and to erectile dysfunction.
- Women who use tobacco and use oral contraceptives increase their risks of having a stroke or heart attack.[24]
- Women who used tobacco during previous pregnancies and had healthy babies are not guaranteed that their next baby will be healthy if they continue to use tobacco. Every pregnancy is different.

Are You Ready? Sex and Your Future is an excellent resource to use with your patients to discuss preconception health and wellness.

Tobacco Use and Pregnancy

Tobacco use during pregnancy is the number one preventable risk factor for low birthweight.[25] If women quit using tobacco while pregnant, the overall infant mortality rate in North Carolina would drop an estimated 10 – 20 percent.[26]

In North Carolina, approximately 10.7% of women reported smoking during the last three months of pregnancy.

Of women who smoked 3 months before pregnancy, 54% quit during pregnancy. Among women who quit smoking during pregnancy, 44% relapsed within 6 months of delivery.

The NC Tobacco Use Quitline, QuitlineNC, has a special pregnancy protocol. Pregnant women who enroll in the telephone support program receive 10 calls from specially trained quit coaches.

1-800-QUIT-NOW

(784-8669)

http://www.quitlinenc.com/

It's Not Too Late for Pregnant Patients Who Are Still Using Tobacco! Quitting tobacco use prior to conception or early in the pregnancy is most beneficial, but health benefits result from quitting at any time. Advice and support for tobacco cessation should continue throughout the course of pregnancy and beyond.[27] A woman who quits as late as the second trimester of pregnancy lowers her baby's chances of being born too small, too soon, and/or with health problems.

Using Tobacco During Pregnancy Impacts Birth Outcomes

Smoking and Low Birthweight[28]

☑ Maternal smoking increases the chance of having a low birthweight baby (weighing less than 2500 grams or 5½ pounds at birth). In the United States, studies have shown that maternal smoking accounts for up to 30 percent of infants born at less than 2500 grams.[29]

☑ It is estimated that there would be a 9 – 25 percent reduction in the incidence of low birthweight if smoking during pregnancy were eliminated.

☑ Smoking a small number of cigarettes is associated with decreased infant birthweight. While smoking fewer than five cigarettes a day may reduce risk, **quitting is the best thing a woman can do for herself and her baby**.

☑ The weight of babies born to smoking mothers averages about 250 grams less than that of infants born to nonsmokers.

☑ Low birthweight can lead to higher use of neonatal intensive care units (NICUs) at delivery, which leads to higher health care costs.

In North Carolina, mothers who smoked during pregnancy had nearly twice the risk of an infant death or low-weight birth as mothers who did not smoke.[30] For North Carolina specific data on birth outcomes: NC State Center for Health Statistics

How Does Tobacco Use Cause Low Birthweight?[31]

- Nicotine causes blood vessels to constrict, so less blood (with oxygen and nutrients) flows through the placenta to the baby, causing growth restriction and low birthweight.
- Nicotine reaches the baby through the placenta and is concentrated in fetal blood at levels 15% greater than those of the mother. Immediately after the mother uses tobacco, the baby's heart rate increases.[32] This causes stress and strain on the unborn baby.
- Carbon monoxide (poisonous gas in cigarette smoke) reduces the amount of oxygen in the bloodstream, which can affect the development and size of the baby.

What are the Other Risks?

- Tobacco use during pregnancy is a health risk for both the woman and the baby. It has been shown to cause stillbirths, spontaneous abortions, ectopic pregnancy, placenta previa, placental abruption, fetal growth restriction, premature births, sudden infant death syndrome (SIDS), respiratory conditions, and childhood cancers.[33]
- Babies born to mothers who used tobacco during pregnancy had more than three times the risk for Sudden Infant Death Syndrome (SIDS) than babies born to mothers who did not smoke.
- Babies born to mothers who use tobacco have more respiratory infections (pneumonia, bronchitis), recurrent colds, and ear infections during their first year.
- Infants whose mothers who use tobacco during pregnancy have a higher risk of developing asthma and other respiratory illnesses including wheezing and coughing.

Pregnancy is the ideal time to counsel tobacco users to quit. Women are often motivated to quit, protecting the health of their unborn babies. **However, it is important to address the benefits of quitting for both the woman and her baby.** Otherwise, the woman may be able to quit during pregnancy but is likely to resume tobacco use after the baby is born.

Postpartum Tobacco Use

Postpartum relapse is common among women who stop using tobacco during pregnancy. Following a successful period of tobacco cessation during pregnancy, approximately 50% of all women relapse during the 6 months after delivery. Forty-five percent of women relapse within 3 months after the baby is born.[34] Approximately 70 percent of women, who do quit smoking during pregnancy, relapse within one year postpartum.[35] African-American women are almost twice as likely as Caucasian women to relapse, during the postpartum period, after successfully quitting during pregnancy.[36]

Tobacco Use and Breastfeeding

- Women are more likely to relapse if they chose to formula feed versus breastfeeding their baby or if there is another smoker in the house.[37]
- Tobacco use effects breastfeeding by reducing the mother's milk supply. The maternal milk production of smokers is more than 250 milliliters per day less than that of nonsmokers.[38]

Using Tobacco Postpartum Impacts the Child and Family

- Secondhand smoke is linked to many illnesses, including between 700,000 and 1.6 million physician office visits for middle ear infections in children each year. It causes and worsens asthma as well as acute respiratory infections such as bronchitis and pneumonia and contributes to 500,000 physician visits by children.[39]
- About 34% of all children are exposed to environmental tobacco smoke due to maternal smoking. Smoking during pregnancy and in the postpartum period contributes to sudden infant death syndrome (SIDS), and changes in brain and nervous system development.
- Children exposed to secondhand smoke are at an increased risk for sudden infant death syndrome (SIDS), acute respiratory infections, ear problems, and more severe asthma. Smoking by parents causes respiratory symptoms and slows lung growth in their children.[40]
- Children are more likely to smoke if their parents are smokers.[41]

THE 5A'S METHOD OF COUNSELING

PROVIDING SUPPORT

Regardless of whether a woman is pregnant, a new mother, or thinking about pregnancy, there are health benefits for both her and her baby when she quits using tobacco. As health care providers, it is our duty to assist women in quitting. Women are most likely to succeed when they believe they can successfully quit or cut down. Your confidence in each woman's ability to quit successfully will increase her confidence in herself. Plus, tobacco users cite a healthcare provider's advice to quit as an important motivator for attempting to stop tobacco use. Counseling is most effective when you join with the woman as her partner to develop a personalized plan to quit tobacco use. Having a plan is the critical component to quit successfully.

Quitting is a process that may occur after many attempts to quit.

View these attempts as practice where she learns what her triggers are and what coping strategies work or don't work for her.

Counseling delivered by a variety of clinician types, including physicians and non-physicians, increases quit rates. For non-pregnant women, the most effective approach is using a combination of tobacco cessation counseling and pharmacotherapy. For pregnant women, the most effective approach is using a combination of tobacco cessation counseling and self-help materials. Assess how ready each woman is to quit, her level of confidence to quit, and tailor your counseling accordingly. It is essential to the success of her quitting that you start where she is in the quitting process. Join with her as a partner. Problem-solve together to break down barriers to quitting. Listen well. Give her the opportunity to come up with her own answers rather than imposing your ideas.

Nicotine Dependence

For most people, quitting tobacco use is not a simple process. Few people are able to go "cold turkey". Most individuals attempting to quit tobacco use are challenged with physiological and psychological barriers. Effective tobacco cessation treatment should address all components.

Physiologically there is an addiction to nicotine. Nicotine, a chemical that is in all tobacco products, is very addictive. More people in the United States are addicted to nicotine than to any other chemical. Nicotine passes through the blood-brain barrier quicker than any other psychoactive drug. Because nicotine is so addictive, people can find it hard to quit smoking. Nicotine dependence is the strongest determinant of success in quitting. Therefore, the sooner you provide tobacco cessation counseling, the more successful she may be in quitting.

THE 5A'S METHOD

Over the past decade, there has been remarkable change in the usage pattern and types of tobacco products. It is not just cigarettes anymore. Overall, there has been a decrease in the consumption of cigarettes; however, non-cigarette combustibles have doubled. There is a growing trend in the use of small and large cigars, pipe tobacco, and roll your own cigarettes. Hence, when screening clients for tobacco use, providers should be aware of asking beyond cigarette use.

A STEP-BY-STEP APPROACH TO COUNSELING WOMEN WHO USE TOBACCO

This brief counseling intervention will help you quickly and effectively counsel your patients to quit using tobacco. The 5A's: Ask, Advise, Assess, Assist, and Arrange is a flexible approach you can adopt to fit each of your patients who use tobacco.

We know there are times when you only have a few minutes to discuss the issue of tobacco. The 5A's counseling approach can take as little as 3 minutes or less with non-pregnant tobacco users, and 5 to 15 minutes with pregnant tobacco users.[42] You should ask every woman about her tobacco use status at each visit and document her status and all counseling activities. It is important to develop a system within your office setting that screens every woman for tobacco use and provides tobacco cessation counseling to every tobacco user.

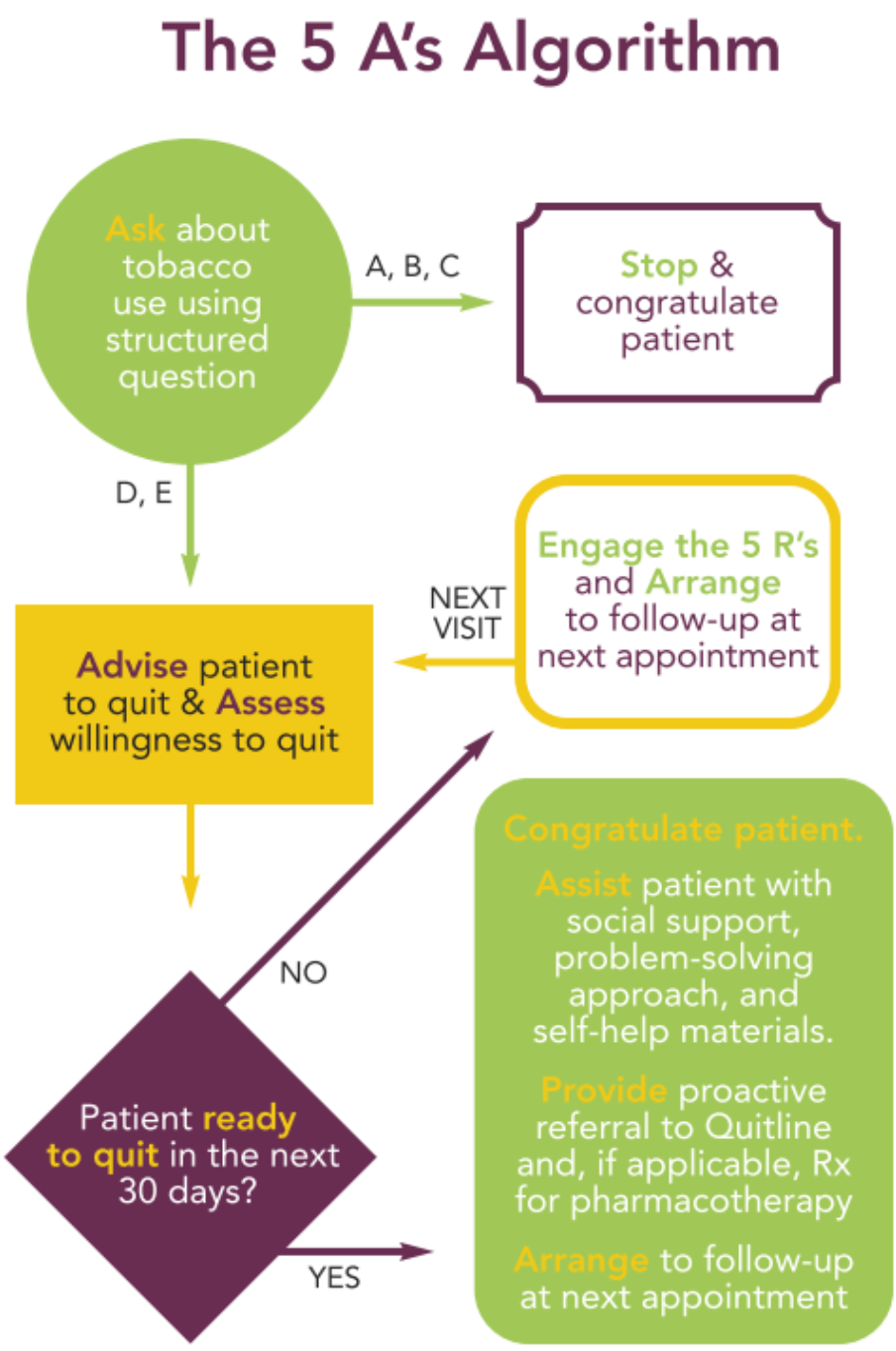
TOBACCO CESSATION SELF-HELP MATERIALS:

- IF YOU SMOKE AND ARE PREGNANT
- YOU QUIT, TWO QUIT
- OH BABY! WE WANT TO KEEP YOU SAFE FROM SECONDHAND SMOKE

AVAILABLE FOR ORDER AT

http://whb.ncpublichealth.com/

Click – Order Forms / Publications



http://youquittwoquit.com/

The 1st A: Ask

ASK ABOUT HER TOBACCO USE STATUS – 1 MINUTE

Ask every woman at each visit about her tobacco use status using structured questions and document in her patient record.

Many pregnant women are reluctant to disclose their tobacco use status at their first prenatal visit. They may be more prone to deny tobacco use when asked a simple "Yes" or "No" question. A multiple-choice approach, in either written or oral formats, can improve disclosure for pregnant women.[43] Each statement below has a corresponding action listed. [44]

WHAT TO ASK WOMEN WHO ARE NOT PREGNANT

"Which of the following statements best describes you?"

	Statement	Action
A.	I have **NEVER** smoked, or have smoked **FEWER** THAN 100 cigarettes in my lifetime.	Congratulate her! Document her smoking status. Ask about her exposure to secondhand smoke.
B.	I stopped smoking **OVER** a year ago and I am not smoking now.	Congratulate her success in quitting! Reinforce her decision and encourage her to stay quit. Document her smoking status. Follow-up at every visit.
C.	I stopped smoking **LESS THAN** a year ago and I am not smoking now.	
D.	I smoke some now, but I have cut down to _____# of cigarettes per day.	Congratulate her success at cutting down and set goals to quit. Document her smoking status. Continue to the next step – **ADVISE**
E.	I smoke some regularly now, __#__of cigarettes per day.	

The 1st A: Ask

WHAT TO ASK PREGNANT WOMEN

"Which of the following statements best describes you?"

	Statement	Action
A.	I have NEVER smoked, or have smoked **FEWER** THAN 100 cigarettes in my lifetime.	Congratulate her! Document her smoking status. Ask about her exposure to secondhand smoke.
B.	I stopped smoking **BEFORE** I found out I was pregnant, and I am not smoking now.	Congratulate her success in quitting! Reinforce her decision and encourage her to stay quit. Document her smoking status. Ask about her exposure to secondhand smoke. Follow-up at every visit.
C.	I stopped smoking **AFTER** I found out I was pregnant, and I am not smoking now.	
D.	I smoke some now, but I cut down on the number of cigarettes I smoke since I found out I was pregnant.	Document her smoking status. Continue to the next step – **ADVISE**
E.	I smoke regularly now, about the same as before I found out I was pregnant.	

The 1st A: Ask

WHAT TO ASK POSTPARTUM WOMEN

"Which of the following statements best describes you?"

	Statement	Action
A.	I have **NEVER** smoked, or have smoked **FEWER** THAN 100 cigarettes in my lifetime.	Congratulate her! Document her smoking status. Ask about her exposure to secondhand smoke.
B.	I stopped smoking **BEFORE** I found out I was pregnant, and I am not smoking now.	Congratulate her success in quitting! Reinforce her decision and encourage her to stay quit. Document her smoking status. Ask about her exposure to secondhand smoke. Follow-up at every visit.
C.	I stopped smoking **AFTER** I found out I was pregnant, and I am not smoking now.	
D.	I stopped smoking during pregnancy, but I am smoking now.	Document her smoking status. Continue to the next step – **ADVISE**
E.	I smoked during pregnancy, and I am smoking now.	

The 2nd A: Advise

PROVIDE CLEAR ADVICE TO QUIT: 1 MINUTE

Provide every woman who uses tobacco with a clear and strong message to quit at each visit. Be sure to emphasize the benefits of quitting in your message, not just the health risks.

Action	What You Might Say
• Provide every **PREGNANT WOMAN** with a clear and strong message to quit tobacco use at each visit. • Focus on the benefits of quitting in your message, using positive language.	"I strongly advise you to quit using tobacco. It is one of the most important things you can do for yourself and for the health of your baby. Your baby will get more oxygen to grow better and you will feel more energetic now and after the baby is born."
• Provide every **WOMAN** with a clear and strong message to quit tobacco use at each visit. • Focus on the benefits of quitting in your message, using positive language.	"My best advice to you is to quit using tobacco. It is one of the most important things you can do for your health. You will feel more energetic, your heart rate will return to normal, your breathing will become easier, and your circulation will improve."

The 2nd A: Advise

HEALTH BENEFITS OF QUITTING TOBACCO USE

Emphasizing the benefits of quitting is more effective than focusing on the health risks of tobacco use. A pregnant woman may not believe she is at risk, especially if she or someone she knows has had a healthy baby in the past while using tobacco. Explain that each pregnancy is different and the effects of tobacco use on the health of this baby may be different. Be sure to emphasis the health benefits of quitting for her health and her baby's health. Refer to sections Handling Difficult Questions and Tobacco Use and Pregnancy for more information.

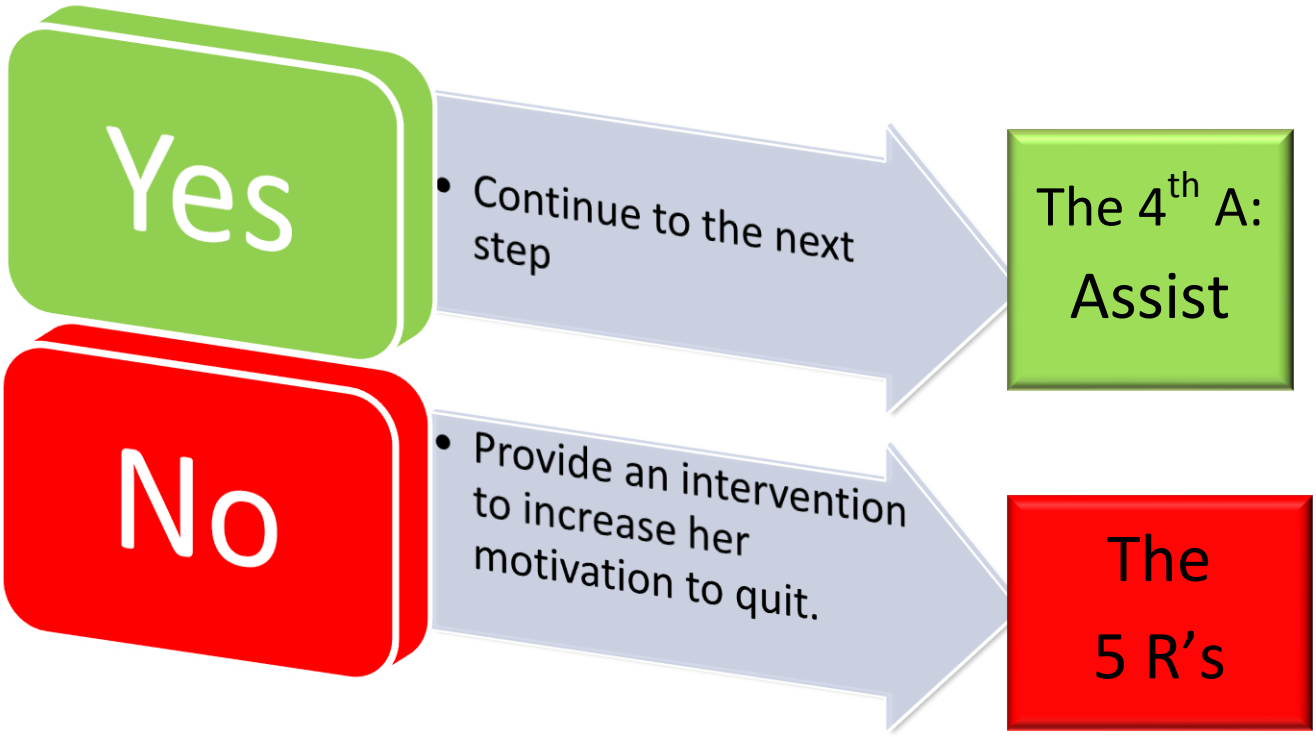
HEALTH BENEFITS OF QUITTING	
Action	**What You Might Ask**
• Ask the **PREGNANT WOMAN** what she thinks the health benefits are if she quits using tobacco.	• "Why do you think it would be beneficial for your health and your baby's health to quit using tobacco?"
• Ask the **WOMAN** what she thinks the health benefits are if she quits using tobacco.	• "Why do you think it would be a good idea to quit using tobacco?"
• Discuss what the **health benefits** of quitting are for the **WOMAN**.	Health benefits for the **WOMAN** include: • Energy level increases • Breathing becomes easier • Ability to smell and taste improves • Circulation improves • Lung function increases • Walking becomes easier • Risk of a heart attack decreases within one year of quitting

HEALTH BENEFITS OF QUITTING	
Action	**What You Might Ask**
• Discuss what the **health benefits** of quitting are for the **BABY**.	Health benefits for the **BABY** include: • The baby will get more oxygen, thus allowing the baby to grow better • The baby's lungs will work better • Decreases the risk that the baby will be born too early (premature) • Increases the chance that the baby will be normal weight at birth • The baby will get fewer chest colds and ear infections
• Discuss what the **health risks** of tobacco use are for the **WOMAN**	Health risks for the **WOMAN** include: • Lung cancer • Cardiovascular disease • Respiratory disease • Menstrual disorders • Fertility problems
• Discuss what the **health risks** of tobacco use are for the **BABY**	Health risks for the **BABY** include: • Low birth weight • Pregnancy complications • Sudden Infant Death Syndrome (SIDS) • Premature birth • Respiratory infections See Tobacco Use and Pregnancy for more information.

The 3rd A: Assess

ASSESS HER WILLINGNESS TO QUIT: 3+ MINUTES

"Are you willing to quit using tobacco within the next 30 days?"



THE 5 R'S[45]

Using the 5 R's is a way to increase her motivation to quit. It is not necessary to address all of the 5 R's in one visit. Choose one or two that are relevant to her situation.

The 5 R's	Action
Relevance Link the motivation to quit to her personal situation	Ask her why quitting might be personally relevant (e.g., children at the home).
Risks Identify the potential risks of continued tobacco use	Ask her why she thinks smoking is bad for her health and her baby's health, if she is pregnant. See Tobacco Use and Pregnancy for more information
Rewards Identify why quitting would be beneficial	Ask her to describe how quitting might benefit her, her baby (if she is pregnant), and her family (e.g., save money, protect a child with asthma). Tobacco and Pregnancy and Secondhand Smoke for more information.
Roadblocks Identify barriers to quitting	Ask her to identify barriers to quitting. Problem solve strategies to help her overcome barriers. See Handling Difficult Questions and Handling Nicotine Withdrawal for more information.
Repetition Follow-up with her at every visit	Ask her if she has changed her mind about attempting to quit at each visit. If she is willing to quit then continue to the next step – **ASSIST**.

THE FAGERSTRÖM TEST FOR NICOTINE DEPENDENCE [46]

This is a tool that can be used to help determine how dependent someone is on cigarette smoking. If she is willing and interested in learning about her own dependence, you can have her take the test on her own or the questions can easily be incorporated into your conversation.

THE FAGERSTRÖM TEST

FOR NICOTINE DEPENDENCE QUESTIONNAIRE

Learning how dependent you are on cigarettes is the first step toward quitting. Answer each of these questions about your smoking as accurately as possible. For each statement, circle the most appropriate number that best describes you.

		Points
1.	How many cigarettes do you smoke per day?	
	a) 10 or less	0
	b) 11 – 20	1
	c) 21 – 30	2
	d) 31 or more	3
2.	How soon after you wake up do you smoke your first cigarette?	
	a) 0-5 minutes	3
	b) 30 minutes	2
	c) 31 – 60 minutes	1
	d) After 60 minutes	0
3.	Do you find it difficult to refrain from smoking in places where smoking is not allowed (e.g. hospitals, government offices, cinemas, libraries etc.)?	
	a) Yes	1
	b) No	0
4.	Do you smoke more during the first hours after waking than during the rest of the day?	
	a) Yes	1
	b) No	0
5.	Which cigarette would you be the most unwilling to give up?	
	a) First in the morning	1
	b) Any of the others	0
6.	Do you smoke even when you are very ill?	
	a) Yes	1
	b) No	0

TOTAL POINTS

TOTAL SCORE		LEVEL OF DEPENDENCE
0-3 points		Low
4 – 6 points		Medium
7 – 10 points		High

Karl Fagerstrom Nicotine Tolerance Questionnaire

GUIDELINES TO SCORING INTERPRETATION

Score 0-3: Low nicotine dependence

- ❒ Mild physical dependence.
- ❒ Will benefit from professional counseling.
- ❒ Pharmacotherapy not recommended at initial assessment. If patient has difficulty dealing with withdrawal symptoms, further assessment for pharmacotherapy to be carried out to ascertain suitability.

Score 4 - 6: Medium nicotine dependence

- ❒ Moderate physical dependence.
- ❒ Require professional counseling.
- ❒ May recommend pharmacotherapy if patient is assessed to be suitable. Pharmacist and/or doctor to provide more advice on pharmacotherapy.

Score 7 - 10: High nicotine dependence

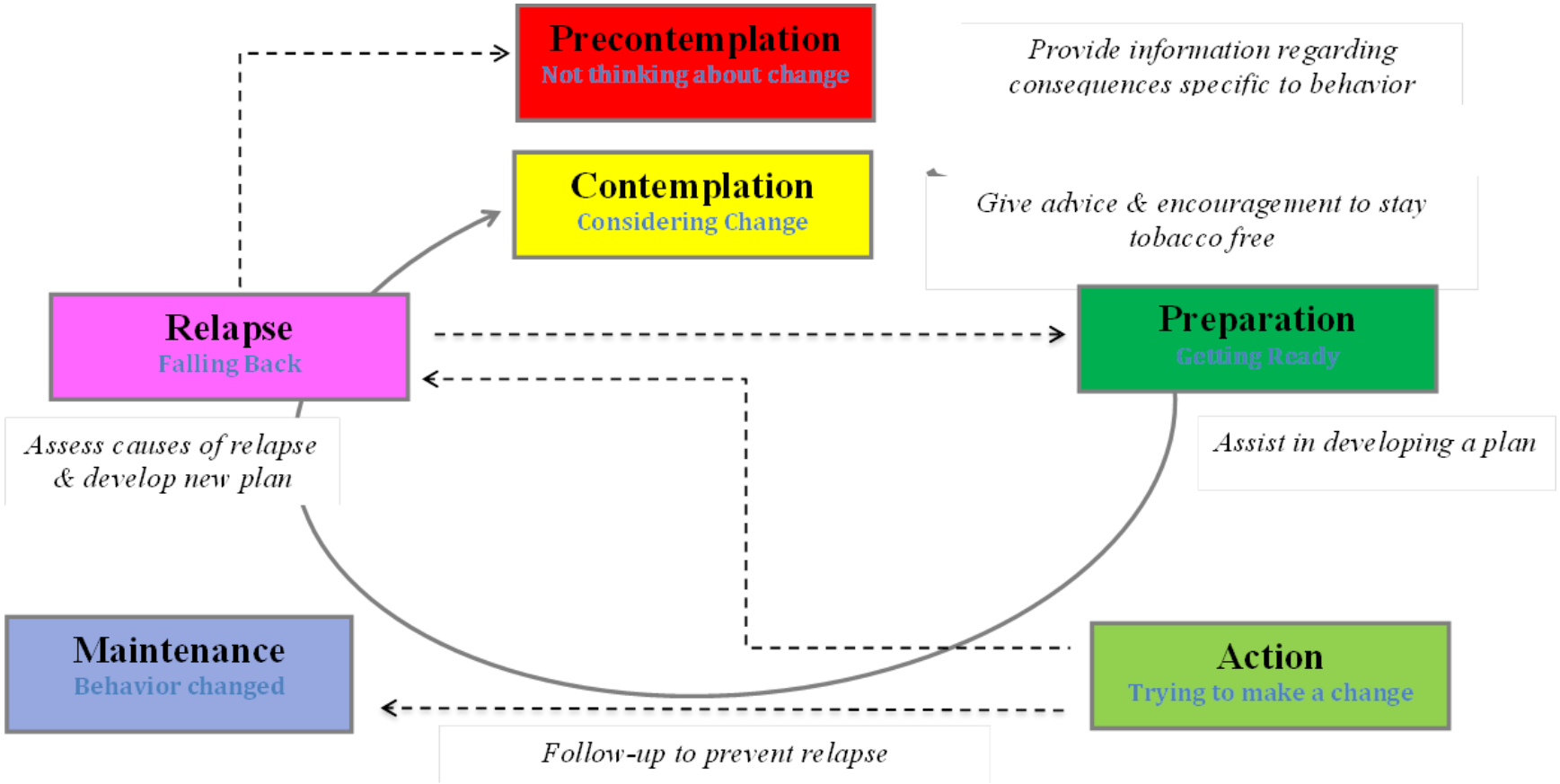
- ❒ Strong physical dependence.
- ❒ Require professional counseling.
- ❒ Recommend pharmacotherapy if patient is assessed to be suitable. Pharmacist and/or doctor to provide more advice on pharmacotherapy.

Willpower and support from family and friends are important elements for all levels of nicotine dependence.

Score	What you Might Say
0 – 2 Very Low Addiction	"Your level of nicotine dependence is still low. You should act now before your level of dependence increases. "
1 – 4 Low Addiction	
5 Medium Addiction	"Your level of nicotine dependence is moderate. If you don't quit soon, your level of dependence on nicotine will increase until you may be seriously addicted. Act now to end your dependence on nicotine."
6 – 7 High Addiction	"Your level of dependence is high. You aren't in control of your smoking – it is in control of you! When you make the decision to quit, you may want to talk with your doctor about nicotine replacement therapy or other medications to help you break your addiction."
8 – 10 Very High Addiction	

STAGES OF CHANGE MODEL

The Stages of Change Model is just one approach that can be used to understand some of the steps people go through on their way to adopting healthier lifestyles and behaviors. This stage-specific approach may provide a way of understanding how a smoker may be thinking about and responding to messages to quit smoking. Below you will find a list of characteristics for each stage of change along with some sample scripts you can use with your patients.



STAGES OF CHANGE MODEL	
Stage	**What You Might Ask or Say**
PRECONTEMPLATION STAGE • Unwilling to quit, not thinking about quitting • Not willing to quit, but interested in cutting down on tobacco use • May be discouraged about ability to quit • May not be receptive to health information about quitting • Does not believe she is susceptible to severe illness **GOAL:** Patient will begin thinking about change	• "Have you ever thought about quitting in the past or since you found out you were pregnant?" • "Have you ever tried to quit before?" • "What have you heard about quitting?" • "What are your concerns or questions about quitting?" • "What do you like about using tobacco? What do you dislike about using tobacco?" • "What goal would you like to set for reducing your tobacco use?"

STAGES OF CHANGE MODEL	
Stage	**What You Might Ask or Say**
CONTEMPLATION STAGE • Thinking about quitting or considering reducing the amount of tobacco use • Asks for information on quitting • Recognizes risks of tobacco use • May be upset at unsuccessful past attempts to quit **GOAL:** Patient will examine benefits and barriers to change	• "I understand that you are thinking about quitting tobacco use. That is great! It's the best thing you can do for both you and your baby." • "I have some really good materials that have helped many other tobacco users quit and I hope they help you too. Would you like to review them together?" • "I really care about your health and the health of your baby and would like to support you in any changes you are ready to make." • "Many tobacco users think about quitting but are afraid they won't be able to do it. What problems do you think will come up if you try to quit?" • "Why might it be important for you to consider quitting?"

PREPARATION STAGE • Ready to quit • Ready to make a change by setting goals • May be able to build on previous attempts to quit **GOAL:** Patient will begin to layout plans for making change	• "I understand that you are thinking about quitting tobacco use. That is great! It's the best thing you can do for both you and your baby." • "I have some really good materials that have helped many other tobacco users quit and I hope they help you too. Would you like to review them together?" • "I applaud your efforts. I know it's difficult, but I'm confident you can do it once you decide the time is right." • "What roadblocks might you encounter in quitting? How could you cope?" • "How will you reward yourself for not smoking?"
STAGES OF CHANGE MODEL	
Stage	**What You Might Ask or Say**
ACTION STAGE • Recently quit • Has begun the cessation process • Many pregnant women begin cessation at this stage because of external motivation • May experience withdrawal symptoms **GOAL:** Patient will develop a support system to support change	• "Congratulations on quitting!" • "I understand that you are still smoke-free! That's great! It's one of the best things you can do for both you and your baby." • "I applaud your efforts and I know you can remain tobacco-free." • "I know it hasn't been easy for you, but I know you can stay quit."
MAINTENANCE STAGE • Staying quit • Road to lifelong abstinence • May still experience withdrawal symptoms **GOAL:** Patient will incorporate the change attitude into regular environment	• "I understand that you are still smoke-free! That's great! It's one of the best things you can do for you and your baby." • "Keep it up, you're doing great." • "What helps keep you from smoking?" • "I will be checking in with you to see how you are doing."

The 4th A: Assist

ASSIST HER IN DEVELOPING A QUIT PLAN: 3+ MINUTES

When a woman is willing to quit using tobacco, you can assist her with developing a quit plan. All of the action steps that are listed below do not have to be covered in one visit; they can be spread over several visits. Be sure to document all counseling activities in her patient record. Sample Documentation Form

Develop a Quit Plan	
Action	**Strategies**
Provide self-help materials	• Provide her with appropriate self-help materials (e.g., pregnancy-specific). See Resources section. • Provide her with tips to help her quit smoking. Refer to the handout "40 Ways to Give Up Smoking" in the Resources section. • The self-help materials can help her further develop her quit plan.
Set a quit date	• Ideally, her quit date should be set within two weeks. • You could begin by saying: "You need to choose a quit date so that you can be prepared. Would it be easier to quit on a weekday or a weekend?" • Record her quit date in the self-help materials for her to keep and her patient record. • Develop a "quit contract" with both of your signatures and her quit date written on it, or write her a prescription to quit. • Refer her to the QuitlineNC, 1-800-QUIT-NOW. If she sets a quit date within 30 days, with her permission, fax her referral to the QuitlineNC.

Develop a Quit Plan	
Action	**Strategies**
Develop problem-solving techniques	**Coping with others who use tobacco** • Provide her with information on how to get support from people (spouse/partner, family members, and friends) who use tobacco. • Encourage her to ask others not to smoke around her for her health and the health of her baby, if she is pregnant. **Coping strategies to avoid relapse** • Help her think of ways to cope with problems and feelings that may trigger her tobacco use. See "Handling Withdrawal Symptoms" for more information. • Remember to problem-solve with her rather than impose your solutions on her. **Coping strategies if she does relapse** • Reassure her that relapses are a normal part of the quitting process. Let her know that most people make repeated attempts to quit before they are successful. She can learn from it and try again. You might ask: • "Do you know what triggered you to smoke again? What will you do the next time you experience that trigger?" • "Did you have enough support from family and friends?" • "Would you like to set a new quit date?" • Discuss how she can get her environment ready for her to quit. She can eliminate cigarettes, ashtrays, lighters from her home, car, and workplace; clean her clothes and home; avoid places where smoking is allowed; and try not to hang out with others who smoke.

Develop a Quit Plan	
Action	**Strategies**
Provide Support	• Provide her with encouragement through follow-up phone calls or a congratulatory letter. • Respond to her specific concerns. Provide her with information on what to expect when she quits. • All staff members who interact with her should support her progress with a caring attitude.
Identify Other Sources of Support	• Help her identify people (spouse/partner, family members, friends, co-workers) that can provide the support and help she needs to quit. Ideally, her support people should be non-smokers.

The 4th A: Assist

PHARMACOTHERAPY

Pharmacotherapy has been shown to increase cessation rates and should be considered a part of tobacco cessation treatment for non-pregnant women. There are potential risks involved for use among pregnant women and women who are breastfeeding.

The Facts[47]

Of the 44.5 million adult smokers in the United States, 70 percent want to quit and 40 percent make a serious quit attempt each year, but fewer than 5 percent succeed. With effective tobacco cessation intervention, successful quit rates could double or triple. To assist patients in quitting, health care providers must insure that all available interventions are accessible.

Behavior modification is an important aspect of any behavior change, especially for tobacco cessation. However many individuals experience withdrawal symptoms that make behavior change alone more challenging when quitting tobacco. The U.S. Public Health Service identified seven **first line** pharmacotherapies for tobacco cessation and is recommending that smokers attempting to quit be urged to use and/or prescribed a medication.

The combination of counseling and medication is more effective for tobacco cessation than either medication or counseling alone. Therefore, where feasible and appropriate, both counseling and medication should be provided to patients trying to quit using tobacco.

These seven first-line therapies have been found to be safe and effective for tobacco dependence treatment and have been approved by the Food and Drug Administration (FDA):

- ✓ Bupropion SR (Zyban®)
- ✓ Varenicline (Chantix®)
- ✓ Nicotine gum
- ✓ Nicotine inhaler
- ✓ Nicotine nasal spray
- ✓ Nicotine patch
- ✓ Nicotine lozenge

Because of the lack of sufficient data to rank-order these medications, choice of a specific first-line pharmacotherapy must be guided by factors such as provider familiarity with the medications, contraindications for selected individuals, woman's preference, woman's previous experience with a specific pharmacotherapy, and her specific characteristics such as history of depression or weight gain concerns.

Bupropion SR and nicotine replacement therapies, in particular nicotine gum, have been found to delay but not prevent weight gain.

Nicotine replacement therapies have been used safely in women with a history of cardiac disease. However, the safety of these products has not been established for the immediate post-myocardial period or with severe or unstable angina.

Second-line medications (e.g. clonidine, nortriptyline) have been shown to be effective for treating tobacco dependence, but have a more limited role than first-line medications. The FDA **has not** approved them for tobacco dependence treatment, and there are more concerns about potential side effects.[1] For more information on second-line medications, please refer to the Public Health Services' Clinical Practice Guidelines for Treating Tobacco Use and Dependence.

For women who are unable to use first-line medications because of contraindications or for whom first line medications are not helpful, second-line agents should be considered. A physician can determine the most appropriate form of pharmacotherapy to use for each individual.

Pregnant & Breastfeeding Tobacco Users

Pregnant tobacco users should receive encouragement and assistance in quitting throughout her pregnancy. Pregnant tobacco users should be offered extended or augmented psychosocial interventions that exceed minimal advice to quit.

Here is some information to consider regarding pregnant and breastfeeding smokers:

- Pregnant and breastfeeding tobacco users should first be encouraged to quit without pharmacotherapy.[48]
- Pharmacotherapy should be considered only when a pregnant woman is unable to quit by using behavioral cessation strategies. The 5A's approach has been shown to be an effective behavioral strategy for tobacco cessation, but has the most evidence for effectiveness with light to moderate smokers.
- The following four questions should be considered by physicians before recommending pharmacotherapy to pregnant tobacco users:[49]

  1. Has the patient indicated that she wants to quit?
  2. Has the patient received effective counseling procedures and not been able to quit?
  3. Has the patient reported smoking 10 or more cigarettes per day?
  4. Are there coexisting medical problems that need to be addressed, such as drug dependence or depression?

- The clinician and pregnant tobacco users must contrast the risks and unknown efficacy of pharmacotherapy in pregnant women with the risks of continued tobacco use.

Pregnant tobacco users should be encouraged to quit without medication. Clinical Practice Guidelines list seven first-line medications available to assist with tobacco cessation. The use of these medications during pregnancy is controversial. Many women are motivated to quit tobacco use during pregnancy. Providers should capitalize on this moment to reinforce the health benefits of quitting for mother and fetus. QuitlineNC has special materials and support for pregnant women.

- The FDA has assigned a "Pregnancy Category D" warning to all forms of nicotine replacement therapy, including patches, gum, and lozenges, which translates to "positive evidence of fetal risk."
- The efficacy of nicotine replacement therapies has not been sufficiently tested in pregnant women, so the relative risks to benefits is unclear.
- The clinician should consider using medication doses that are at the low end of the effective dose range, and consider choosing delivery systems that yield intermittent, rather than continuous, drug exposure (e.g. nicotine gum rather than the nicotine patch).[50]
- For pregnant women who smoke heavily (more than a pack of cigarettes a day) and have been unresponsive to behavioral therapy, the clinician may need to consider adding a pharmacologic aid to their intervention plan.[51]
- Nicotine replacement therapies do result in nicotine passing into breastmilk.[52] The highest dose nicotine patch (21mg) results in the equivalent of 17 cigarettes in breastmilk. The 14mg and 7mg patches result in proportionately lower amounts of nicotine passing into breastmilk.
- When using nicotine gum or lozenge, maternal plasma concentrations of nicotine are highly variable depending on the number of pieces chewed and the frequency of use – as a result, concentrations in breastmilk are also quite variable.[53]
- There is limited information available about the effects on infants of the use of bupropion and varenicline during lactation. There are concerns about reductions in milk supply during the onset of bupropion.[54] Since varenicline is a relatively new drug, there is a lack of information about its safety during lactation, but concerns have been expressed about the drug's long half-life (~24 hours).[55]

The You Quit Two Quit Clinical Practice Bulletin is an excellent resource for pharmacotherapy for tobacco cessation, including pharmacotherapy during pregnancy, breastfeeding, and postpartum periods.

The 5th A: Arrange

ARRANGE FOLLOW-UP: 1+ MINUTES

The final and ongoing step in the 5A's counseling process is to arrange follow-up. During every follow-up visit, you should ask about her tobacco use status and document in her patient record. Follow-up can also be provided by telephone to check on her progress after her quit date, or by sending a letter to congratulate her on her commitment to quit.

FOLLOW-UP AT EVERY VISIT

Status	Action
Attempting to Quit	• Ask about her tobacco use status. • Congratulate her success in quitting! • Document her tobacco use status. • Monitor her progress and if necessary confirm quit date or reduction goal. • Reinforce her decision and encourage her to stay quit. • Provide positive support. • Follow-up at every visit.
Still Using Tobacco	• Ask about her tobacco use status. • Document her tobacco use status. • Proceed to the **2nd A – ADVISE** • Follow-up at every visit.

The 5th A: Arrange

HOW TO VIEW SUCCESS IN COUNSELING

When success is defined only in terms of actually getting tobacco users to quit, the results may be discouraging. However, when you set a more realistic goal of helping tobacco users move towards being willing to quit, you can have many more successes.

One indicator of success is the development of a system, within each office setting, which screens every woman of childbearing age for tobacco use and provides counseling and treatment to all tobacco users.

Quitting tobacco use is a process, which takes time and patience. Although you may feel frustrated, a realistic goal for cessation may be getting the woman to significantly reduce her tobacco use if she is unable to quit. However, quitting completely is best. Even smoking a small number of cigarettes is associated with poor health outcomes.

Remember that she is the one who has to do the hard work of changing her behavior and overcoming the effects of a very addictive drug. Give her credit for all of her efforts. Give yourself credit for getting involved and helping women quit using tobacco.

> Effective counseling happens any time you help a woman think about quitting, aid in her decision to quit, help her quit, help her to cut down, or help her stay quit.

QuitlineNC Fax Referral Forms
For Health Care Providers

http://www.quitlinenc.com/docs/general-information/fax-referral-form.pdf?sfvrsn=6

Handling Nicotine Withdrawal

There are more than 7,000 chemicals found in tobacco products. Of these, nicotine is the primary component that acts on the brain. Nicotine is highly addictive. Over time, the body becomes both physically and psychologically dependent on nicotine. Addiction is characterized by compulsive drug seeking and use, even in the face of negative health consequences. With cigarette smoking, the nicotine rapidly reaches the brain, but the acute effect dissipates within a few minutes. To maintain the pleasurable effects, the smoker must continue dosing to prevent withdrawal symptoms. Physical withdrawal from nicotine is a temporary condition, but it can cause a fair amount of discomfort while it lasts.

> While withdrawal is related to the pharmacological effects of nicotine, many behavioral factors can also affect the severity of withdrawal symptoms. For some people, the feel, smell, and sight of a cigarette and the ritual of obtaining, handling, lighting, and smoking the cigarette are all associated with the pleasurable effects of smoking and can make withdrawal or craving worse.
>
> NIDA Research Report - Tobacco Addiction: *NIH Publication No. 06-4342, Printed 1998, Reprinted 2001, Revised 2006.*

The peak of withdrawal symptoms usually occurs approximately 24 to 48 hours after quitting. REMEMBER that they are normal and temporary. To cope with nicotine withdrawal, you may encourage your patient to:

- DELAY smoking until the urge passes – usually within 3 – 5 minutes
- DISTRACT herself – engage in some other activity
- DRINK water to fight off cravings
- DEEP breaths – take 10 slow, deep breaths to relax
- DISCUSS how she is feeling with someone

Listed on the next pages are symptoms of withdrawal that may last a few days or weeks after quitting tobacco use, with suggestions on how to handle them.

HANDLING WITHDRAWAL SYMPTOMS		
YOU MAY FEEL:	**WHY IT MAY HAPPEN:**	**WHAT TO DO ABOUT IT:**
Irritable, nervous, anxious, grumpy	Withdrawal from nicotine	Take a brisk walk, exercise, call a friend, avoid stressful situations, try a deep breathing exercise, get enough rest, take a hot bath, drink water and fruit juices.
Unable to concentrate, less efficient, impaired speech, lack of coordination, feeling spaced out or in a fog	Withdrawal from carbon monoxide (poisonous gas) and nicotine	Don't expect too much of yourself – especially the first three days, try a deep breathing exercise, take a walk, plan work load to try to avoid stress during the first few weeks, be careful using equipment or driving, take time off, if necessary.
Lightheaded, dizzy, feeling over stimulated	More oxygen in the blood instead of carbon monoxide	Sit down and relax, take extra caution, change positions slowly.
Sleepy, weak, no energy	No more nicotine stimulation	Try to get more sleep, take a nap, try a deep breathing exercise, try not to push yourself, take it easy.
Insomnia or other sleep disturbances	Change in daily routine, body may need less sleep	Avoid caffeine after 6:00 p.m., use more energy during the day by getting more exercise, try a deep breathing exercise before bed, or take a warm bath.
Hungry	Nicotine artificially suppresses appetite	Try not to eat more or eat low-calorie snacks like fresh fruits and vegetables (apples, carrot sticks), and low fat popcorn, exercise, take a walk, drink water.
Increased coughing	Excess mucous and tar in the lungs being cleared out	Drink plenty of fluids, chew sugarless gum, or try cough drops or sugarless hard candy.
Constipated	Decreased intestinal activity	Include fiber or roughage foods like fresh fruits and vegetables, whole grains and bran in your diet, drink six to eight glasses of water each day, exercise, walk.
Headache	Better circulation sends more blood to the brain	Use over-the-counter pain relievers, take a warm bath or shower, use cold compresses, lie

HANDLING WITHDRAWAL SYMPTOMS		
YOU MAY FEEL:	**WHY IT MAY HAPPEN:**	**WHAT TO DO ABOUT IT:**
		down and relax
Irritated or itchy scalp, hands and/or feet	Better blood circulation to your extremities	Massage the area, use lotion on itchy hands and feet.
Tremors, shaky	Nicotine withdrawal	Sit down, tense and relax muscles. Take deep breaths.
Sweaty	Body's way of flushing out nicotine	Drink water, wear lighter clothing, or take more showers.
Increased need to urinate	Body's way of getting rid of nicotine or may be from drinking more fluids	Take regular breaks at work, make frequent stops when traveling.
Dry mouth or tongue, sore throat or gums	Numbness from tobacco smoke wearing off, throat is healing	Sip ice-cold water or fruit juice, use mouthwash or oral antiseptics, chew sugarless gum.

Adapted from: **For You and Your Family – A Guide for Perinatal Trainers and Providers.** California Department of Health Services, Tobacco Control Section, 1991.

OTHER TOBACCO PRODUCTS

Spit and Chew Tobacco

The two main types of smokeless tobacco in the United States are chewing tobacco and snuff. Chewing tobacco comes in the form of loose leaf, plug, or twist. Snuff is finely ground tobacco that can be dry, moist, or in sachets (tea bag-like pouches). Although some forms of snuff can be used by sniffing or inhaling into the nose, most smokeless tobacco users place the product in their cheek or between their gum and cheek. Users then suck on the tobacco and spit out the tobacco juices, which is why smokeless tobacco is often referred to as spit or spitting tobacco.[56] However, not all smokeless tobacco needs to be spit out during use. Smokeless tobacco, especially spitless chewing tobacco, is used more widely now since smoking in public is frowned upon and prohibited in many places.[57]

When counseling patients for tobacco use and exposure, it is important to ask about all tobacco products, including e-cigarettes, hookah, and smokeless tobacco.

THE FACTS

- Smokeless tobacco is a significant health risk and is NOT a safe alternative to smoking cigarettes!
- Chewing tobacco and snuff contain 28 known carcinogens (cancer-causing agents).
- As with cigarettes, the nicotine in smokeless tobacco is addictive.
- The amount of nicotine absorbed from smokeless tobacco is 3 to 4 times the amount delivered by a cigarette. The nicotine is absorbed more slowly by smokeless tobacco and stays in the bloodstream longer.[58]
- The average systemic dose of nicotine is 3.6 mg for snuff, 4.6 mg for chewing tobacco, and 1.8 mg for cigarettes.[59]
- Smokeless tobacco users who dip or chew eight to ten times a day may be exposed to the same amount of nicotine as persons who smoke 30 to 40 cigarettes a day.[60]
- The use of smokeless tobacco can cause precancerous oral lesions, cancer of the mouth and throat, permanent gum recession, increased hypertension, stomach ulcers, and is a risk factor for cardiovascular diseases.[61]
- Studies have shown that smokeless tobacco use significantly increased the risk of breast cancer.[62]
- Short-term use of smokeless tobacco can cause cracked lips, white spots in the mouth, as well as sores and bleeding.

Health risks of chewing tobacco and other forms of smokeless tobacco	
Addiction	Chewing tobacco, as with cigarettes, contain nicotine, an addictive substance.
Cavities	The high amounts of sugar in chewing tobacco and other smokeless tobacco causes tooth decay.
Gum disease	The sugar and irritants in chewing tobacco causes the gums to recede which can lead to gingivitis and tooth loss. Gum disease and infection are linked to poor birth outcomes like low birthweight and prematurity. 25 – 30% of spit tobacco users will have gingival recession (periodontal disease) which requires surgery to correct.
Heart problems	Smokeless tobacco use increases heart rate and blood pressure.
Precancerous mouth sores	The use of smokeless tobacco causes leukoplakia (small white patches) inside the mouth which is precancerous. 5 – 6% of leukoplakia becomes oral cancer.
Oral cancer	The use of smokeless tobacco increases the risk of cancers of the mouth, throat, cheek, gums, lips, and tongue.
Prematurity	Smokeless tobacco use may also be linked to perinatal morbidity, including low birthweight and prematurity.

COUNSELING SUGGESTIONS[63]

- The same counseling cessation intervention recommended for smokers, that includes the 5 A's counseling approach, should be used to help smokeless tobacco users quit. Refer to Providing Support for more information on the 5A's counseling approach.
- Dental health clinicians delivering brief counseling interventions to smokeless tobacco users can increase quit rates.
- Provide every woman with a clear, strong message to quit along with information on the harmful effects of smokeless tobacco use on her health and her baby's health, and on the benefits of quitting.

Cigarette smoking and smokeless tobacco use are two methods of self-administering the same addictive substance obtained from different preparations of the same plant. The tobacco industry's marketing strategies for these products are complementary. Hence, the public health response should also show a coordinated approach. **The clear and unambiguous message that should be disseminated to the public is there is no safe form of tobacco.**

http://cancercontrol.cancer.gov/tcrb/monographs/2/m2_8.pdf

- It is imperative to start educating and counseling kids and adolescents at an early age to prevent them from ever starting smoking or using smokeless tobacco.
- Behavioral treatment and nicotine replacement therapy in combination is found to be the most effective way of treating smokeless tobacco dependence.[64]
- Clinicians can often facilitate the support from family and friends to help the patient during their quit attempt. [65]
- Some smokeless tobacco users may want to switch to another tobacco product, like cigarettes, as they attempt to quit. Clinicians should address this during follow-up visits and advise their patients to stop using ALL tobacco products. [66]
- Since smokeless tobacco use is an oral habit, oral replacements may help people quit – such as pumpkin or sunflower seeds, sugarless chewing gum, or ground mint leaves. [67]

WARNING: There is no safe tobacco product. The use of any tobacco product—including cigarettes, cigars, pipes, and spit tobacco; mentholated, "low tar," "naturally grown" or "additive free"—can cause cancer and other adverse health effects.

Electronic Cigarettes

Electronic cigarettes or e-cigarettes are battery-powered devices that provide doses of nicotine, propylene glycol, flavorants, and other additives to the users in an aerosol. E-cigarettes emit a water vapor rather than smoke. The vapor comes from heating the liquid. Vaping is the term used for inhaling an e-cigarette. There is no conclusive scientific evidence that show that e-cigarettes are safer than conventional cigarettes.

E-cigarettes are still relatively new on the market and even newer in terms of research on the long-term health effects. To date, there has been little research on safety and no regulation of product standards. The nicotine and chemicals in one brand of e-cigarettes can be much higher or lower than in another brand. Like conventional tobacco cigarettes, there are varying levels of chemicals in e-cigarettes. Many of these chemicals are known carcinogens. It is also unknown how much of these chemicals and metals are emitted in the vapor.

Some manufacturers are marketing e-cigarettes as a tobacco cessation aid. However, there is no conclusive scientific evidence that e-cigarettes promote successful long-term quitting. There are, however, proven cessation strategies and treatment. The 5A's method of counseling is the gold standard best practice for tobacco cessation. Counseling, coupled with FDA-approved cessation medications, can improve tobacco quit rates by 50 percent.

NC Tobacco Prevention and Control Branch: Electronic Cigarettes (E-Cigarettes) Information

E-Cigarettes: An Emerging Public Health Challenge

Hookah

The same goes with Hookah or water pipe smoking. Hookah is a water pipe with a smoke chamber, bowl, hose, and pipe. Specially made tobacco is heated and the smoke passes through the water and is drawn through a rubber hose to a mouthpiece. Contrary to popular belief, hookah smoking has the same harmful toxins and carries the same Health Risks as conventional cigarette smoking.

Secondhand Smoke

Secondhand smoke or environmental tobacco smoke refers to the inhalation of tobacco smoke by non-smokers. It is irrefutable that secondhand smoke is a major cause of disease in healthy non-smokers.

DETRIMENTAL CONSEQUENCES OF SECONDHAND SMOKE EXPOSURE

BEFORE, DURING, AND AFTER PREGNANCY[68]

Before Pregnancy:

- Secondhand smoke has adverse effects on male and female fertility.

During Pregnancy:

- Secondhand smoke exposure increases the risk of low birthweight and premature birth.
- The risk of sudden infant death syndrome (SIDS) more than doubles for babies if their mother is exposed to secondhand smoke.

During and After Pregnancy:

- Secondhand smoke exposure is associated with adverse effects on the baby's lung growth and development.

After Pregnancy:

- Babies exposed to secondhand smoke are more susceptible to respiratory diseases, asthma, and SIDS.

THE FACTS[69]

- Secondhand smoke contains at least 7,000 chemicals of which 70 are known carcinogens (cancer-causing agents).[70]
- Secondhand smoke exposure is a cause of lung cancer and coronary heart disease among women who are lifetime nonsmokers.[71]
- Exposure to secondhand tobacco smoke has been causally linked to cancer, respiratory, and cardiovascular diseases, and to adverse effects on the health of infants and children.[72]
- Separating smokers and nonsmokers within the same air space may reduce, but does not eliminate, exposure of nonsmokers to tobacco smoke.
- There is no risk-free level of exposure to secondhand smoke. Even brief secondhand smoke exposure can cause immediate harm. The only way to protect nonsmokers from the dangerous chemicals in secondhand smoke is to eliminate exposure.[73]

- In the U.S., secondhand smoke causes approximately 3,000 lung cancer deaths annually among nonsmokers. Secondhand smoke exposure increases the risk for lung cancer by 30 percent in nonsmokers. [74]
- Secondhand smoke is especially harmful to young children. Secondhand smoke is responsible for between 150,000 and 300,000 lower respiratory tract infections in infants and children under 18 months of age, resulting in between 7,500 and 15,000 hospitalizations each year. It also causes 430 sudden infant death syndrome (SIDS) deaths in the U.S. annually.[75]
- The risk of sudden infant death syndrome (SIDS) is 2.5 times greater for infants exposed to secondhand smoke.[76]
- For children between two months and two years of age, exposure to secondhand smoke was found to be responsible for 40-60 percent of the cases of asthma.
- Among children with established asthma, secondhand smoke exposure causes additional episodes and increases its severity.
- In the U.S., secondhand smoke exposure causes an estimated 150,000 – 300,000 annual cases of bronchitis and pneumonia in infants and young children and also causes middle ear infections.
- Parents should protect children from secondhand smoke exposure at home, in cars, day care centers, restaurants, etc. Secondhand smoke remains in the area even after the smoker has left.
- Children are more likely to smoke if their parents are smokers.[77] In North Carolina, 36.9 percent of middle school students and 30 percent of high school students who never smoked reported living in a home where others smoke. The rates increase drastically for students who smoke. The rates of tobacco use doubled for both middle school and high school students who lived in a home where someone smoked.[78]

Thirdhand smoke is "particles and gases given off by cigarettes that cling to walls, clothes and even hair and skin." Some early studies have shown that "babies of parents who smoke only outside had cotinine levels seven times higher than in the infants of non-smokers".

Potentially relevant exposure periods for reproductive and perinatal outcomes[79]

	Relevant exposure periods		
Outcome	**Preconception**	**Prenatal**	**Postnatal**
Fertility	X		
Spontaneous abortion	X	X	
Low birthweight, small for gestational age, intrauterine growth restriction	X	X	
Congenital malformations	X	X	
Infant death (including sudden infant death	X	X	X

syndrome)			
Cognitive development	X	X	X
Childhood behavior	X	X	X
Height/growth	X	X	X
Childhood cancer	X	X	X

COUNSELING SUGGESTIONS FOR SECONDHAND SMOKE EXPOSURE

The 5 A's counseling approach can also be applied to eliminating secondhand smoke exposure. Counseling for secondhand smoke exposure should be provided for both smokers and nonsmokers. Be sure to document all secondhand smoke counseling activities in her patient record.

ASK

Ask her if anyone smokes around her and find out where (home, car, work, friend's house, etc.) she is exposed to secondhand smoke. Be sure to document the source and frequency of secondhand smoke exposure in her patient record.

WHAT YOU MIGHT SAY/ASK:

"I want to talk to you briefly about how you are handling those who smoke around you (and your baby)."

"Does anyone smoke around you?"

☐ Spouse/Partner ☐ Family member(s) ☐ Friend(s)

☐ Coworker(s) ☐ Other

"Where do you encounter the smoke of others?"

☐ Your home ☐ Car ☐ Friend's home

☐ Relative's home ☐ Work ☐ Restaurants ☐ Other

ADVISE

Provide her with clear and strong advice to eliminate her exposure to secondhand smoke. Educate her on the risks of secondhand smoke exposure to her health and her family's health. Provide her with educational materials on secondhand smoke, such as the workbook entitled "Oh Baby! We Want To Keep You Safe From Secondhand Smoke" (See "Resources" for more information on secondhand smoke materials). Emphasize the benefits of eliminating her and her children's exposure to secondhand smoke, not just the health risks.

WHAT YOU MIGHT SAY:

- "I'm concerned about your health and the health of your baby when you breathe in secondhand smoke (from other people's cigarettes, cigars, pipes)."
- "Why do you think it is a good idea to avoid breathing in secondhand smoke?"
- "Your reasons for avoiding others' smoke are important because… (List some reasons)."

ASSESS

Assess if she is willing to make an effort to eliminate her exposure to secondhand smoke. In order to eliminate her exposure, she may need to make changes to her daily activities and be willing to talk to smokers about not smoking around her.

WHAT YOU MIGHT ASK:

- "Would you be willing to talk to the people who smoke around you (spouse, family members, friends, etc.) and ask them not to smoke in your home and car?"
- "Would you be willing to avoid places that allow smoking (restaurants, clubs, bowling alleys, etc.)?"

ASSIST

Help her to think of ways she could avoid situations where she might be exposed to secondhand smoke. Discuss how she could talk to her spouse/family member/friend about not smoking around her (refer to "Section One – Getting Support").

WHAT YOU MIGHT ASK/SAY:

- "What do you think makes it difficult for you to avoid being exposed to secondhand smoke?"
- "What makes it difficult for you to avoid places where smoking is allowed?"
- "Does talking to your spouse/partner about their smoking create a difficult situation for you?"

- "What would make it easier for you to talk to your spouse/partner about not smoking around you? Do you think there is something that I could do to help you with this?"

Suggestions on how you might avoid being exposed to secondhand smoke

inside your home:

- ☑ Ask others to smoke outside.
- ☑ Keep a "No Smoking" sign in the house.
- ☑ Ask your health care provider, friend or family member to talk to the smoker about not smoking around you.
- ☑ Ask the smoker to read a brochure about the effects of secondhand smoke on pregnancy/the baby.
- ☑ Do not allow others to smoke around you and the baby.
- ☑ Ask others not to smoke in the room(s) where you and your baby spend time and sleep.
- ☑ Do not allow a baby sitter or child-care worker to smoke when caring for your baby/child.

Suggestions on how you might avoid being exposed to secondhand smoke

outside of your home:

- ☑ Try to avoid places where smoking is allowed.
- ☑ Go to smoke-free restaurants and/or ask to sit in the non-smoking section in places where smoking is allowed.
- ☑ Ask those who are smoking around you to stop, for your and your family's health.
- ☑ Talk or write a letter to the management of your workplace, restaurants, stores, etc. about making them smoke-free.
- ☑ Do not allow a child-care worker to smoke when caring for your baby/child.

ARRANGE

Taking the time to **Arrange Follow-up** with her shows that eliminating secondhand smoke exposure is very important for her health and her family's health. Ask about her exposure to secondhand smoke at every visit. Be sure to document all secondhand smoke counseling activities in her patient record.

A. If she is not willing or not ready to make the changes that are necessary to eliminate her exposure to secondhand smoke, give her a brochure on secondhand smoke to review at home. Ask her what she thought about the brochure at her next visit. See if she is willing to discuss how she can avoid secondhand smoke.

B. If she is willing and ready to make the changes necessary to eliminate her and her baby's exposure to secondhand smoke, then you should discuss how she has been able to eliminate her exposure during follow-up visits.

WHAT YOU MIGHT SAY:

- "Here is some information on secondhand smoke for you to review at home. If you'd like, we'll talk about it at your next visit."
- "What we discussed today is very important. I'll make a note in your chart so that I can follow-up with you at your next visit."
- "Here is the list of what you said you wanted to do to eliminate your exposure to secondhand smoke. Please keep it handy as a reminder."

Teachable Moments for Tobacco Cessation Counseling

The best teachable moment is any time a woman brings up the issue of tobacco use. However, if she does not bring up the issue, **YOU** need to bring it up. Consider these opportunities.

TEACHABLE MOMENTS WITH ADOLESCENTS

The majority of first tobacco use has occurred by the time people graduate from high school. Very few people begin to use tobacco as adults. The earlier young people begin using tobacco, the more heavily they are likely to use it as adults, and the longer potential time they have to be users.[80]

Counseling can occur during any clinic visit, dental appointments, or at sports or school physicals. Use every opportunity as a teachable moment to address tobacco use and exposure and impact on long-term health and wellness.

Adolescents Counseling Suggestions

- ❑ Provide tobacco cessation interventions, that include the 5 A's counseling approach, to adolescents. Please refer to Section II for information on the 5 A's counseling approach.
- ❑ Modify the content of tobacco cessation interventions (including self-help materials) so that they are developmentally appropriate.
- ❑ Provide every adolescent with a clear and strong message to quit, along with information on the harmful effects of tobacco use and the benefits of quitting on her health and her baby's health (if she is pregnant).
- ❑ Provide every adolescent with a clear, strong message to eliminate secondhand smoke exposure. Provide her with information on how secondhand smoke exposure affects her and her baby's health (if she is pregnant) during and after pregnancy. Problem-solve with her on how she can avoid social situations where others are smoking.

TEACHABLE MOMENTS DURING THE PRECONCEPTION PERIOD

Women who stop using tobacco before getting pregnant lower their risk of infertility, miscarriage, ectopic pregnancy, premature birth, placenta previa, placenta abruption, having a low birthweight baby, and other detrimental pregnancy outcomes.

Counseling can occur during any clinic visit, dental appointments, and other preconception wellness visits. Use every opportunity as a teachable moment to address tobacco use and exposure and impact on long-term health and wellness.

COUNSELING SUGGESTIONS

- ❑ Provide tobacco cessation interventions, that include the 5 A's counseling approach, to women during the preconceptional and interconceptional periods.
- ❑ Emphasize the benefits of not using tobacco for both her health and her baby's health. If a woman is thinking about getting pregnant, this is the best time for her to quit using tobacco. To protect her baby, she should begin her pregnancy as a non-smoker.
- ❑ Explain the possible effects of tobacco use on infertility in males and females. Be sure to clarify, however, that tobacco is NOT a method of birth control!
- ❑ Explain to her that, even though she may have had healthy babies in the past while using tobacco, each pregnancy is different and that smoking could affect this baby differently.
- ❑ Explain that there is no safe level of tobacco use and there is no safe cigarette, especially during pregnancy. If she is a light smoker, tell her that it may be easier for her to quit.
- ❑ Encourage her to ask for support from significant others (spouse/partner, family members, friends) in her efforts to quit using tobacco.

TEACHABLE MOMENTS DURING PREGNANCY

Tobacco use during pregnancy is the number one preventable risk factor for low birthweight and prematurity. Quitting tobacco use prior to conception or early in the pregnancy is most beneficial, but health benefits result from quitting at any time. Advice and support for tobacco cessation should continue throughout the course of pregnancy and beyond.

1ST TRIMESTER

Opportunities

- Informing the woman of a positive pregnancy test result
- Discussing ways to decrease morning sickness
- During each prenatal visit
- During an ultrasound test
- During the first visit with the woman's partner and/or family member
- While reviewing her medical and social history (problems she may have experienced in earlier pregnancies may make her more open to counseling)

Points to Reinforce

- It's never too late to quit.
- Quitting completely is best. Even smoking a small number of cigarettes is associated with low birthweight. While smoking fewer than five cigarettes per day may reduce risk, quitting is the best thing she can do for herself and her baby.[81]
- Tobacco use increases the risk of miscarriage.
- Secondhand smoke can harm the baby and her.
- All pregnancies are different. Having a healthy baby or having a baby that appears healthy, despite using tobacco in the past, does not guarantee the same each time.

2ND TRIMESTER

Opportunities

- Hearing the baby's heartbeat for the first time
- During an ultrasound test
- During each prenatal visit and when checking for signs of intrauterine growth
- During nutritional counseling

Points to Reinforce

- It is never too late to quit.
- She may feel better now and can make an effort to quit. If she cuts back earlier due to morning sickness, she may be able to continue to reduce the amount smoked or quit completely.
- Tobacco decreases the amount of blood, oxygen, and nutrients flowing to the baby, affecting its growth.
- Secondhand smoke can harm the baby and her.
- Quitting completely is best. Even smoking a small number of cigarettes is associated with low birthweight and prematurity. While smoking fewer than five cigarettes per day may reduce risk, quitting is the best thing she can do for herself and her baby.

3RD TRIMESTER

Opportunities

- During each prenatal visit and when checking for signs of intrauterine growth
- Childbirth classes
- Hospital tour (emphasize whether the hospital is tobacco-free)
- Labor and delivery (emphasize whether the hospital is tobacco-free)

Points to Reinforce

- It's never too late to quit. Quitting even right before birth provides more oxygen and nutrients to the baby.
- Rapid growth of baby makes this another beneficial time to quit. The likelihood of her having a low birthweight infant is reduced if she quits.
- The harmful effects of secondhand smoke for the baby are significant (increased risk for SIDS, respiratory and lung problems, ear infections, impaired cognitive abilities, etc.).
- If she was able to quit during pregnancy, it is beneficial to develop a plan for how she will stay tobacco-free postpartum.

POSTPARTUM

Opportunities

- At the hospital (after delivery)
- Any telephone contacts and/or home visits
- During the postpartum exam
- Well-baby visits
- Family planning appointments
- Child immunizations
- Parenting classes

Points to Reinforce

If the woman was able to quit during pregnancy:

- Praise her ability to remain tobacco-free during pregnancy.
- Stress the importance of staying quit for her baby, other children in the house, and herself.

If she was able to cut down during pregnancy

- Encourage her to stick with it and keep trying to quit completely.
- Pharmacotherapy may be recommended to help her become tobacco-free (refer to Pharmacotherapy for more information).

If the woman still uses tobacco:

- Continue to provide her with tobacco cessation counseling.
- Counsel her not to smoke, or allow others to smoke, around the baby, in the home, the car, while baby-sitting, etc.
- Pharmacotherapy may be recommended to help her become tobacco-free (refer to Pharmacotherapy for more information)

TEACHABLE MOMENTS DURING THE POSTPARTUM PERIOD

Postpartum women need to hear a clear message encouraging them to stop using tobacco or stay quit and the importance of establishing a smoke-free environment.

Counseling can occur in the hospital room prior to discharge, during postpartum visits, WIC appointments, dental appointments, and at first immunizations and well child care visits. Use every opportunity as a teachable moment to address tobacco use and exposure and impact on long-term health and wellness.

COUNSELING SUGGESTIONS

1. Provide tobacco cessation interventions, that include the 5 A's counseling approach, to women who continue to use tobacco or resume tobacco use during the postpartum period. Please refer to the section on the 5 A's counseling approach.
2. Counsel and support her to stay tobacco-free after her baby is born. Many women who quit using tobacco during pregnancy relapse within three months after their baby is born. She will need to prepare for the added stress that having a new baby can bring (including fatigue, isolation, postpartum blues) in order to avoid a relapse. Help her think of the things she can do and/or the people she can identify to support her during this time. Everyone involved in her care during the postpartum period should make use of every opportunity. Encourage her to quit using tobacco now, even if she was not able to quit during pregnancy. Quitting will benefit her health and her baby's health.
3. Encourage her to ask for support from significant others (spouse/partner, family members, friends) in her efforts to quit using tobacco.
4. Discuss the harmful health effects of secondhand smoke exposure. Counsel her on how to eliminate her baby's exposure and her exposure to secondhand smoke. Encourage the mother to ask people – spouse/partner, family members, friends, baby-sitters, and day-care providers – not to smoke around the baby, including in the home, in cars or on public transportation. Please refer to Section – Secondhand Smoke.
5. Provide her with advice on healthy eating habits and incorporating exercise into her daily routine. Postpartum relapse may be due to her concern about weight gained during pregnancy. She may use tobacco as an inappropriate means to control her weight.
6. Remind her that the baby is still developing and that babies are less healthy if they are around smokers.

You Quit Two Quit is an excellent resource for healthcare professionals providing support during the postpartum period.

HANDLING DIFFICULT QUESTIONS

One of the most difficult parts of counseling women who use tobacco is responding to their objections to quitting. It's important to acknowledge their concerns and let them know it is normal to have mixed feelings about quitting. The best way to build your confidence in answering her objections is to become familiar with the following typical questions and possible responses. Remember that most tobacco users really want to quit but do not feel they will be able to do it. Your job is to help them believe they can quit for good. Patient educational materials can also help to answer your patient's questions. Refer to the Resources section for information on provider and patient educational materials.

QUESTIONS AND RESPONSES		
1)	**Question:**	**Don't some women use tobacco during pregnancy and have healthy babies?**
	Response:	When a woman uses tobacco during pregnancy, she takes a big risk with her baby's health. The more use tobacco the greater the chance of harm. All pregnancies are different and it is impossible to predict which baby will be affected or how. The best thing you can do for your health and your baby's health is to quit using tobacco.
2)	**Question:**	**You're asking me to do too many things at once. Can't I wait until later to quit using tobacco?**
	Response:	I know it's hard to change habits that you've had for a long time. But if you can make one change, it will encourage you to make another. The sooner you quit the better, for your health and your baby's health. I know you can do it.
3)	**Question:**	**Since tobacco users often have smaller babies, won't it be easier for me to deliver a smaller baby?**
	Response:	A smaller baby may be easier to deliver, but it is dangerous for the baby to be small and dangerous for the mother because of the risk of complications. Not only do you risk having a baby that weighs too little; your baby may be born premature (<37 weeks gestation) with many health problems. Smaller babies are more likely to need special care, stay longer in the hospital, or die at birth or before the age of one, than babies born at a normal weight.
4)	**Question:**	**Last time I quit, I felt really sad and depressed. Why did I feel this way?**
	Response:	Those are normal feelings because nicotine is an addictive drug that affects your brain. Tobacco use was an important part of your life that you did along with your daily activities.

QUESTIONS AND RESPONSES		
5)	**Question:**	**Will I gain weight if I quit using tobacco?**
	Response:	Most tobacco users do gain weight once they quit smoking, but usually no more than ten pounds.[82] I know weight is important to you, and that you don't want to gain a lot of weight. However, temporarily - just until you are confident that you have quit smoking for good - let's focus on strategies to get you healthy rather than on weight. Think about eating plenty of fruits and vegetables, drinking plenty of water, getting regular exercise, getting enough sleep, and not eating a lot of fats. Right now, this is probably the best thing you can do for both your weight and your effort to quit using tobacco.[1]
6)	**Question:**	**Will I gain extra weight if I quit using tobacco during pregnancy?**
	Response:	Weight gain during pregnancy is normal. The average weight gain after quitting tobacco use is generally no more than ten pounds.[1] The weight you gain is far less harmful than the risk you take by continuing to smoke. Once you quit using tobacco, we can work on strategies to help you maintain a healthy weight. Think about eating plenty of fruits and vegetables, drinking plenty of water, getting regular exercise, getting enough sleep, and not eating a lot of fats. Right now, this is the best thing you can do for your health and your baby's health.
7)	**Question:**	**How about cutting down on cigarettes rather than quitting for good?**
	Response:	While your goal should be to quit for good for your health and your baby's health, cutting down is better than smoking at your normal rate. Smoking a small number of cigarettes is associated with lower infant birth weight. While smoking fewer than five cigarettes a day may reduce risk, quitting is the best thing a woman can do for herself and her baby.[83]
8)	**Question:**	**Will switching to low-tar cigarettes or e-cigarettes be less harmful?**
	Response:	No. There is no such thing as a safe cigarette. Low-tar cigarettes have not been proven to be less harmful. They are not a substitute for quitting. Smoking low-tar cigarettes does not make it easier to quit. E-cigarettes are not a safe alternative to tobacco, and they are not an FDA approved cessation aid.

QUESTIONS AND RESPONSES		
9)	**Question:**	**Does it matter when I quit using tobacco during pregnancy?**
	Response:	The sooner you quit the better. Quitting during the first three or four months can lower your baby's chance of being born too small with many health problems. Even quitting during the last three months of your pregnancy gives your baby the chance to grow better and be healthier. It is also very important to stay quit after the baby is born for your baby's health and your own health.
10)	**Question:**	**What are the benefits of quitting for me, not just for my baby?**
	Response:	No matter how long you've used tobacco, you will experience many health benefits after you quit. You will feel better, have more energy and breathe easier. Your circulation and lung function will improve, and walking becomes easier. Your risk of having a heart attack decreases within 24 hours of quitting. Your risk of lung cancer and stroke decreases within five years of quitting. Also, think about all the money that you'll save that you can spend on yourself and your family.
11)	**Question:**	**What if I get a really strong craving for a cigarette?**
	Response:	The key to success is to plan ahead. The urge to smoke will go away in three to five minutes whether you smoke or not. When possible, avoid situations where you'll be tempted to smoke or decide ahead of time how you will handle possible urges. Change your routine - after meals try brushing your teeth. Try to do something else to get past the urge - take a walk, talk to a friend, drink water, chew gum, knit, listen to music, suck on a popsicle, etc.
12)	**Question:**	**I'll be so stressed. How can I relax without a cigarette?**
	Response:	Smoking has given you temporary relief from the tension caused by your body's need for nicotine, but it actually increases your heartbeat and blood pressure. I can help you learn to relax in ways (we can think of ways for you to relax) that are much better for you - like deep breathing exercises, taking a bath, or taking a walk.
13)	**Question:**	**Tobacco is a part of my life. What will I do without it**?
	Response:	The key is to learn new ways of dealing with the situations that make you want to use tobacco, such as stress or boredom. Find something fulfilling to do, like a hobby or other activity. It will help you adjust to your new tobacco-free lifestyle.

QUESTIONS AND RESPONSES		
14)	**Question:**	**Most of my friends smoke and I know I'll want to smoke if I see them smoking. How can I keep from smoking?**
	Response:	It is difficult when people close to you smoke. Ask your friends not to smoke around you. Not only is it hard for you to be around them because you have quit, but also let them know that secondhand smoke is harmful for you and your baby. You may have to avoid them or social situations where people are smoking. Go to places where smoking is not allowed, spend time with non-smokers, and talk to ex-smokers about how they handled this situation.
15)	**Question:**	**Is there any danger to my baby or me if other people smoke around me?**
	Response:	Yes. Exposure to secondhand smoke during and after pregnancy harms your baby. Secondhand smoke exposure also poses health risks to you. You have a greater chance of having a baby that weighs too little, develops respiratory diseases, and develops asthma. The risk of sudden infant death syndrome (SIDS) is 2.5 times greater for babies that are exposed to secondhand smoke.[84]
16)	**Question:**	**Can I go back to using tobacco after the baby is born?**
	Response:	If you've been able to quit during pregnancy, it is very important that you don't start using tobacco again after the baby is born, for your and your baby's health. Babies exposed to secondhand smoke have more trouble breathing; get more ear infections, pneumonia, bronchitis, and colds; and have a greater risk of dying from sudden infant death syndrome (SIDS). [85] [86] If you plan to breastfeed your baby, smoking can cause problems. Nicotine interferes with the "let-down" response and may reduce your milk supply.[87] Your child is more likely to become a smoker when they grow up if you or your partner smokes.
17)	**Question:**	**How can you know how I feel if you've never used tobacco?**
	Response:	I don't know exactly how you feel but I think I can understand how hard this must be for you. I have had the opportunity to help other tobacco users quit and I hope I can help you too. I do have personal experience with making other behavior changes like…

QUESTIONS AND RESPONSES		
18)	**Question:**	**The last time I tried, I failed. How do I get past thinking that I just can't quit?**
	Response:	Most people try several times before they quit for good. Think of your previous attempts as "practice" for the real thing. Think of the things that helped, and the things that didn't. Your experience actually gives you an edge. It makes you more likely to quit for good this time.
19)	**Question:**	**Will nicotine replacement therapy (gum, patch, etc.) help me quit?**
	Response:	**For pregnant or breastfeeding women:** I encourage you to first try to quit without using nicotine replacement therapy. There is a risk to your baby's health when you use nicotine replacement therapy during pregnancy. Sometimes, nicotine replacement therapy can be safely used by breastfeeding women. The amount of nicotine excreted in breastmilk correlates to the amount of nicotine in the nicotine replacement therapy. [88] **For women who are not pregnant:** Nicotine replacement therapy can relieve some of the physical withdrawal symptoms and may help you during the quitting process. Quitting does involve overcoming the addiction to nicotine and your dependence (habits) - physical and psychological (emotional). While nicotine replacement therapy can reduce physical withdrawal symptoms, it does not address the psychological dependency (emotional habit) that tobacco use has become for you. While you are changing your habits associated with tobacco use and overcoming nicotine addiction, you will still need to develop an action plan for quitting and you will need to have support.

RESOURCES

There are a number of websites devoted to tobacco cessation. The following is a sample of trusted sites available.

Professional Guidelines and Resources

- **You Quit, Two Quit** – www.youquittwoquit.com
- **QuitlineNC -** http://www.quitlinenc.com/
- **Be Tobacco Free** – http://betobaccofree.hhs.gov/index.html
- **What to Tell Your Patients About Smoking** http://www.cdc.gov/tobacco/data_statistics/sgr/2010/clinician_sheet/pdfs/clinician.pdf
- **Smoking and Pregnancy** poster: http://www.cdc.gov/features/pregnantdontsmoke/pregnantdontsmoke.pdf
- **SOPHE video:** ***Commit to Quit Smoking During and After Pregnancy* – http://my.sophe.org/SOPHE-Store/BKctl/ViewDetails/MID/7540/SKU/SOPPregGdBk**
- ***Counseling From the Heart* video** – Available on-line at:
  - Part I https://www.youtube.com/watch?v=iPmMp6Eqtvk
  - Part II **https://www.youtube.com/watch?v=wWiwb5RbLzI**
  - Part III **https://www.youtube.com/watch?v=4A4ZR7O3ADo**
- ***Smoking Cessation For Pregnancy And Beyond: A Virtual Clinic* –** https://www.smokingcessationandpregnancy.org/course
- ***Northwest AHEC: Counseling for Change: An Online Tobacco Cessation Course* –** http://northwestahec.wfubmc.edu/mura/www/#/event/40792
  Continuing Ed: $20 with CE, but free without CE (see more below)

Educational and On-Line Resources for Patients

- **Prenatal, Perinatal and Postpartum Booklets:**
  - **You Quit, Two Quit**
  - **If You Smoke and Are Pregnant**
  - **Oh Baby! We Want to Keep You Safe from Secondhand Smoke**

  Order form link: http://whb.ncpublichealth.com/ Click Order Forms/Publications
- **Pregnant? Don't Smoke!** http://www.cdc.gov/features/pregnantdontsmoke/
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- **Smokefree Text**: http://women.smokefree.gov/smokefreemom.aspx
- **Your Time, the Smokefree Way**: http://women.smokefree.gov/from-birth-to-2-years/you-time,-the-smokefree-way.aspx

A GUIDE FOR COUNSELING WOMEN WHO SMOKE

40 Ways to Give Up Smoking

1. List all the reasons you want to quit. Every night before going to bed, repeat one of the reasons 10 times. Try to avoid negative thoughts about how difficult it might be.
2. Develop strong personal reasons in addition to your health and obligations to others. For example, think of all the time you waste taking cigarette breaks, rushing out to buy a pack, etc.
3. Set a target date for quitting (i.e., your birthday, anniversary). If you smoke heavily at work, quit during vacation so you're already committed to quitting when you return. Don't let anything change your date.
4. Bet a friend you can quit on your target date. Put your cigarette money aside every day and forfeit it if you smoke. (If you do smoke, don't give up; strengthen your resolve and try again.) Ask your spouse or a friend to quit with you.
5. Smoke only half of each cigarette.
6. Each day, postpone lighting your first cigarette one hour.
7. Decide you'll smoke only during odd or even hours of the day.
8. Decide beforehand how many cigarettes you'll smoke during the day. For each additional cigarette, give a dollar to charity.
9. Don't empty your ashtrays. This will remind you of how many cigarettes you've smoked each day.
10. Drink lots of water.
11. Make yourself aware of each cigarette by using the opposite hand or putting cigarettes in an unfamiliar location or in a different pocket to break this automatic reach.
12. If you often light up without thinking about it, try to look in a mirror each time you put a match to your cigarette. You may decide you don't need it.
13. Keep busy. Go to the movies, exercise, take long walks, go bike riding.
14. Clean your clothes to rid them of the cigarette smell, which can linger a long time.
15. Throw away all your cigarettes and matches. Hide your lighters and ashtrays.
16. Visit the dentist and have your teeth cleaned to get rid of tobacco stains. Notice how nice they look. Resolve to keep them that way.
17. Make a list of things you'd like to buy for yourself or someone else. Estimate the cost in terms of packs of cigarettes, and put the money aside to buy these presents.
18. Develop a clean, fresh, nonsmoking environment at work and at home. Buy yourself flowers. You may be surprised how much you can enjoy their scent now.
19. The first few days after you quit, spend as much free time as possible in places where smoking isn't allowed.
20. Try to avoid alcohol, coffee, and other beverages you associate with smoking.

Adapted from an National Cancer Institute collection created by people who have been successful at quitting smoking

A GUIDE FOR COUNSELING WOMEN WHO SMOKE

40 Ways to Give Up Smoking

21. Strike up a conversation instead of a match.
22. If you miss the sensation of having a cigarette in your hand, play with something else a pencil, paper clip, or marble.
23. If you miss having something in your mouth, try toothpicks or a fake cigarette.
24. Instead of smoking after meals, get up from the table and brush your teeth or go for a walk.
25. If you always smoke while driving, listen to an interesting radio program or your favorite music or take public transportation for a while, if you can.
26. For the first few weeks, avoid situations you strongly associate with the pleasurable aspects of smoking, such as watching your favorite TV program, sitting in your favorite chair, or having a cocktail before dinner.
27. If you must be in a situation where you'll be tempted to smoke (such as a cocktail party or dinner party), try to associate with nonsmokers.
28. Analyze cigarette ads to understand how they attempt to sell you on individual brands.
29. Stretch a lot.
30. Take a shower or bath if possible.
31. See your doctor to make a plan that will work for you.
32. Change your habits to make smoking difficult or impossible. For example, it's hard to smoke when you're swimming, jogging, or playing tennis.
33. Do things that require you to use your hands. Try crossword puzzles, gardening, or household chores. Go bike riding. Take the dog for a walk. Give yourself a manicure.
34. Enjoy having a clean-mouth taste and keep it by brushing your teeth frequently and using mouthwash.
35. Get plenty of rest.
36. Pay attention to your appearance. Look and feel sharp.
37. Try to find time for activities that are the most meaningful, satisfying, and important to you.
38. Keep oral substitutes handy. Try carrots, pickles, apples, celery, or sugarless gum instead of a cigarette.
39. Take 10 deep breaths and hold the last one while lighting a match. Exhale slowly and blow out the match. Pretend it's a cigarette and crush it out in an ashtray.
40. Learn to relax quickly and deeply. Make yourself limp, visualize a soothing, pleasing situation and get away from it all for a moment. Concentrate on that peaceful image and nothing else.

Adapted from an National Cancer Institute collection created by people who have been successful at quitting smoking

WITHIN 20 MINUTES of quitting smoking, your body begins a series of changes that continue for years.

20 Minutes After Quitting
Your heart rate drops.

12 hours After Quitting
Carbon monoxide level in your blood drops to normal.

2 Weeks to 3 Months After Quitting
Your heart attack risk begins to drop.
Your lung function begins to improve.

1 to 9 Months After Quitting
Your coughing and shortness of breath decrease.

1 Year After Quitting
Your added risk of coronary heart disease is half that of a smoker's.

5 Years After Quitting
Your stroke risk is reduced to that of a nonsmoker's 5-15 years after quitting.

10 Years After Quitting
Your lung cancer death rate is about half that of a smoker's.
Your risk of cancers of the mouth, throat, esophagus, bladder, kidney, and pancreas decreases.

15 Years After Quitting
Your risk of coronary heart disease is back to that of a nonsmoker's.

2004 Surgeon General's Report – The Health Consequences of Smoking

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