



Let's Talk

Prenatal Smoking Cessation:
"Brief intervention in a busy practice"
November 17, 2004



Prenatal Smoking Cessation: Brief intervention in a Busy Practice

November 17, 2004

Presented by:

- Clean Air for Healthy Children
- PA Dept of Health
- American College of Obstetricians and Gynecologists (National ACOG, PA and NJ Sections)
- PA and New Jersey March of Dimes
- NJ Dept of Health and Senior Services-Comprehensive Tobacco Control Program
- The Southern NJ Perinatal Cooperative: *Mom's Quit Connection*.



Speakers

- **Sharon Phelan, MD** – University of New Mexico, Department of OB/GYN; ACOG Advisory Committee on Smoking Cessation Counseling in Pregnancy
- **Kathy Hartman, MD, PHD** – UNC School of Medicine, Assistant Professor, OB/GYN; ACOG Advisory Committee on Smoking Cessation Counseling in Pregnancy
- **Ann Honebrink, MD** – Chair of Pennsylvania Section of American College of Obstetricians and Gynecologists
- **Paul G. Stumpf, MD, FACOG** – Chair of New Jersey Section American College of Obstetricians and Gynecologists
- **Mike B. Steinberg, MD** – Assistant Professor of Medicine at UMDNJ-Robert Wood Johnson Medical School
- **Ronald J. Librizzi, DO** – Virtua Health System, Chief of Maternal Fetal Medicine
- **Dottie Schell, BS, RN, CTAS** – Clean Air for Healthy Children Program Director



Ann Honebrink, MD

Welcome on behalf of the Pennsylvania
Section of the American College of
Obstetricians and Gynecologist.

Objectives

At the conclusion of this call participants should be able to:

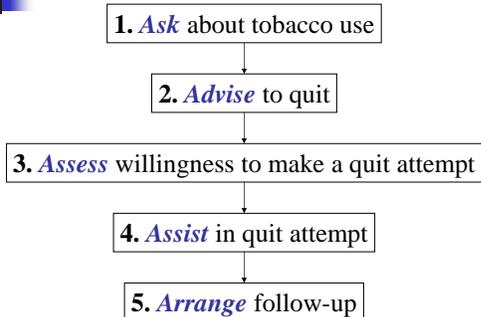
- Describe the need to provide smoking cessation counseling to all pregnant women who smoke or who have recently quit.
- Identify the 5 A's smoking cessation intervention.
- Understand the position of ACOG on Pharmacotherapy.
- Develop an implementation plan for delivering a smoking cessation intervention in their practice.
- Identify at least one smoking cessation resource for patient referral.

5 A's Approach to Smoking Cessation

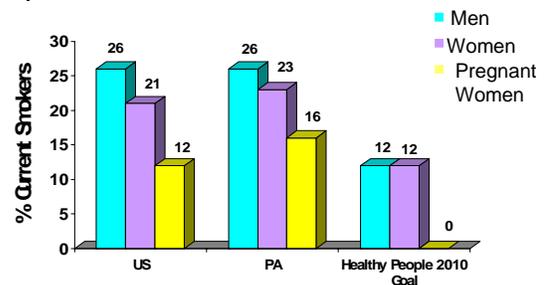
- A 5-step smoking intervention proven effective for pregnant women
- Consistent with strategies developed by the National Cancer Institute, the American Medical Association, and others
- Adapted for pregnant women by ACOG



The 5 A's



2002 Smoking Prevalence



Paul G. Stumpf, MD, FACOG

Welcome on behalf of the New Jersey Section of the American College of Obstetricians and Gynecologist, The Southern New Jersey Perinatal Cooperative, Mom's Quit Connection and The New Jersey Department of Health and Senior Services

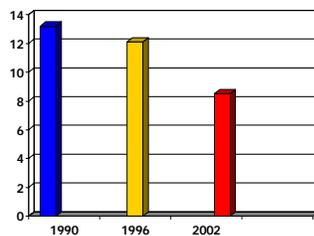


Long term objective

- It is our hope that after today you will meet with your staff and begin developing your own protocol for integrating the 5 A's into your busy practice

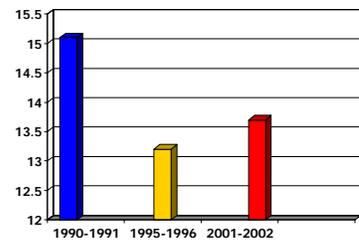
New Jersey Data: October 8, 2004 MMWR

Percentage Of Mothers Who Smoked During Pregnancy



New Jersey Data: October 8, 2004 MMWR

Percentage Of Females Aged 15-19 who Smoked During Pregnancy



Mom's Quit Connection: New Jersey



Call 1-888-545-5191
Quit smoking with support
during and after pregnancy.

Mom's Quit Connection gives pregnant women and new mothers of New Jersey the support they need to quit smoking and remain smoke free. We offer individualized cessation counseling focusing on the unique needs of each mom. Services are free and offered in a convenient community location.

Together we can make a difference

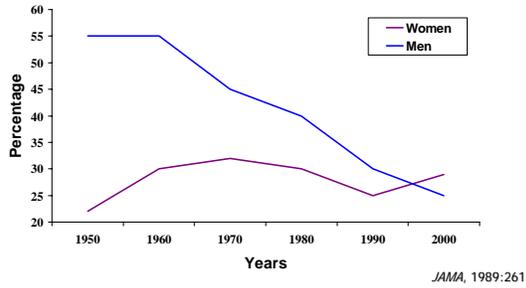


Dangers of Smoking in Pregnancy

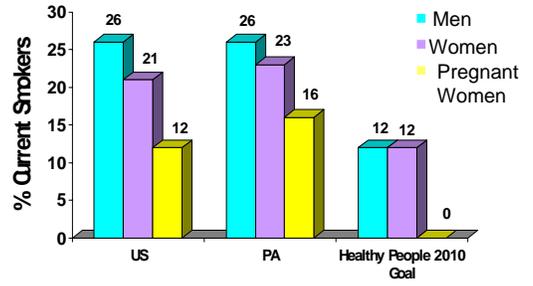
Sharon T. Phelan MD, FACOG
Professor, Department of Ob-Gyn
University of New Mexico
Chair, ACOG Task Force on Smoking
Cessation in Pregnancy
Smoke-Free Families

Which Women Smoke?

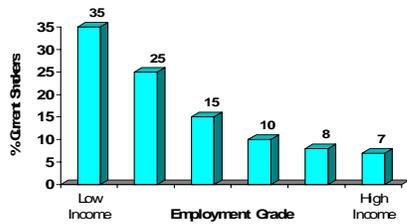
Smoking Prevalence in the USA



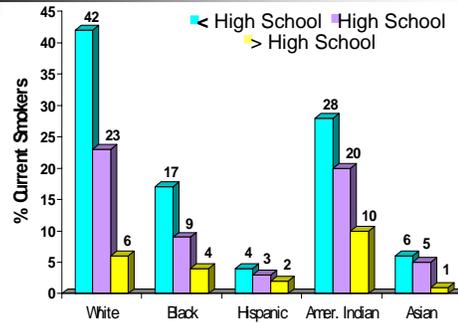
Smoking Prevalence



Smoking During Pregnancy



Smoking During Pregnancy



Smoking Prevalence in Pregnant Women

- 12% in the United States
- 8.5% in New Jersey
- 12.9% Delaware
- 15.8% in Pennsylvania
- White, never-married, in the 18-24 year old age-group
- Those with less than 12 years of education and low income are *much more* likely to smoke
- 40-50% of women attending public health clinics



Dangers of Smoking Before, During and After Pregnancy

Risks for Women Who Smoke

- Reproductive health problems
 - Infertility
 - Conception delay
 - Pregnancy complications
 - Menstrual irregularity
 - Earlier menopause
- Less likely to breast feed
- Osteoporosis
- Cancer
- Compromised immune system
- Thrombosis with use of oral contraceptives
- Respond differently to nicotine

Prenatal/Neonatal Outcomes

- 20-30% low birth weight infants
- Fetal growth retardation
- Spontaneous abortion & pre-term deliveries
- Stillbirth
- Ectopic pregnancies
- Placenta previa and placental abruption
- Lower APGAR



Smoking during Pregnancy *Risk Factors*

In the developed world, cigarette smoking is the most powerful known determinant of fetal growth retardation. The relationship between smoking and low birthweight is one of the most consistent findings in the epidemiologic literature.

Stein & Susser

Smoking during Pregnancy *Passive Exposure*

Maternal exposure to passive smoking in early pregnancy more than doubles the risk of delivering a small-for-gestational-age infant.

Dejin-Karlsson
AJPH, 1998

Tobacco Smoke Pollution and Children

- Sudden Infant Death Syndrome (SIDS)
- Respiratory tract infections such as pneumonia & bronchitis
- Reduced lung function
- Increased severity of asthma
- Cognitive & behavioral development
- Attention Deficit Hyperactivity Disorder (ADHD)

Adult Risks Associated With Tobacco Use

Lung Changes

- Lung cancer
- Chronic cough, mucus, shortness of breath, wheezing
- Cold & lung infections
- Flu & pneumonia
- Chronic Obstructive Pulmonary Disease (COPD) - chronic bronchitis and emphysema
- Asthma

Adult Risks Associated With Tobacco Use

Cardiovascular & Heart Disease

- Increases blood pressure & heart rate
- Reduces blood & oxygen supply to body tissue
- Allows cholesterol to buildup
- Blood clot formation
- Damages blood vessels
- Leads to stroke
- Women using oral contraceptives have an increased risk for thrombosis

Adult Risks Associated With Tobacco Use

Reproductive Health Problems

- Male impotence (2nd leading cause)
- Cervical and penile cancer
- 30% lower fertility rate

Impaired Healing

- Following surgery or disease
- Broken bones (twice as likely)

Adult Risks Associated With Tobacco Use

Other Risks

- Decline in hearing by 16 years
- Facial wrinkles
- Tooth loss, plaque, staining and gingivitis
- Dementia & Alzheimer's (twice as likely)



Diagnosis of Smoking



Diagnosis of Smoking

Deception rates, as confirmed by comparing results of biochemical tests with self-reports, are high. They may reach 50% in some populations.

Alabama SCIP, 1998



Recommended Multiple-Choice Question

Which of the following statements best describes your cigarette smoking? Would you say:

1. I smoke regularly now -- about the same amount as before finding out I was pregnant.
2. I smoke regularly now, but I've cut down since I found out I was pregnant.
3. I smoke every once in a while.
4. I have quit smoking since finding out I was pregnant.
5. I wasn't smoking around the time I found out I was pregnant, and I don't currently smoke cigarettes.

Mullen et al., 1991



Why Offer a Smoking Cessation Program during Pregnancy?



Smoking Cessation during Pregnancy

Stopping smoking is one of the few preventive measures likely to have a substantial impact on pregnancy outcome.



Smoking Cessation during Pregnancy

Pregnant smokers who *stop* smoking at any time up to the 30th week of gestation have infants with higher birthweight than women who smoke throughout pregnancy.



Smoking Cessation during Pregnancy

Reductions in cigarette smoking documented by a decrease in cotinine or other biologic markers, or by self-report, have been associated with an increase in birth weight.



Smoking Cessation during Pregnancy

Smoking cessation can also result in a permanent change in life-style that will reduce the risk of smoking-related chronic diseases.



Smoking Quit Rates During Pregnancy

- Quitters are more likely to agree that smoking is harmful to their baby
- 33% quit upon learning of pregnancy
- 13-22% of pregnant smokers continue to smoke during pregnancy
- Approximately 30% of quitters relapse during their pregnancy
- Many women who quit smoking during pregnancy plan to smoke again once the baby is born
- 70% of remaining quitters relapse within 12 months of delivery

Postpartum Smoking Cessation



Smoking Cessation during Pregnancy *Postpartum Maintenance*

Up to 35% of women who stop smoking during pregnancy remain nonsmokers, benefiting:

- Woman's health
- Next pregnancy
- Child's health

Smoking Cessation during Pregnancy *Message from the Field*

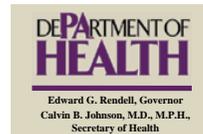
"We are funded and very anxious to do a smoking cessation program for pregnant women, but we don't know what to do."

Healthy START Program
Syracuse, NY, October 1998

Clean Air for Healthy Children

Health Care Professional Training in Smoking
Cessation
Counseling Techniques

Dottie Schell, Program Director



Pennsylvania Chapter
**American
Academy of
Pediatrics**



5 A's* Counseling Intervention

- A Ask about tobacco use
- A Advise to quit
- A Assess willingness to make a quit attempt
- A Assist in quit attempt
- A Arrange for follow-up

Clinical Practice Guideline (CPG)

Treating Tobacco Use and Dependence

- Designed for clinicians, smoking cessation specialists, health care administrators, insurers and purchasers
- Assists in identifying and assessing tobacco users
- Assists in delivering effective tobacco dependence interventions
- Based on a systematic review and analysis of the scientific literature from 1975-1999

Source: US Dept of HHS Clinical Practice Guideline: *Treating Tobacco Use and Dependence*

CPG Key Findings

- Tobacco dependence is a chronic condition that warrants repeated treatment
- Effective treatments for tobacco dependence exist
- Clinicians and health care delivery systems must institutionalize
- Brief tobacco dependence treatment is effective

Source: US Dept of HHS Clinical Practice Guideline: *Treating Tobacco Use and Dependence*

CPG Key Findings

- There is a strong dose-response
- Three types of counseling:
 - 1) Practical
 - 2) Social support with treatment
 - 3) Social support outside of treatment
- Five first-line pharmacotherapies for tobacco dependence are effective*
- Tobacco dependence treatments are cost-effective

*In 2003 a 6th product, the Lozenge, was introduced

Source: US Dept of HHS Clinical Practice Guideline: *Treating Tobacco Use and Dependence*

CPG Recommendations for Pregnancy

- ❑ Offer extended or augmented intervention that exceeds minimal advice to quit
- ❑ Offer effective smoking cessation interventions at the first prenatal visit as well as throughout the course of pregnancy
- ❑ Pharmacotherapy should be considered when a woman is otherwise unable to quit **AND** when the likelihood of quitting with its potential benefits outweighs the risks of the pharmacotherapy and potential continued smoking

Source: US Dept of HHS Clinical Practice Guideline: *Treating Tobacco Use and Dependence*

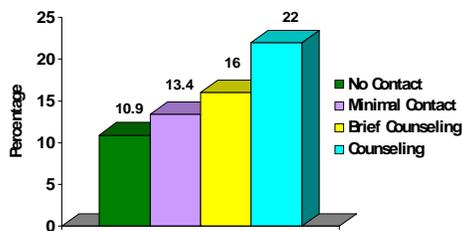
Intervention Makes a Difference

- Smoking cessation intervention by clinicians improves quit rates
- Brief counseling (5 to 15 minutes total) is all that is needed to help many pregnant smokers quit
- A woman is more likely to quit smoking during pregnancy than at any other time in her life



Source: ACOG

Efficacy of Various Levels of Contact



Fiore et al., (2000)
Smoke Free Families recommends 5-15 minutes counseling in pregnancy

Recommendations of Center for Disease Control

- ❑ Increase utilization of the 5 A's
- ❑ Every visit, every time
- ❑ Reminder system
- ❑ Clinician education
- ❑ Promote system change



What Is Your Office Doing Now?

- ❑ In what ways do you feel your office is effective or ineffective?
- ❑ What works well?
- ❑ What do you feel your patients need?
- ❑ What skills do you feel you are lacking to counsel patients?
- ❑ What do you hope to gain from the training today?

Tobacco Addiction

The overwhelming urge to use regardless of the consequences. The course is chronic, progressive and ultimately fatal.

Nicotine Addiction Is Characterized by:

- ❑ The inability to control use
- ❑ Being the most addictive drug
- ❑ Impacting all areas of a person's life – biopsychosocial effects

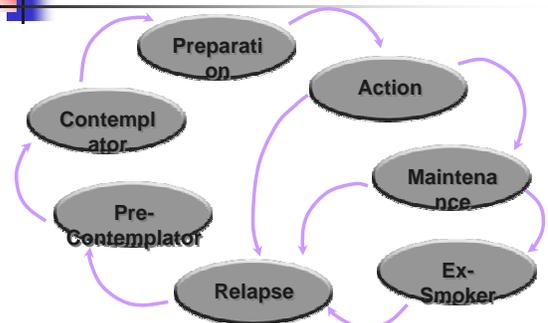
Tobacco Addiction

3 Components

- 1) **Physical** – A physical craving for tobacco and withdrawal symptoms may be present in the absence of the drug
- 2) **Habit** – The use is ritualistic and done without thought
- 3) **Psychological** – The belief that the user cannot function without the habit

Recovery is possible when all 3 components are treated

The Process of Behavior Change



The Process of Behavior Change and Pregnancy

- ❑ Pregnant women often are more open to change and can move through the stages of change differently than when they are not pregnant (The fetus can be a wonderful motivator)
- ❑ May have more support to quit while pregnant
- ❑ May not be socially acceptable to smoke in public if pregnant

Motivational Interviewing/Consulting

Principles

- ❑ **Express empathy** for and understanding of the person's point of view
- ❑ **Develop discrepancy** between the individual's ideal and current behavior
- ❑ **Roll with the resistance** and avoid argumentation
- ❑ **Support self-efficacy**

Motivational Interviewing/Consulting

Four Tasks

- ❑ Establish rapport
- ❑ Enhance motivation
- ❑ Deal with resistance
- ❑ Strengthen commitment



5 A's* Counseling Intervention

- A**sk about tobacco use
- A**dvice to quit
- A**ssess willingness to make a quit attempt
- A**ssist in quit attempt
- A**rrange for follow-up

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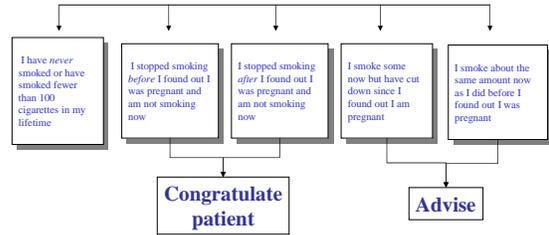
sk: About Tobacco Use

- ❑ Identify all smokers and recent quitters
- ❑ Discuss household environment
- ❑ Determine possible barriers to quitting
- ❑ Assess nicotine dependence



Step 1: Ask—1 Minute

Which of the following statements best describes your cigarette smoking?



A

sk: Key Notes

- ❑ Ask all smokers and recent quitters additional questions at each visit
- ❑ Ask or verify responses in a non-judgmental way
- ❑ Discuss possible barriers to quitting or from staying smoke-free



Health Surveys

Smoking History Survey for Patient/Partner/ caregiver

Please look at all three sections and answer all the questions.

Section A. Please check the answer that best describes you:

- ❑ I have NEVER smoked or have smoked less than 100 cigarettes in my lifetime
- ❑ I STOPPED smoking BEFORE I found out I was pregnant
- ❑ I STOPPED smoking AFTER I found out I was pregnant
- ❑ I smoke ABOUT THE SAME as I did before I found out I was pregnant
- ❑ I smoke SOME NOW but have CUT DOWN since I found out I was pregnant
- ❑ I smoke ABOUT THE SAME amount now as I did before I found out I was pregnant

Section B. Household Environment:

1. How many smokers do you live with? _____
2. What is your relationship to the other smoker(s)? Check all that apply:
 ☐ partner ☐ spouse ☐ friend ☐ other _____
3. Where do the smoker(s) _____
 ☐ smoke your home ☐ smoke your home ☐ in the car ☐ away from home ☐ other _____
4. Do you ever allow people to smoke in your home? ☐ Yes ☐ No

Section C. How much you quit:

1. How many cigarettes do you use or did you smoke? _____
2. How many years have you or did you smoke? _____
3. If you currently smoke, how soon after waking do you smoke?
 ☐ immediately ☐ Within _____ of waking ☐ within _____ of waking ☐ later _____
4. What do you smoke?
 ☐ mild your home ☐ medium your home ☐ in the car ☐ away from home ☐ other _____
5. If you quit, when was the last time you smoked?
 ☐ 1-4 months ☐ 5-11 months ☐ 12 months ☐ 1 year

Smoking History Survey for Pregnant Women

Please look at all three sections and answer all the questions.

Section A. Please check the answer that best describes you:

- ❑ I have NEVER smoked or have smoked less than 100 cigarettes in my lifetime
- ❑ I STOPPED smoking BEFORE I found out I was pregnant
- ❑ I STOPPED smoking AFTER I found out I was pregnant and I am not smoking now
- ❑ I smoke ABOUT THE SAME as I did before I found out I was pregnant
- ❑ I smoke SOME NOW but have CUT DOWN since I found out I was pregnant
- ❑ I smoke ABOUT THE SAME amount now as I did before I found out I was pregnant

Section B. Household Environment:

1. How many smokers do you live with? _____
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 ☐ smoke your home ☐ smoke your home ☐ in the car ☐ away from home ☐ other _____
4. Do you ever allow people to smoke in your home? ☐ Yes ☐ No

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4. What do you smoke?
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5. If you quit, when was the last time you smoked?
 ☐ 1-4 months ☐ 5-11 months ☐ 12 months ☐ 1 year

Chart Stickers



Advise—1 Minute

- Clear, strong, personalized advice to quit
 - **Clear:** "My best advice for you and your baby is for you to quit smoking."
 - **Strong:** "As your clinician, I need you to know that quitting smoking is the most important thing you can do to protect your baby and your own health."
 - **Personalized:** Impact of smoking on the baby, the family, and the patient's well being



A dvise: to Quit

- Advice to quit should be clear, strong and personalized
- Discuss the health benefits of quitting
- Discuss the effects of smoking on the patient, fetus and children



A dvise: Key Notes

- Be non-judgmental
- Acknowledge the difficulty in quitting
- Discuss effects of smoking on patient, fetus and children
- Stress the benefits of quitting
- Positively reinforce past attempts to quit and success at quitting

Assess: Willingness to Make a Quit Attempt

- Assess patient's level of interest in quitting and intention to take action to quit
- Ask key questions



Assess: Key Questions

- Are you interested in quitting with our help?
- Are you ready to quit in the next 30 days?



5 A's Pocket Card



Assist: in Quit Attempt

Pre-Contemplation and Contemplation Stages (Unwilling to make a quit attempt)

The 5 R's:

- Relevance to patient's individual situation
- Risks of smoking
- Rewards of quitting smoking
- Roadblocks or barriers to quitting
- Repeat intervention at every visit

In successful interventions clinicians should be empathic, promote patient choices, avoid arguments, listen, reflect and instill self-confidence

5 R's: Relevance

- Ask patient to identify why quitting might be personally relevant, such as:
 - children in her home
 - need for money
 - history of smoking-related illness



5 R's: Risks

- Ask, "What have you heard about smoking during pregnancy?"
- Reiterate benefits for her unborn baby and her other children
- Tell her that a previous trouble-free pregnancy is no guarantee that this pregnancy will be the same



5 R's: Rewards

- Your baby will get more oxygen after just 1 day
- Your clothes and hair will smell better
- You will have more money
- Food will taste better
- You will have more energy



5 R's: Roadblocks

- Negative moods
- Being around other smokers
- Triggers and cravings
- Time pressures



Overcoming Roadblocks: Negative Moods

- Suck on hard candy
- Engage in physical activity
- Express yourself (write, talk)
- Relax
- Think about pleasant, positive things
- Ask others for support



Overcoming Roadblocks: Other Smokers

- Ask a friend or relative to quit with you
- Ask others not to smoke around you
- Assign nonsmoking areas
- Leave the room when others smoke
- Keep hands and mouth busy

Overcoming Roadblocks: Triggers and Cravings

- Cravings will lessen within a few weeks
- Anticipate “triggers”: coffee breaks, social gatherings, being on the phone, waking up
- Change routine—for example, brush your teeth immediately after eating
- Distract yourself with pleasant activities: garden, listen to music



Assist: in Quit Attempt

Preparation Stage (Willing to quit)

- Help the patient with a quit plan
- Provide practical counseling
- Provide social support
 - Social support with treatment (Intra-treatment)
 - Social support outside treatment (Extra-treatment)
- Discuss pharmacotherapy (if appropriate)
- Provide supplemental materials (Quitline, groups)

Step 4: Assist—3+ Minutes

- Suggest and encourage the use of problem-solving methods and skills for smoking cessation
- Provide social support as part of the treatment
- Arrange social support in the smoker's environment
- Provide pregnancy-specific self-help smoking cessation materials

Magazines for Patients



Note: Most materials available in Spanish.

Personalized Plan for Patients



Note: Most materials available in Spanish.

PA DOH Free Quitline 1-877-724-1090

- In partnership with the American Cancer Society
- Intake 24 hours a day/7 days a week
- Proactive referral (Fast Fax)
- Reactive referral (patient calls Quitline)
- Special counseling for pregnant smokers
- Up to 5 follow-up scheduled counseling sessions available
- English and Spanish; other languages as necessary



Tobacco Dependence Treatment in Pregnancy

- Goal:
 - Reduce the harm of tobacco use to the mother and fetus



Pharmacotherapy – Public Health Service Guidelines

- Ideally, pregnant women should attempt to quit smoking with behavioral/motivational interventions
- Medications should be considered if:
 - “otherwise unable to quit”
 - “likelihood of quitting, with its benefits, outweigh risks of medications and continued smoking”

Rationale for medication

- 25-40% of women quit upon learning
- Those who continue are likely MOST dependent
- Dependence is most effectively treated with comprehensive approach
- Majority of those smoking into 2nd trimester (time of 1st prenatal visit) will continue

Rationale for medication cont.

- Relatively “limited” success with non-pharmacological interventions
- Good efficacy of medications in general population (Double success rates)
- Must compare risk of medication to continued SMOKING; Public health consensus is that medications are safer than smoking
 - Low levels of nicotine
 - None of the 4000 other toxins

Practical approach

- Women need to be encouraged to quit at all phases of pregnancy
 - Earlier is better, but NEVER too late
- Can try intensive, non-medication approach first (2 week trial ?), if likely success
 - Motivational therapy, behavioral modification, social support, close follow-up
- Otherwise, strongly consider medication (Benefit > Risk)
 - Don't wait too long to increase treatment intensity

Weighing the Issues

- Lack of evidence-based trials in pregnancy
 - May NEVER have definitive trial
- Harm of active vs. passive treatment
 - Woman "chooses" to smoke (does it to herself) vs. provider prescribing a treatment (liability)
 - FDA Warnings as a deterrent
 - Aren't both of our goals the same (abstinence)
- Clinicians (especially obstetricians) unfamiliar with medications

Putting Intervention into Practice

OFFICE SYSTEMS *Key to Success*

Katherine Hartmann, MD, PHD

Center for Women's Health Research
at the University of North Carolina

Creating a Quit Smoking Team

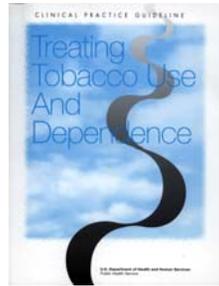
Brainstorm: What will it take to implement this intervention in your practice?



Using Best Intervention Practices

Determined by:

- Skills
- Practice Priorities
- Supportive Staff
- Patient Materials
- Referral Resources



Making Intervention Happen

Goal: to make 5 A's easier to accomplish

Create:

- Sense of mandate & mission
- Inclusive team with a coordinator
- Training opportunities
- Flexible solutions
- Measures of success

Step 1: Mandate & Mission

Intervention in pregnancy is proven to be a (cost) effective means of promoting cessation.

Cessation during pregnancy is proven to reduce adverse pregnancy outcomes.

Assessing smoking status and providing cessation support is a quality measure for HEDIS and JCAHO.

Preventive medicine, tobacco dependence, and psychiatric/behavioral therapy billing codes available.

Step 2: Building the Team

Basics:

- Lay out the operational goals
- Aim for a uniform approach
- Seek insights from *all* team members
- Focus on redeeming currently lost time
- Wed new tools to existing opportunities

BE CREATIVE

Step 3: Choose a Coordinator

- Implement the vision of the team
- Ensure that tasks are not overlooked
- Answer questions
- Troubleshoot problems
- Arrange for training
- Monitor implementation

Step 4: Provide Training

5 A's Smoking Cessation Counseling Intervention

- Regional - 3 hours
- Practice-Based - 1.5 hours
- Modules



Step 5: Adapt to Your Setting

Map out the 5 A's:

- How will smoking status be queried?
- Where will it be recorded? By whom?
- Who will assess readiness, advise cessation, assist with a plan?
- Who will arrange follow-up?
- How will intervention be documented?
- By whom?

Intake Health Surveys

Smoking History Survey for Patient/Partner/ caregiver

Please tick in all three sections and answer all the spots.

Section A. Please check the answer that best describes you:

I have NEVER smoked or have smoked less than 100 cigarettes in my lifetime

I STOPPED smoking 1 YEAR or more ago

I STOPPED smoking 2 YEARS or more ago

I smoke LIGHT SMOKES, but NOT BROWN TOBACCO

I smoke REGULARLY, but NOT BROWN TOBACCO

Section B. Household Environment:

1. How many smokers do you live with? _____

2. What is your relationship to the person smoking? (check all that apply)

Partner Parent Friend Other _____

3. Where do they smoke?

Inside your home Outside your home In the car Some from home Other _____

4. Do you ever allow people to smoke in your home? (Yes/No) _____

Section C. If you smoke or quit:

1. How many cigarettes do you use or did you smoke? _____

2. How many years have you or did you smoke? _____

3. If you currently smoke, how many packs do you smoke?

1 pack/week 2 packs 3 packs 4 packs 5 packs 6 packs 7 packs 8 packs 9 packs 10 packs 11 packs 12 packs 13 packs 14 packs 15 packs 16 packs 17 packs 18 packs 19 packs 20 packs Other _____

4. What do you smoke?

Inside your home Outside your home In the car Some from home Other _____

5. If you quit, when was the last time you smoked?

1 month 1-11 months 12 months

Smoking History Survey for Pregnant Women

Please tick in all three sections and answer all the spots.

Section A. Please check the answer that best describes you:

I have NEVER smoked or have smoked less than 100 cigarettes in my lifetime

I STOPPED smoking BEFORE I found out I was pregnant

I STOPPED smoking AFTER I found out I was pregnant, and I am not smoking now

I smoke LIGHT SMOKES, but NOT BROWN TOBACCO

I smoke REGULARLY, but NOT BROWN TOBACCO

Section B. Household Environment:

1. How many smokers do you live with? _____

2. What is your relationship to the person smoking? (check all that apply)

Partner Parent Friend Other _____

3. Where do they smoke?

Inside your home Outside your home In the car Some from home Other _____

4. Do you ever allow people to smoke in your home? (Yes/No) _____

Section C. If you smoke or quit:

1. How many cigarettes do you use or did you smoke? _____

2. How many years have you or did you smoke? _____

3. If you currently smoke, how many packs do you smoke?

1 pack/week 2 packs 3 packs 4 packs 5 packs 6 packs 7 packs 8 packs 9 packs 10 packs 11 packs 12 packs 13 packs 14 packs 15 packs 16 packs 17 packs 18 packs 19 packs 20 packs Other _____

4. What do you smoke?

Inside your home Outside your home In the car Some from home Other _____

5. If you quit, when was the last time you smoked?

1 month 1-11 months 12 months

Chart Stickers



Implementation and Follow-Up Forms

Documentation Forms

Quitline Fast Fax: Proactive Referral



FAST FAX REFERRAL FORM

Fax to Pennsylvania's FREE QUITLINE 1.877.724.1010 (1-84)

NAME (Last, First, Middle Initial)
 Last, First, Middle Initial
 Street Address _____ City _____ State _____
 Phone Number _____
 Referring Physician/Partner Name _____
 Referring Physician/Partner Signature _____

Can be the ASSIST of the 5A's !

- ★ Approximately 40% of those willing to make a quit attempt will agree to fast fax
- ★ of the 40 % about 20% will engage in counseling with quit line
- ★ if you just give patient the number only 5 % will actually call
- ★ 18 - 20% will quit



Step 6: Monitor & Provide Feedback

Set goals and review to determine if:
procedures work as intended
tasks are being completed
documentation is complete and accurate

Anticipate revisions of plans and adapt

Share results with staff and administrators

Celebrate successes!



Office Systems Help Intervention Happen

Goal: to make 5 A's easier to accomplish

Because resources drive performance:

Supportive/informed staff
Patient education/self-help materials
Mechanism for referral

Any 1 resource = 54% use of best practices

Any 2 = 69%

All 3 = 80%



Resources

Pennsylvania

Clean Air for Healthy Children

(484)446-3002 or (800)375-5217 (PA only)
(724)327-2756

New Jersey

Mom's Quit Connection

856-665-6000 (phone)
888-545-5191 (toll-free)



Evaluation CME/CEUs

- All attendees **must** complete the evaluation and fax back **NO** later than 11/26/04.
- Upon recite of evaluation you will be sent a certificate of completion and information on accessing your continuing education credits
- Call 484-446-3002 if you have questions
- Fax # 484-446-3255

