

AMBULATORY OBSTETRIC TOBACCO and NICOTINE CESSATION PATHWAY

The ambulatory obstetric tobacco cessation pathway is designed for use in the care of all obstetric patients who:

- Currently use tobacco or nicotine products
- Have used tobacco or nicotine products at any point during their current pregnancy
- Used any tobacco or nicotine products within the three months prior to their current pregnancy

The pathway provides a systematic and evidence-based approach designed to address wellness, education, and key determinants to improve maternal and infant outcomes.

The pathway is divided into three distinct modules:

Module 1: Medical Assistant or Licensed Practical Nurse (in the absence of MA/LPN, RN will complete Module 1)

Module 2: Physician, Advanced Practice Nurse or Physician Assistant

Module 3: Case Manager (in the absence of the CM, RN will complete module 3; in the absence of RN, MA/LPN will complete Module 3)

Tobacco and Nicotine Cessation Pathway:

- The pathway component completion will be documented in the Electronic Health Record (EHR).
- *Primary Discussion Points* are points to be discussed with the patient by the designated member of the health care team.
- *Action Items* are the complementary tasks to support the primary discussion points. This includes literature for distribution to the patient.
- Electronic Health Record Documentation: all *Primary Discussion Points* and *Action Items* have a corresponding Epic Smart Phrase/EHR flowsheet associated with them for easier data input in EHR. In the event EPIC is not used, you will use the customized charting provided by your health center (for example: the problem list will be used in Nextgen).
- References are listed at the end of this document and referenced as a superscript number in the pathway.
- Patient literature source information and estimated cost are listed at the end of this document and referenced as a superscript capital letter in the pathway.

The pathway addresses the following core components:

- A. The Five A's:
 1. Ask
 2. Assess
 3. Advise
 4. Assist
 - a. You're Invited to Quit Menu
 - b. The Ohio Quit Line (1-800-QUIT-NOW)
 - c. Ohio Quit Line Incentive program
 - d. SmokeFreeTXT texting program
 - e. Quit for You. Quit for your Baby self-help booklet
 - f. Ready to quit self-assessment test
 - g. Quit Contract
 - h. Myths fact sheet
 - i. Health Educator session
 - j. Support groups
 - k. Bupropion per protocol
 - l. CO monitor
 5. Arrange
- B. Secondhand smoke
 - a. Take the first step for your baby literature

Ambulatory Obstetric Tobacco and Nicotine Cessation Pathway

1st VISIT

Module 1	Module 2	Module 3
<p>Module 1: Medical Assistant or Licensed Practical Nurse (in the absence of MA/LPN, RN will complete Module 1) 1st OB Visit: Ask</p> <p><i>Action Item:</i></p> <ol style="list-style-type: none"> ASK about patient’s tobacco use by asking the patient to choose the statement below that best describes her smoking status. <ul style="list-style-type: none"> A. I have NEVER smoked or have smoked less than 100 cigarettes in my lifetime. B. I stopped smoking BEFORE I found out I was pregnant and am not smoking now. C. I stopped smoking AFTER I found out I was pregnant, and I am not smoking now. D. I smoke some now, but have cut down since I found out I am pregnant. E. I smoke about the same amount now as I did before I found out I was pregnant. How many cigarettes is patient currently smoking? What form of tobacco is patient currently using? <p><u>If answer A</u> – pathway ceases <u>If answer B-E</u> – pathway continues</p> <p style="text-align: center;">Completed as part of the Ambulatory Obstetric Core Care Pathway.</p>	<p>Module 2: Physician, Advanced Practice Nurse or Physician Assistant 1st OB Visit: Advise & Assist</p> <p><i>Primary Discussion Points:</i></p> <ol style="list-style-type: none"> ADVISE patient on the importance of cessation through clear, strong and personalized advice stressing the impact of tobacco use on the patient and her family. <p><i>Action Item:</i></p> <ol style="list-style-type: none"> ASSIST by offering Bupropion as per protocol.¹ 	<p>Module 3: Case Manager (in the absence of CM, RN will complete Module 3. In the absence of RN, MA/LPN will complete Module 3) 1st OB Visit: Assess, Assist and Arrange</p> <p><i>Primary Discussion Points:</i></p> <ol style="list-style-type: none"> ASSESS willingness to quit <ul style="list-style-type: none"> How important is it that you quit (on a scale of 1-10)? How confident is your ability to quit (on a scale of 1-10)? <p><i>Action Items:</i></p> <ol style="list-style-type: none"> ASSIST patient with tools to quit (Cradle Cincinnati folder with menu of options below) <ul style="list-style-type: none"> You’re Invited to Quit Menu^C Discuss Ohio Quit Line incentive program. Distribute business card with further information. Fill out and fax Ohio Quit Line (1-800-QUIT-NOW) referral.^B Distribute information on SmokeFreeTXT^F to help with cessation. Distribute and Review ‘Quit for You. Quit for your Baby’ self-help booklet.^D Discuss importance of a quit date goal/set a quit date Get ready to Quit self-assessment test Quit Contract Myths about smoking fact sheet Schedule patient for session with health educator, if available. Discuss Pregnancy Support Groups, if available. CO monitor results^G Congratulatory letter Provide incentive, if available, for patients who are smoke free.

Ambulatory Obstetric Tobacco and Nicotine Cessation Pathway

1st VISIT continued

Module 1	Module 2	Module 3
		<p>3. ARRANGE follow up contact</p> <ul style="list-style-type: none"> • Discuss follow up call or text in the next week to confirm tool(s) chosen. <p>Module 3: Case Manager (in the absence of CM, RN will complete Module 3. In the absence of RN, MA/LPN will complete Module 3) 1st OB Visit: Secondhand Smoke</p> <p><i>Primary Discussion Points:</i></p> <ol style="list-style-type: none"> 1. Assess exposure to secondhand smoke. <p><i>Action Item:</i></p> <ol style="list-style-type: none"> 2. Distribute “Take the first step for your baby” secondhand smoke sheet.^E

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2nd AND SUBSEQUENT VISITS

<u>Module 1</u>	<u>Module 2</u>	<u>Module 3</u>
<p>Module 1: Medical Assistant or Licensed Practical Nurse (in the absence of MA/LPN, RN will complete Module 1) 2nd & Subsequent Visits: Ask</p> <p><i>Action Item:</i></p> <ol style="list-style-type: none"> ASK about patient’s tobacco use by asking the patient to choose the statement below that best describes her smoking status. <ul style="list-style-type: none"> A. I have NEVER smoked or have smoked less than 100 cigarettes in my lifetime. B. I stopped smoking BEFORE I found out I was pregnant and am not smoking now. C. I stopped smoking AFTER I found out I was pregnant, and I am not smoking now. D. I smoke some now, but have cut down since I found out I am pregnant. E. I smoke about the same amount now as I did before I found out I was pregnant. How many cigarettes is patient currently smoking? What form of tobacco is patient currently using? <u>If answer A</u> – pathway ceases <u>If answer B-E</u> – pathway continues 	<p>Module 2: Physician, Advanced Practice Nurse or Physician Assistant 2nd & Subsequent Visits: Advise & Assist</p> <p><i>Primary Discussion Points:</i></p> <ol style="list-style-type: none"> ADVISE patient on the importance of cessation through clear, strong and personalized advice stressing the impact of tobacco use on the patient and her family. <p><i>Action Item:</i></p> <ol style="list-style-type: none"> ASSIST by offering Bupropion as per protocol.¹ 	<p>Module 3: Case Manager (in the absence of CM, RN will complete Module 3. In the absence of RN, MA/LPN will complete Module 3) 2nd & Subsequent Visits: Assess, Assist and Arrange</p> <p><i>Primary Discussion Points:</i></p> <ol style="list-style-type: none"> ASSESS willingness to quit <ul style="list-style-type: none"> How important is it that you quit (on a scale of 1-10)? How confident is your ability to quit (on a scale of 1-10)? <p><i>Action Items:</i></p> <ol style="list-style-type: none"> ASSIST confirm and evaluate efficacy that patient has complied with the menu option they chose. ARRANGE follow up with patient to provide support and reinforcement of the ASSIST prior to their next appointment. <p>Module 3: Case Manager (in the absence of CM, RN will complete Module 3. In the absence of RN, MA/LPN will complete Module 3) 2nd & Subsequent Visits: Secondhand Smoke</p> <p><i>Primary Discussion Points:</i></p> <ol style="list-style-type: none"> Assess exposure to secondhand smoke.

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POSTPARTUM VISIT

Module 1	Module 2	Module 3
<p>Module 1: Medical Assistant or Licensed Practical Nurse (in the absence of MA/LPN, RN will complete Module 1) 2nd & Subsequent Visits: Ask</p> <p><i>Action Item:</i></p> <ol style="list-style-type: none"> ASK about patient’s tobacco use by asking the patient to choose the statement below that best describes her smoking status. <ul style="list-style-type: none"> A. I have NEVER smoked or have smoked less than 100 cigarettes in my lifetime. B. I stopped smoking BEFORE I found out I was pregnant and am not smoking now. C. I stopped smoking AFTER I found out I was pregnant, and I am not smoking now. D. I smoke some now, but have cut down since I found out I am pregnant. E. I smoke about the same amount now as I did before I found out I was pregnant. How many cigarettes is patient currently smoking? What form of tobacco is patient currently using? <u>If answer A</u> – pathway ceases <u>If answer B-E</u> – pathway continues 	<p>Module 2: Physician, Advanced Practice Nurse or Physician Assistant Postpartum Visit: Advise & Assist</p> <p><i>Primary Discussion Points:</i></p> <ol style="list-style-type: none"> ADVISE patient on the importance of cessation through clear, strong and personalized advice stressing the impact of tobacco use on the patient and her family. 	<p>Module 3: Case Manager (in the absence of CM, RN will complete Module 3. In the absence of RN, MA/LPN will complete Module 3) Postpartum Visit: Assess, Assist and Arrange</p> <p><i>Primary Discussion Points:</i></p> <ol style="list-style-type: none"> ASSESS willingness to quit/stay smoke free <ul style="list-style-type: none"> How important is it that you quit (on a scale of 1-10)? How confident is your ability to quit (on a scale of 1-10)? <p><i>Action Items:</i></p> <ol style="list-style-type: none"> ASSIST Refer to Primary Care Provider for appropriate cessation management ARRANGE Schedule a follow up call/text within a week for support and to ensure arrangement of continuity of care with PCP. <p>Module 3: Case Manager (in the absence of CM, RN will complete Module 3. In the absence of RN, MA/LPN will complete Module 3) Postpartum Visit: Secondhand Smoke</p> <p><i>Primary Discussion Points:</i></p> <ol style="list-style-type: none"> Assess baby’s exposure to secondhand smoke. If present, strategize on how to talk with family/friends who smoke around baby. Discuss SUID risk for babies who experience secondhand smoke. <p><i>Action Item:</i></p> <ol style="list-style-type: none"> Distribute “<i>Take the first step for your baby</i>” secondhand smoke sheet ^E

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LIST OF LITERATURE AND SOURCING INSTRUCTIONS

- A. 5 statements on tobacco use: <http://www.acog.org/Resources-And-Publications/Committee-Opinions/Committee-on-Health-Care-for-Underserved-Women/Smoking-Cessation-During-Pregnancy>
- B. Ohio Tobacco Quit Line Referral Form: https://ohio.quitlogix.org/files/pdf/Quitline_Ohio_FRF.pdf
- C. “You are invited to quit smoking for you and your baby!” Menu
- D. Quit for You. Quit for Your Baby! Self-help Guide to Quit Smoking for Pregnant Women. Free
- E. Take the First Step for your Baby. Making a plan to avoid secondhand smoke is an important step in helping your baby have a healthy start.
- F. SmokeFreeTXT <http://smokefree.gov/smokefreetxt>
- G. CO monitor: For operational use, refer to piCO smokerlyzer operating manual located in CO monitor kit.

Visit <http://www.cradlecincinnati.org> and <http://www.cradlecincinnati.org/our-work//learningcollaborative/> to reference the literature listed throughout the pathway.

REFERENCES

1. Fiore MC, Jaen CR, Baker TB, Bailey WC, Benowitz NL, Curry SJ, et al. Treating tobacco use and dependence: 2008 update. Clinical Practice Guideline. Rockville (MD): U.S. Department of Health and Human Services, Public Health Service; 2008.
2. Smoking cessation during pregnancy. Committee Opinion No. 471. American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2010;116:1241–4.
3. Smoking cessation during pregnancy. 2011 Self-instructional Guide and Tool Kit. (2011, January). Retrieved from <http://www.acog.org/-/media/Departments/Tobacco-Alcohol-and-Substance-Abuse/SCDP.pdf?dmc=1&ts=20170322T1347059076>
4. Castles A, Adams EK, Melvin CL, Kelsch C, Boulton ML. Effects of smoking during pregnancy. Five meta-analyses. *Am J Prev Med* 1999;16:208–15.
5. Spinillo A, Nicola S, Piazzzi G, Ghazal K, Colonna L, Baltaro F. Epidemiological correlates of preterm premature rupture of membranes. *Int J Gynaecol Obstet* 1994;47:7–15.
6. Dietz PM, England LJ, Shapiro-Mendoza CK, Tong VT, Farr SL, Callaghan WM. Infant morbidity and mortality attributable to prenatal smoking in the U.S. *Am J Prev Med* 2010;39:45–52.
7. You Quit. Two Quit. University of North Carolina Center for Maternal and Infant Health in partnership with the Women and Tobacco Coalition for Health, the NC Division of Public Health Tobacco Prevention and Control Branch. www.youquittwoquit.com

Ambulatory Obstetric Tobacco Cessation Pathway

PHARMACOTHERAPY TO ASSIST IN SMOKING CESSATION

□ WHO:

- Pregnant women who smoke **AND** Those who are highly motivated to quit and have tried a period of abstinence for at least 2 weeks
- Do not use if:
 - Patient is allergic to the medication
 - Has a seizure disorder
 - Has a current or prior diagnosis of bulimia or anorexia nervosa
 - Undergoing abrupt discontinuation of alcohol, benzodiazepines, barbiturates, and antiepileptic drugs
 - Has bipolar disorder
- If the patient has concomitant depression, observe for clinical worsening, suicidality, and unusual changes in behavior

□ WHAT:

- Bupropion is a non-nicotine option available for use during pregnancy
- Bupropion also targets symptoms of depression which have been found to be quite high among pregnant smokers.¹
- Bupropion is a classically categorized pregnancy category C drug, with no known fetal effects
- Possible adverse reactions: Seizure, hypertension, mania/hypomania, psychosis, hypersensitivity reactions, angle closure glaucoma
- Common adverse reactions: anorexia, dry mouth, rash, sweating, tinnitus, and tremor
- Nicotine replacement therapy (NRT) in pregnancy - There have been several trials using NRT to help pregnant women quit smoking, with initially mixed results, however, more recently the findings have shown no benefit.²⁻⁵
- For women who smoke and also have a fetus with IUGR, NRT may be appropriate on a case by case basis after risks and benefits are reviewed. Send for expert consult.

□ WHEN:

- ≥14 0/7 weeks of gestation
 - There is some concern regarding increased risk of spontaneous abortion or cardiac malformations if used in the first trimester of pregnancy, although studies are conflicting.⁶

□ HOW:

- Collect urine/saliva cotinine levels and exhaled carbon monoxide level prior to initiation of medication if your practice has the capacity to do so. If not proceed to prescribing bupropion without this assessment.
- Bupropion SR 150mg/day x 3 days and 300mg/day (150mg BID) every day thereafter
- Reassess in 7-12 weeks the effectiveness of the drug by reassessing urine/saliva cotinine level, exhaled carbon monoxide level, and/or only patient reported cessation status. If patient feels comfortable discontinuing the medication and if measured has negative cotinine levels, may d/c. If not, may continue as maintenance therapy throughout pregnancy.