AMBULATORY OBSTETRIC TOBACCO CESSATION PATHWAY

The ambulatory obstetric tobacco cessation pathway is designed for use in the care of all obstetric patients who currently use tobacco products or have used tobacco within the last three months. 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 is designed to be completed by a Medical Assistant or Licensed Practical Nurse.
Module 2 is designed to be completed by an Advanced Practice Nurse, Physician Assistant, or Physician.
Module 3 is designed to be completed by a Nurse Case Manager or Registered Nurse.

Core Pathway notes:
- 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 activities to be performed at the designated visit to accompany each core component. This includes literature for distribution to the patient.
- Smart Phrases: all Primary Discussion Points and Action Items have a corresponding Smart Phrase associated with them for easier data input in EHR. All Smart Phrases require entry of YES or NO to indicate completion of this pathway component.
- 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.
- Techniques utilized in this Pathway include: A) Motivational Interviewing: Stage of Change, and B) Motivational Interviewing: The Five R’s of Reluctant Quitters.

The pathway addresses the following core components:

A. The Five A’s:
   1. Ask
   2. Assess
   3. Advise
   4. Assist
      a. The Ohio Quit Line (1-800-QUIT-NOW)
      b. SmokeFree.gov texting program
      c. Support groups
      d. Health Educator session
   5. Arrange
B. Secondhand smoke
**1st VISIT**

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| **1) Tobacco Assessment: Five A’s Ask**<br>Action Item: | **1) Five A’s #1**<br>Primary Discussion Points (for answer of B or C of smoking status statements):<br> Advise patient with personalized messages stressing the impact of tobacco use on the patient and her family.<br> Determine willingness to continue with pathway<br>Action Item:<br>⇒ Distribute ‘You Can Make a Difference by Staying Smoke Free.’<br>⇒ Enter patient’s willingness to continue pathway in progress notes | **1) Five A’s #2**<br>a) Assess willingness to quit.<br>Primary Discussion Points:<br> How important it is that you quit (on a scale of 1-10)?<br> How confident is your ability to quit (on a scale of 1-10)?<br>b) Assist patient to quit or helping them remain quit.<br>Primary Discussion Points:<br> Discuss importance of a quit date goal.<br>Action Item:<br>⇒ Distribute ‘Quit for You. Quit for your Baby’ self-help booklet. Review with patient and encourage patient to complete remainder on their own.<br>Primary Discussion Points:<br> Explain the risks associated with tobacco use that the health educator reviews with patient.<br>Action Item:<br>⇒ Schedule patient for 90 min session with health educator. Document in chart. |<br>**This component is completed as part of the Ambulatory Obstetric Core Care Pathway.**

If answer A – pathway ceases<br>If answer B – Continue with the pathway to ensure a greater chance of remaining quit. Assess for tobacco use each visit.<br>If answer C, D or E – Continue with pathway
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<th>C) <strong>Arrange</strong> follow-up contact</th>
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<td><strong>Primary Discussion Points:</strong></td>
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<td>▪ Discuss patient’s need for additional appointments/ additional personal contact in the first three weeks of quitting. Establish plan for appointments.</td>
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<td><strong>Action Item:</strong></td>
<td>➤ Arrange follow-up texting, calls and/or appointments in addition to OB appointments.</td>
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| 2) **Secondhand Smoke #1**    |  |
| **Primary Discussion Points:**|  |
| ▪ Assess exposure to secondhand smoke. If present, strategize on how to talk with family/friends who smoke around patient. |  |
| **Action Item:**             | ➤ Distribute “Take the first step for your baby” secondhand smoke sheet. |

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**2nd & Subsequent Visits**

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<td><strong>1) Five A’s #3</strong>&lt;br&gt;<code>Primary Discussion Points:</code>&lt;br&gt;▪ <strong>Assess</strong> willingness of patient to quit if patient has not quit already&lt;br&gt;▪ <strong>Advise</strong> patient by providing clear, strong advice to quit with personalized messages about the impact of smoking on the woman and her baby. Follow with personalized messages stressing the impact of continued use on the patient and her family.&lt;br&gt;▪ <strong>Assist</strong> Offer bupropion as per protocol&lt;sup&gt;10&lt;/sup&gt;</td>
<td><strong>a) Assess</strong> willingness to quit.&lt;br&gt;<code>Primary Discussion Points:</code>&lt;br&gt;▪ How important it is that you quit (on a scale of 1-10)?&lt;br&gt;▪ How confident is your ability to quit (on a scale of 1-10)?&lt;br&gt;▪ Use Motivational Interviewing&lt;br&gt;For patients in <strong>preparation</strong>: Follow up on quit date, review behavioral changes, coping mechanisms, triggers to smoking (review self-help booklet), assess support needed/wanted by patient&lt;br&gt;<strong>OR</strong>&lt;br&gt;For patients in <strong>action</strong>: Provide praise for quitting efforts, review coping mechanisms/behavioral changes &amp; discuss any difficulties patient is having, provide support as necessary</td>
<td><strong>b) Assist</strong> patient to quit or helping them remain quit.&lt;br&gt;<code>Action Item:</code>&lt;br&gt;⇒ Confirm that patient has enrolled in the Ohio Tobacco Quit Line and/or texting programs.</td>
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### 36 Weeks Visit: Postpartum Plan

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<td>2) <strong>Five A’s #5</strong></td>
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<td>a) <strong>Advise</strong> patient to remain smoke free after delivery.</td>
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<td><strong>Primary Discussion Points:</strong></td>
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<td>- Discuss current coping mechanisms for staying quit.</td>
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<td>- Review SUIDS/secondhand smoke and the impact on infant.</td>
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<td>- Discuss benefits to staying quit after delivery.</td>
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<td>- Discuss pharmacologic options after delivery.</td>
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<td>b) <strong>Assist</strong> patient to remain smoke free</td>
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<td>Action Item:</td>
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<td>- Review need for pharmacologic interventions after delivery.</td>
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<td>c) <strong>Arrange</strong> follow-up</td>
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<td>Action Item:</td>
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<td>- Schedule follow-up appointment for one week after delivery, and other appointments as necessary.</td>
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## Postpartum Visit

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| **1) Five A’s #6**<br>Primary Discussion Points:<br>▪ Advise patient with clear, strong advice to quit or stay quit with personalized messages about the impact of smoking on the woman and her baby. Follow with personalized messages stressing the impact of continued use on the patient and her family. | **1) Five A’s #7**<br>a) Advise patient on impacts of smoking by reviewing the postpartum sheet on the benefits of remaining smoke free.  
Primary Discussion Points:<br>▪ How important it is that you stay smoke free (on a scale of 1-10)?<br>▪ How confident is your ability to stay smoke free (on a scale of 1-10)? | **2) Secondhand Smoke #2**<br>Primary Discussion Points:<br>▪ Discuss SUIDS risk for babies who are experience secondhand smoke and review other stay smoke free guide highlights<br>▪ Assess baby’s exposure to secondhand smoke. If present, strategize on how to talk with family/friends who smoke around baby.  
Action Item:<br>► Distribute “Take the first step for your baby” secondhand smoke sheet.  


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


D. You can make a difference by staying smoke free. Free. www.cradlecincinnati.org


F. Postpartum sheet on benefits of remaining smoke free. Free. www.cradlecincinnati.org

G. 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. Free. www.cradlecincinnati.org


REFERENCES


8. Motivational Interviewing: Stage of Change
   - **Pre-contemplation**: no interest in change. Review 5 R’s for women who are reluctant to quit.
   - **Contemplation**: possible change in the next 6 months. Assess barriers to quitting. Review 5 R’s for women who are reluctant to quit.
   - **Preparation**: getting ready to change in the next 30 days. Address any patient concerns/barriers to quitting. Determine coping skills or behavioral changes necessary to quit (determined by patient).
   - **Action**: patient has quit, this is within first 6 months of quit date. Assess difficulties, strategize on addressing them.
   - **Maintenance**: patient has stayed quit for 6 months
   - **Relapse**

9. Motivational Interviewing: The Five R’s for Reluctant Quitters
   - **Relevance**: Help patient figure out the reasons to quit that are most relevant to their lives, based on their health, environment and individual situation.
   - **Risks**: Encourage patient to identify possible negative outcomes to continued tobacco use.
   - **Rewards**: Help identify possible benefits to cessation.
   - **Roadblocks**: Work with patient to identify obstacles to quitting and encourage her to think about how she might overcome them.
   - **Repetition**: Address tobacco use and cessation with patients at each visit.

10. **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.\(^6\)\(^7\)

- **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.