



The American College of
Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

Dear Colleagues:

In my inaugural address at the May 2015 annual meeting of the American College of Obstetricians and Gynecologists (ACOG), I encouraged our members to approach women's health care more comprehensively than ever before: "Go beyond the Pap and pelvic exam." In the United States alone, approximately 480,000 deaths per year are attributable to tobacco use. Despite the overall decrease in smoking in recent years, we have a long way to go to eliminate it altogether.

We also know our practices are busier than ever before just keeping up with our workflow as well as new demands placed on us by a more complex and more regulated health care system. So I asked ACOG staff and the Wellness Work Group on Tobacco Cessation to help our members address the issue of tobacco cessation in our everyday practices. They have done a superb job and the Tobacco and Nicotine Cessation Toolkit is now being released.

I would like to thank the members of the Wellness Work Group on Tobacco Cessation, which include Sharon Phelan, MD; Byron Calhoun, MD; Susan Crowe, MD; Tricia Wright, MD; and ACOG staff, including Christopher Zahn, MD; Nancy O'Reilly, MHS; Sarah Son, MPH; and Katie Ogden. All of the work group members and their efforts were coordinated by Sharon Phelan, MD.

Sincerely,

Mark S. DeFrancesco, MD, MBA
President



Introduction

As the well-women visit migrates from the annual Pap test and pelvic examinations to a more comprehensive health assessment, monitoring for unhealthy behaviors such as tobacco and nicotine use becomes more important for the ongoing health of patients and staff. Although the smoking rate has decreased (from more than 40% of women in 1960 to approximately 17% now), tobacco and nicotine use is still a major contributor to morbidity and mortality in women and men. Women who stop using tobacco and nicotine receive an immediate health and financial benefit.

This toolkit presents screening tools for tobacco and nicotine use and resources to help women stop use through education, medication, counseling, and referral. New nicotine delivery systems, such as packets of powdered tobacco and e-cigarettes, have made stopping tobacco and nicotine use more challenging, so one section of the toolkit focuses on counseling women on the risks of using these methods. We hope this toolkit will be a valuable resource to help you more effectively counsel and encourage your patients to become tobacco and nicotine free.

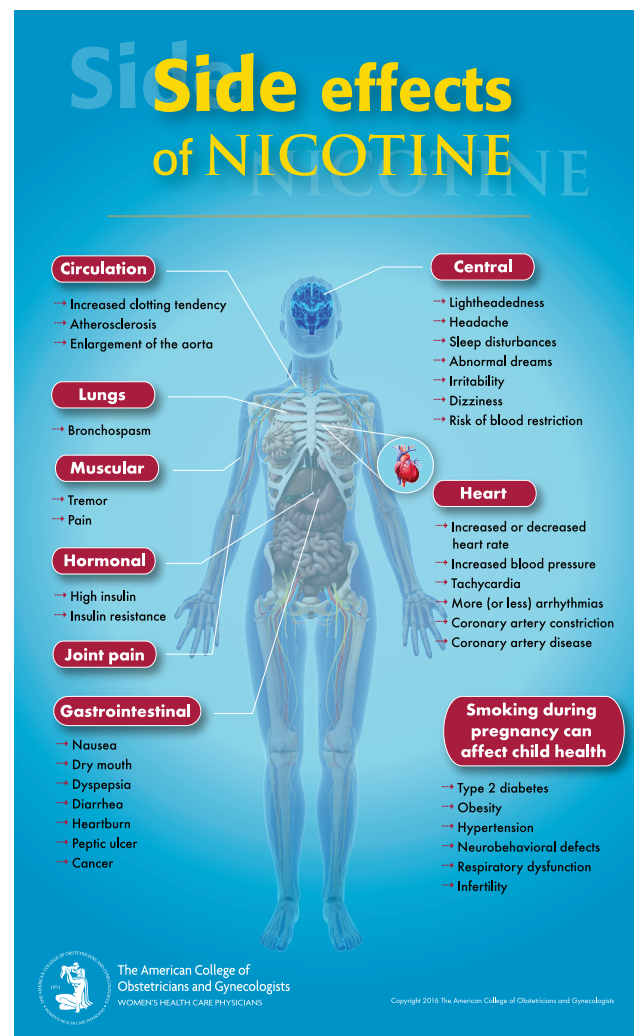


Physiology and Complications of Smoking

There are two major components of traditional, combustible tobacco products: 1) tobacco smoke and 2) nicotine. Both of these carry risks for the user of the product. Many newer products deliver only nicotine and bypass tobacco combustion.

Many complications from smoking have traditionally been attributed to the smoke created by the combustion of the tobacco, which contains thousands of chemicals, including tars, cyanide, and carbon monoxide. These chemicals are more strongly related to the types of cancer associated with tobacco use (such as lung cancer, cervical cancer, and oral cancer) than tobacco itself, and they contribute to chronic obstructive pulmonary disease, secondhand and thirdhand smoke exposure, and the growth restriction seen in newborns.

There recently has been an increase in smokeless nicotine-only delivery systems that are advertised as being safer than tobacco smoke. Nevertheless, among many other negative effects (see Side Effects of Nicotine), nicotine promotes vasoconstriction, which increases the work of the heart, promotes cellular proliferation, and impedes program cell death, which may promote the growth of existing cancer. Nicotine is rapidly absorbed through the lungs, oral mucosa, and skin, and crosses the placenta readily. It also works directly on the central nervous system by binding to nicotine receptors that are associated with cognition, memory, selective attention, and emotions. Nicotine is especially addictive because it is a neurologic stimulant and relaxant, and enhances cognitive performance, alertness, and focus.



Resources

These resources are for information only and are not meant to be comprehensive. Referral to these resources does not imply the American College of Obstetricians and Gynecologists' endorsement of the organization, the organization's web site, or the content of the resource. The resources may change without notice.

- ▶ Carter BD, Abnet CC, Feskanich D, Freedman ND, Hartge P, Lewis CE, et al. Smoking and mortality—beyond established causes. *N Engl J Med* 2015;372:631–40. Available at: <http://www.nejm.org/doi/full/10.1056/NEJMsa1407211>.
- ▶ World Health Organization. Tobacco. Fact Sheet No. 339. Geneva: WHO; 2015. Available at: <http://www.who.int/mediacentre/factsheets/fs339/en>. Retrieved April 15, 2016.
A summary of the World Health Organization fact sheet on Tobacco.
- ▶ World Health Organization. Addiction to nicotine. In: Gender, women, and the tobacco epidemic. Geneva: WHO; 2010. p. 137–49. Available at: http://www.who.int/tobacco/publications/gender/en_tfi_gender_women_addiction_nicotine.pdf. Retrieved April 15, 2016.
World Health Organization review of the various modalities for tobacco and nicotine use, addiction, and cessation in condensed 14 pages.
- ▶ Office of the Surgeon General. Nicotine. In: The health consequences of smoking—50 years of progress. A report of the Surgeon General. Rockville, MD: U.S. Department of Health and Human Services; 2014. p. 107–38. Available at: <http://www.surgeongeneral.gov/library/reports/50-years-of-progress/sgr50-chap-5.pdf>. Retrieved April 15, 2016.
Surgeon General report on nicotine abuse and dependency.
- ▶ Mayo Clinic. Diseases and conditions: nicotine dependence. Available at: <http://www.mayoclinic.org/diseases-conditions/nicotine-dependence/basics/definition/con-20014452>. Retrieved April 15, 2016.



Treatment and Cessation

Smoking cessation treatments primarily consist of counseling, pharmaceutical aids, or both.

- **Ask** whether the patient smokes. This is a key component of screening.
- **Advise** patients about the reasons for quitting.
- **Assess** their willingness to quit.
 - If the patient is not ready to quit, go through the five “Rs” to help her move from the precontemplative to the contemplative state
 - If ready to quit, then either assist in her quit effort or refer
- **Assist** in quit efforts with counseling or pharmacology (see the American College of Obstetricians and Gynecologists’ Committee Opinion No. 503, *Tobacco Use and Women’s Health*).
- **Arrange** a follow-up appointment with the patient to see how the patient is doing.

For nonpregnant women who are light smokers or use only vaporizers, counseling may be adequate. The more intense the counseling intervention, the more likely it will work, but even a brief intervention is important to begin the process. Many tobacco and nicotine users, especially those who smoke a pack a day or more, will require medication to help with cessation. Combinations of nicotine replacements and selective serotonin reuptake inhibitors may be necessary depending on the level of nicotine addiction and the reason for ongoing tobacco and nicotine use. When treating tobacco and nicotine dependence, one needs to approach it as a chronic disease that has a high risk of relapse before eventual success. The following resources provide information regarding medications, indications, use, and complications.

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- ▶ Counseling and interventions to prevent tobacco use and tobacco-caused disease in adults and pregnant women: U.S. Preventive Services Task Force reaffirmation recommendation statement. U.S. Preventive Services Task Force. *Ann Intern Med* 2009;150:551–5. Available at: <http://annals.org/article.aspx?articleid=744446>.
- ▶ Siu AL. Behavioral and pharmacotherapy interventions for tobacco smoking cessation in adults, including pregnant women: U.S. Preventive Services Task Force Recommendation

Statement. *Ann Intern Med* 2015;163:622–34. Available at: <http://annals.org/article.aspx?articleid=2443060>.

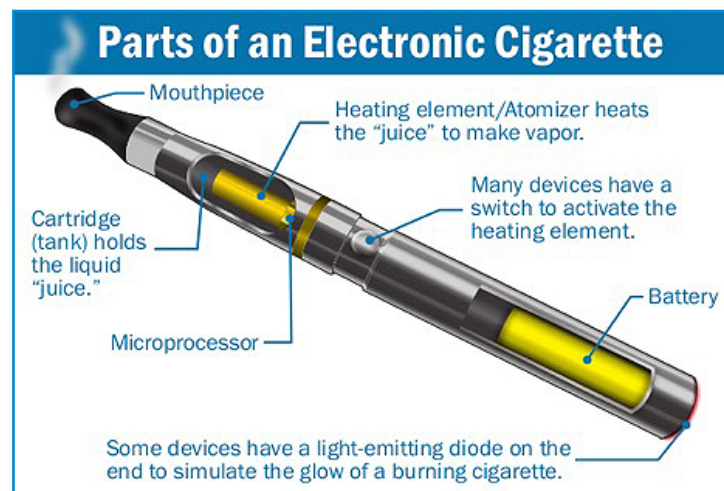
U.S. Preventive Services Task Force Summary recommendations for tobacco smoking cessation in adults, including pregnant women.

- ▶ Lavinghouze SR, Malarcher A, Jama A, Neff L, Debrot K, Whalen L. Trends in quit attempts among adult cigarette smokers—United States, 2001–2013. *MMWR Morb Mortal Wkly Rep* 2015;64:1129–35. Available at: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6440a1.htm>.

Electronic Nicotine Delivery Systems (ENDS) and Other Novel Delivery Systems

Over the past 10 years an increasing number of novel nicotine delivery systems have been developed that can use tobacco (eg, Snus smokeless, moist powder tobacco) or synthetic nicotine that may be dispensed in a vapor form and inhaled (vaping). The most common form of these electronic nicotine delivery systems (ENDS) are e-cigarettes (see Parts of an Electronic Cigarette).

By avoiding combustible tobacco, ENDS avoid the hazards of the smoke created by traditional cigarettes. Hence, they are commonly advertised as “safer” than traditional cigarettes. However, ENDS typically still contain nicotine, flavorings that appeal to younger adults and teenagers, and a propellant. The safety of these agents when vaporized has not been proved. Pregnant women may be attracted to them because of their putative safety claims, but many of the problems with smoking during pregnancy are nicotine related. A joint statement from the American Academy of Pediatrics, the American College of Obstetricians and Gynecologists, the American Academy of Family Physicians, and the American Medical Association on ENDS provides concise information for health care providers about why ENDS are a health hazard and what to tell patients about them.



Parts of an electronic cigarette. (Open source image. Available at https://www.usfa.fema.gov/downloads/pdf/publications/electronic_cigarettes.pdf. Retrieved April 18, 2016.)

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- ▶ England LJ, Bunnell RE, Pechacek TF, Tong VT, McAfee TA. Nicotine and the developing human: a neglected element in the electronic cigarette debate. *Am J Prev Med* 2015;49:286–93. Available at: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4594223/>. *A review of the effect of nicotine and why e-cigarettes may be less harmful but are NOT safe.*
- ▶ Crowley RA. Electronic nicotine delivery systems: executive summary of a policy position paper from the American College of Physicians. Health Public Policy Committee of the American College of Physicians [published erratum appears in *Ann Intern Med* 2015;162:880]. *Ann Intern Med* 2015;162:583–4. Available at: <http://annals.org/article.aspx?articleid=2275390>.
The appendix of this paper is an excellent summary of the current status of ENDS with regard to marketing, laws, risks, and increased use by teenagers and young adults.
- ▶ American Academy of Pediatrics, American College of Obstetricians and Gynecologists, American Academy of Family Physicians, American Medical Association. Electronic nicotine delivery systems. Elk Grove Village: AAP; Washington, DC: American College of Obstetricians and Gynecologists; Leawood (KS): AAFP; Chicago (IL): AMA; 2015. Available at: <https://www.acog.org/-/media/Departments/Tobacco-Alcohol-and-Substance-Abuse/5AsENDSfact-sheet.pdf?la=en>. Retrieved April 13, 2016.
Two-page document with bullet points about ENDS with references.
- ▶ Kids + Chemical Safety, Toxicology Excellence for Risk Assessment. What are the public health implications of e-cigarettes? Available at: <http://kidschemicalsafety.org/health/public-health-impacts-e-cigarettes>. Retrieved April 13, 2016.
Web site that discusses e-cigarettes and why teenagers are attracted to them. Also covers nicotine poisoning, which is increasing with the escalating use of vaping.



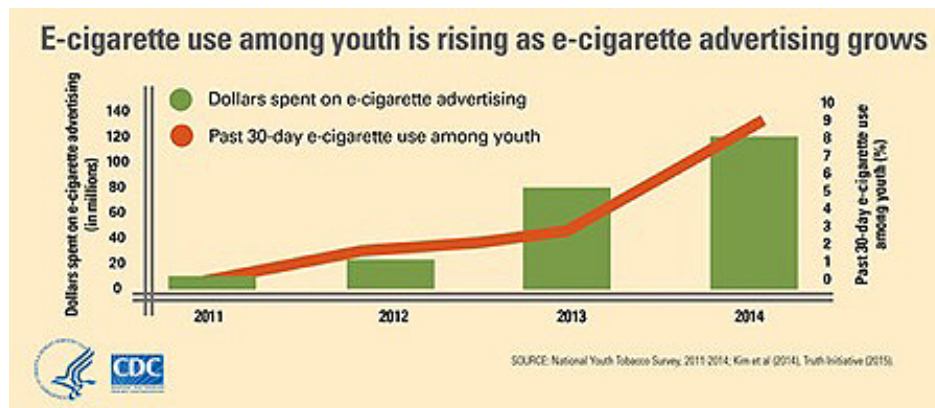
Unique Populations

Adolescents

Teenagers are particularly vulnerable to tobacco and nicotine products, so it is not surprising that much of the marketing for products that contain nicotine is directed to this group. Laws and regulations have served as a barrier to smoking among teenagers with varying success. These barriers include age requirements for purchase, cost of product, taxation, and regulations about smoke-free locations such as schools and other public buildings.

Electronic cigarettes or vaping bypasses many of these barriers. Although states are implementing legislation regarding age requirements for purchase, taxation, and oversight of marketing, most states have few regulations in place. This has helped to make vaping increasingly common among teenagers. Statistics show a marked increase in use by teenagers over the past 5 years. This includes athletes who in the past have avoided smoking for fear it would negatively affect their performance. The “juice” used in electronic nicotine delivery systems (ENDS) is typically flavored to appeal to a young age group; popular flavors include Captain Crunch, cherry crush, and chocolate.

The Well-Woman Task Force, convened by the American College of Obstetricians and Gynecologists in 2013, encourages screening all teenagers for tobacco and nicotine use (1). If teenagers are nicotine and smoke-free, health care providers need to encourage them to remain so and give them information that will support this recommendation. If teenagers are experimenting or actively using tobacco and nicotine, health care providers need to educate them about the risks of continuing and the benefits of cessation, and support them as needed if they are ready for a change (see E-Cigarette Use Among Youth Is Rising as E-Cigarette Advertising Grows). Health care



E-cigarette use among youth is rising as e-cigarette advertising grows. (Open source image: http://www.cdc.gov/tobacco/data_statistics/tables/trends/infographics/index.htm#ecigs. Retrieved April 18, 2016.)

providers and teenagers can use the following resources to help teenagers remain nicotine and smoke free.

Reference

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- ▶ Centers for Disease Control and Prevention. Smoking and tobacco use: trends infographics. Available at: http://www.cdc.gov/tobacco/data_statistics/tables/trends/infographics/index.htm#ecigs. Retrieved April 13, 2016.
Graphics and posters from the CDC directed toward teenagers.
- ▶ National Cancer Institute. Smokefree Teen. Available at: <http://teen.smokefree.gov/default.aspx>. Retrieved April 13, 2016.
Smoke-free campaign for teenagers from the U.S. Department of Health and Human Services.
- ▶ Centers for Disease Control and Prevention. Talking to teens about tobacco use. Available at: http://www.cdc.gov/tobacco/data_statistics/sgr/2012/pdfs/physician_card508.pdf. Retrieved April 13, 2016.
Guides from the CDC about talking to teenagers and their parents about smoking.
- ▶ New York State Smokers' Quitline. Break loose. Available at: <http://nysmokefree.com/download/BLYouth2009.pdf>. Retrieved April 13, 2016.
Handout for teenagers on breaking loose from smoking; developed by the NYSMOKEFree.
- ▶ Singh T, Marynak K, Arrazola RA, Cox S, Rolle IV, King BA. Vital signs: exposure to electronic cigarette advertising among middle school and high school students—United States, 2014. *MMWR Morb Mortal Wkly Rep* 2016;64:1403-8. Available at: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6452a3.htm>.
Background on the role of advertisement in e-cigarette use by adolescents.
- ▶ Ambrose BK, Day HR, Rostron B, Conway KP, Borek N, Hyland A, et al. Flavored tobacco product use among U.S. youth aged 12–17 years, 2013–2014. *JAMA* 2015;314:1871–3. Available at: <http://jama.jamanetwork.com/article.aspx?articleid=2464690>.
The use of flavorings to entice adolescents to use nicotine and tobacco products.
- ▶ Agaku IT, Singh T, Jones SE, King BA, Jamal A, Neff L, et al. Combustible and smokeless tobacco use among high school athletes—United States, 2001–2013. *MMWR Morb Mortal Wkly Rep* 2015;64:935–9. Available at: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6434a2.htm>.
Decreasing barriers to smoking among high school athletes.

- ▶ Rigotti NA. E-cigarette use and subsequent tobacco use by adolescents: new evidence about a potential risk of e-cigarettes. *JAMA* 2015;314:673-4. Available at: <http://jama.jamanetwork.com/article.aspx?articleid=2428937>.
E-cigarettes as an entry drug to tobacco use by adolescents.
- ▶ Leventhal AM, Strong DR, Kirkpatrick MG, Unger JB, Sussman S, Riggs NR, et al. Association of electronic cigarette use with initiation of combustible tobacco product smoking in early adolescence. *JAMA* 2015;314:700–7. Available at: <http://jama.jamanetwork.com/article.aspx?articleid=2428954>.
E-cigarettes as an entry drug to tobacco use by adolescents.

Pregnant Women

Tobacco and nicotine use during pregnancy is one of the most important, modifiable, causes of poor pregnancy outcomes in the United States (1). It is associated with intrauterine growth restriction, placenta previa, abruptio placentae, preterm delivery, and overall increased infant morbidity and mortality (2). Pregnant women are uniquely motivated to quit tobacco and nicotine use in order to avoid these outcomes. Of women who smoked 3 months before pregnancy, 54.3% quit during pregnancy (1). Although it is most beneficial to quit tobacco and nicotine use before 15 weeks of gestation, cessation in the third trimester can mostly eliminate the risks of low birth weight that are linked to maternal tobacco and nicotine use (3). Health care providers who screen for tobacco and nicotine use during initial intake and follow-up visits can increase a patient’s success with reduction and cessation of tobacco and nicotine use. Physician advice, counseling sessions with health educators, and online resources are useful in initiating successful tobacco cessation and preventing relapse postpartum.

Most of the pharmacotherapy that is effective for nonpregnant women is not as successful in pregnancy. It is unclear why, but it is thought that there is a tendency for physicians to prescribe too low a dose as well as nonadherence by the patient, both partially because of concerns that nicotine is a known teratogen. Most health care providers and organizations believe more research is needed to better define the benefit and risk ratio of pharmacotherapy during pregnancy. It is also known that tobacco includes nicotine plus numerous other chemicals that are injurious to the woman and fetus (eg, cadmium, lead, and arsenic) (4). As part of ACOG’s commitment to assist women with tobacco cessation, ACOG has endorsed the web-based course “Smoking Cessation for Pregnancy and Beyond: A Virtual Clinic.” The program consists of web-based training designed to help health care professionals effectively assist pregnant women and women in the childbearing years in their efforts to quit smoking. The training program teaches a best-practice approach for tobacco cessation and the 5As, and is based on current clinical recommendations from the U.S. Public Health Service and ACOG.

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1. Tong VT, Dietz PM, Morrow B, D’Angelo DV, Farr SL, Rockhill KM, et al. Trends in smoking before, during, and after pregnancy—Risk Assessment Monitoring System, United States, 40 sites, 2000–2010. Centers for Disease Control and Prevention (CDC). *MMWR Surveill Summ* 2013;62(SS-6):1–19. Available at: <http://www.cdc.gov/mmwr/pdf/ss/ss6206.pdf>. ↵

2. 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. Available at: <http://www.ncbi.nlm.nih.gov/pubmed/20547278>. ↵
3. Smoking cessation during pregnancy. Committee Opinion No. 471. American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2010;116:1241–4. Available at: <http://www.acog.org/Resources-And-Publications/Committee-Opinions/Committee-on-Health-Care-for-Underserved-Women/Smoking-Cessation-During-Pregnancy>. ↵
4. England LJ, Bunnell RE, Pechacek TF, Tong VT, McAfee TA. Nicotine and the developing human: a neglected element in the electronic cigarette debate. *Am J Prev Med* 2015;49:286–93. Available at: <http://www.ncbi.nlm.nih.gov/pubmed/25794473>. ↵

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For Health Care Providers

- ▶ American College of Obstetricians and Gynecologists. Smoking cessation during pregnancy: a clinician's guide to helping pregnant women quit smoking. Washington, DC: American College of Obstetricians and Gynecologists; 2011. Available at: <https://www.acog.org/-/media/Departments/Tobacco-Alcohol-and-Substance-Abuse/SCDP.pdf?dmc=1&ts=20160306T2137427460>. Retrieved April 15, 2016.
- ▶ Smoking cessation for pregnancy and beyond: a virtual clinic. Available at: <https://www.smokingcessationandpregnancy.org>. Retrieved April 13, 2016.
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- ▶ Agency for Healthcare Research and Quality. Healthier pregnancy: tools and techniques to best provide ACA-covered preventive services. Provider fact sheet. Available at: <http://www.ahrq.gov/sites/default/files/wysiwyg/professionals/prevention-chronic-care/healthier-pregnancy/documents/tobacco-provider-fact-sheet.pdf>. Retrieved April 13, 2016.
- ▶ Curtin SC, Matthews TJ. Smoking prevalence and cessation before and during pregnancy: data from the birth certificate, 2014. *Natl Vital Stat Rep* 2016;65:1–14. Available at: http://www.cdc.gov/nchs/data/nvsr/nvsr65/nvsr65_01.pdf

For Patients

- ▶ National Cancer Institute. Smokefree women: pregnancy and motherhood. Available at: <http://women.smokefree.gov/pregnancy-motherhood.aspx>. Retrieved April 13, 2016. *An excellent online resource for patients.*

- ▶ National Cancer Institute. Smokefree women: smokefree mom. Available at: <http://women.smokefree.gov/smokefreemom.aspx>. Retrieved April 13, 2016.
A texting support program for pregnant women who smoke.
- ▶ Centers for Disease Control and Prevention. I'm ready to quit! Available at: <http://www.cdc.gov/tobacco/campaign/tips/quit-smoking>. Retrieved April 13, 2016.
"I'm Ready to Quit!" has links to quit help lines, quit guides, and other resources.
- ▶ Centers for Disease Control and Prevention. Tobacco use and pregnancy. Available at: <http://www.cdc.gov/reproductivehealth/maternalinfanthealth/tobaccousepregnancy/index.htm>. Retrieved April 13, 2016.
CDC web site that describes tobacco effects during pregnancy.

Breastfeeding Women

Mothers who use tobacco and nicotine products should be informed that they can breastfeed. Breastfeeding women should be encouraged to quit or reduce tobacco and nicotine use while breastfeeding. Nicotine and other chemicals cross into breast milk, and tobacco and nicotine use while breastfeeding may cause an infant to be restless, have difficulty sleeping, have colic, and have an increased risk of SIDS (1). However, breastfeeding can decrease the negative effects of secondhand smoke on a baby's lungs. Infants who breastfeed from women who use tobacco and nicotine will have fewer respiratory infections than a formula-fed infant of a smoker. If a woman is going to continue to use tobacco or products that contain nicotine while breastfeeding, using tobacco products immediately after breastfeeding rather than before will result in decreased levels of nicotine in the breast milk. Women who breastfeed can help reduce risks of tobacco exposure by making her home smoke free, using tobacco after breastfeeding (instead of before), and using nicotine replacement products (instead of tobacco products).

Tobacco and nicotine use may make breastfeeding more challenging and puts women at risk of a lower milk supply, which may lead to early weaning. Prolonged breastfeeding reduces the risk of relapse in women who have quit tobacco and nicotine use (2).

Nicotine replacement therapy may be used in breastfeeding women who are committed to not using tobacco products and are unable to quit without nicotine replacement. Nicotine replacement therapy prevents exposure to secondhand smoke and other chemicals found in tobacco products. With a 21-mg transdermal patch, nicotine passes into breast milk at levels equivalent to smoking 17 cigarettes daily (3). If a patch is used, it should be removed overnight to reduce adverse effects and overall nicotine exposure to the infant. Nicotine gum produces large variations in nicotine levels, and it should be used only after feeds. Nicotine nasal sprays produce rapid, high levels of nicotine and also should be used after feeds. Electronic nicotine delivery systems are not recommended for assistance with tobacco replacement and cessation.

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3. Sachs HC. The transfer of drugs and therapeutics into human breast milk: an update on selected topics. Committee on Drugs. *Pediatrics* 2013;132:e796–809. [PubMed] [Full Text] ↵

Resources

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For Health Care Providers

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- ▶ Lauria L, Lamberti A, Grandolfo M. Smoking behaviour before, during, and after pregnancy: the effect of breastfeeding. *Scientificworldjournal* 2012;2012:154910. [PubMed] [Full Text]

For Patients and Health Care Providers

Breastfeeding women may benefit from the resources listed below, which include guidance and a texting program to assist with tobacco cessation:

- ▶ American Academy of Family Physicians. Quit smoking guide. Leawood (KS): AAFP; 2015. Available at: http://www.aafp.org/dam/AAFP/documents/patient_care/tobacco/stop-smoking-guide.pdf. Retrieved April 13, 2016.
- ▶ National Cancer Institute. Smokefree women: pregnancy and motherhood. Available at: <http://women.smokefree.gov/pregnancy-motherhood.aspx>. Retrieved April 13, 2016.

- ▶ National Cancer Institute. Smokefree women: smokefree mom. Available at: <http://women.smokefree.gov/smokefreemom.aspx>. Retrieved April 13, 2016.
A texting support program for smoking moms.
- ▶ American Cancer Society. Smoking while you are pregnant or breastfeeding. Available at: <http://www.cancer.org/cancer/cancercauses/tobaccocancer/smoking-while-you-are-pregnant-or-breastfeeding>. Retrieved April 13, 2016.
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American Academy of Pediatrics web site that covers secondhand smoke risks; wording is addressed to parents.
- ▶ Centers for Disease Control and Prevention. I'm ready to quit! Available at: <http://www.cdc.gov/tobacco/campaign/tips/quit-smoking>. Retrieved April 13, 2016.

Talking Points With Breastfeeding Women

I am a cigarette smoker. Should I nurse?

- Yes, you should nurse, even if you have not been able to quit smoking cigarettes. Your baby will best maintain good health if he or she receives your milk. Your health will be better now and in the future if you nurse.
- Infants who breastfeed from women who use tobacco and nicotine have fewer colds than formula-fed infants of women who use tobacco and nicotine products.
- Make sure that you smoke outside of your house or apartment so the baby does not breathe in the cigarette smoke (smoke travels from room to room even with the door shut).
- Smoking after nursing rather than before nursing the baby is preferable (but not mandatory).
- If it has been too hard to quit, consider cutting down.

Resource

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- ▶ American Academy of Pediatrics. The dangers of secondhand smoke. Available at: <https://www.healthychildren.org/English/health-issues/conditions/tobacco/Pages/Dangers-of-Secondhand-Smoke.aspx>. Retrieved April 15, 2016.

Perioperative Patients

It is often not possible to predict the need for surgery far enough in advance to help patients stop using tobacco and nicotine products before their surgery. If the surgery can be postponed for a

few months, individuals who can become smoke free before their surgery have fewer complications and better outcomes than those who continue to smoke before their surgery. Cardiopulmonary, wound healing, and circulatory issues are all improved with smoking cessation.

► Resources

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- ▶ Cleveland Clinic. Smoking before surgery increases risk of death: 3 reasons smoking makes surgery more risky. Cleveland (OH): Cleveland Clinic; 2013. Available at: <https://health.clevelandclinic.org/2013/08/facing-surgery-kick-cigarettes-now>. Retrieved April 15, 2016.
Posting from the Cleveland Clinic on why to quit smoking prior to surgery.
- ▶ Quit Victoria. Is it OK to smoke if I'm having surgery? Available at: <http://www.quit.org.au/about/frequently-asked-questions/how-does-smoking-affect-my-body/smoking-and-surgery.html>. Retrieved April 15, 2016.
Posting from Australia on why to quit.
- ▶ Zaki A, Abrishami A, Wong J, Chung FF. Interventions in the preoperative clinic for long term smoking cessation: a quantitative systematic review. *Can J Anaesth* 2008;55:11–21. Available at: <http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0025514/>.
- ▶ Thomsen T, Villebro N, Møller AM. Interventions for preoperative smoking cessation. *Cochrane Database of Systematic Reviews* 2014, Issue 3. Art. No.: CD002294. Available at: http://www.cochrane.org/CD002294/TOBACCO_can-people-be-helped-to-stop-smoking-before-they-have-surgery.
Can people be helped to stop smoking before they have surgery? A Cochrane review.



Office Practice and Coding

Numerous studies have shown that health care providers, especially obstetric care providers, can have a significant effect on tobacco and nicotine users simply by screening for use and then following up. Repeated inquiries show that the obstetric care provider is concerned and can help move a patient from precontemplative to a contemplative phase regarding attempting cessation. Then, with the 5As (Ask, Advise, Assess, Assist, and Arrange) or 3As–R (Ask, Advise, Assess, and Refer) physicians can encourage users to attempt cessation. However, with the demands of a busy practice, it is hard to carve out the time to do this, especially for the primary care provider.

Involve your staff in the process of helping patients quit by consistently screening, praising, helping to trouble shoot relapses, and acknowledging successes—even small ones. Having a coordinated approach to screening, documentation, patient education, and identified referral sources can improve efficiency and success.

Also with ICD-10, it is possible to more effectively code activities. Given the risks of continued smoking, more insurance companies are considering reimbursements for cessation activities. The following resources include tips on setting up a coordinated approach to smoking cessation within a clinic, documentation, and coding.

► Resources

These resources are for information only and are not meant to be comprehensive. Referral to these resources does not imply the American College of Obstetricians and Gynecologists' endorsement of the organization, the organization's web site, or the content of the resource. The resources may change without notice.

- ▶ ACOG coding worksheet on nicotine-related codes.
- ▶ American College of Obstetricians and Gynecologists, District II. Before you implement smoking cessation program. Available at: <http://www.acog.org/About-ACOG/ACOG-Districts/District-II/Before-You-Implement-Smoking-Cessation-Program>. Retrieved April 13, 2016.
A good outline about starting a cessation program within your office—land mines to avoid and how to increase success.
- ▶ American College of Obstetricians and Gynecologists, District II. Developing an office protocol for smoking cessation. Available at: <http://www.acog.org/About-ACOG/ACOG-Districts/District-II/Developing-an-Office-Protocol-for-Smoking-Cessation>. Retrieved April 13, 2016.

- ▶ American College of Obstetricians and Gynecologists, District II. Smoking cessation, free posters. Available at: <http://www.acog.org/About-ACOG/ACOG-Districts/District-II/Smoking-Cessation-FREE-Poster>. Retrieved April 13, 2016.

Posters for the office.

- ▶ Centers for Disease Control and Prevention. Health effects infographics: women and smoking. Available at: http://www.cdc.gov/tobacco/data_statistics/tables/health/infographics/index.htm#women-smoke. Retrieved April 13, 2016.

Poster directed to women regarding smoking cessation from the CDC.



Advocacy

Tobacco and nicotine use is the number one preventable cause of death in the United States. In addition, it is one of the leading causes of preventable, adverse pregnancy outcomes. Despite the known harms of tobacco exposure, disparate laws and policies exist in different states and localities. Because physicians can introduce change in many ways, they should promote best practice tobacco-cessation policies. Health care efforts should be coordinated throughout various systems. Physicians can encourage health care programs to be smoke free, including hospital campuses, drug treatment programs, and rehabilitation centers. Integration of smoking status into each electronic medical record is part of meaningful use parameters and is one example of how care can be coordinated or institutionalized. In addition, physicians can work with local tobacco-control groups to produce changes on the local and state levels. By providing expert testimony to policy makers, physicians can be strong voices for tobacco-control efforts. Another area in which physicians can be effective voices for change is with the insurance companies, so that comprehensive pharmaceutical treatment for smoking cessation is a universal covered benefit.

▶ Talking Points for Advocacy Programs

- State and community-wide programs can change social norms on tobacco and nicotine use and have been shown to decrease use rates by 50%. These programs are highly cost effective.
- Physicians can partner with community groups to lobby legislators. Physicians can lend their expertise on the risks of smoking and vaping and the benefits of cessation programs.
- Raising tobacco taxes are highly effective in preventing teenagers and young adults from initiating tobacco and nicotine use and decreasing tobacco use rates overall.
- Raising the age when minors can obtain tobacco products also decreases youth initiation rates.
- Promotion of smoke-free environments in public places, including hospital campuses, workplaces, and public housing, decreases exposure to secondhand smoke and improves health and pregnancy outcomes.
- Individuals receiving treatment for addiction are more likely to die from complications of tobacco and nicotine use than their primary addiction. Encouraging tobacco cessation during addiction treatment improves treatment outcomes.
- Physicians have a significant influence on quit rates and should have a greater role in addressing disparities of tobacco and nicotine use, including among various ethnic groups and psychiatric patients.
- Improving health care organizations' culture improves adherence to evidence-based interventions. For example, this can be accomplished by incorporation of the 5As intervention into electronic medical records.

► Resources

These resources are for information only and are not meant to be comprehensive. Referral to these resources does not imply the American College of Obstetricians and Gynecologists' endorsement of the organization, the organization's web site, or the content of the resource. The resources may change without notice.

- ▶ Centers for Disease Control and Prevention. Best practices for comprehensive tobacco control programs. Atlanta (GA): CDC; 2014. Available at: http://www.cdc.gov/tobacco/stateandcommunity/best_practices/index.htm. Retrieved April 15, 2016.
Best Practices for Comprehensive Tobacco Control Programs looks at state and community interventions as well as surveillance and evaluation.
- ▶ Guide to Community Preventive Services. Reducing tobacco use and secondhand smoke exposure. Available at: <http://www.thecommunityguide.org/tobacco/index.html>. Retrieved April 15, 2016.
Resources and information regarding advocacy activities to reduce tobacco use and second-hand smoke exposure.
- ▶ Campaign for Tobacco-Free Kids. State tobacco prevention programs. Available at: http://www.tobaccofreekids.org/facts_issues/fact_sheets/policies/prevention_us_state. Retrieved April 15, 2016.
Contains state-specific data and approaches to advocacy.
- ▶ American Academy of Pediatrics. Tobacco prevention policy tool. Available at: <http://www2.aap.org/richmondcenter/TobaccoPreventionPolicyTool/index.html>. Retrieved April 15, 2016.
Tobacco Prevention Policy Tool from the American Academy of Pediatrics.



Coding for Tobacco Use and Cessation Counseling

► Diagnosis Coding

The International Statistical Classification of Diseases and Related Health Problems (ICD) codes support the medical necessity for performing a service. The physician must clearly indicate the reason(s) for all the services rendered to ensure the selection of the most specific code.

Correct coding implies that the code selection is

- the most accurate description of “what” was performed and “why” it was performed
- supported by documentation in the medical record
- consistent with coding conventions and guidelines

When selecting ICD-10-CM diagnosis(es) code(s) for an encounter, the diagnosis code(s) must support the clinical need (medical necessity) for the service as described by the Current Procedural Terminology (CPT) code linked to the diagnosis.

Basic Guidelines for Diagnosis Coding

- Code to the highest degree of specificity.
- Code to the highest degree of certainty.
- Link the diagnosis code to the procedure code (CPT) on the claim.
- Sequence the diagnoses, reporting the primary diagnosis first, followed by the secondary, and so on.
- Code only diagnoses relevant for the current encounter.

Tobacco Use Screening

The ICD-10-CM diagnosis code that may be reported for tobacco screening is Z13.89 (Encounter for screening for other disorder).

Tobacco Use

Tobacco use may be reported when the health care provider has not documented nicotine dependence.

Code Description

- Tobacco use (not otherwise specified)

Code

Z72.0

Nicotine Dependence

A code from code section F17.- would be reported for a diagnosis of Nicotine dependence. The “-” used in this document indicates that an additional character or characters are required for

appropriate code selection. Mental, Behavioral and Neurodevelopmental Disorders (F01-F99) codes are found in Chapter 5 of ICD-10-CM. Possible ICD-10 codes to report linked to the counseling and office visit codes are as follows:

<u>Code Description</u>	<u>Code</u>
• Nicotine dependence, unspecified	F17.20-
• Nicotine dependence, unspecified, uncomplicated	F17.200
• Nicotine dependence, unspecified, in remission	F17.201
• Nicotine dependence, unspecified, with withdrawal	F17.203
• Nicotine dependence, unspecified, with other nicotine-induced disorders	F17.208
• Nicotine dependence, unspecified, with unspecified nicotine-induced disorders	F17.209

<u>Code Description</u>	<u>Code</u>
• Nicotine dependence, cigarettes	F17.21-
• Nicotine dependence, cigarettes, uncomplicated	F17.210
• Nicotine dependence, cigarettes, in remission	F17.211
• Nicotine dependence, cigarettes, with other nicotine-induced disorders	F17.218
• Nicotine dependence, cigarettes, with unspecified nicotine-induced disorders	F17.219

<u>Code Description</u>	<u>Code</u>
• Nicotine dependence, chewing tobacco	F17.22-
• Nicotine dependence, chewing tobacco, uncomplicated	F17.220
• Nicotine dependence, chewing tobacco, in remission	F17.221
• Nicotine dependence, chewing tobacco, with withdrawal	F17.223
• Nicotine dependence, chewing tobacco, with other nicotine-induced disorders	F17.228
• Nicotine dependence, chewing tobacco, with unspecified nicotine-induced disorders	F17.229

<u>Code Description</u>	<u>Code</u>
• Nicotine dependence, other tobacco product	F17.29-
• Nicotine dependence, other tobacco product, uncomplicated	F17.290
• Nicotine dependence, other tobacco product, in remission	F17.291
• Nicotine dependence, other tobacco product, with withdrawal	F17.293
• Nicotine dependence, other tobacco product, with other nicotine-induced disorders	F17.298
• Nicotine dependence, other tobacco product, with unspecified nicotine-induced disorders	F17.299

History of Tobacco Dependence

<u>Code Description</u>	<u>Code</u>
<ul style="list-style-type: none"> Personal history of nicotine dependence 	Z87.891

Tobacco Abuse Counseling

When reporting tobacco abuse counseling, an additional code from code section F17.- indicating nicotine dependence should be reported.

<u>Code Description</u>	<u>Code</u>
<ul style="list-style-type: none"> Tobacco Abuse Counseling 	Z71.6

Toxic Effect of Nicotine

<u>Code Description</u>	<u>Code</u>
<ul style="list-style-type: none"> Toxic effect of tobacco and nicotine 	T65.2-

Procedure Coding

Procedure codes such as Evaluation and Management (E/M) codes are a method of documenting what service or procedure was performed. The most appropriate E/M code to select will depend on whether the encounter was for screening or treatment of tobacco use or nicotine dependence.

If the encounter was for screening the patient, report a preventive medicine code. These codes are selected according to the time spent in face-to-face counseling with the patient. Whether or not these codes will be reimbursed by the payer will vary. Possible procedure codes are the following:

<u>Code Description</u>	<u>Code</u>
<ul style="list-style-type: none"> Preventive medicine, individual counseling 	99401-99404
<ul style="list-style-type: none"> Preventive medicine, group counseling 	99411-99412

Specific CPT codes have been developed for tobacco cessation counseling. These services are reported as follows:

<u>Code Description</u>	<u>Code</u>
<ul style="list-style-type: none"> Preventive medicine, Smoking/tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes 	99406
<ul style="list-style-type: none"> Preventive medicine, Smoking/tobacco use cessation counseling visit; intensive, greater than 10 minutes 	99407

If the encounter was for other treatment for a patient with a diagnosis of tobacco use/nicotine dependence, report an office or other outpatient E/M code. These codes list a “typical time” in the code descriptions. Codes with typical times listed may be reported based on time, rather than the key E/M components of history, examination, and medical decision-making. If the health care provider spends more that 50% of the visit counseling the patient, the E/M code may be selected based on time. Time spent providing face-to-face counseling with the patient must be

documented in the medical record. The record should document total time and that either all of the encounter or more than 50% of the total time was spent counseling the patient. The patient record also must provide details on the topics discussed. Possible procedure codes are the following:

<u>Code Description</u>	<u>Code</u>
• New patient, office, or other outpatient visit	99201-99205
• Established patient, office, or other outpatient visit	99211-99215

Smoking Cessation Classes – Commercial Payers

HCPCS code S9453 (Smoking cessation classes, nonphysician provider, per session), may be reported to some commercial payers. S codes are temporary national codes. They may or may not be reportable to your specific payer. Be sure to verify the use of these codes with specific payers before reporting them.

Medicare

Tobacco Cessation Counseling

Medicare began covering counseling for tobacco cessation in 2005. The counseling can be provided to outpatients or inpatients. Inpatients are covered if counseling for tobacco use is not the primary reason for the patient's hospital stay. Medicare covers two cessation counseling sessions in a 12-month period.

Counseling during the E/M service must be either intermediate or intensive. An intermediate E/M service is described as two to three sessions of 3–10 minutes each; reported using HCPCS code G0436. An intensive E/M service is described as four sessions of more than 10 minutes each; reported using HCPCS code G0437. Counseling involving only one session of less than 3 minutes is included in current E/M payment and not covered separately. Each attempt may include a maximum of four intermediate or intensive counseling sessions. The total annual benefit is for eight sessions in a 12-month period. These services may be linked to a diagnosis code from the F17.2- (Mental, Behavioral and Neurodevelopmental Disorders) code section.

Services may be provided by a physician, physician assistant, nurse practitioner, clinical nurse specialist, qualified psychologist, or clinical social worker. The Centers for Medicare & Medicaid Services does not currently have specific training requirements, but may in the future. The counseling must be provided face to face with the patient. Use a diagnosis code indicating the patient's condition or the treatment she is receiving that is being adversely affected by her tobacco use.

Preventive Services

Preventive Medicine Services are a type of E/M service that does not require a chief complaint. There are two types of preventive medicine services. Preventive Medicine Evaluation and Management services are reported as follows:

1. Code Description

Initial comprehensive preventive medicine evaluation and management of an individual, including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, **new patient**;

<u>Code</u>	<u>Age Group</u>
99384	adolescent (age 12–17 years)
99385	18–39 years
99386	40–64 years
99387	65 years and older

2. Code Description

Initial comprehensive preventive medicine evaluation and management of an individual, including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, **established patient**;

<u>Code</u>	<u>Age Group</u>
99394	adolescent (age 12–17 years)
99395	18–39 years
99396	40–64 years
99397	65 years and older

These codes are used to report annual well-woman examinations. The code reported is determined by the age of the patient and whether she is considered a new or established patient to the physician, practice, or both. Preventive Medicine Services codes include the following:

- A comprehensive history and examination
- Counseling/anticipatory guidance/risk factor reduction interventions
- The ordering of appropriate immunizations or laboratory/diagnostic procedures
- Treatment of insignificant abnormalities

Because counseling, anticipatory guidance, and risk factor reduction interventions are an included part of the typical preventive service visit, additional counseling codes, if reported, may not be reimbursed. Medicare does not cover Preventive Services encounters as described by CPT codes 99384-99397.

As aforementioned, **Counseling Risk Factor Reduction and Behavioral Change Intervention** services are reported with CPT codes 99401-99412. These counseling codes are used to report services for promoting health and preventing illness and injury. That is, the patient has no current symptoms or diagnosed illness.

The counseling *must be* provided at a *separate encounter* from the preventive medicine services encounter described by codes 99381-99397. The counseling codes are selected according to the time spent counseling the patient. For example, a patient comes in for prepregnancy counseling, or to discuss diet and exercise, or sexual practices. The physician spends 30 minutes with the patient and reports CPT code 99402 (preventive medicine counseling; approximately 30 minutes). If a separate and distinct problem-oriented E/M service also is provided, it may be reported separately. It is helpful to link a different/distinct diagnosis code to the problem service.

Counseling Risk Factor Reduction and Behavioral Change Intervention codes are not reported when the physician counsels an individual patient with symptoms or an established illness related to the counseling. In this case, a problem-oriented E/M service, from CPT code section, 99201-99215, is reported.

Behavioral change interventions are reported for services to individuals who have a behavior that is often considered an illness itself, such as tobacco or substance abuse. Any E/M service (including preventive services codes 99406-99407) reported on the same day as a preventive service must be distinct, and time spent providing counseling services may not be used as a basis for the E/M code selection.

For counseling groups of patients with symptoms or established illness, see code 99078 (Physician or other qualified health care professional qualified by education, training, licensure/regulation (when applicable) educational services rendered to patients in a group setting (eg, prenatal, obesity, or diabetic instructions)).

Note: Due to ICD-10-CM specificity, many of the diagnosis code sections have multiple codes for particular conditions. A dash (-) in the chart indicates that additional characters are required. For the most accurate code selection, always look up codes in the code set manuals or your electronic medical record or electronic health record.



Web Resources

Physiology and Complications of Smoking

- ▶ Carter BD, Abnet CC, Feskanich D, Freedman ND, Hartge P, Lewis CE, et al. Smoking and mortality—beyond established causes. *N Engl J Med* 2015;372:631–40. Available at: <http://www.nejm.org/doi/full/10.1056/NEJMsa1407211>.
- ▶ World Health Organization. Tobacco. Fact Sheet No. 339. Geneva: WHO; 2015. Available at: <http://www.who.int/mediacentre/factsheets/fs339/en>. Retrieved April 15, 2016.
A summary of the World Health Organization fact sheet on Tobacco.
- ▶ World Health Organization. Addiction to nicotine. In: Gender, women, and the tobacco epidemic. Geneva: WHO; 2010. p. 137–49. Available at: http://www.who.int/tobacco/publications/gender/en_tfi_gender_women_addiction_nicotine.pdf. Retrieved April 15, 2016.
World Health Organization review of the various modalities for tobacco and nicotine use, addiction, and cessation in condensed 14 pages.
- ▶ Office of the Surgeon General. Nicotine. In: The health consequences of smoking—50 years of progress. A report of the Surgeon General. Rockville, MD: U.S. Department of Health and Human Services; 2014. p. 107–38. Available at: <http://www.surgeongeneral.gov/library/reports/50-years-of-progress/sgr50-chap-5.pdf>. Retrieved April 15, 2016.
Surgeon General report on nicotine abuse and dependency.
- ▶ Mayo Clinic. Diseases and conditions: nicotine dependence. Available at: <http://www.mayoclinic.org/diseases-conditions/nicotine-dependence/basics/definition/con-20014452>. Retrieved April 15, 2016.

Screening

- ▶ Siu AL. Behavioral and pharmacotherapy interventions for tobacco smoking cessation in adults, including pregnant women: U.S. Preventive Services Task Force Recommendation Statement. *Ann Intern Med* 2015;163:622–34. Available at: <http://annals.org/article.aspx?articleid=2443060>.
U.S. Preventive Services Task Force recommendations for tobacco smoking cessation in adults, including pregnant women.
- ▶ Counseling and interventions to prevent tobacco use and tobacco-caused disease in adults and pregnant women: U.S. Preventive Services Task Force reaffirmation recommendation statement. U.S. Preventive Services Task Force. *Ann Intern Med* 2009;150:551–5. Available at: <http://annals.org/article.aspx?articleid=744446>.

- ▶ Agency for Healthcare Research and Quality. Tobacco use counseling. Available at: <http://www.ahrq.gov/professionals/prevention-chronic-care/healthier-pregnancy/preventive/tobacco.html>. Retrieved April 13, 2016.
A Fact Sheet and resources for professionals on counseling about tobacco cessation.
- ▶ Tobacco use and women's health. Committee Opinion No. 503. American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2011;118:746–50. Available at: <http://www.acog.org/Resources-And-Publications/Committee-Opinions/Committee-on-Health-Care-for-Underserved-Women/Tobacco-Use-and-Womens-Health>.

Treatment and Cessation

- ▶ Counseling and interventions to prevent tobacco use and tobacco-caused disease in adults and pregnant women: U.S. Preventive Services Task Force reaffirmation recommendation statement. U.S. Preventive Services Task Force. *Ann Intern Med* 2009;150:551–5. Available at: <http://annals.org/article.aspx?articleid=744446>.
- ▶ Siu AL. Behavioral and pharmacotherapy interventions for tobacco smoking cessation in adults, including pregnant women: U.S. Preventive Services Task Force Recommendation Statement. *Ann Intern Med* 2015;163:622–34. Available at: <http://annals.org/article.aspx?articleid=2443060>.
U.S. Preventive Services Task Force recommendations for tobacco smoking cessation in adults, including pregnant women.
- ▶ Lavinghouze SR, Malarcher A, Jama A, Neff L, Debrot K, Whalen L. Trends in quit attempts among adult cigarette smokers—United States, 2001–2013. *MMWR Morb Mortal Wkly Rep* 2015;64:1129–35. Available at: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6440a1.htm>.

Electronic Nicotine Delivery Systems (ENDS) and Other Novel Delivery Systems

- ▶ England LJ, Bunnell RE, Pechacek TF, Tong VT, McAfee TA. Nicotine and the developing human: a neglected element in the electronic cigarette debate. *Am J Prev Med* 2015;49:286–93. Available at: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4594223/>.
A review of the effect of nicotine and why e-cigarettes may be less harmful but are NOT safe.
- ▶ Crowley RA. Electronic nicotine delivery systems: executive summary of a policy position paper from the American College of Physicians. Health Public Policy Committee of the American College of Physicians [published erratum appears in *Ann Intern Med* 2015;162:880]. *Ann Intern Med* 2015;162:583–4. Available at: <http://annals.org/article.aspx?articleid=2275390>.
The appendix of this paper is an excellent summary of the current status of ENDS with regard to marketing, laws, risks, and increased use by teenagers and young adults.
- ▶ American Academy of Pediatrics, American College of Obstetricians and Gynecologists, American Academy of Family Physicians, American Medical Association. Electronic nicotine

delivery systems. Elk Grove Village: AAP; Washington, DC: American College of Obstetricians and Gynecologists; Leawood (KS): AAFP; Chicago (IL): AMA; 2015. Available at: <https://www.acog.org/-/media/Departments/Tobacco-Alcohol-and-Substance-Abuse/5AsENDSfact-sheet.pdf?la=en>. Retrieved April 13, 2016.

Two-page document with bullet points about ENDS with references.

- ▶ Kids + Chemical Safety, Toxicology Excellence for Risk Assessment. What are the public health implications of e-cigarettes? Available at: <http://kidschemicalsafety.org/health/public-health-impacts-e-cigarettes>. Retrieved April 13, 2016.

Web site that discusses e-cigarettes and why teenagers are attracted to them. Also covers nicotine poisoning, which is increasing with the escalating use of vaping.

Unique Populations: Adolescents

- ▶ Centers for Disease Control and Prevention. Smoking and tobacco use: trends infographics. Available at: http://www.cdc.gov/tobacco/data_statistics/tables/trends/infographics/index.htm#ecigs. Retrieved April 13, 2016.

Graphics and posters from the CDC directed toward teenagers.

- ▶ National Cancer Institute. Smokefree Teen. Available at: <http://teen.smokefree.gov/default.aspx>. Retrieved April 13, 2016.

Smoke-free campaign for teenagers from the U.S. Department of Health and Human Services.

- ▶ Centers for Disease Control and Prevention. Talking to teens about tobacco use. Available at: http://www.cdc.gov/tobacco/data_statistics/sgr/2012/pdfs/physician_card508.pdf. Retrieved April 13, 2016.

Guides from the CDC about talking to teenagers and their parents about smoking.

- ▶ New York State Smokers' Quitline. Break loose. Available at: <http://nysmokefree.com/download/BLYouth2009.pdf>. Retrieved April 13, 2016.

Handout for teenagers on breaking loose from smoking; developed by the NYSMOKEFree.

- ▶ Singh T, Marynak K, Arrazola RA, Cox S, Rolle IV, King BA. Vital signs: exposure to electronic cigarette advertising among middle school and high school students—United States, 2014. *MMWR Morb Mortal Wkly Rep* 2016;64:1403-8. Available at: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6452a3.htm>.

Background on the role of advertisement in e-cigarette use by adolescents.

- ▶ Ambrose BK, Day HR, Rostron B, Conway KP, Borek N, Hyland A, et al. Flavored tobacco product use among U.S. youth aged 12–17 years, 2013–2014. *JAMA* 2015;314:1871–3. Available at: <http://jama.jamanetwork.com/article.aspx?articleid=2464690>.

The use of flavorings to entice adolescents to use nicotine and tobacco products.

- ▶ Agaku IT, Singh T, Jones SE, King BA, Jamal A, Neff L, et al. Combustible and smokeless tobacco use among high school athletes—United States, 2001–2013. *MMWR Morb Mortal Wkly Rep* 2015;64:935–9. Available at: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6434a2.htm>.

Decreasing barriers to smoking among high school athletes.

- ▶ Rigotti NA. E-cigarette use and subsequent tobacco use by adolescents: new evidence about a potential risk of e-cigarettes. *JAMA* 2015;314:673-4. Available at: <http://jama.jamanetwork.com/article.aspx?articleid=2428937>.
E-cigarettes as an entry drug to tobacco use by adolescents.
- ▶ Leventhal AM, Strong DR, Kirkpatrick MG, Unger JB, Sussman S, Riggs NR, et al. Association of electronic cigarette use with initiation of combustible tobacco product smoking in early adolescence. *JAMA* 2015;314:700–7. Available at: <http://jama.jamanetwork.com/article.aspx?articleid=2428954>.
E-cigarettes as an entry drug to tobacco use by adolescents.

Unique Populations: Pregnant Women

For Health Care Providers

- ▶ American College of Obstetricians and Gynecologists. Smoking cessation during pregnancy: a clinician’s guide to helping pregnant women quit smoking. Washington, DC: American College of Obstetricians and Gynecologists; 2011. Available at: <https://www.acog.org/-/media/Departments/Tobacco-Alcohol-and-Substance-Abuse/SCDP.pdf?dmc=1&ts=20160306T2137427460>. Retrieved April 15, 2016.
- ▶ Smoking cessation for pregnancy and beyond: a virtual clinic. Available at: <https://www.smokingcessationandpregnancy.org>. Retrieved April 13, 2016.
- ▶ Likis FE, Andrews JC, Fonnesebeck CJ, Hartmann KE, Jerome RN, Potter SA, et al. Smoking cessation interventions in pregnancy and postpartum care. Evidence Report/Technology Assessment No. 214. Rockville (MD): Agency for Healthcare Research and Quality; 2014. Available at: <http://www.effectivehealthcare.ahrq.gov/ehc/products/517/1871/smoking-pregnancy-infants-report-140226.pdf>. Retrieved April 15, 2016.
- ▶ Agency for Healthcare Research and Quality. Healthier pregnancy: tools and techniques to best provide ACA-covered preventive services. Provider fact sheet. Available at: <http://www.ahrq.gov/sites/default/files/wysiwyg/professionals/prevention-chronic-care/healthier-pregnancy/documents/tobacco-provider-fact-sheet.pdf>. Retrieved April 13, 2016.
- ▶ Curtin SC, Matthews TJ. Smoking prevalence and cessation before and during pregnancy: data from the birth certificate, 2014. *Natl Vital Stat Rep* 2016;65:1–14. Available at: http://www.cdc.gov/nchs/data/nvsr/nvsr65/nvsr65_01.pdf.

For Patients

- ▶ National Cancer Institute. Smokefree women: pregnancy and motherhood. Available at: <http://women.smokefree.gov/pregnancy-motherhood.aspx>. Retrieved April 13, 2016.
An excellent online resource for patients.
- ▶ National Cancer Institute. Smokefree women: smokefree mom. Available at: <http://women.smokefree.gov/smokefreemom.aspx>. Retrieved April 13, 2016.
A texting support program for pregnant women who smoke.

- ▶ Centers for Disease Control and Prevention. I'm ready to quit! Available at: <http://www.cdc.gov/tobacco/campaign/tips/quit-smoking>. Retrieved April 13, 2016.
"I'm Ready to Quit!" has links to quit help lines, quit guides, and other resources.
- ▶ Centers for Disease Control and Prevention. Tobacco use and pregnancy. Available at: <http://www.cdc.gov/reproductivehealth/maternalinfanthealth/tobaccousepregnancy/index.htm>. Retrieved April 13, 2016.
CDC web site that describes tobacco effects during pregnancy.

Unique Populations: Breastfeeding Women

For Health Care Providers

- ▶ Sachs HC. The transfer of drugs and therapeutics into human breast milk: an update on selected topics. *Committee on Drugs. Pediatrics* 2013;132:e796–809. [PubMed] [Full Text]
- ▶ Reece-Stremtan S, Marinelli KA. Guidelines for breastfeeding and substance use or substance use disorder, revised 2015. ABM clinical protocol #21. Academy of Breastfeeding Medicine. *Breastfeed Med* 2015;10:135–41. [PubMed] [Full Text]
- ▶ Hale TW, Rowe HE. Medications and mothers' milk. 16th ed. Plano (TX): Hale Publishing; 2014.
- ▶ Smoking cessation for pregnancy and beyond: a virtual clinic. Available at: <https://www.smokingcessationandpregnancy.org>. Retrieved April 13, 2016.
- ▶ Mennella JA, Yourshaw LM, Morgan LK. Breastfeeding and smoking: short-term effects on infant feeding and sleep. *Pediatrics* 2007;120:497–502. [PubMed] [Full Text]
- ▶ Primo CC, Ruela PB, Brotto LD, Garcia TR, Lima Ede F. Effects of maternal nicotine on breastfeeding infants. *Rev Paul Pediatr* 2013;31:392–7. [PubMed] [Full Text]
- ▶ Lauria L, Lamberti A, Grandolfo M. Smoking behaviour before, during, and after pregnancy: the effect of breastfeeding. *Scientificworldjournal* 2012;2012:154910. [PubMed] [Full Text]

For Patients and Health Care Providers

Breastfeeding women may benefit from the resources listed below, which include guidance and a texting program to assist with tobacco cessation:

- ▶ American Academy of Family Physicians. Quit smoking guide. Leawood (KS): AAFP; 2015. Available at: http://www.aafp.org/dam/AAFP/documents/patient_care/tobacco/stop-smoking-guide.pdf. Retrieved April 13, 2016.
- ▶ National Cancer Institute. Smokefree women: pregnancy and motherhood. Available at: <http://women.smokefree.gov/pregnancy-motherhood.aspx>. Retrieved April 13, 2016.
- ▶ National Cancer Institute. Smokefree women: smokefree mom. Available at: <http://women.smokefree.gov/smokefreemom.aspx>. Retrieved April 13, 2016.
A texting support program for smoking moms.

- ▶ American Cancer Society. Smoking while you are pregnant or breastfeeding. Available at: <http://www.cancer.org/cancer/cancercauses/tobaccocancer/smoking-while-you-are-pregnant-or-breastfeeding>. Retrieved April 13, 2016.
- ▶ American Academy of Pediatrics. The dangers of secondhand smoke. Available at: <https://www.healthychildren.org/English/health-issues/conditions/tobacco/Pages/Dangers-of-Secondhand-Smoke.aspx>. Retrieved April 15, 2016.
American Academy of Pediatrics web site that covers secondhand smoke risks; wording is addressed to parents.
- ▶ Centers for Disease Control and Prevention. I'm ready to quit! Available at: <http://www.cdc.gov/tobacco/campaign/tips/quit-smoking>. Retrieved April 13, 2016.

Unique Populations: Talking Points With Breastfeeding Women

- ▶ American Academy of Pediatrics. The dangers of secondhand smoke. Available at: <https://www.healthychildren.org/English/health-issues/conditions/tobacco/Pages/Dangers-of-Secondhand-Smoke.aspx>. Retrieved April 15, 2016.

Unique Populations: Perioperative Patients

- ▶ Cleveland Clinic. Smoking before surgery increases risk of death: 3 reasons smoking makes surgery more risky. Cleveland (OH): Cleveland Clinic; 2013. Available at: <https://health.clevelandclinic.org/2013/08/facing-surgery-kick-cigarettes-now>. Retrieved April 15, 2016.
Posting from the Cleveland Clinic on why to quit smoking prior to surgery.
- ▶ Quit Victoria. Is it OK to smoke if I'm having surgery? Available at: <http://www.quit.org.au/about/frequently-asked-questions/how-does-smoking-affect-my-body/smoking-and-surgery.html>. Retrieved April 15, 2016.
Posting from Australia on why to quit.
- ▶ Zaki A, Abrishami A, Wong J, Chung FF. Interventions in the preoperative clinic for long term smoking cessation: a quantitative systematic review. *Can J Anaesth* 2008;55:11–21. Available at: <http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0025514/>.
- ▶ Thomsen T, Villebro N, Møller AM. Interventions for preoperative smoking cessation. *Cochrane Database of Systematic Reviews* 2014, Issue 3. Art. No.: CD002294. Available at: http://www.cochrane.org/CD002294/TOBACCO_can-people-be-helped-to-stop-smoking-before-they-have-surgery.
Can people be helped to stop smoking before they have surgery? A Cochrane review.

Office Practice and Coding

- ▶ ACOG coding worksheet on nicotine-related codes.
- ▶ American College of Obstetricians and Gynecologists, District II. Before you implement smoking cessation program. Available at: <http://www.acog.org/About-ACOG/ACOG->

Districts/District-II/Before-You-Implement-Smoking-Cessation-Program. Retrieved April 13, 2016.

A good outline about starting a cessation program within your office—land mines to avoid and how to increase success.

- ▶ American College of Obstetricians and Gynecologists, District II. Developing an office protocol for smoking cessation. Available at: http://www.acog.org/About_ACOG/ACOG_Districts/District_II/Developing_an_Office_Protocol_for_Smoking_Cessation. Retrieved April 13, 2016.
- ▶ American College of Obstetricians and Gynecologists, District II. Smoking cessation, free posters. Available at: <http://www.acog.org/About-ACOG/ACOG-Districts/District-II/Smoking-Cessation-FREE-Poster>. Retrieved April 13, 2016.
Posters for the office.
- ▶ Centers for Disease Control and Prevention. Health effects infographics: women and smoking. Available at: http://www.cdc.gov/tobacco/data_statistics/tables/health/infographics/index.htm#women-smoke. Retrieved April 13, 2016.
Poster directed to women regarding smoking cessation from the CDC.

Advocacy

- ▶ Centers for Disease Control and Prevention. Best practices for comprehensive tobacco control programs. Atlanta (GA): CDC; 2014. Available at: http://www.cdc.gov/tobacco/stateandcommunity/best_practices/index.htm. Retrieved April 15, 2016.
Best Practices for Comprehensive Tobacco Control Programs looks at state and community interventions as well as surveillance and evaluation.
- ▶ Guide to Community Preventive Services. Reducing tobacco use and secondhand smoke exposure. Available at: <http://www.thecommunityguide.org/tobacco/index.html>. Retrieved April 15, 2016.
Resources and information regarding advocacy activities to reduce tobacco use and secondhand smoke exposure.
- ▶ Campaign for Tobacco-Free Kids. State tobacco prevention programs. Available at: http://www.tobaccofreekids.org/facts_issues/fact_sheets/policies/prevention_us_state. Retrieved April 15, 2016.
Contains state-specific data and approaches to advocacy.
- ▶ American Academy of Pediatrics. Tobacco prevention policy tool. Available at: <http://www2.aap.org/richmondcenter/TobaccoPreventionPolicyTool/index.html>. Retrieved April 15, 2016.
Tobacco Prevention Policy Tool from the American Academy of Pediatrics.

Health Care Provider and Patient Resources

Health Care Provider Resources

- ▶ American Academy of Family Physicians. Quit smoking guide. Leawood (KS): AAFP; 2015. Available at: http://www.aafp.org/dam/AAFP/documents/patient_care/tobacco/stop-smoking-guide.pdf. Retrieved April 13, 2016.
A publication from the American Academy of Family Physicians for patients as a 12-page guide to smoking cessation. This is a "for sale" item.

- ▶ Tobacco use and women's health. Committee Opinion No. 503. American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2011;118:746–50. Available at: <http://www.acog.org/Resources-And-Publications/Committee-Opinions/Committee-on-Health-Care-for-Underserved-Women/Tobacco-Use-and-Womens-Health>.
- ▶ Smoking cessation for pregnancy and beyond: a virtual clinic. Available at: <https://www.smokingcessationandpregnancy.org>. Retrieved April 13, 2016.
An interactive virtual clinic developed jointly by ACOG and Dartmouth Medical School.
- ▶ American College of Obstetricians and Gynecologists, District II. Smoking cessation. Available at: <http://www.acog.org/About-ACOG/ACOG-Districts/District-II/Smoking-Cessation-Providers-and-Patients>. Retrieved April 13, 2016.
Extensive toolkit from New York State done in cooperation with ACOG's District II.
- ▶ Smoking cessation during pregnancy. Committee Opinion No. 471. American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2010;116:1241–4. Available at: <http://www.acog.org/Resources-And-Publications/Committee-Opinions/Committee-on-Health-Care-for-Underserved-Women/Smoking-Cessation-During-Pregnancy>.
- ▶ American College of Obstetricians and Gynecologists. Need help putting out that cigarette? Washington, DC: American College of Obstetricians and Gynecologists; 2012. Available at: <http://sales.acog.org/Need-Help-Putting-Out-That-Cigarette-P206.aspx>. Retrieved April 13, 2016.
- ▶ Agency for Healthcare Research and Quality. Resources for women's health: smoking cessation. Available at: <http://www.ahrq.gov/professionals/clinicians-providers/resources/priority-populations/index.html#stopsmoking>. Retrieved April 13, 2016.
Resources for health care providers to give to patients, including resources in Spanish.
- ▶ American College of Obstetricians and Gynecologists. Smoking cessation during pregnancy: a clinician's guide to helping pregnant women quit smoking. Washington, DC: American College of Obstetricians and Gynecologists; 2011. Available at: <https://www.acog.org/-/media/Departments/Tobacco-Alcohol-and-Substance-Abuse/SCDP.pdf?dmc=1&ts=20160306T2137427460>. Retrieved April 15, 2016.
- ▶ Fagan P, Augustson E, Backinger CL, O'Connell ME, Vollinger RE Jr, Kaufman A, et al. Quit attempts and intention to quit cigarette smoking among young adults in the United States. *Am J Public Health* 2007;97:1412–20. Available at: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1931471/>.
Statistics on quit attempts by young adults in the United States.

▶ Patient Resources

- ▶ American College of Obstetricians and Gynecologists. It's time to quit smoking. Patient Education FAQ 065. Washington, DC: American College of Obstetricians and Gynecologists; 2014. Available at: <http://www.acog.org/Patients/FAQs/Its-Time-to-Quit-Smoking>. Retrieved April 13, 2016.

- ▶ American College of Obstetricians and Gynecologists. Tobacco, alcohol, drugs, and pregnancy. Patient FAQ 170. Washington, DC: American College of Obstetricians and Gynecologists; 2013. Available at: <http://www.acog.org/Patients/FAQs/Tobacco-Alcohol-Drugs-and-Pregnancy>. Retrieved April 13, 2016.
- ▶ Centers for Disease Control and Prevention. Quitting smoking. Available at: http://www.cdc.gov/tobacco/data_statistics/fact_sheets/cessation/quitting/index.htm. Retrieved April 13, 2016.
Centers for Disease Control and Prevention has an extensive web site on smoking cessation information for patients.
- ▶ Centers for Disease Control and Prevention. Talking to teens about tobacco use. Available at: http://www.cdc.gov/tobacco/data_statistics/sgr/2012/pdfs/physician_card508.pdf. Retrieved April 13, 2016.
Smoke-free program from CDC with apps, quitting tips, and other resources for patients.

Counseling Steps for Tobacco and NICOTINE CESSATION

Please choose the statement that best describes how much and how often you smoke or vape:

1. I have never smoked or vaped.
2. I currently do not smoke or vape and have used fewer than 100 cigarettes in my lifetime or vaped only nicotine-free e-liquid.
3. I currently do not smoke or vape but have more than 1 year ago.
4. I currently do not smoke or vape but have in the past year.
5. I currently smoke or vape but have recently cut down to ___ cigarettes or vaping ___ mL of ___ mg/mL strength e-liquid a day, or both.
6. I currently smoke or vape and have not tried to cut down the amount, which is ___ cigarettes or vaping ___ mL of ___ mg/mL strength e-liquid a day, or both.

NATIONAL RESOURCES

- Need Help Putting Out That Cigarette? Booklet: ACOG. 1-800-762-ACOG ext. 882 or sales.acog.org
- Smokefree.gov
- You Can Quit Smoking: Support and Advice from Your Prenatal Care Provider. AHRQ, CDC, NCI. 1-800-358-9295
- The National Partnership for Smoke-Free Families <http://tobacco-cessation.org/sf/>

LOCAL AND STATE RESOURCES

(Please use a ball-point pen or pencil)

- Quit Line Number _____
- Counseling Services _____

(see reverse)

Counseling Steps for Tobacco and NICOTINE CESSATION

Five As for all patients

1. Ask—whether the patient smokes. This is a key component of screening.
2. Advise—to quit. “Quitting is the most important thing you can do for your health.”
3. Assess—willingness to quit. “Are you willing to quit within the next 30 days?”
4. Assist—in developing a quit strategy, including counseling and medication as needed.
5. Arrange—follow up in 30 days to see how the patient is doing.

Five Rs for patients who are not ready to modify their smoking

1. Relevance—why personally relevant.
2. Risks—list the negative consequences.
3. Rewards—list the benefits of cessation.
4. Roadblocks—identify barriers to quitting.
5. Repetition—review these every visit.

After the first three As, the patient may be referred to a local smoking cessation resource or the national 1-800-QUITNOW line

