

The ambulatory obstetric tobacco and nicotine cessation pathway provides a systematic and evidence-based approach designed to address tobacco and nicotine use in pregnancy with the goal of improving maternal and infant outcomes.

**The pathway is divided into four distinct modules and roles as follows:**

**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:** Registered Nurse or Case Manager (In the absence of RN, MA/LPN will complete Module 3)

**Module 4:** Tobacco Treatment Specialist (TTS)

**Core Pathway process:**

- The pathway component will be documented in the EHR. Each health center/system will develop their own policy and procedure for documentation.
- *Primary Discussion Point(s)* are topics to be discussed with the patient by the designated member of the health care team. Each discussion point is assigned to a specific module.
- *Action Items* are the activities to be performed at the encounter by the designated member of the health care team. These items are to accompany each core component.
- Journal articles pertaining to the core component 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.
- Patient literature will either be available for download or purchase from the reference site.

**The pathway addresses the following core components:**

A. The Five A's:

1. Ask
2. Advise (including risks of maternal tobacco use and secondhand smoke)
3. Assess
4. Assist – Refer to Tobacco Treatment Specialist (TTS) on staff to provide:
  - a.) 1-800-Quit Line Pregnancy Program
  - b.) Nicotine Anonymous Meetings
  - c.) Bupropion per protocol
5. Arrange

## 1<sup>st</sup> VISIT 0 – 13 WEEKS GESTATION

MODULE 1	MODULE 2	MODULE 3	MODULE 4
<p><b>Module 1:</b> Medical Assistant or Licensed Practical Nurse (in the absence of MA/LPN, RN will complete Module 1)</p> <p><b>Ask</b> <i>Primary Discussion Point:</i></p> <ul style="list-style-type: none"> <li>▪ Discuss and determine status of patient's tobacco or nicotine use by asking the patient to choose the statement below that best describes her smoking status (current every day smoker, former smoker, never smoker, etc.) and enter into problem list</li> </ul> <p><i>Action Items:</i></p> <ul style="list-style-type: none"> <li>▪ Document the amount of tobacco or nicotine patient is currently using</li> <li>▪ Document the form of tobacco or nicotine the patient currently using</li> </ul>	<p><b>Module 2:</b> Physician, Advanced Practice Nurse or Physician Assistant</p> <p><b>Advise</b></p> <p><i>Primary Discussion Points:</i></p> <ul style="list-style-type: none"> <li>▪ Discuss the TTS on staff who offers incentives to our patients who quit smoking during pregnancy</li> <li>▪ Discuss the benefits of not using tobacco or nicotine products during pregnancy</li> <li>▪ Discuss Bupropion as an option for cessation</li> </ul> <p><b>Advise - Secondhand Smoke</b> <i>Primary Discussion Point:</i></p> <ul style="list-style-type: none"> <li>▪ Assess exposure to second- and thirdhand smoke</li> </ul>	<p><b>Module 3:</b> Registered Nurse or Case Manager (In the absence of RN, MA/LPN will complete Module 3)</p> <p><b>Assess</b> <i>Primary Discussion Point(s):</i></p> <ul style="list-style-type: none"> <li>▪ Assess patient's willingness to quit or continued cessation</li> <li>▪ If patient is willing to quit, refer to TTS on staff</li> </ul> <p><b>Assist</b> <i>Action Items:</i></p> <ul style="list-style-type: none"> <li>• Refer to TTS on staff</li> </ul>	<p><b>Module 4:</b> Tobacco Treatment Specialist</p> <p><b>Arrange</b> <i>Action Item:</i></p> <ul style="list-style-type: none"> <li>• Confirm plan for follow up</li> </ul>

## 2<sup>ND</sup> AND SUBSEQUENT VISITS

MODULE 1	MODULE 2	MODULE 3	MODULE 4
<p><b>Module 1:</b> Medical Assistant or Licensed Practical Nurse (in the absence of MA/LPN, RN will complete Module 1)</p> <p><b>Ask</b> <i>Primary Discussion Point:</i></p> <ul style="list-style-type: none"> <li>▪ Discuss and determine status of patient's tobacco or nicotine use (current every day smoker, former smoker, never smoker, etc.)</li> </ul> <p><i>Action Item:</i></p> <ul style="list-style-type: none"> <li>▪ Document the amount of tobacco or nicotine patient is currently using</li> <li>▪ Document the form of tobacco or nicotine the patient currently using</li> </ul>	<p><b>Module 2:</b> Physician, Advanced Practice Nurse or Physician Assistant</p> <p><b>Advise</b> <i>Primary Discussion Points:</i></p> <ul style="list-style-type: none"> <li>▪ Discuss the benefits of not using tobacco or nicotine products during pregnancy</li> </ul>	<p><b>Module 3:</b> Case Manager (in the absence of CM, RN will complete Module 3. In the absence of RN, MA/LPN will complete Module 3)</p> <p><b>Assess</b> <i>Primary Discussion Point:</i></p> <ul style="list-style-type: none"> <li>▪ Assess patient's willingness to quit or continued cessation</li> </ul> <p><b>Assist</b> <i>Primary Discussion Point:</i></p> <ul style="list-style-type: none"> <li>▪ Discuss chosen Assist option</li> </ul> <p><i>Action Item:</i></p> <ul style="list-style-type: none"> <li>▪ Reoffer assist options if applicable</li> </ul>	<p><b>Module 4:</b> Tobacco Treatment Specialist</p> <p><b>Arrange</b> <i>Action Item:</i></p> <ul style="list-style-type: none"> <li>• TTS to confirm plan for follow up</li> </ul>

## POSTPARTUM VISIT

MODULE 1	MODULE 2	MODULE 3	MODULE 4
<p><b>Module 1:</b> Medical Assistant or Licensed Practical Nurse (in the absence of MA/LPN, RN will complete Module 1)</p> <p><b>Ask</b> <i>Primary Discussion Point:</i></p> <ul style="list-style-type: none"> <li>Discuss and determine status of patient's tobacco or nicotine use (current every day smoker, former smoker, never smoker, etc.)</li> </ul> <p><i>Action Item:</i></p> <ul style="list-style-type: none"> <li>Document the amount of tobacco or nicotine patient is currently using</li> <li>Document the form of tobacco or nicotine the patient currently using</li> </ul>	<p><b>Module 2:</b> Physician, Advanced Practice Nurse or Physician Assistant Postpartum Visit</p> <p><b>Advise</b> <i>Primary Discussion Point:</i></p> <ul style="list-style-type: none"> <li>Discuss the benefits of not using tobacco or nicotine products</li> <li>Discuss nicotine replacement</li> </ul> <p><b>Advise - Secondhand and Thirdhand Smoke</b> <i>Primary Discussion Points:</i></p> <ul style="list-style-type: none"> <li>Assess baby's exposure to secondhand smoke. If present, strategize on how to talk with family/friends who smoke around baby.</li> <li>Discuss the risks of secondhand and thirdhand smoke (increased risk of SUIDs, asthma, bronchitis, pneumonia, and ear infections in infants) if they smoke around the baby or inside the home</li> </ul>	<p><b>Module 3:</b> Case Manager (in the absence of CM, RN will complete Module 3. In the absence of RN, MA/LPN will complete Module 3)</p> <p><b>Assess</b> <i>Primary Discussion Points:</i></p> <ul style="list-style-type: none"> <li>Discuss patient's willingness to quit or continued cessation</li> </ul> <p><b>Assist</b> <i>Primary Discussion Point:</i></p> <ul style="list-style-type: none"> <li>Discuss chosen Assist option</li> </ul> <p><i>Action Item:</i></p> <ul style="list-style-type: none"> <li>Refer to TTS for outside resources</li> </ul>	<p><b>Module 4:</b> Tobacco Treatment Specialist</p> <p><b>Arrange</b> <i>Action Item:</i></p> <ul style="list-style-type: none"> <li>Confirm plan for follow up</li> </ul>

## LIST OF LITERATURE AND SOURCING INSTRUCTIONS

- A. Tobacco and Nicotine Tool Kit. <https://www.acog.org/About-ACOG/ACOG-Departments/Toolkits-for-Health-Care-Providers/Tobacco-and-Nicotine-Cessation-Toolkit>
- B. Ohio Tobacco Quit Line Referral Form: <https://ohio.quitlogix.org/en-US/>  
<https://ohio.quitlogix.org/CMSPages/GetFile.aspx?guid=115b93b6-9deb-4d8c-be47-4d3004805818>
- C. Cradle Cincinnati Assist Booklet. [www.cradlecincinnati.org](http://www.cradlecincinnati.org)
- D. SmokeFreeTXT <http://smokefree.gov/smokefreetxt>

## 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. 721. American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2017;130:e200-4.
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](http://www.youquittwoquit.com)

## 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.<sup>1</sup>
- 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.<sup>2-5</sup>
- 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.<sup>6</sup>

### HOW:

- Bupropion SR 150mg/day x 3 days and 300mg/day (150mg BID) everyday 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.