
The Iowa PERINATAL Letter

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What is Important?:

As an obstetrician, CNM or prenatal care provider how much time do we spend talking about

- Eating for two?
- Do I have to avoid hair dyes?
- Can I drink any caffeine?
- Can I fly?
- Should I skip my flu shot?
- Can I eat fish?
- Is sex safe while pregnant?
- Can I touch cats?
- Can I sleep on my back?
- Raising hands above your head?
- Heartburn and baby's hair?
- Spicy foods causing labor?
- Fetal heart rate and sex of the baby?
- Do twins skip a generation?
- Can I take a bath or go swimming?
- Do I have to lie on my left side?
- Can I run and exercise?
- Do I have to avoid microwave ovens and computer terminals?
- Bumpy car rides and riding lawn mowers, are they safe?
- Will stormy weather or a full moon cause labor?

Yes, some of these have merit and require discussion. Most are not close to the importance of smoking in pregnancy. How much time do we spend on that? We are all aware of the adverse effects of smoking during pregnancy; IUGR, placenta previa and abruption, PROM, LBW, SIDS, and the effects on children of smoking mothers; asthma, colic, and childhood obesity just to scratch the surface. Smokeless tobacco and second hand smoke are also not without risk.

Pregnancy alone appears to motivate some women to stop smoking. Demographic data for Iowa shows that Medicaid reimbursed 40% of Iowa births in 2012, totaling 15,598 births. Smoking in the

third trimester occurs in 5.3% of non-Medicaid reimbursed births and 22.2% of Medicaid reimbursed births. In the Medicaid reimbursed births, 24.5% ages 20-24 and 27.5% of non-Hispanic white women smoked in the third trimester.

So in summary pregnant Medicaid members especially, mothers less than 24 years of age and non-Hispanic white mothers are a target population for tobacco cessation.

ACOG Committee Opinion #471 discusses the five A's of smoking cessation. Ask, Advise, Assess, Assist and Arrange. Cessation techniques include counseling, and cognitive behavioral therapy. ACOG Committee Opinion #423 offers motivational interviewing as does Iowa Dept. of Public Health at <http://hcproviders.training-source.org/>. There isn't sufficient evidence regarding meditation, hypnosis and acupuncture for smoking cessation in pregnancy.

There is conflicting evidence regarding nicotine replacement therapy and abstinence rates in pregnancy but it does not appear to increase the likelihood of permanent smoking cessation during postpartum follow-up of these patients. Electronic nicotine delivery devices (ENDD), commonly called e-cigarettes are vaporized nicotine delivery systems. Most cartridges contain 6-24 mg however some have been documented as high as 100mg of nicotine. In addition to nicotine other potentially harmful substances such as propylene glycol, a known irritant when inhaled, are found. These are unregulated by the FDA and there are no current scientifically-determined instructions for use of e-cigarettes as a smoking cessation aid due to the marked variability of nicotine concentrations found. There are studies underway and while initial studies show these may be as effective as the nicotine patch, not enough data exists to support the use of e-cigarettes as a smoking cessation aid. Because of the lack of standardization and purity among available products the World Health Organization strongly advises against the use of electronic delivery devices.

Varenicline and bupropion are used in the non-pregnant population. Both are transmitted to breast milk. Both are listed as Category C medications in pregnancy. Both medications have product warnings about the risk of psychiatric symptoms and suicide associations and in this at risk population their use should be with caution and considered in consultation with experienced prescribers only.

A summary of resources includes the following:

- 1-800-Quit Now, as a provider both you and the patient sign an authorization form. This form is faxed to Quitline Iowa 1-800-784-8669. Quitline Iowa calls the patient and is enrolled for free ongoing counseling; Medicaid determines eligibility for cessation medications and ongoing counseling.
 - <https://www.quitnow.net/iowa/>
 - <http://www.quitnet.com/qnhomepage.aspx>
- Text4Baby Text BABY to 511411 for free health tips and weekly text messages.
<https://text4baby.org/>
- To order a clinicians guide to smoking cessation during pregnancy.-
http://www.acog.org/About_ACOG/ACOG_Departments/Tobacco_Alcohol_and_Substance_Abuse/NEW_Prenatal_Smoking_Clinicians_Guide

- National Alliance for Tobacco Cessation
<http://www.becomeanex.org/pregnant-smokers.php>
- IDPH-developed CME on assisting patients to quit smoking, which includes specific information about Quitline Iowa and Iowa Medicaid: <http://www.iatobaccointervention.org>.
- ACOG and CDC joint CME offering Smoking Cessation for Pregnancy and Beyond: A Virtual Clinic (Web-based) (WB1941) “Smoking Cessation for Pregnancy and Beyond: A Virtual Clinic” is an updated online training, based on the "Virtual Practicum" model. The training is intended for health care professionals who will be assisting their female patients in quitting. <https://www.smokingcessationandpregnancy.org/>
- The Iowa Medicaid Enterprise is partnering with the Iowa Department of Human Services for healthier moms and babies in Iowa. The IME provider services unit # is 1-800-338-7909 or in Des Moines 515-256-4609 or at imeproviderservices@dhs.state.ia.us.

We transition into quality and not quantity and wait for the payment methods to adapt as well. Medicaid does have coverage for smoking cessation and taking advantage of available resources such as Quitline and coverage for cessation medications, when appropriate, has been linked to higher smoking quit rates. Hopefully this will help provide and explain some of the resources available.

References available upon request.

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