HAWAI'I TOBACCO QUITLINE
1-800 QUIT-NOW
HawaiiQuitline.org | 1-800-784-8669

Serving Pregnant, Planning Pregnancy, or Breastfeeding Callers

Treating pregnant and post-partum smokers present opportunities to positively impact the health and well-being of two lives – the mother and her developing baby. Approximately 10 percent of pregnant women smoked in their last trimester. Of those smoking while pregnant, almost half (55 percent) will quit before giving birth. However, of those women who quit during their pregnancy, 40 percent will return within 6 months.[i] Pregnant smokers, like other smokers, often need help with motivation, developing effective behavioral strategies to cope with urges to smoke after quitting, and changing thought processes to successfully face the challenge of long-term abstinence from tobacco. Although these are topics basic to any behavior change, many pregnant smokers face pregnancy-specific challenges to quitting so these topics take on new meaning for this population of smokers.

Women who are pregnant, planning pregnancy or breastfeeding have an opportunity to help themselves and their family by quitting tobacco and eliminating exposure to first, second, and third-hand smoke. First-hand smoke is inhaled by the actual smoker. Second-hand smoke, a combination of smoke from the burning tobacco from the end of the cigarette and exhaled smoke, is breathed by other persons and animals who share the same environment as the smoker. Third-hand smoke consists of particulate matter, often toxic, which adheres to clothes and surfaces in rooms and cars, and which is often smelled but not seen. When these particles are dislodged from surfaces and become airborne, it can be extremely harmful. It is especially dangerous to young children who often spend time on the floor, holding onto furniture, and putting their hands in their mouths. Infants, when only in diapers, may also have close contact with the clothes of smokers when being held, and third-hand smoke toxins can be absorbed through the skin.[ii] Those callers who are pregnant, planning pregnancy or breastfeeding are educated on this information.

There are many benefits associated with quitting during pregnancy. Some of the benefits for the participant include fewer complications during pregnancy, such as ectopic pregnancy, miscarriage, or premature birth, as well as more energy and easier breathing. Some of the benefits for the baby include more oxygen, increased chances of healthy functioning lungs, increased chances of normal birth weight, and the reduced likelihood of the baby requiring extra hospital care post-delivery. Eliminating maternal smoking decreases the risk of prenatal death by about 10 percent[iii]. Children continue to benefit from parents remaining tobacco-free through a decreased risk of SIDS, developing asthma, chronic ear infections, and upper respiratory infections. Furthermore, children of non-smokers are more likely to never smoke when compared to those who have one or more parents who smoke.[iv]

Optum's Experience Serving Participants Who Are Pregnant, Planning Pregnancy, or Breastfeeding *(Optum is the Hawai'i Tobacco Quitline service provider***)**

Since 2002, we have served over 1.8 million women who were pregnant, planning pregnancy, or breastfeeding. In total, 3.7 percent of our participants identify as part of this population. Previous evaluations for Quitline clients have yielded 30-day respondent quit rates for pregnant women ranging from 21 percent to 41 percent and overall program satisfaction rates from 92 percent to 96 percent at the time of a seven-month follow-up survey.[v]

We have a long history of collaboration with other leaders in the field to share knowledge and identify opportunities to better serve all populations. We regularly partner with governmental agencies, healthcare providers, health educators, tobacco cessation and policy experts and research institutions. Some of these collaborations and partnerships are outlined below:

- Optum's Clinical Team participated on the post-partum committee for Great Start, a free program for pregnant smokers. This project was sponsored by the Truth Initiative (formerly the American Legacy Foundation).

- In developing our pregnancy treatment protocol we consulted with nationally recognized experts on treating tobacco dependence among pregnant smokers, including Sharon Cummins (California Smoker's Helpline) and Cathy Melvin (National Partnership to Help Pregnant Smokers Quit).

How We Equip Our Staff to Help Participants Who Are Pregnant, Planning Pregnancy, or Breastfeeding

Quit for Life Pregnancy and Post-Partum Tobacco Cessation Program

Optum recognized the high impact that smoking has during pregnancy and the need for tailored and specialized care within this population. Our Clinical Team set out to develop a program to meet the needs for these women to help them quit tobacco, but also remain quit after their pregnancy. In 2010, we launched the Quit for Life Pregnancy and Post-Partum Tobacco Cessation Program. We take a woman-centered approach with the goal of the counseling to help the pregnant woman quit and sustain her quit post-delivery. All callers who are pregnant are triaged to a specially trained team of pregnancy coaches who receive ongoing training and quality monitoring to ensure that tailored treatment is delivered in line with our program protocols. Building upon the key successes of our Standard Quit for Life Program, we designed a program to meet the specific needs of pregnant, planning on getting pregnant, post-partum, and breastfeeding women. Some of the key elements of this program:

- Extended Care: Our intensive pregnancy protocol provides a total of 10 calls during pregnancy and postpartum. This protocol includes seven intervention calls in the two to three-month period following enrollment that includes pre-quit and intensive relapse prevention support. Three additional calls are made to help mothers who have quit prepare for a smoke-free postpartum, one 30 days before the due date and two calls within 45 days of the baby's delivery.

- Dedicated Team of Coaches: We have a highly skilled and knowledgeable team of quit coaches that understand the complex needs and support that go into helping these women. By working with a team of quit coaches, we foster increased levels of treatment continuity and sensitivity.

- Specialized and Ongoing Quit Coach Training: Coaches receive training specific to working with this population that highlights challenges and themes they may encounter during their interventions. This training includes pregnancy-specific cessation content information about the adverse effects of smoking on pregnancy and the benefits of quitting for the woman and the fetus. Coaches also receive training to develop facilitation skills in working with this vulnerable population.

- Tailored Support: We train coaches to respond to an expectant mother's feelings about her pregnancy, underscoring that the health of the woman and her baby will improve if she can quit smoking. Coaches assess the many challenges that quitting tobacco while pregnant may present and consider this information in tailoring a quit plan to meet the woman's needs. Quit Coaches also look for opportunities to educate women about the benefits of quitting, for her and her developing baby, and risks of continued tobacco use during pregnancy and after delivery.

- NRT Support: Our coaches understand the sensitivity of using nicotine replacement therapy within this population. Our coaches have been taught how to help address any concerns they may have regarding NRT, how to navigate choices and seek support from their physicians.

HAWAI'I TOBACCO QUITLINE
1-800 QUIT-NOW
HawaiiQuitline.org | 1-800-784-8669

- Tailored Materials: We send a quit guide, Need *Help Putting Out That Cigarette?* which was developed by the American College of Obstetricians and Gynecologists and Smoke-Free Families? (Also available in Spanish)

In a continual effort to support this program and our participants, we are currently in the process of evaluating this program to identify areas for improvement.

---

[i] https://www.cdc.gov/prams/pramstat/index.html

[ii] American Academy of Pediatrics Julius B. Richmond Center of Excellence. Dangers from Thirdhand Smoke. Available at: http://www2.aap.org/richmondcenter/DangerFromThirdhandSmoke.html. Accessed November 17, 2015.

[iii] CDC. Surgeon General's Report, 2001. Available at: http://www.cdc.gov/tobacco/data_statistics/sgr/2001/complete_report/index.htm. Accessed October 1, 2014.

[iv] Leonardi-Bee J, Jere ML, Britton J. Exposure to parental and sibling smoking and the risk of smoking uptake in childhood and adolescence: a systematic review and meta-analysis. Available at: http://www.ncbi.nlm.nih.gov/pubmed/21325144. Accessed May 5, 2016.

v Alere Wellbeing data on file. Book of business results.