

PREGNANCY

Treating pregnant patients who use tobacco or vape

WHAT IS THE TOBACCO USE RATE AMONG PREGNANT PERSONS IN COLORADO?

Nicotine is a health danger for pregnant women and developing babies and can damage a developing baby's brain and lungs. Use during pregnancy remains a major preventable cause of disease and death of the pregnant person, fetus and infant.¹ Pregnancy is an important life event that prompts people to evaluate their tobacco use. The good news is that the majority of people quit smoking and vaping during pregnancy. But:

- 7.1% of all pregnant persons continue to smoke during the last three months of their pregnancy.²
- 1.2% of all pregnant persons continue to use e-cigarettes during the last three months of their pregnancy.²
- Because nicotine dependence is a chronic relapsing disorder, approximately 44% of pregnant persons in Colorado who successfully quit smoking during pregnancy relapse within six months of giving birth.²

The QuitLine welcomes:

ALL races • religions • genders
countries of origin • abilities
ethnicities • sexual orientations

We stand with you.

WHAT ARE THE BENEFITS OF QUITTING DURING PREGNANCY?

Tobacco use during pregnancy and postpartum presents significant risks to fetal development and has been linked to 4.4% of premature births, 13.1% of low birthweight births, 23.2% of SIDS cases, as well as other adverse outcomes.³ Quitting during pregnancy reduces the risk of all of these outcomes.

WHAT IS THE COLORADO QUITLINE PREGNANCY PROGRAM?

The QuitLine offers a Pregnancy Program designed to support tobacco cessation and relapse prevention during pregnancy and postpartum. This enhanced program features nine coach-initiated check-in calls, including five during pregnancy and four postpartum, and up to \$220 in incentives for participation (based on completed sessions).

Designated coaches trained in perinatal tobacco treatment remain with the participant throughout their quit journey. To be eligible for the QuitLine's Pregnancy Program, callers must be pregnant at the time of enrollment. Individuals interested in quitting tobacco after delivery can enroll in other QuitLine services. Colorado QuitLine offers pregnant participants up to eight weeks of free nicotine replacement therapy with written consent from a provider.

¹ The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General. National Center for Chronic Disease Prevention and Health Promotion (US) Office on Smoking and Health. Atlanta (GA): Centers for Disease Control and Prevention (US); 2014

² Colorado Pregnancy Risk Assessment Monitoring System. (2018)

³ 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.

Additional considerations for talking about tobacco with expectant parents

Brief advice by a health care provider can significantly increase the chances that a patient will quit tobacco.

- consider nicotine replacement therapies under close supervision
- impact of secondhand smoke on family members
- offer family members who smoke a referral to treatment.

For more resources in treating tobacco use dependence visit: tobaccofreeco.org/health-providers/

ASK every patient at each appointment about tobacco use and secondhand smoke exposure, including smokeless and e-cigarettes, and document status.

ADVISE every person who uses tobacco to quit with a clear, strong, non-judgmental, personalized health message about the benefits of quitting.

REFER patients to the Colorado QuitLine. **Offer treatment to every person who uses tobacco**, including the option of QuitLine services. Active referrals to the QuitLine from providers (using fax, web or e-referral) are more effective than asking a patient to call.

HOW TO REFER PATIENTS TO THE QUITLINE

STEP 1 The patient provides verbal consent for program participation and to receive text messages.

STEP 2 Care team member or provider initiates referral using either QuitLine Fax Referral form, [Provider Web Referral](#) portal or e-referral through electronic health record (EHR). Copies of the fax form are available at www.coquitline.org.

STEP 3 Provider to indicate on the referral if approving* nicotine replacement therapy (NRT) for patients who are pregnant or breastfeeding, or for those who have previously received medical advice to not use NRT.

STEP 4 Provider sends the completed referral to National Jewish Health either via fax (1-800-261-6259) or by [Provider Web Referral](#) or e-referral.

STEP 5 QuitLine staff member calls the patient to enroll them in the program, and schedule personalized coaching sessions. If the patient consents to text messages (step 1), the patient will receive a text message prior to the QuitLine staff phone call to alert the patient to the call.

STEP 6 QuitLine sends information about the patient's enrollment status and progress to the health care provider to support follow-up with the patient. Patients who enroll themselves do not trigger QuitLine progress notes to the provider.

*Provider consent is not required for Nicotine Replacement Therapy obtained through the QuitLine, except in cases outlined above; pregnant or breastfeeding, or persons who have previously received medical advice to not use NRT. In these cases, provider consent may be given by any clinician with prescriptive authority in Colorado.