



Syracuse Healthy Start Risk Reduction

Onondaga County Health Department

FamilyTies Network, Inc.

Upstate Medical University Institute for Maternal and Child Health

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October 2000 Edition 1

This edition devoted to Smoking Cessation

Syracuse Healthy Start

Who We Are

The Onondaga County Health Department, in collaboration with 20 other health and community-based agencies, initiated the Syracuse Healthy Start project in 1997. The overall goals of the project are to decrease infant mortality and adolescent pregnancies in Central Syracuse. **Syracuse Healthy Start has made an impact! During the first three years, infant deaths have fallen 25% in the city of Syracuse. In addition, teen births have fallen by over 28% in the project area.** A vital part of Syracuse Healthy Start is the Risk Reduction component. The objective of this component is to provide healthcare and human service providers with the information they need so that they can provide support, intervention, and appropriate referral for identified risks. This bimonthly newsletter is to facilitate the sharing of vital information.

Smoking During Pregnancy An Overview of Syracuse

Tobacco is the leading cause of avoidable death and illness in the United States. Approximately one in four women in the United States smokes. About 20% of pregnant women smoke. In Syracuse, approximately 24% of pregnant women smoked between 1995 and 1999. The percentage of Syracuse Healthy Start participants who smoked was 41% in 1999.

Nationally, 20% of pregnant women smoke. In Syracuse, approximately 24% of pregnant women smoked between 1995 and 1999. However, the percentage of Syracuse Healthy Start participants who smoked was 41% in 1999.

Pregnancy offers a unique circumstance in which the actions of the mother extend to the fetus. The risks involved in smoking cigarettes during pregnancy are well documented. Smokers have higher rates of adverse fetal outcomes such as spontaneous abortions, intrauterine fetal growth restriction, premature births, low birth weight babies, placental abruption, stillbirths, cleft lip, cleft palate, cognitive difficulties, behavioral problems, and childhood cancers. In Syracuse, smokers were found to be at 1.8 times greater risk for delivery of a low birth weight infant and 1.3 times greater risk for preterm deliveries. The effects of smoking do not end after delivery. Postpartum smoking increases the child's risk for sudden infant death syndrome, respiratory infections, asthma, and middle ear disease. It is clear that the smoking cessation effort is critical for improve maternal, fetal/child, and overall family health.

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Local Efforts Aim for Smoking Cessation

Make Yours A Fresh Start Family

Syracuse Healthy Start and the Central New York Perinatal program have adopted the “Make Yours A Fresh Start Family” smoking cessation program for pregnant and parenting families. It is a behavioral modification model (S.T.A.G.E.) that uses short intervention sessions, practical tips and patient booklets to promote smoking cessation. It has been implemented at community prenatal care sites. The prenatal care sites at Syracuse Community Health Center, University Health Care Center (UHCC), and St. Joseph’s Maternal and Child Health Center all use a prenatal chart sticker, which facilitates concise staff intervention at every visit and simplifies monitoring of patient progress. Non-responders to the Fresh Start approach who really want to quit but need more formal assistance can be referred to the Pulmonary Clinic at UHCC, which offers further counseling on smoking cessation, pharmacotherapy, and pulmonary function monitoring. The results of all these efforts are still pending.

Experience indicates that most moderate to heavy smokers have some addiction to nicotine and may benefit from more indepth evaluation of treatment. Due to the increasing requests for guidance on this topic, this newsletter has been drafted to serve as a suggested guideline for pharmacotherapy during pregnancy.

Pharmacotherapy Overview

Things to consider

Sometimes the maternity care provider encounters a patient who really wants to quit, but has failed to, despite the full Fresh Start effort. In such cases the ideal approach would be referral to the Pulmonary Clinic at UHCC. However, sometimes that is not feasible and the provider may wish to consider pharmacotherapy such as nicotine replacement therapy (NRT) or bupropion. Although the provider guidelines for pharmacotherapy are yet unclear, the provider and patient may decide pharmacotherapy is appropriate especially if the patient is a moderate (10-20 cigarettes/day) or heavy (more than 20 cigarettes/day) smoker. NRT is likely to be less harmful than moderate or heavy smoking because it produces a slower increase in plasma nicotine

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Prenatal Smoking Cessation Sticker

Smoking Cessation Effort

Survey (15 of 1000000)

During the last 7 days, how many cigarettes did you smoke on an average day? _____

How long have you smoked? _____

Number of smokers in the house: _____

Did you smoke throughout your last pregnancy? Y N

Are you a recent quitter? Y N When: _____ Assessing Stage of Readiness

How many previous attempts to stop smoking? _____

Do you:

smoke within 30 minutes of waking up? Y N

believe your smoking will harm your fetus/child? Y N

believe your smoking will harm you? Y N

think about quitting smoking? Y N

want to quit smoking in the next month? Y N

Tailor The Health Message

Acknowledge difficulty of quitting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Review health effects of smoking on fetus/child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Review maternal health effects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Give clear direct message to quit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Assess Readiness to quit

Not interested in quitting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not ready to quit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willing to learn more about quitting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ready to quit within the next month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Recent quitter (Date): _____

Give Materials and plan of action

Review magazine sections (last page if)

Set a quit date if ready: _____

Evaluate Progress at follow-up visits

Current number of cigarettes per day: _____

Other Interventions:

Pulmonary Function Test: Date/Result: _____

Nicotine Gum/Patch: Date/Dose: _____

Wellbutrin: Date/Dose: _____

Comments: _____

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*For more information or training, call
Syracuse Healthy Start 464-5708 or Family
Ties Network, Inc 424-0009*

\$\$\$ Financially Speaking \$\$\$ Cost Effectiveness of Cessation

There is financial incentive to invest in smoking cessation because of the resulting health improvements. Among pregnant women, smoking cessation is particularly cost-effective because it results in fewer low birth weight babies and perinatal deaths, fewer physical, cognitive, and behavioral problems during infancy and childhood. It also yields substantial health benefits to the mother. Many third party payers, including medicaid, now cover smoking cessation efforts such as counselling and even pharmacotherapy.



Pharmacotherapy Overview

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concentration, does not produce carbon monoxide or other noxious substances. If successful, the fetus would not be exposed to nicotine during the rest of the pregnancy. Additionally, no form of nicotine replacement reaches nicotine concentrations produced by smoking 20 cigarettes per day. Because of the uncertain benefit/risk ratio of pharmacotherapy in pregnancy, it is advisable to limit its use to the mid-trimester and for no longer than 8 weeks.

Nicotine is concentrated in breast milk, but is poorly absorbed through the gastrointestinal tract. Small amounts of smoking cessation agents also pass through breast milk, therefore, similar risk-to-benefit ratios must be considered in lactating women. For women who quit smoking during pregnancy, postpartum relapse rates are very high. About 70% of quitters resume smoking within one year of delivery, and half of those women relapse in the first three months postpartum. Because relapse is very high in postpartum patients, discussion of postpartum stress/triggers must be carried out throughout pregnancy.

To further assist the healthcare provider, a table with guidelines for pharmacotherapy is provided.

Suggested Guidelines in Pharmacotherapy for Smoking Cessation during Pregnancy

Nicotine Patch	Habitrol, Nicotine TDS-prescription Nicotrol-OTC FDA class C (animal studies have shown adverse effect on fetus; no adequate human studies, but the benefit may outweigh risk)
Suggested Dosing	Habitrol 14 mg/24 hours for 3 weeks then 7 mg/24 hours for 3 weeks Nicotrol 15 mg/16 hours for 3 weeks
Prescribing Instructions	Upon awakening, place patch in relatively hairless area, typically between neck and waist. Rotate sites
Side Effects	Skin reaction in up to 50%, usually mild and self-limiting Insomnia
bupropion SR	Zyban TM-prescription FDA class B (animal studies failed to show fetal risk, but inadequate studies in pregnant women)
Suggested Dosing	Begin treatment 1-2 weeks before quit date. 150 mg q am for 3 days, then increase to 150 mg bid for 6-8 weeks
Prescribing Instructions	If Zyban is used, consider registering in the GlaxoWellcome pregnancy registry by calling 800-336-2176. Contraindicated in history of seizure or eating disorder, concomitant use of another form of bupropion, and use of MAO inhibitor in the previous 14 days. No alcohol If marked insomnia occurs, take pm dose earlier, but at least 8 hours after first dose
Side Effects	Insomnia and dry mouth

****Consider monitoring baseline and serial blood cotinine levels. Useful relationships of blood cotinine to cigarette usage are: Non-smoker=8-14 ng/ml 1ppd=250-300 ng/ml****



Helpful Resources about Smoking Cessation:

“Make Yours a Fresh Start Family” Training: Syracuse Healthy Start 464-5708 or Family Ties Network, Inc 424-0009

UHCC Pulmonary Clinic: 464-3835

Medicaid Recipient Quitline (patient support, provider materials): 1-888-609-6292

American Cancer Society: 1-800-743-6724

Free consumer guide You Can Quit Smoking: 1-800-358-9295

Department of Health publications How to Have a HealthyBaby # 2949 and 101 Reasons to Quit Smoking #3404: 518-474-5370

Websites:

Addressing Tobacco in Managed Care: www.aahp.org/atmc.htm

Agency for Healthcare Research and Quality: www.ahrq.gov

American Cancer Society: www.cancer.org

National Cancer Institute: www.nci.nih.gov

National Center for Tobacco-Free Kids: www.tobaccofreekids.org

National Guideline Clearing House: www.guideline.gov

National Institute on Drug Abuse: www.nida.nih.gov/NIDAHome1.html

Office on Smoking and Health at the Centers for Disease Control and Prevention: www.cdc.gov/tobacco

Society for Research on Nicotine and Tobacco: www.srnt.org

World Health Organization: www.who.int

Upcoming Events

**Domestic Violence Awareness Month: October 2000

2nd Annual National Domestic Violence Screening Day: Thursday, October 5, 2000

**CNY Breastfeeding Connections Annual Breastfeeding Conference

Breastfeeding and the Fragile Infant: Families at Risk: Thursday, October 12, 2000

**27th Annual Regional Perinatal Symposium: Friday, October 13, 2000

Advances in Clinical Perinatal Medicine

**Parenting Connections Presents T. Berry Brazelton, MD

Contemporary Parenting Issues: Thursday, November 16, 2000

Professional Teaching Day: Friday, November 17, 2000

Submission of upcoming events welcome! Call 464-5708

IMATCH

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13202

RETURN SERVICE REQUESTED

