Pregnant Women and Tobacco Use

Tobacco Prevention and Education Program (TPEP)

February 12-13, 2014 Webinar
Agenda for today

• Welcome and Introductions

• Presentation from Speakers
  - Data on tobacco use and quitting patterns by pregnant women in Oregon
  - Helping pregnant smokers quit in American Indian and Alaska Native communities
  - Local resources and potential partnerships for TPEP coordinators

• Grantee Discussion: What is happening locally related to cessation efforts targeting pregnant women?

PUBLIC HEALTH
Center for Prevention and Health Promotion
Guest Presenters:

**Elizabeth (Beth) Sanders:**
- Cessation Coordinator, Health Promotion and Chronic Disease Section

**Lesa Dixon-Gray, MSW, MPH**
- Women's Health Systems Coordinator, Maternal and Child Health Section

**Vernita Reyna, R.D.**
- Registered Dietitian, Nutrition Consultant, Oregon WIC Program

**LaDonna BlueEye, MPH, PhD Candidate**
- Assistant Professor, Indiana University, Bloomington
Tobacco use by birth mothers: Oregon and United States

Data sources:
- Oregon: Oregon Birth Certificate Statistical File
- United States: National Center for Health Statistics

For more information, see the 2013 Tobacco Fact Sheets by County at:
Oregon PRAMS

• Pregnancy Risk Assessment Monitoring System
• Random sample of Oregon women who had a live birth w/in 8 weeks. Findings can be applied to the state's entire population of recently pregnant women.
• Collects data on maternal attitudes, behaviors, demographics prior to, during, and immediately after pregnancy.
2011 Oregon PRAMS

• 27.5% of women reported smoking in the past 2 years.
  – 23.2% reported smoking in the 3 months prior to pregnancy.
  – 71.1% of pregnant smokers, attempted to quit during pregnancy.
  – 13.8% reported smoking after the birth of their baby.

• 95.3% of women reported education about how smoking could affect their baby during a prenatal care visit.
Percentage of women smoking at time of survey (~2 months after giving birth)

Oregon PRAMS
Percentage of women smoking in the 3 months prior to pregnancy by race

- **Other/Unknown**: 6.3%
- **White**: 24.7%
- **African American**: 22.0%
- **American Indian**: 42.7%
- **Asian**: 5.4%
- **Hawaiian, Pacific Islander**: 14.7%
- **Multiple races**: 31.1%
- **Overall**: 23.2%

2011 Oregon PRAMS
Percentage of women smoking in the 3 months prior to pregnancy by ethnicity

- **Hispanic**: 9.6%
- **Non-Hispanic**: 26.4%
- **Overall**: 23.2%

2011 Oregon PRAMS
Effects of Prenatal Tobacco Exposure
# Tobacco Cessation During Pregnancy

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<th>Opportunities</th>
<th>Challenges</th>
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<td>• Unique time in a women’s life-increased motivation for behavior change.</td>
<td>• Shame around smoking during pregnancy.</td>
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<td>• More women have access to health insurance and health care providers during pregnancy.</td>
<td>• Concerns about safety of pharmacotherapy for cessation during pregnancy.</td>
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“Quitting tobacco is one the few preventive measures likely to have substantial impact on pregnancy outcome.”

www.smokefreefamilies.org
Local Resources

Maternal and Child Health Programs within Local Public Health Departments

• Public Health Nurses
  ➢ Prenatal Care Task Forces

• Home Visiting Programs

• Oregon MothersCare
Maternal and Child Health Home Visiting

• Maternity Case Management (MCM)
  – High-risk pregnancies
  – Pregnancy and Postpartum
  – Located in Local County Health Departments

• Nurse-Family Partnership
  – First Time Moms
  – Pregnancy until child is 2 years old
  – Crook, Deschutes, Douglas, Jefferson, Lane, Lincoln, Morrow, Multnomah and Umatilla Counties

• Early Head Start, Healthy Families Oregon, Children’s Relief Nursery, Parents as Teachers
OMC

https://public.health.oregon.gov/HealthyPeopleFamilies/Women/Pregnancy/OregonMothersCare/Pages/index.aspx

Provides Patient Navigation for Pregnant Women. Services include:

- Screening for tobacco use
- Referral to the Oregon Quit Line
Tobacco: Smokefree mothers and babies

One of the most important things a mother can do for her baby’s health is to quit smoking.

Breathing secondhand smoke can be dangerous to a baby’s health.
- Secondhand smoke can cause Sudden Infant Death Syndrome (SIDS), asthma, bronchitis and ear infections.

Thirdhand smoke:
- The invisible mix of smoke residue that clings to hair, clothing, cushions, and carpeting, even after secondhand smoke has cleared away, is also dangerous for young children.

Keep your home smoke free. Protect your child’s health.
- Quit smoking as soon as possible.
- If you have to smoke, take it outside, staying away from doors and windows.
- Don’t smoke in the car.
- Ask friends and family members

For more information
The Oregon Tobacco Quit Line offers free information about quitting, including one-on-one telephone counseling, Web-based coaching, free nicotine replacement therapy (patch or gum), and referrals for more help.
- Call 1-800-QUIT-NOW (1-800-784-8669) or for Spanish, call 1-877-2NO-FUME (1-877-266-3863) to get started;
- Or visit www.quitnow.net/oregon.

The American Lung Association’s Freedom From Smoking Program is for adults who are ready to quit smoking and focuses on how to quit, not why to quit:
- Find a local program at www.lungoregon.org/quit;
- Sign up online at www.ffsonline.org.

The American Legacy Foundation’s Become an Ex Program is a free quit-smoking program that helps adults re-learn life without cigarettes.
- Sign up online at www.becomeanex.org

Helping pregnant smokers quit in American Indian and Alaska Native communities
LaDonna BlueEye, MPH, PhD Candidate
Assistant Professor
Indiana University Bloomington

LaDonna Jessie BlueEye is the daughter of the late Virginia Jessie, the granddaughter of Ida Maytubbi and the great-granddaughter of Nancy BlueEye, all full blood enrolled members of the Choctaw Nation of Oklahoma.
Lessons Learned from Pregnant Native Americans

- Community access
- Native American communication styles
- Use of tobacco during pregnancy
- Best Practices in majority population
- Best Practices in Native American communities
Native Communication & Learning Styles

• Oral tradition/storytelling
• Slower interactions
  – Sign of respect
  – Silence is valued, ability to listen and wait
• Value of non-verbal communication
• Humor
HOW TOBACCO IS USED IN A SACRED WAY

Used in Prayer
- Especially for something specific

Used to Heal People

Tobacco Societies
- Know the power of tobacco
- Know the real tobacco stories

Use a Little Bit
- "Not, like, four packs a day"
- "Just a little when we pray is how it is used"

Smoking Cigarettes vs. Using for Prayer
- Used in Prayer
- Will heal or protect the mom and baby

Gender-specific
- Showed some people how to use tobacco during Native American conference
- Lead the way and this is how Native American people can learn about tobacco
Traditional Use of Tobacco

- Don't like other races to know about their heritage
- Most Indians don't like talking about it
- Used as medicine
- Used in many ways
- Cured woman of cancer
- Only used in a spiritual way
- Used to cleanse body
- Used in a spiritual sense
- Used sacredly

Oregon Health Authority
Tobacco Use During Pregnancy

Not appropriate (Abuse of tobacco)

Large amounts of tobacco

Chronic Use

Increases spirituality

“baby is going to feel that while it's in the womb growing.”

Appropriate (When used in a traditional way)

Protect the child from harm

“I smoked the pipe while pregnant for healing”

Good for the mother and baby

“There are "good things from tobacco in prayer”

"baby is going to feel that while it's in the womb growing."
Health Beliefs Specific to Indigenous Native American Women

Don’t Believe

Smoking causes lower birthweight

You hear that statistic but it “doesn’t sound true”

Believe

50/50 chance baby will be big or small

Always try to show that the baby will be small

Baby was 11.6 lbs

Native American Women are more prone to get disease

Diabetes
Best Practices: 5 A’s

**ASK** the patient about her smoking status

**ADVISE** to quit smoking with personalized messages for pregnant women

**ASSESS** her willingness to quit in next 30 days

**ASSIST** with self-help materials and social support

**ARRANGE** to follow-up during subsequent visits
Community Access

• Enlist participation of Eldest Woman
  – Allow Elder to guide the process
  – Appropriate cultural respect

• Request permission to participate in specific ceremonies

• Access through ceremonial grounds leader/tribal officials
Best Practices for Native American Women: The Five C’s

1. Collaborative with other organizations
2. Cultivate cultural competency
3. Coach providers on working with Native American populations
4. Care for patients using evidence-based practices
5. Communicate cessation messages through multiple media
Importance

• Feedback to community members
• Keep or create language that can be used in culturally-relevant tobacco cessation “best practices”
• Create programs that are sound in both science and culture
Local resources and potential partnerships for TPEP coordinators
Oregon Tobacco Quit Line

• Open 24-7 in 170+ languages
• 1-800-QUIT-NOW, www.quitnow.net/oregon/
• 1-855-DÉJELO-YA, https://www.quitnow.net/oregonsp/

The Quit Line offers free telephonic/online counseling and printed materials to all Oregonians—including pregnant women—regardless of income or insurance.
Supplemental Nutrition Program for Women, Infants and Children (WIC)

Providing supplemental foods, nutrition education, breastfeeding support and health care referrals to pregnant, postpartum and breastfeeding women, infants and children under 5 years of age.

• 34 local programs in Oregon serving 105,000 participants each month

• 45% of all births in Oregon are to WIC moms

• 70% of all OHP births are to WIC moms
WIC Screening for Maternal Smoking and Environmental Tobacco Smoke Exposure

In the WIC data system:
• Do you smoke cigarettes now?
  If yes, how many cigarettes do you smoke per day?
• Does anyone living in your household smoke inside the home?

Using participant centered counseling skills:
• What have you heard about smoking during pregnancy?
• What is your experience with smoking?
• What is your plan around smoking after the baby arrives?
**Incident of Prenatal Smoking**
Oregon WIC September 2011

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<th>Oregon WIC</th>
<th>% Pregnant women who smoke</th>
<th>% Postpartum women who smoke</th>
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<td>State average</td>
<td>14.9%</td>
<td>10.7%</td>
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Referrals made to the **Oregon Tobacco Quit Line**
Connecting to Oregon WIC programs

Contact information is on the Oregon WIC website: http://public.health.oregon.gov/HealthyPeopleFamilies/wic/Pages/countyinfo.aspx

or

Call 211

or

Call the state WIC office at 1-971-673-0040
Grantee Discussion: What is happening locally related to cessation efforts targeting pregnant women?
Questions?