

Smoking cessation and prevention in women of reproductive age: Resources and partnerships for physicians

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Abstract

The importance of smoking cessation and prevention as a women's issue is clear—physicians who interact with women of reproductive age are in an excellent position to influence women's decisions to quit smoking. This paper provides information on community resources physicians can offer to their patients to help support their cessation attempts and describes a new partnership opportunity that physicians can become involved with.

Introduction

The 2001 Surgeon General's Report on Women and Smoking clearly conveys that smoking is a women's health issue.¹ It is the leading cause of preventable disease and death among women. In Wisconsin, 21.4% of women overall and 14.8% of pregnant women smoke.² In 2004, 3200

Wisconsin women will die of causes related to smoking. Total state health costs to treat women smokers in Wisconsin are estimated at \$742.6 million for 1 year.³

To set the stage for this important public health issue, the following questions should be considered: *Do patients want their physician addressing smoking cessation?* A recent study by the University of Wisconsin Center for Tobacco Research and Intervention published in *Preventive Medicine* found that when offered free cessation treatment by their physician at their regular clinics, 68% of smokers accepted the invitation.⁴

Is it worth a physician's time? Tobacco-use treatment is more cost effective than: mammography, colon cancer screening, PAP tests, pharmacologic treatment of mild to moderate hypertension, and pharmacologic treatment of hypercholesterolemia.⁵

How much time does a physician need to address smoking cessation and prevention with a patient for it to be useful? Effective smoking cessation interventions of less than 3 minutes increase quit rates by 30%, brief counseling (3 to 6 minutes) increases quit rates more. Intensive interventions (4 sessions of greater than 10 minutes) are more effective than shorter sessions (more than double quit rates) and should be used whenever possible.⁵

Why focus on smoking cessation and prevention for women of repro-

ductive age? The majority of women who smoke begin smoking during adolescence. Fortunately, the earlier a woman quits smoking the more beneficial it is for her health. Yet, the average person attempting to quit smoking makes 7 quit attempts before quitting for good. Only 5% of people successfully quit without help.⁶ Generally speaking, women tend to have more regular contact with health care providers during their reproductive years, usually related to pregnancy or obtaining birth control. While pregnancy is a motivator for many women to quit smoking, rates of postpartum relapse are as high as 80% at 1 year postpartum.⁷ Thus, the contact a physician has with a woman of reproductive age is a prime opportunity to reinforce avoidance of smoking and promote smoking cessation.

The Health Effects of Smoking in Women

Both men and women who smoke are at increased risk of cardiovascular disease, cancer, and pulmonary disease. However, women face some unique risks from smoking due to their gender. Lung cancer is the number 1 cancer killer of women in the United States; 85% of women who get lung cancer are current or former smokers.⁸ Smoking is also a major cause of cancer of the oropharynx, bladder, kidney, and pancreas in women.¹

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The Surgeon General's 2001 Women and Smoking Report found that women who smoke found it more difficult to conceive than non-smokers, that smoking is positively associated with infertility, and that smoking may make in vitro fertilization attempts less successful. Smoking during pregnancy was also associated with increased risk for premature rupture of membranes, abruptio placentae, placenta previa, and pre-term birth. Children born to women who smoke are at higher risk of low birth weight, sudden infant death syndrome (SIDS), and reduced lung function.¹

Additionally, smoking limits a woman's choice of birth control methods primarily because smokers who use the combination birth control pill have higher rates of complications than non-smokers. Smoking increases the risk of cervical dysplasia and cancer 2- to 4-fold.⁹ Some studies suggest that smoking may cause painful or irregular menses and that smokers may experience menopause at a younger age than nonsmokers and may have more menopausal symptoms.¹

Smoking in Women of Reproductive Age

The 2002 Behavioral Risk Factor Surveillance System (BRFSS) question "Do you smoke cigarettes now?" found 21.4% of women in Wisconsin replied "yes" compared with 20.8% of women nationwide.¹⁰ *Making the Grade: A National and State by State Report Card on Women's Health* published by the National Women's Law Center in 2004 gave Wisconsin a grade of F and ranking of 31 when compared to the other 50 states in the area of smoking among women.¹¹ The Youth Risk Behavior Surveillance System (YRBSS) reports that in Wisconsin in 2001,

36.7% of female students smoked cigarettes on 1 or more of the past 30 days.⁷

What Can You Do?

Although patient visits are often too short, physicians can still have a substantial impact on smoking cessation. Ask every patient about smoking at every visit, and then connect your patient with the appropriate resources. The following section provides smoking cessation information and resources that physicians can offer patients—especially women of reproductive age—and additional training resources for physicians.

Community Resources for Smoking Cessation

The University of Wisconsin – Center for Tobacco Research and Intervention (UW-CTRI)

UW-CTRI has a cessation professional in each region of the state that can help you intervene routinely and effectively with smokers. The UW-CTRI outreach specialist provides free training, resources and site-specific technical assistance to you and your colleagues. UW-CTRI is also home to the Wisconsin Tobacco Quit Line, which offers free, proactive counseling to any smoker willing to make a quit attempt—at no charge. Additionally, through the Quit Line, UW-CTRI offers the Fax to Quit Program in which providers can support their patients' needs by offering the opportunity for proactive phone calls from the Quit Line to their patient. To learn more about these resources and the variety of additional tools and resources available through UW-CTRI visit www.ctri.wisc.edu/.

First Breath

First Breath is a program that reduces health care costs for Wisconsin by helping pregnant

women quit smoking. The program is coordinated by the Wisconsin Women's Health Foundation with partners Wisconsin Division of Public Health Bureau of Community Health Promotion, the UW-CTRI, and APS Healthcare, Inc. First Breath services are available to all pregnant women in Wisconsin, but a majority of clients continue to be low-income women and Medicaid recipients.

The First Breath approach integrates smoking cessation services into existing prenatal care facilities, making them a "First Breath site." Clinicians at sites are trained in evidence-based cessation counseling techniques. Sites are provided with client self help materials, educational materials, educational print materials, and client incentives, and provide technical assistance via teleconferences, refresher training events, newsletters, and site visits. First Breath acknowledges cutting down as success for clients, but maintains abstinence as the ultimate goal.

To learn how to get involved with the First Breath Program call 608.251.1675.

The American College of Obstetrics and Gynecology (ACOG)

ACOG provides resources for physicians and for patients. The *Tool Kit for Providers—Smoking Cessation During Pregnancy: A Clinician's Guide to Helping Pregnant Women Quit Smoking* is a free continuing medical education (CME) accredited guide that outlines how to integrate the "5 A's"—an efficient and evidence-based approach to asking about and treating tobacco use—into a clinical setting serving pregnant women. To find out how to get the toolkit and for more ACOG resources on smoking cessation visit http://acog.org/from_home/departments/dept_web.cfm?recno=13.

US Public Health Service Clinical Practice Guideline

In 1996 *Smoking Cessation—A Clinical Practice Guideline* was published. The Guideline, which was created for physicians, allied health care professionals, health care administrators, purchasers, and insurers offers recommendations, based on current research, to increase the success of smokers' cessation efforts. The Guideline was updated and released in June 2000 under the title *Treating Tobacco Use and Dependence*. For more information on the Guidelines and to access relevant training materials go to www.ctri.wisc.edu/main_dept/guide/guide_main.html.

A New Partnership The Women and Tobacco Team (WATT)

A recent collaboration of the Association of Maternal and Child Health Programs (AMCHP), ACOG, Planned Parenthood Federation of America (PPFA) and the Women's Tobacco Prevention Network (WTPN) brought together a team of people from Wisconsin for the purposes of: (1) identifying challenges in addressing smoking among women of reproductive age in Wisconsin and (2) developing and carrying out action steps that address particular issues affecting women of reproductive age who smoke.

The goal of the WATT partnership is to link partners with each other and with existing infrastructure. To date, WATT has worked to initially increase awareness among ACOG members and family planning providers about the significance of tobacco use by women of reproductive age.

WATT will work with providers across the state to discuss current realities and challenges with regard to this concept and to establish the necessary networks to support provider needs. Additionally, WATT

will engage in dialogue with existing partnerships formed through the First Breath Program to broaden the focus of existing systems and services that currently support women during pregnancy and postpartum, in order to support the needs of all women of reproductive age. If you would like assistance from or would like to become a partner of WATT contact Mary Gothard at the Wisconsin Division of Public Health at 608.266.9823.

Conclusion

"Healthy people in healthy Wisconsin communities" is the vision set forth in *Healthiest Wisconsin 2010*.⁸ Every time you address smoking cessation with a patient, you are working towards that vision. An intervention taking less than 3 minutes can and will have a great impact on whether or not your patient will make a quit attempt. Make sure your patient isn't one who says, "My doctor advised me to quit smoking but I have no idea how to do that." You can connect your patients to resources available in Wisconsin to help them quit smoking.

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