St. Joseph's Health
PROVIDER BRIEF

Tobacco Dependence Treatment Guidelines Perinatal and Postpartum Women

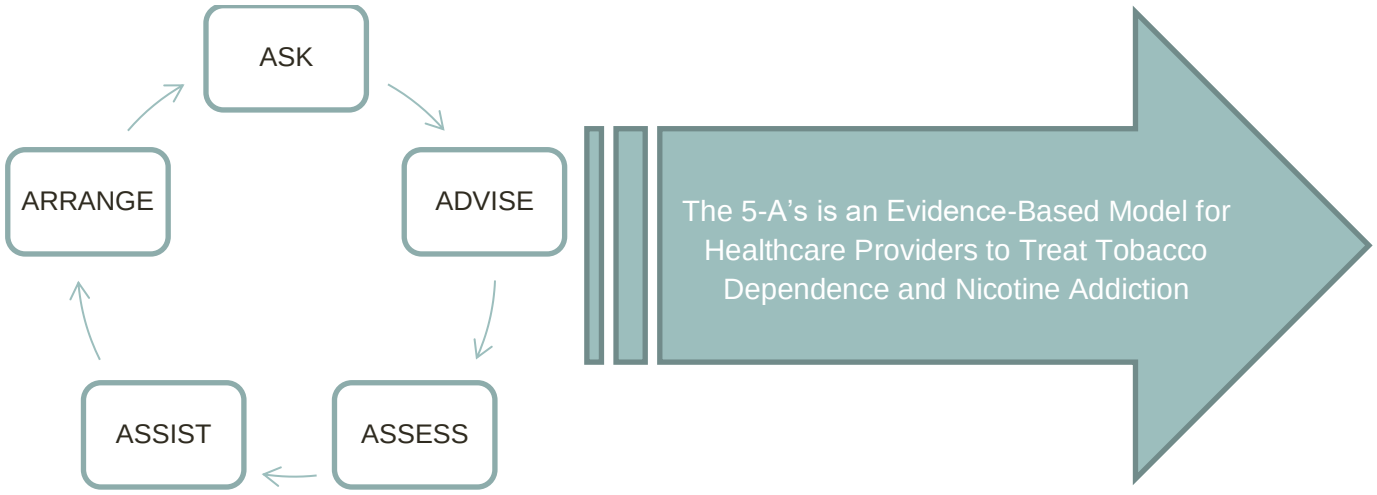
Quitting smoking is perhaps the most important action a pregnant woman can do to ensure the health of her baby. The U. S. Surgeon General has reported eliminating smoking during pregnancy could prevent 10% of all infant deaths and 12% of all deaths due to perinatal conditions.[1]

Reasons for smoking during pregnancy are complex and are often related to socioeconomic status, mental health, social surroundings and biological factors.

Inside the Issue…

Health care professionals have an opportunity to greatly improve the health of mothers and their babies by helping pregnant smokers quit and continue to remain tobacco-free postpartum. An easy-to-implement, evidence-based counseling approach can double or even triple quit rates among pregnant smokers. This approach has been published by the U. S. Public Health Service Clinical Guidelines: Treating Tobacco Use and Dependence, 2008 update and by the American College of Obstetricians and Gynecologists. The approach is effective for most pregnant smokers, including low-income women, the group most likely to smoke during pregnancy.[1]

The 5-A's Model for Treating Tobacco Use and Dependence



Integrating the 5-A's Model for treating tobacco use and nicotine dependence is considered a best practice for Healthcare Systems. A comprehensive system-wide approach to treatment is essential to provide patients with the best quality of care.

A comprehensive system-wide approach includes:

- ✓ Integrating the 5-A's Model for Treating Tobacco Use and Nicotine Dependence into the Electronic Health Record.
- ✓ Provide education, resources and feedback to Healthcare Providers and interventions.
- ✓ Dedicate staff to provide tobacco dependence treatment.
- ✓ Promote health insurance benefits for tobacco dependence treatments to clients and employees.

For Healthcare Providers in Central New York there are local resources to help support systems with adopting a comprehensive system-wide approach to the treatment of tobacco use and nicotine dependence. Health Systems for a Tobacco-Free New York Contractors work with health care systems to improve the reach and delivery of evidence-based tobacco dependence treatment to all New Yorkers who smoke or use other tobacco products. The contractors work with hospitals, community health centers, federally qualified health centers, and mental health and behavioral health service agencies, with a focus on agencies and organizations that serve people with low education, low income or mental illness.

Contact your local Health Systems for a Tobacco-Free New York Contractor for FREE assistance:

CNY Regional Center for Tobacco Health Systems at St. Joseph's Health
Christopher Owens, Director
315-458-3600 ext. 378 or Christopher.Owens@sjhsyr.org

ASK (1 min)

… about patients tobacco use:

- ☐ I have NEVER smoked, or have smoked LESS THAN 100 cigarettes in my lifetime.
- ☐ I stopped smoking BEFORE I found out I was pregnant, and I am not smoking now.
- ☐ I stopped smoking AFTER I found out I was pregnant, and I am not smoking now.
- ☐ I smoke some now, but I cut down on the number of cigarettes I smoke SINCE I found out I was pregnant.
- ☐ I smoke regularly now, about the same as BEFORE I found out I was pregnant.

ADVISE (1 min)

…the patient in a clear, strong manner with personalized messages.

- ☐ Benefits of quitting
- ☐ Harms of continuing
- ☐ Personalized message to quit
- ☐ Acknowledgement of difficulty quitting

ASSESS (1 min)

…the patient's willingness to make a quit attempt in the next 30 days.

- ☐ If the patient is ready to quit, proceed to ASSIST
- ☐ If the patient is not ready, provide information to motivate the patient to quit by utilizing the 5R's:
  - ○ Relevance: Reasons why they should quit (base on health, environment & individual situation)
  - ○ Risk: Identify possible negative outcomes to continued tobacco use
  - ○ Rewards: Identify possible benefits to quitting
  - ○ Roadblocks: Identify obstacles to quitting and ways to overcome obstacles
  - ○ Repetition: Re-assess patient at each subsequent visit

ASSIST (1 min)

…the patient, that is ready to quit, in developing a personalized quit plan.

- ☐ Suggest & encourage the use of problem-solving methods and skills for quitting
- ☐ Provide social support as part of the treatment
- ☐ Arrange social support in the smoker's environment
- ☐ Provide pregnancy-specific self-help smoking cessation materials for the patient by encouraging the use of problem-solving methods and skills for cessation
- ☐ Offer a direct referral to the smokers quit line (1-800-QUIT NOW)

ARRANGE (3+ min)

…follow-up visits to track the progress of the patient's attempt to quit smoking. Tobacco status should be monitored and recorded throughout pregnancy.

- ☐ Referral to Tobacco Dependence Treatment Specialist
- ☐ Follow-up date: _____
- ☐ Follow-up phone call date: _____
- ☐ Follow-up appointment: _____

Pharmacotherapy

The use of medication improves smoking cessation success and helps reduce withdrawal symptoms. The odds your patients will quit smoking for good further increase when combination therapy medications are prescribed. Evidence shows the use of long and fast acting Nicotine Replacement Therapy (NRT) more than triples quitting success rates. This is positive information for clinicians, however when working with pregnant and postpartum tobacco users the guidelines and recommendations are not the same as a non-pregnant and breastfeeding individual.[2]

For pregnant and breastfeeding moms, the Clinical Practice Guidelines for Treating Tobacco Use and Dependence recommends the following two strategies in place of prescribing pharmacotherapy:

- Because of the serious risks of smoking to the pregnant smoker and the fetus, whenever possible pregnant smokers should be offered person-to-person psychosocial interventions that exceed minimal advice to quit.
- Although abstinence early in pregnancy will produce the greatest benefits to the fetus and expectant mother, quitting at any point in pregnancy can yield benefits. Therefore, clinicians should offer effective tobacco dependence interventions to pregnant smokers at the first prenatal visit as well as throughout the course of pregnancy.

These two recommendations are mainly due to the lack of adequate research done on the effectiveness and safety of tobacco cessation medication during pregnancy and with breastfeeding women. According to the Clinical Practice Guidelines for Treating Tobacco Use and Dependence within the Special Populations: Pregnant Smokers, “safety is not categorical. A designation of “safe” reflects a conclusion a drug's benefits outweigh its risks. Nicotine most likely does have adverse effects on the fetus during pregnancy. Although the use of NRT exposes pregnant women to nicotine, smoking exposes them to nicotine plus numerous other chemicals injurious to the woman and fetus. These concerns must be considered in the context of inconclusive evidence cessation medications boost abstinence rates in pregnant smokers.”[3]

With these recommendations and the limited amount of research studies on these specific populations the use of NRT should only be undertaken with close supervision, after careful consideration and discussion with the patient of the known risks of continued smoking and the possible risks of NRT. If NRT is used, it should be with the clear resolve of the patient to quit smoking.

Alternative smoking cessation agents used in the non-pregnant population include varenicline and bupropion. Varenicline is a drug that acts on the brain’s nicotine receptors, but there is no knowledge as to the safety of varenicline use in pregnancy.[4] Bupropion is an antidepressant with only limited data, but there is no known risk of fetal anomalies or adverse pregnancy effects.[5] Both Bupropion and Varenicline are transmitted to breast milk. There is insufficient evidence to evaluate the safety and efficacy of these treatments in pregnancy and lactation.[3] Furthermore, in a population at risk of depression, medications can cause an increased risk of psychiatric symptoms and suicide should be used with caution and considered in consultation with experienced prescribers only.

FDA Approved Pharmacotherapy Medications for Tobacco Cessation

Medication	Dosage & Duration (Taken 2-3 months)	Pros	Cons
Nicotine Patch	• 21 mg, 14 mg, 7mg • Choice of 16 or 24-hour dosage	• Easy to use • No prescription needed • Once a day administration • Provides a continuous nicotine dose all day	• Possible skin reaction or insomnia • Nicotine released slowly; It doesn't instantly enter or leave your body
Nicotine Gum (piece every hour)	• 4mg = (25+ cigarettes/day) • 2mg = (under 25 cigarettes/day) • Max 24 pieces a day for up to 12 weeks • Not to be chewed like bubble gum	• Easy to control dose • No prescription needed • Available in different flavors	• May be hard to use with dentures; Can damage dental work; Can cause problems if directions are not followed • No food or drink for 30 minutes before and during use • Mouth soreness, jaw soreness or heartburn
Nicotine Lozenge (piece every 1-2 hours)	• 4mg = If tobacco is used within 30 minutes of waking • 2 mg = If tobacco is used after 30 minutes of waking	• Easy to control dose • No prescription needed • Delivers 25% more nicotine than gum • Easily dissolves in mouth	• May cause hiccups or heartburn • No food or drink for 30 minutes before or during use • Can cause problems if directions are not followed
Nicotine Nasal Spray (in each nostril)	• 1-2 doses per hour as prescribed • Do not use more than 40 doses/day for 3-6 months	• Easy to adjust dose • Gets nicotine into your system the fastest	• May cause hiccups or heartburn • No food or drink for 30 minutes before or during use • Can cause problems if directions are not followed • May cause sneezing and coughing or teary eyes • Need prescription to use
Nicotine Inhaler (10mg/cartridge)	• Use 6-16 cartridges per day for up to 6 months	• Easy to adjust dose • Can puff on what looks like a plastic cigarette holder whenever urge to smoke occurs	• May attract attention • Need prescription to use • May cause irritation of mouth and throat
(Bupropion) Zyban (start 1 wk before quit date)	• Day 1-3: One 150 mg tablet each morning • Day 4+: One 150 mg tablet each morning and evening • Taken 3-6 months	• Easy to use • Helps prevent relapses and weight gain • With doctor approval, may be used with patch	• Might disrupt sleep, cause headaches or dry mouth • Seizure risk in some users • Need prescription
(Varenicline) Chantix (start 1 wk before quit date)	• Day 1-3: 0.5 mg tablet per day • Day 4-7: 0.5 mg tablet each morning and evening • Day 8-28: 1 mg tablet each morning and evening • Take 3-6 months (or longer depending on prescription)	• Easy to use • Fools the brain to believe it already had nicotine • Lessens the sense of satisfaction associate with smoking	• Need prescription • May cause nausea, insomnia, headache, abnormal dreams • FDA boxed warning about adverse psychiatric effects and FDA communication about risk for heart problems

Documenting Tobacco Nicotine Use[6]

The ICD-10-CM diagnoses code set for nicotine use can be grouped into the following four categories:
1. Use 2. Dependence 3. Exposure 4. Past Use/History Of

Nicotine Use
ICD-10-CM separates nicotine "use" from nicotine "dependence." Clinicians should use Code Z72.0 if they determine that the patient USES nicotine products but is NOT DEPENDENT on the nicotine:

Codes	
Z72.0	Tobacco Use

Nicotine Dependence
Nicotine dependence (F17-) is represented by 20 codes replacing the singular ICD-9 code of 305.1, Tobacco use disorder. These codes identify the type of nicotine product used: cigarettes, chewing tobacco, other tobacco product, or unspecified. The nicotine dependence codes categorize whether a patient's dependence is: uncomplicated, in remission, with withdrawal symptoms, or with other nicotine-induced disorders. Below are useful definitions on these subcategories of dependence:

Codes	Description
F17-	Nicotine dependence
F17.21-	Nicotine dependence, cigarettes
F17.210	…uncomplicated
F17.211	…in remission

Codes	Description
F17.213	…with withdrawal
F17.218	…with other nicotine-induced disorders
F17.219	…with unspecified nicotine-induced disorders
E-cigarettes are coded as F17.29- Other tobacco product	

Past Use of Nicotine
If a patient's past use of cigarettes impacts related presenting disease, complications and/or chronic conditions clinicians should use the Code Z87.891. Note: F17- is not coded with this code. There is no code for past history of tobacco use, only a code for past history of tobacco dependence.

Codes	
Z87.891	Personal history of nicotine dependence

Tobacco Use During Pregnancy, Childbirth and the Puerperium
- Codes under subcategory 099.33 – Smoking (Tobacco) complication pregnancy, childbirth, and the puerperium, should be assigned for any pregnancy case when a woman uses any type of tobacco product during the pregnancy or postpartum
- ICD-10 coding instructions require a secondary code from Category F17- to identify the type of nicotine product the patient uses. Clinicians should document the type of product used to support proper code selection.

Codes	
099.330	...unspecified trimester
099.331	…first trimester
099.332	…second trimester

Codes	
099.333	…third trimester
099.334	…childbirth
099.335	…the puerperium

Use a secondary code from category F17. – Nicotine dependence, to identify the type of nicotine dependence.

Document and Code for Smoking Cessation Counseling

If a pregnant patient presents solely for assistance with quitting tobacco use, or when a prenatal visit or visit for another issue progresses into the provision of cessation counseling, the clinician should document and code the counseling and time spent on this activity in the patient's medical record.

Codes	
Z71.6	Tobacco abuse counseling
Use a secondary code from category F17. 2– Nicotine dependence, to identify the type of nicotine dependence.	

Tobacco Exposure Secondhand Smoke

Clinicians often encounter patients who are exposed to nicotine, particularly cigarette smoke, despite not using tobacco themselves, creating health risks and adverse effects.

Exposure and Respiratory Diseases

ICD-10-CM, Chapter 10, "Diseases of the Respiratory System (J00-J99)," identifies conditions such as asthma, pneumonia, and chronic obstructive pulmonary disease. Codes for tobacco and nicotine exposure or use are required to be reported in addition to all respiratory conditions (ICD-10 codes within Categories J00-J99) as well as with other conditions such as otitis media and diseases of the oral and nasal mucosa.

Common Tobacco Exposure Codes	
P04.2	Newborn (suspected to be) affected by maternal use of tobacco*
P96.81	Exposure to (parental) (environmental) tobacco smoke in the perinatal period*
T65.2--	Toxic effect of tobacco and nicotine**
Z57.31	Exposure to environmental tobacco smoke – Occupational*
Z77.22	Exposure to secondhand tobacco smoke (acute) (chronic)*
*	Refer to complete ICD-10-diagnosis code set for exclusion notes
**	Refer to complete ICD-10diagnosis code set to select correct 5^{th}, 6^{th} and 7^{th} digits

Documentation Tips:

- Document use, substance, exposure, modifying factors, and complications
  - Be specific, including documentation such as Non-smoker but spouse uses tobacco every day…; Exposure positive: Mother current smoker…(Use for children); Exposure positive due to work environment…
- Accurately select and support ICD-10 diagnosis codes relating to tobacco use, specify if the patient is engaging in the use of tobacco or has developed a dependence on tobacco/nicotine as it relates to the clinical care provided.
- Include the type of tobacco product used and whether or not there are nicotine-induced disorders such as remission or withdrawal.
- Perform a thorough history to obtain this information from the patient. Templates within an electronic health records (EHR) can serve as reminders to ask for this information along with use of a tobacco use status sticker (within the patient's chart) or use of computerized reminder systems.
- Checking tobacco exposure and use status may be done by members of the healthcare team other than the treating clinician.

Brief References

1 The National Partnership For Smoke Free Families. How Health Care Professionals Can Help Pregnant Smokers Quit. Retrieved from www.tobacco-cessation.org/pregnantsmokers.htm

2 New York State Department of Health; TalkToYourPatients.NY.gov

3 Fiore MC, Jaen CR, Baker TB, Bailey WC, Benowitz NL, Curry SJ, et al. Treating tobacco use and dependence: 2008 update. Clinical Practice Guideline. Rockville (MD): U.S. Department of Health and Human Services, Public Health Service; 2008. Available at: http://www.surgeongeneral.gov/tobacco/treating_tobacco_use08.pdf. Retrieved July 6, 2010.

4 Chantix® (varenicline) tablets: highlights of prescribing information. New York (NY): Pfizer Labs; 2010. Available at: http://media.pfizer.com/files/products/uspi_chantix.pdf. Retrieved July 6, 2010.

5 Use of psychiatric medications during pregnancy and lactation. ACOG Practice Bulletin No. 92. American College of Obstetricians and Gynecologists. Obstet Gynecol 2008; 111:1001–20.

6 Center of Excellence for Health Systems Improvement ICD-10 Billing and Coding Resource Guide; tobaccofreeny.org

Resources

New York State Department of Health	Counseling and Medication Recommendations for Healthcare Providers	talktoyourpatients.ny.gov
New York State Smokers' Quitline	Counseling and Nicotine Replacement Therapy (if eligible) for patients AND resources and referrals for Healthcare Providers	1-866-NY-QUITS nysmokefree.com
Health Systems for a Tobacco-Free New York	Assistance with Integrating Tobacco Use Screening, Counseling and Treatment	tobaccofreeny.org

Local Central New York Cessation Programs

Name &Location of Meeting	Type of Program	More Information Contact
ALA Freedom From Smoking (Syracuse)	8-Week Cessation Program	315-218-0850
Bassett Healthcare Network (Various)	Cessation Program	607-431-5180
Bridges to Prevent Tobacco (Oneida)	Individual Counseling	315-697-3947
Cayuga Center for Healthy Living (Ithaca)	Individual Counseling & Support Group	607-252-3590
Claxton-Hepburn Medical Center (Ogdensburg)	Monthly Workshop	315-250-1305
Chenango County Baby & Me Tobacco Free (Norwich)	Perinatal/Postpartum Program	607-337-1661
Cornerstone Family Healthcare (Binghamton)	Cessation Program	607-201-1200
Cortland Convenient Care (Cortland)	Support Group	607-252-3590
Cortland Regional Medical Center (Cortland)	6-Week Tobacco Dependence Program	607-756-3807
Gero Consulting (St. Lawrence, Jefferson and Lewis Co.)	Group Counseling	315-250-1305
Kinney Drugs Ready. Set. Quit (All Kinney Drugs Locations)	Counseling & Medication (if eligible)	Your Local Kinney Drugs Pharmacist
Lewis County Health Department (Lowville)	Cessation Classes	315-376-5433
Mothers and Babies Perinatal Network (Various)	Cessation Program	1-800-231-0744
Oneida County Health Department (Utica)	Tobacco Dependence Classes	315-798-5486 / revans@ocgov.net
Oswego County Smoke Free For Baby and Me	Perinatal/Postpartum Program	315-343-2590
Quit for Life Excellus BCBS Members (Online)	Counseling & Medication (if eligible)	1-800-442-8904 / Excellusbcbs.com
Upstate's Quit & Stay Quit Classes (Syracuse)	Tobacco Dependence Classes	315-464-8668
UHS Stay Healthy Oakdale Mall (Binghamton)	Cessation Classes	607-763-5555

Provider Brief Created by the CNY Regional Center for Tobacco Health Systems at St. Joseph's Hospital Health Center
For More Information Visit: TOBACCOFREENY.ORG ~ Revised August 2018