Women in Recovery Specialty Online Training Series
Part Three:
Adapting and Addressing Tobacco Use with Telehealth for the Pregnant Population

Presented by:
Laurie Adams, TTS

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Women in Recovery Specialty Online Training
Series: Adapting and Addressing Tobacco Use with Telehealth for the Pregnant Population

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Webinar Presenter:
Laurie Adams, TTS
Founder and Executive Director of the BABY & ME Tobacco Free Program (BMTFP)
Learning Objectives

- Participants will be able to list three reasons why treating tobacco use within low socioeconomic pregnant populations improves birth outcomes and reduces healthcare costs.
- Participants will be able to describe the three-step approach to an evidenced-based telehealth cessation program for the pregnant population, especially for the low socioeconomic population.
- Participants will be able to list states which have implemented an evidenced-based pregnancy tobacco cessation program and secured funds, even during COVID.

Tobacco Use During Pregnancy

- Latest Trends
- Health and Financial Consequences
- Pregnancy as an Ideal Window
- Continued Challenges
- Clinical Recommendations

Trend: Smoking During Pregnancy, United States

Percentage of mothers who reported smoking cigarettes during pregnancy
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Prevalence of Cigarette Use in Pregnancy: Variation Factors
State of Residence

Race/Hispanic Origin

Prevalence of Cigarette Use in Pregnancy: Variation Factors
Maternal Age

Educational Attainment

Health Consequences of Tobacco Use During Pregnancy

Increased risk of pregnancy complications:
- Placenta previa
- Placenta abruption
- Premature rupture of membranes

Poor infant/child outcomes:
- Preterm delivery
- Low birth weight
- Sudden unexpected infant death syndrome (SUIDS)
- Birth defects
- Lifelong respiratory issues
- Generational tobacco use

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**Health Consequences of Tobacco Use During Pregnancy**

- **Non-smoker:** Normal blood flow through placenta

- **Smoker:** Nicotine constricts the blood vessels; reduces blood flow, oxygen, and food supply

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**Treating Tobacco Use Healthcare Costs**

- Prenatal smoking attributes to:
  - 5-9% preterm deliveries
  - 13-19% low birth weight
  - 22-34% stillbirths
  - 7-13% preterm-related infant deaths

- Millions in healthcare costs due to infant hospitalization after delivery: 2004: $122 million

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**Pregnancy as an Ideal Window**

- Increased perception of risk and personal outcomes
- Higher proportion of women quit during pregnancy than at any other time
- Strongly consider behavioral changes
- 12-53% of women who smoked before pregnancy “spontaneously quit” before their first prenatal visit
Challenges Persist

- Disparities in smoking and smoking cessation during pregnancy
  - Low income
  - Age 20-24
  - Race/ethnicity
  - Limited education
  - Access publicly funded maternity care (Medicaid)

- Prenatal quit rates are substantially lower among low income women

- Spontaneous quitters may lack cessation coping actions or behaviors needed for lifelong cessation

- >70% return to smoking by 6 months postpartum

Clinical Recommendations

- Ask all pregnant women about tobacco use at every visit and advise to quit (5 A's, 2A's & R)

- Provide intensive person-to-person pregnancy-tailored counseling that exceeds minimal advice to quit

- Focus on prenatal quit AND postpartum relapse prevention

- Provide continuity of clinical cessation support

The BABY & ME-Tobacco Free Program™ (BMTFP)

- Mission & Vision Statement
- The 5A’s Intervention Model
- 3 Essential Elements
- Eligibility & Program Description
- BMTFP Implementation
- Published Results
BMTFP: An Evidence-Based Intervention with a Public Health Reach

Mission and Vision Statement
The BABY & ME – Tobacco Free Program strives to inspire and empower pregnant women and their families to overcome nicotine addiction and work to support communities in disrupting the generational impacts of tobacco

The 5 A’s Intervention Model
1. Identify and document tobacco use at every visit
2. Urge every tobacco user to quit
3. Understand their willingness to quit at this time (Stage of Change)
4. Use counseling techniques to help patients that want to quit
5. Schedule follow-up, ideally within two weeks

BMTFP Essential Elements
1. INDIVIDUALIZED COUNSELING (1:1 Facilitation)
   - 4 Prenatal Sessions
   - 6-12 Postpartum Sessions
2. BIOMARKER FEEDBACK (Testing for Tobacco Use)
   - Carbon Monoxide Monitoring
   - Saliva Test (cotinine), alternate method
3. CONTINGENCY MANAGEMENT (Vouchers, Incentives)
   - $25 Voucher; purchase diapers/baby wipes
   - Receive when tobacco free

For program questions, please call 716-484-3325.

Tobacco Free COLORADO

References:
- Bittoun, 2008
- Higgins & Solomon, 2016
BABY & ME – Tobacco Free Program Eligibility

Participants must be:
1. Pregnant
2. Less than or at 36 weeks gestation
3. A current tobacco user*, quit since becoming pregnant, OR quit within 3 months of becoming pregnant.

There are no age, income, or insurance eligibility requirements.

* Can use any form of tobacco: inhalable, e-cigarettes/JUUL, or snuff.

Program Description

Prenatal
- 4 Prenatal Sessions:
  - Scheduled evenly throughout pregnancy
  - Receive counseling & support
  - CO monitor testing
  - Prenatal Session 3 & 4: Must be tobacco free to continue in program and receive $25 voucher

Multiples
- If pregnant with multiples:
  - Eligible to receive one voucher, per baby, per session

Postpartum
- 6-12 Postpartum Sessions:
  - Scheduled monthly
  - Receive counseling & support
  - CO monitor testing
  - Must remain tobacco free to receive $25 voucher

1 Support Partner
- If support partner enrolls:
  - Must remain tobacco free to receive $25 voucher
  - ONLY eligible for vouchers postpartum

BMTFP Psychosocial Intervention

Cognitive Behavioral Therapy
- Setting quit dates and goals
- Personalized approach
- Trigger-Urge-Response Cycle

Motivational Interviewing (MI)
- OARS
- MI Spirit
- Four Processes of MI
- Change Talk
- Empathy

Stress Management
- Relaxation & breathing
- Coping skills
- Healthy lifestyle

Problem Solving
- SOLVE technique
- Conflict resolution

Social Support
- Intratreatment
- Extra-treatment

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Trigger Urge Response Cycle

Desire to use tobacco characterized as an urge or craving

Situation, behavior, thought, feeling, or mood associated with tobacco use

Uses tobacco as a means to cope and alleviate urge/craving

Goal #1
• Identify triggers

Goal #2
• Anticipate situations where triggers may be present

Goal #3
• Develop coping mechanisms or strategies to address urges when triggers are experienced

1. Effective Prenatal/Postpartum Cessation Program:
   New York; MCHJ 2012 – 60% of participants remained tobacco free at 6 months postpartum

2. Effective Program to Improve Birth Outcomes:
   Tennessee; MCHJ 2017 - reduced LBW%; 88 out of 92 TN Counties participated, 4,311 women enrolled

3. Significant Reduction of Adverse Neonatal Outcomes:
   Colorado; PHNJ 2019 - ROI from 2014-2017, $1.00=$7.73 Quit rates-83% at 3rd trimester, 3,338 Colorado women enrolled

Best Practice Program 2012 2017 2019

February 2020 Dr. Jerome Adams, 20th Surgeon General Denver, CO

2022 BMTFP Implementation Map: 22 States

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Screening for Tobacco Use

Ask: "Are you currently, or were you recently, a tobacco user?"

Advise: "I need to let you know that quitting tobacco is the most important thing you can do for your health and the health of your baby."

Refer: "We can refer you to a program that helps pregnant women quit smoking. After you enroll and stay tobacco free, you will get FREE diapers and baby wipes after your baby is born!"
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BMTFP Telehealth Implementation

1. Individual Counseling
   Tailored Cessation Support

2. Biomarker Testing
   Individualized Monitoring

3. Contingency Management
   Incentives ($25 Vouchers)

4 Prenatal Sessions & up to 12 Postpartum Sessions
- Certified BMTFP TTS counselor provides cessation support
- Smartphone app & iCOquit device monitors tobacco use
- Incentives to motivate a successful and lasting quit attempt

iCOquit™ Smokerlyzer

- Connects to your smartphone via Bluetooth®
- Monitor your CO levels from smoking
- Instant breath test results
- Share your results
- Make healthier lifestyle choices

Remote Monitoring Technology: Vincere Health

- Counselor dashboard account
- View real-time participant CO level readings
- Phone, video calling, chat, SMS
- Create and serve custom surveys
- Care-plan creation with scheduling, nudging, incentivizing

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BMTFP Telehealth Referral System:
The Role of Healthcare Agencies

• Screen for Tobacco Use
• Determine Eligibility
• Visit National BMTFP website
• Submit Referral Form
• Receive Referral Status Updates
• Provide Continuity of Cessation Support

BMTFP Telehealth Benefits

State/Local Level
• Ability to expand and serve wider geographic areas/health equity
• Assured consistent standard of care is achieved
• Eliminate need for agency staff time
• Minimize clinic traffic during pandemic
• Increased biomarker feedback to enhance communication and results

Participant Level
• Increased access to tobacco cessation services
• Receive high standard of care from a TTS
• Increased support and accountability for individual cessation needs
• Overcome barriers due to transportation and/or childcare needs
• Increases anonymity and openness with counselor

BMTFP Implementation Model Map: 22 States
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Telehealth Statewide Contracts & 2021 Data Highlights

**Arkansas**
- AR DOH contract
- Collaboration with state Quitline
- Master tobacco settlement dollars
- Branded as 'Be Well Baby'
- 127 referrals; 51 enrolled
- 40% Enrollment Rate

**Colorado**
- CDPHE & Rocky Mountain Health Foundation
- University of Colorado evaluation
- 360 referrals; 197 enrolled
- 53.89% Enrollment Rate

**West Virginia**
- WV Perinatal Partnership
- WVU/HAPI Program
- 214 referrals; 77 enrolled
- 36% Enrollment Rate

WV: First BMTFP Telehealth State

Telehealth Program: Rapid Adoption & Great Outcomes

2021 BMTFP Telehealth Data

- **362** Enrollees
- **46%** Enrollment Rate
- **91.1%** Healthy birth weight singletons
- **893** Diaper vouchers distributed
- **1,511** Telehealth sessions conducted

Questions/Discussion

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UPCOMING WEBINARS

April 20th, 2022
Harm Reduction for Skeptics: Practical Applications for Alcohol Use Disorders
By: Cyndi Turner, LCSW, LSATP, MAC
and Craig James, LCSW, LSATP, MAC

April 27th, 2022
The Intersection of DEA, Opioids, and MAT
By: Dennis Wichern

April 22nd, 2022
Women in Recovery Specialty Online Training Series: Substance Use Disorders (SUD) and Mood Disorders in Postpartum Women
By: Lisa Seif, LCSW, LCAC, CSAMS

May 4th, 2022
Do's, Don'ts, and How-To's: Best Practices in Group Facilitation
By: Ryan Wells, MS, MDiv, CADC II, ACS

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4/8/2022

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