

# Welcome

Please stand by. We will begin shortly.

## Tobacco Cessation for Pregnant Women and Mothers: What Clinicians Should Know

Wednesday, April 22, 2015 · 2pm ET (90 minutes)



SMOKING CESSATION  
LEADERSHIP CENTER

# Disclosure

**Erin K. McClain and Catherine Saucedo have disclosed no financial interest/arrangement or affiliation with any commercial companies who have provided products or services relating to their presentation or commercial support for this continuing medical education activity.**

# Moderator



## **Catherine Saucedo**

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# Housekeeping

- All participants will be in **listen only mode**.
- Please **make sure your speakers are on** and adjust the volume accordingly.
- If you do not have speakers, please request the dial-in via the chat box.
- **This webinar is being recorded** and will be available on SCLC's website, along with the slides.
- **Use the chat box to send questions** at any time for the presenters.

# Today's Speaker



UNC Center for  
Maternal & Infant Health

## **Erin K. McClain, MA, MPH**

- Program Director,  
You Quit, Two Quit  
UNC Center for Maternal  
& Infant Health

# TOBACCO CESSATION FOR PREGNANT WOMEN & MOTHERS: WHAT CLINICIANS SHOULD KNOW

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Center for Maternal and Infant Health  
The University of North Carolina at Chapel Hill

# Objectives

By the end of this webinar, participants will be able to:

- Describe tobacco use among reproductive age women, including pregnant women, in the US, and its relationship with maternal and infant outcomes;
- Demonstrate understanding of tobacco use screening and counseling of reproductive age women, including pregnant and postpartum mothers, and the integration into routine care;
- Discuss FDA-approved pharmacotherapy for adults, and their use by pregnant and lactating women; and
- Identify key national and state-level resources available for additional patient and provider support.



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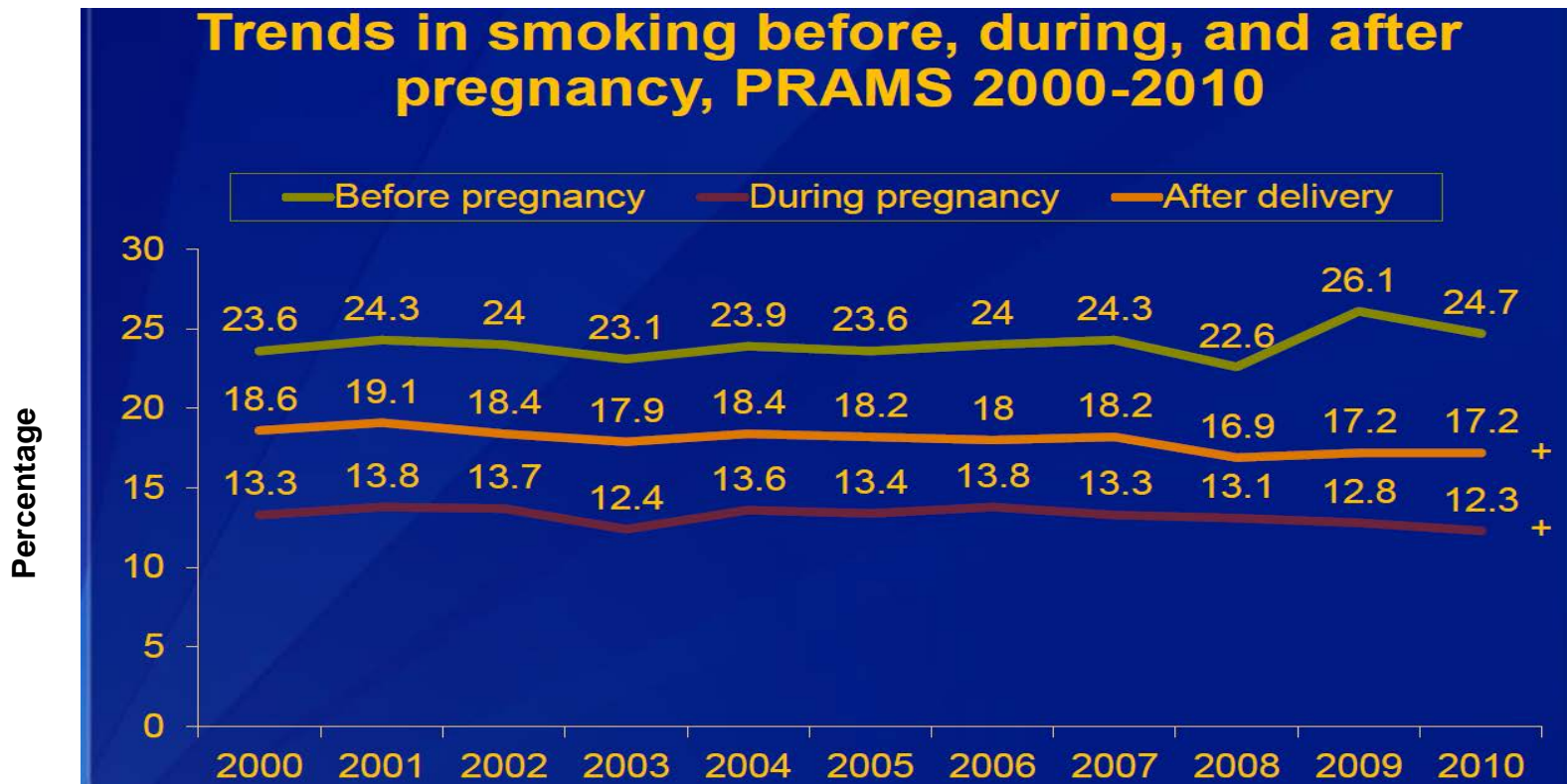
## Tobacco Use and Women of Reproductive Age



# Women & Tobacco Use

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- Over 1 in 5 reproductive age women report using tobacco
- Proportion is higher among white and American Indian/Alaska Native women, low-income women, Medicaid-insured women, and women with less than a college education

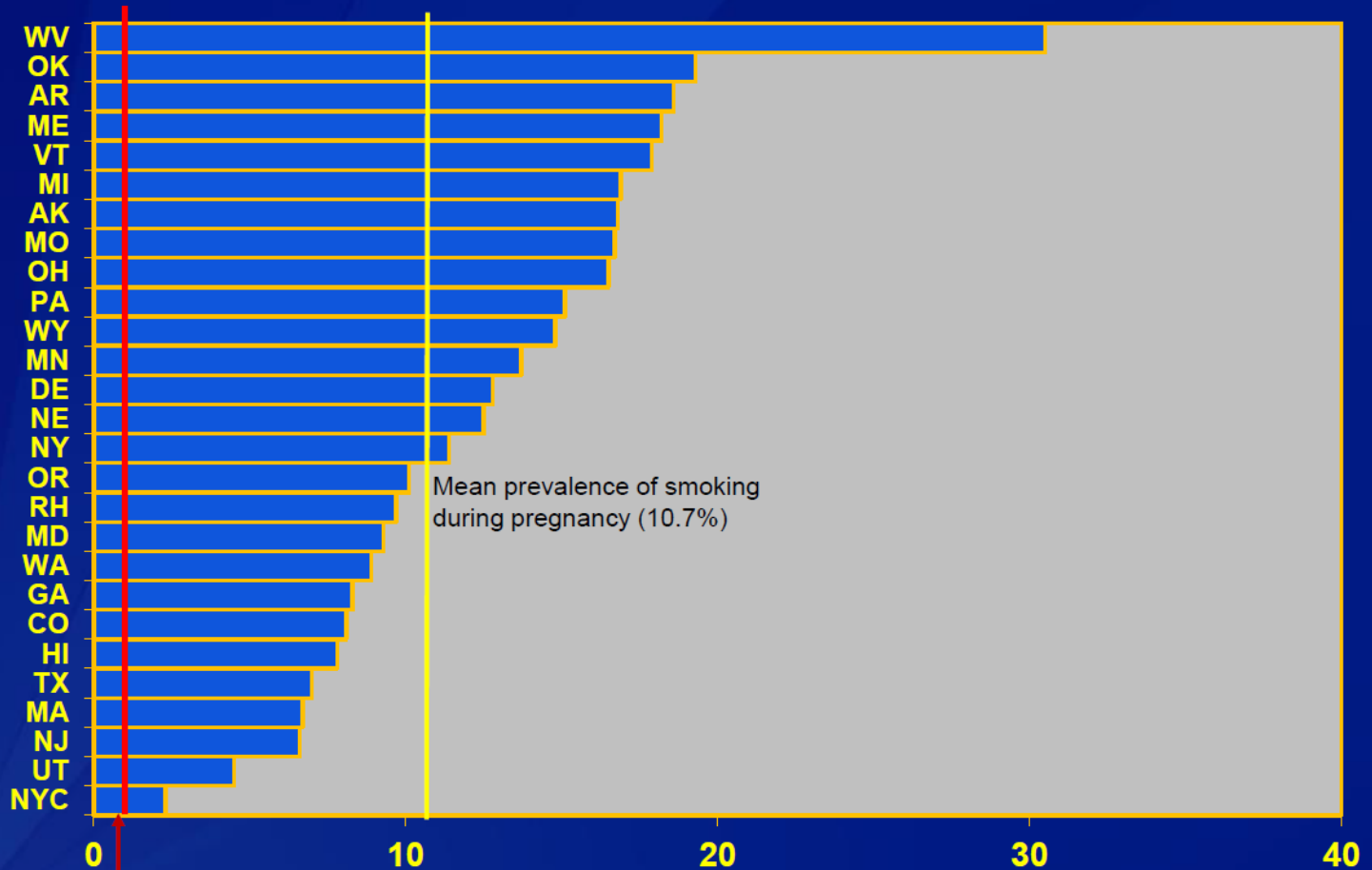


# Tobacco Use During Pregnancy

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Over 1 in 10 babies are born to women reporting tobacco use during pregnancy

## Prevalence of smoking during pregnancy in 27 sites, PRAMS 2010



HP 2020 goal (1.4%)

# Tobacco Use Causes Poor Birth & Infant Outcomes

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## Maternal/Fetal Harm From Tobacco

- Infertility
- Miscarriage
- Ectopic Pregnancy
- Premature Birth
- Low Birth Weight
- Stillbirth
- SIDS

## Infant/Child Harm From Tobacco

- SIDS
- Ear infections
- Respiratory Infections
- Asthma
- Links with childhood obesity, cancer, attention disorders

**Tobacco use during pregnancy is directly associated with the top 4 causes of infant mortality**

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## Behavior Change & the 5 As/5Rs



# Intervention Makes A Difference

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- Brief counseling works better than simple advice to quit
- Pregnancy is a particularly good time to intervene
- Brief counseling with self-help materials *offered by a trained clinician* can **double** a smoker's chances of quitting for good.
- Brief counseling works best for moderate smokers (<20 cigarettes/day)
  - Heavy smokers may need more intensive assistance and/or pharmacotherapy to quit

# The 5 A's: Evidence-Based, Best Practice Intervention

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- **ASK** the patient about her smoking status
- **ADVISE** her to quit smoking with personalized messages for pregnant and parenting women
- **ASSESS** her willingness to quit in next 30 days
- **ASSIST** with (pregnancy- and parent-specific, if applicable) self-help materials & social support
- **ARRANGE** to follow-up during subsequent visits

# Step 1: Ask—1 Minute

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Ask your pregnant clients:

Which of the following statements best describes your cigarette smoking?

- A. I have **NEVER** smoked, or I have smoked less than 100 cigarettes in my lifetime.
- B. I stopped smoking **BEFORE** I found out I was pregnant, and I am not smoking now.
- C. I stopped smoking **AFTER** I found out I was pregnant, and I am not smoking now.
- D. I smoke some now, but have cut down on the number of cigarettes I smoke since I found out I was pregnant.
- E. I smoke regularly now, about the same as I did before I found out I was pregnant.



# Screening for Second-Hand Exposure

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## Questions for Adults:

- 1) Does anyone smoke in your home?
- 2) Does anyone smoke in your car?
- 3) Is smoking allowed in your workplace?

# Screening for Second-Hand Exposure

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## Questions for Parents/Caretakers of Children:

1) Does the **mother** smoke?

If yes, in the home? In the car?

2) Does the **father** smoke?

If yes, in the home? In the car?

3) Is the child exposed to tobacco smoke on a regular basis (at least once a week) by **anyone other than the parents?**

# Step 2: Advise —1 Minute

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*Clear, strong, personalized advice to quit*

**Clear:** “My best advice for you and your baby is for you to quit smoking.”

**Strong:** “I need you to know that quitting smoking is one of the most important things you can do to protect your baby and your own health.”

**Personalized:** Impact of smoking on the baby, the family, and the patient’s well being

# Step 3: Assess—1 Minute

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- Assess the patient's willingness to quit within the next 30 days.
- If a patient responds that she would like to try to quit within the next 30 days, move on to the *Assist* step.
- If the patient does not want to try to quit, use *the 5 Rs* to try to increase her motivation.

## Step 4: Assist—3+ Minutes

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- Suggest and encourage the use of problem-solving methods and skills for tobacco cessation
- Provide social support as part of the treatment
- Arrange social support in the patient's environment
- Provide (pregnancy- and parent-specific, if applicable) self-help tobacco cessation materials
- Provide a proactive fax referral to the Quitline

# Strategies that Some Women Find Helpful

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- Set an actual quit date
- Proactively develop approaches to manage withdrawal symptoms
- Remove all tobacco products from the home
- Decide what to do in situations in which she usually uses tobacco

# Step 5: Arrange—1 + Minute

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- Follow up to monitor progress and provide support
- Encourage the patient
- Express willingness to help
- Ask about concerns or difficulties
- Invite her to talk about her success

# Provider Reminder: Five A's Five R's Intervention Record (FAIR Form)

Versions available for working with non-pregnant adults and women who are pregnant or postpartum

CLIENT IDENTIFICATION INFORMATION  
CLIENT IDENTIFICATION INFORMATION  
CLIENT IDENTIFICATION INFORMATION

**POST-PARTUM FIVE A's INTERVENTION RECORD**

you quit two quit

DATE: / /

**ASK** client to choose the statement that best describes her smoking status (Indique su situación actual con respecto a fumar)

<div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div> <p>Write the letter in the box</p>	<b>A.</b> I have <b>NEVER</b> smoked or have smoked less than 100 cigarettes in my lifetime.	Yo <b>NUNCA</b> he fumado o he fumado menos que 100 cigarrillos en todo de mi vida.
	<b>B.</b> I stopped smoking <b>BEFORE</b> I found out I was pregnant and am <u>not</u> smoking now.	Yo dejé de fumar <b>ANTES</b> de que dió cuenta que estaba embarazada y todavía No Estoy fumando.
	<b>C.</b> I stopped smoking <b>AFTER</b> I found out I was pregnant, and I am <u>not</u> smoking now.	Yo dejé de fumar <b>DESPUES</b> que dió cuenta que estaba embarazada y todavía No Estoy fumanda.
	<b>D.</b> I stopped smoking during pregnancy, but I am smoking now.	Yo dejé de fumar durante mi embarazo pero estoy fumando ahora.
	<b>E.</b> I smoked during pregnancy, and I am smoking now.	Yo fumé durante mi embarazo y continuo de fumar.

**ASK** client about second hand smoke

<b>Mother</b> (if the mother smokes)	<b>Circle</b>		<b>Circle</b>		
a. Does the child's mother currently smoke in the <b>home</b> ?	Y	N	in the <b>car</b> ?	Y	N
<b>Father</b>					
a. Does the child's father smoke?	Y	N	in the <b>car</b> ?	Y	N
b. Does the child's father currently smoke in the <b>home</b> ?	Y	N	in the <b>car</b> ?	Y	N
<b>Others</b>					
a. Is the child exposed to tobacco smoke on a regular basis (any exposure at least 1 time per week) from anyone other than the parents?				Y	N

**ADVISE** - Clear, strong, personalized advice to quit - Note benefits for woman & whole family

Advised client to quit or stay quit

**ASSESS** - Assess willingness to quit in next 30 days - check boxes and enter dates where appropriate

<b>NOT READY TO QUIT</b> (If checked <b>CONTINUE to 5 Rs</b> )	<input type="checkbox"/>
<b>READY TO QUIT</b> (ENTER PLANNED QUIT DATE) / /	<input type="checkbox"/>

↓

**ASSIST** - For those who are **ready to quit**, provide parenting-specific counseling and information

Used a problem-solving method (i.e. identify triggers/support systems)	<input type="checkbox"/>
Assessed social environment (with whom/where do they smoke?)	<input type="checkbox"/>
Provided parent-specific materials (e.g. <i>You Quit, Two Quit and Oh Baby!</i> booklets)	<input type="checkbox"/>
Provided Quit Kit	<input type="checkbox"/>

**ARRANGE** - Arrange for follow-up via NC Quitline or healthcare provider

Referred to Quit Line (check box, fill out referral form and fax)	<input type="checkbox"/>
Referred to provider for Rx or additional assistance	<input type="checkbox"/>

**5 Rs** - Engage the 5 Rs with patients who are **not ready to quit**

<b>Relevance:</b> Encourage the patient to indicate why quitting could be personally relevant.	<input type="checkbox"/>
<b>Risks:</b> Ask the patient to identify potential negative consequences of tobacco use	<input type="checkbox"/>
<b>Rewards:</b> Ask the patient to identify potential benefits of stopping tobacco use	<input type="checkbox"/>
<b>Roadblocks:</b> Ask the patient to identify barriers or impediments to quitting. Note elements of treatment (problem solving, pharmacotherapy) that could address barriers	<input type="checkbox"/>
<b>Repetition:</b> If possible, repeat motivational approach next time you come into contact with patient	<input type="checkbox"/>



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# Helping Those Who Aren't Ready



# Employ the 5 R's

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- **RELEVANCE:** Help patient figure out the relevant reasons to quit, based on their health, environment, individual situation
- **RISKS:** Encourage patient to identify possible negative outcomes to continuing to use tobacco
- **REWARDS:** Encourage patient to identify possible benefits to quitting
- **ROADBLOCKS:** Work with patient to identify obstacles to quitting and potentially how to overcome them
- **REPETITION:** Address the 5Rs with patients at each visit

# Empathize

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- **Use open ended questions to explore**
  - The importance of addressing smoking or other tobacco use  
“How important do you think it is for you to quit smoking?”
  - Concerns and benefits of quitting  
“What might happen if you quit?”
- **Use reflective listening to seek shared understanding**
  - Reflect words or meaning  
“So you think smoking helps you to maintain your weight.”
  - Summarize  
“What I have heard so far is that smoking is something you enjoy. On the other hand, your boyfriend hates your smoking and you are worried you might develop a serious disease.”

# Be Supportive

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- **Normalize feelings and concerns**
  - “Many people worry about managing without cigarettes.”
- **Support the patient’s autonomy and right to choose or reject change**
  - “I hear you saying you are not ready to quit smoking right now. I’m here to help you when you are ready.”

# Develop Discrepancy

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- **Highlight the discrepancy between the patient's present behavior and expressed priorities, values and goals**
  - “It sounds like you are very devoted to your family. Do you think your smoking is affecting your children?”
- **Reinforce and support “change talk” and “commitment” language.**
  - “So, you realize how smoking is affecting your breathing and making it hard to keep up with your kids.”
  - “It's great that you are going to quit when you get through this busy time at work.”

# Continue to Personalize Message

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- **Build and deepen commitment to change**
  - “There are effective treatments that will ease the pain of quitting, including counseling and many medication options.”
  - “We would like to help you avoid a stroke like the one your father had.”

# Support Self-Efficacy

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- **Help the patient to identify and build on past successes.**
  - "So you were fairly successful the last time you tried to quit... What worked well for you that time? What would you like to do differently?"
- **Offer options for achievable small steps toward change.**
  - Call the Quitline (1-800-QUIT-NOW) for advice and information
  - Read about quitting benefits and strategies
  - Change tobacco-use patterns (e.g., no smoking in the home)
  - Ask the patient to share his or her ideas about quitting strategies.

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# Preventing Postpartum Relapse





# Epidemiology

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- 65-80% of women who quit smoking during pregnancy start smoking again before the baby is one year old
  - 45% at 2-3 months postpartum
  - 60-70% at 6 months
  - As much as 80% at one year

# Postpartum Relapse: Common Causes

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- Return of triggers (caffeine, alcohol)
- Smoking spouse, family & friends
- Sleep deprivation, increased stress
- Weight concerns
- Less social pressure to stay quit
- Underdeveloped coping strategies & overconfidence
- Time limited restriction on tobacco use during pregnancy - not intentional behavior change

# Postpartum Relapse: Prevention Strategies

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- Begin relapse prevention counseling and skills building toward the end of pregnancy
- Focus on benefits of quitting for the woman
- Highlight harms associated with secondhand smoke for infant
- Involve pediatric providers, including well-child, WIC, early intervention, etc.

# Learn from Relapse

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- When did it happen? What was different from when you weren't using tobacco?
- Where did the first cigarette come from? Friend, family member, did you purchase it?
- Did you use a cessation aid?
- Will you set another quit date? Is there a better time when you think you can go longer without using tobacco?

# Helpful Messages

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- Information on behavioral and mental coping skills
- Exercises regarding triggers to smoke
- Messages preparing them for withdrawal
- Reminders of why they quit
- Emphasizing negative health effects for both mom and baby, including ETS exposure
- Information on weight loss in the postpartum period
- Ways to spend money saved
- Establishing a non-smoking support system
- Focusing on new role as mother

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# Pharmacotherapy During Pregnancy & Lactation



# Public Health Service Guidelines

- Non-pregnant adults are more likely to quit when using a combination of brief counseling and pharmacotherapy
- Behavioral intervention is first-line treatment in pregnant women - Pharmacotherapy has not been sufficiently tested for efficacy or safety in pregnant patients
  - May be necessary for heavy smokers

# FDA-Approved Pharmacotherapies for Adults

## **Nicotine Replacement Products**

All forms of NRT are Pregnancy Category D

- Nicotine Patch
- Nicotine Gum
- Lozenge
- Nicotine Nasal Spray
- Nicotine Inhaler

## **Non-Nicotine Prescription Medications**

- Bupropion SR (Zyban) (Pregnancy Category C)
- Varenicline (Chantix) (Pregnancy Category C)



# Controversy Surrounding NRT during Pregnancy

- Questions remain about the safety of nicotine during fetal development
- NRT is not proven to be efficacious for pregnant women
- Lack of specific guidelines and the resulting ad-hoc decision-making on an individual level

# Nicotine Replacement & Lactation

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## □ Nicotine Patch (non-prescription)

- Constant dose
- 21 mg transdermal patch results in nicotine equivalent to smoking 17 cigarettes daily passing into breastmilk
- 7mg & 14mg patches result in proportionately lower amounts in breastmilk

## □ Nicotine Gum/Lozenge (non-prescription)

- Amount of nicotine that passes into breastmilk is variable, depending on the amount chewed/dissolved

## □ Nicotine Inhaler (prescription only)

- Maternal plasma concentrations are about 1/3 of those of smokers, so breastmilk concentrations are probably proportionately less as well

# Bupropion and Varenicline During Lactation

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## □ Bupropion (Zyban, Wellbutrin)

- Lactation risk category: L3 – Probably Safe
- AAP: Drugs whose effect on nursing infants is unknown but may be of concern
- Peak milk level occurs 2 hrs after a 100mg dose – this milk level provides 0.66% of the maternal dose
- Anecdotal reports of reduction in milk supply after beginning bupropion
- Should not be used in mothers and infants prone to seizures

## □ Varenicline (Chantix)

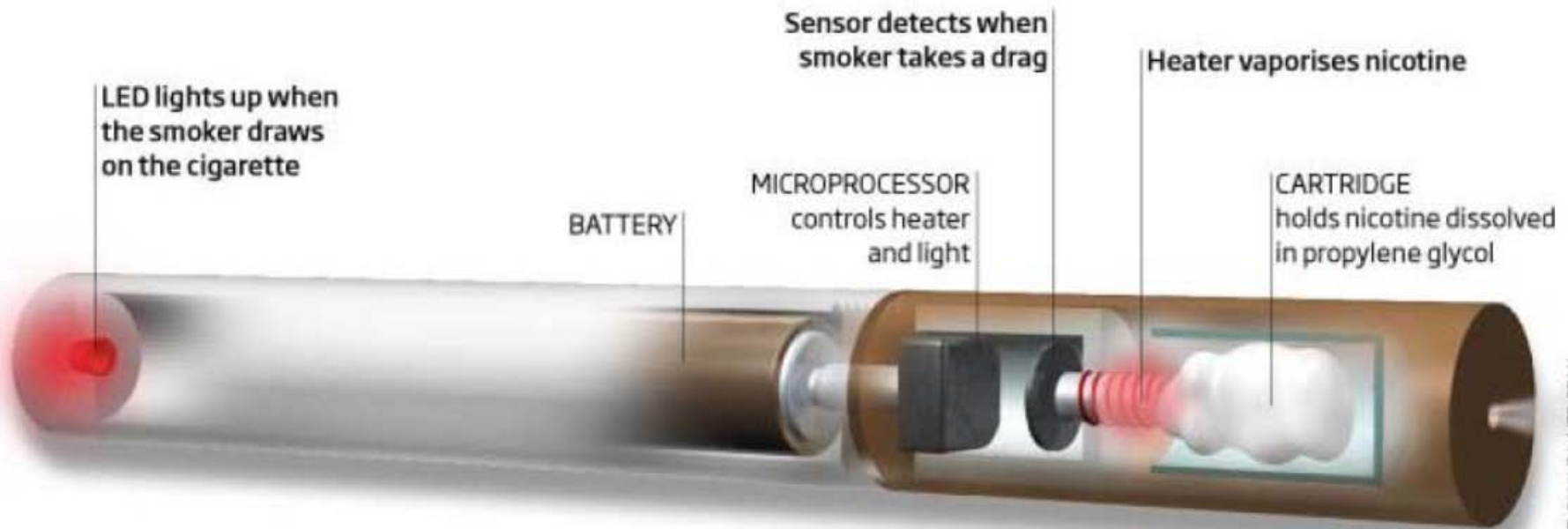
- Lactation risk category: L4 – Possibly Hazardous
- AAP: Not reviewed
- Very little information available
- There are concerns about its long half-life (24 hrs)
- In animal studies, the drug was transferred to nursing pups

Hale T. Medications and Mothers' Milk 2012. Hale Publishing, 2012

Chantix Prescribing Information. Available from [http://www.accessdata.fda.gov/drugsatfda\\_docs/label/2008/021928s007lbl.pdf](http://www.accessdata.fda.gov/drugsatfda_docs/label/2008/021928s007lbl.pdf)

Bupropion and Chantix. Medication and Mothers Milk Discussion Forum. Available from: <http://neonatal.ama.ttuhs.edu/cgi-bin/discus/discus.cgi>

# E-Cigarettes



# E-Cigarettes & Reproductive Age Women

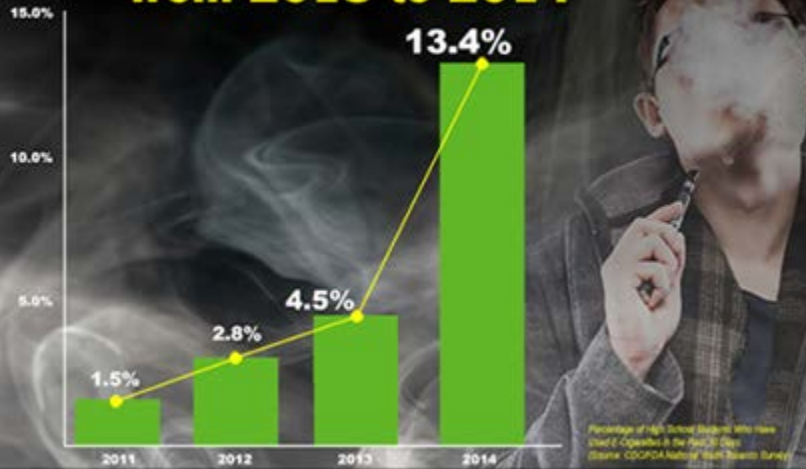
45

- Not currently regulated and have not been shown to be a safe or effective cessation aid
- The health effects of using e-cigarettes before or during pregnancy have not been adequately studied
  - Nicotine is a known reproductive toxicant and has adverse effects on fetal development, including lung and brain development
  - The use of smokeless tobacco products, such as snus, during pregnancy has been associated with preterm delivery, stillbirth, and infant apnea

# E-Cigarettes & Children & Youth

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## Youth E-Cigarette Use Tripled from 2013 to 2014



Youth use of e-cigarettes (13.4%) now surpasses use of traditional cigarettes (9.2%)

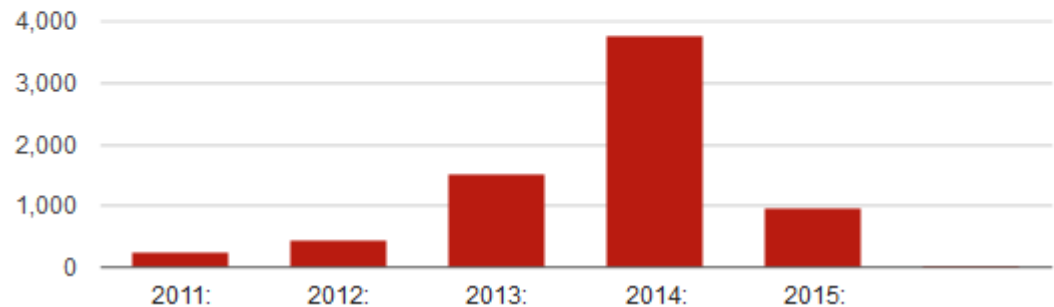
<http://www.cdc.gov/media/releases/2015/p0416-e-cigarette-use.html>

[http://www.tobaccofreekids.org/press\\_releases/post/2015\\_04\\_16\\_ys](http://www.tobaccofreekids.org/press_releases/post/2015_04_16_ys)

Exposures to e-cigarettes & liquid nicotine reported to Poison Control jumped **156%** from 2013 to 2014, and **14-fold** since 2011

<http://www.aapcc.org/alerts/e-cigarettes/>

## E-cigarette Device and Liquid Nicotine Reported Exposures to Poison Centers



# Coverage of Cessation Interventions



# Affordable Care Act Requirements

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Group health plans and health insurance issuers (incl. Medicaid & Medicare) are required to cover tobacco use counseling and interventions without cost-sharing, including

- ❑ Screening for tobacco use
- ❑ For those who use tobacco products, at least 2 tobacco cessation attempts per year

**A “cessation attempt” includes coverage without prior authorization for:**

- ❑ 4 tobacco cessation counseling sessions of at least 10 minutes each
- ❑ FDA-approved tobacco cessation medications (including both prescription and over-the-counter medications) for a 90-day treatment regimen when prescribed by a health care provider



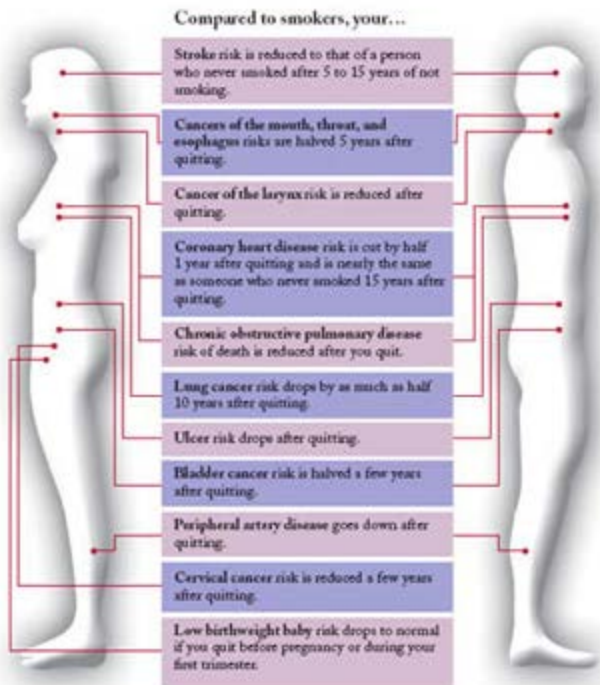
# Resources



# Posters on Benefits of Quitting

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## the benefits of quitting



## within 20 minutes of quitting...

Within 20 minutes *after you smoke that last cigarette*, your body begins a series of changes that continue for years.

### 20 Minutes After Quitting

Your heart rate drops.

### 12 Hours After Quitting

Carbon monoxide level in your blood drops to normal.

### 2 Weeks to 3 Months After Quitting

Your heart attack risk begins to drop.  
Your lung function begins to improve.

### 1 to 9 Months After Quitting

Your coughing and shortness of breath decrease.

### 1 Year After Quitting

Your added risk of coronary heart disease is half that of a smoker's.

### 5 Years After Quitting

Your stroke risk is reduced to that of a nonsmoker's 5-15 years after quitting.

### 10 Years After Quitting

Your lung cancer death rate is about half that of a smoker's.  
Your risk of cancers of the mouth, throat, esophagus, bladder, kidney, and pancreas decreases.

### 15 Years After Quitting

Your risk of coronary heart disease is back to that of a nonsmoker's.

CDC

CDC

Can be ordered from the CDC:

[http://apps.nccd.cdc.gov/osh\\_pub\\_catalog/PublicationList.aspx](http://apps.nccd.cdc.gov/osh_pub_catalog/PublicationList.aspx)

# Patient Education Materials: Adults

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- Available from: <http://tinyurl.com/AHRQHelpforSmokers>

# North American Quitline Consortium

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PROMOTING EVIDENCE BASED QUITLINE SERVICES  
ACROSS DIVERSE COMMUNITIES IN NORTH AMERICA

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## NAQC Issue Paper on Quitline Services for Pregnant & Postpartum Women!

The issue paper reviews current service offerings for the three largest quitline service providers and reports on their protocols and strategies to promote engagement and retention of pregnant callers.

LEARN MORE

The North American Quitline Consortium (NAQC) is an international, non-profit membership organization based in Phoenix, Arizona. NAQC seeks to promote evidence-based quitline services across diverse communities in North America.

Quitlines are telephone-based tobacco cessation services that help tobacco users quit. Today, residents in all 10 provinces and two territories in Canada, Mexico, and all 50 U.S. states, Puerto Rico, Guam, and the District of Columbia have access to quitline services.

NAQC membership is comprised of quitline service providers, funders of quitlines, researchers and strategic partners. Members of NAQC receive many benefits, including member only events, professional development, a variety of communications and opportunities for networking and information sharing.

We invite you to browse this site and learn more about quitlines, NAQC membership, and our work to move quitlines *forward*.



Building Public-Private  
Partnerships.



Learn more about  
electronic health  
records (EHRs) and  
quitlines.

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Associations Between E-cigarette Access and Smoking and Drinking Behaviours in Teenagers.

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Minority Stress, Smoking Patterns, and Cessation Attempts: Findings From a Community-Sample

# NAQuitline.org

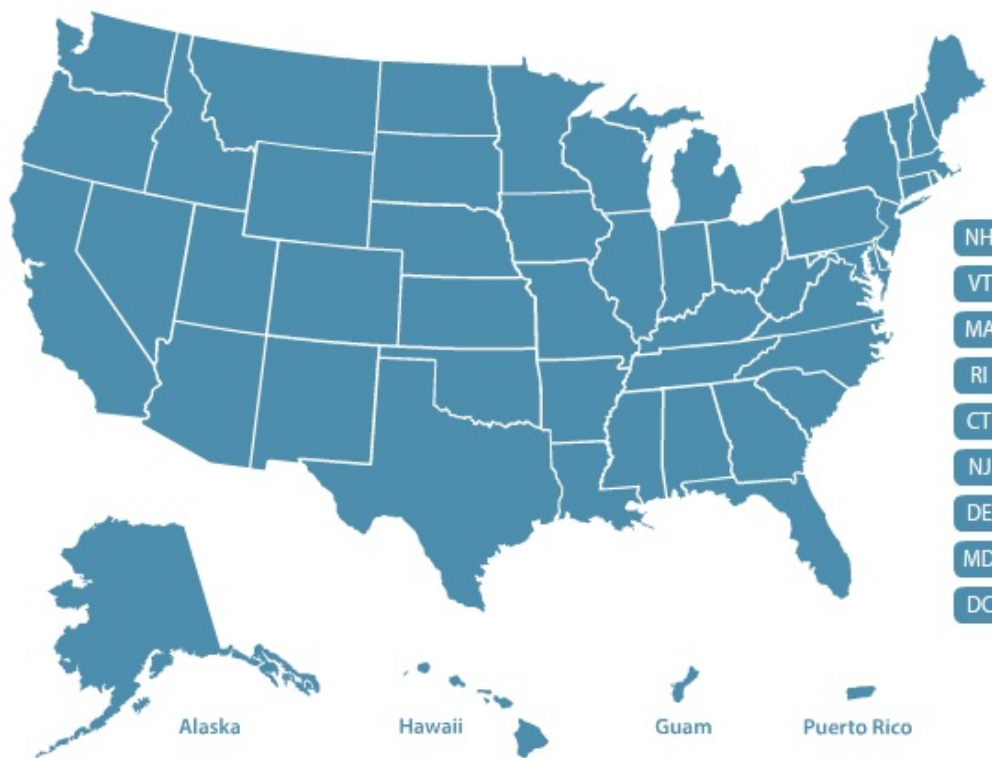
# NAQC State Quitline Info

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United States

Canada

Print all profiles in [USA](#) [CAN](#)



[Map.NAQuitline.org](http://Map.NAQuitline.org)

## Looking for data about quitlines?

Each year NAQC collects information from quitlines across North America. Survey topics include the types of services offered, financing, and utilization of services. This survey data is available on our [Quitline Facts](#) page.

You can also view summarized content from all the quitline profiles included in the map above.

Choose one of the following topics:

- [Free and Discounted Cessation Medication](#)
- [Quitline Administration and Financing](#)
- [Web-Based Services](#)
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# Smoke Free Women & Mom

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**smokefree**women

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### Together

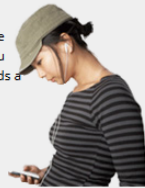
**WE ARE STRONG ENOUGH TO QUIT**

[f](#) [t](#) [YOU TUBE](#) [p](#) [i](#)

#### Quit Guide

From those of us at Smokefree Women... Congratulations! You are taking the first step towards a healthier, new lifestyle.

[Start Today](#)




### Quitting Smoking Happens

**ONE CRAVING AT A TIME.**

**ONE MONDAY AT A TIME.**

**ONE DECISION AT A TIME.**

[Pledge Today](#)



### Our Tools

The Smokefree Women Web site includes a variety of interactive tools to help you quit smoking.

[women.smokefree.gov/smokefree-mom.aspx](http://women.smokefree.gov/smokefree-mom.aspx)

# Smoke Free Women & Mom Tools

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## Our Tools

The Smokefree Women Web site includes a variety of interactive tools to help you quit smoking.



### › Smokefree TXT

24/7 encouragement, advice, and tips.



### › Smokefree MOM

24/7 encouragement, advice, and tips.



### › Smokefree Women mobile apps

Having information at the ready can help.



### › Take a quiz

Learn about a variety of topics.



### › Craving Journal [.pdf file]

If you know when you are tempted to smoke, you can plan. [[Viewing Files](#)]



### › Medication Guide

Learn how medication can help you quit.



### › Savings calculator

Use our online savings calculator to find out how much you can save.



### › NCI LiveHelp

Receive information and advice about quitting smoking through real-time messaging.

[women.smokefree.gov/getting-support.aspx](http://women.smokefree.gov/getting-support.aspx)

# Be Tobacco Free

## BeTobaccoFree.gov

**Smoking** is one of the rare things in life when it's **ok** to be a **quitter**.



[Learn More](#) →

**Quit** smoking now, for you and your baby.



[Learn More](#) →

**Remembering** those who have died because of smoking.

**#20MILLION  
MEMORIAL**

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[HEALTH EFFECTS](#)

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[DON'T START](#)

[SAY IT - SHARE IT](#)



### FEATURED CONTENT



#### FDA Proposes New Tobacco Regulations

Proposed new rule would cover cigars, e-cigarettes, pipe tobacco and other retail products not currently regulated.



#### Tobacco Use and Fertility

Using tobacco products can affect your ability to conceive. Learn how it affects both male and female fertility.

**sfw**  
**expecting**  
to find resources to help you quit smoking during pregnancy? We've got them.  
**WOMEN.SMOKEFREE.GOV**



# ACOG Resources

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## Smoking Cessation Tools and Resources

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Contact:

[info@ny.acog.org](mailto:info@ny.acog.org)

<http://tinyurl.com/ACOGTobacco>

# You Quit, Two Quit

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 CONTACT US

*life. health. support.*

Pregnant Women,  
Mothers, and Families

Health Professionals

Guide for Counseling  
Women Who Smoke

News & Resources

Our Program



## Counseling Your Patients

Counseling sessions as brief as 3 minutes can increase cessation rates for non-pregnant smokers. For pregnant women, counseling sessions as brief as 5 to 15 minutes are proven effective. The Guide for Counseling Women Who Smoke suggests specific opportunities and ways to counsel your patients.

[Learn More »](#)



DOWNLOAD US DHHS IMPLEMENTATION BLUEPRINT

# YouQuitTwoQuit.com

# Questions and Answers



- Submit questions via the **chat box**

# Contact SCLC for technical assistance



**FREE CME/CEUs of up to 1.5 credits are available to all attendees of this live session. Instructions will be emailed after the webinar.**

## Visit us online

- <http://smokingcessationleadership.ucsf.edu>

## Call us toll-free

- 1-877-509-3786



# Save the date

- Our next webinar, co-hosted with HRSA, will be on **Wednesday, May 27<sup>th</sup> at 12pm ET.** Registration coming soon.

# CME/CEU Statement

## **Accreditation:**

The University of California, San Francisco (UCSF) School of Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

UCSF designates this live activity for a maximum of *1.5 AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the webinar activity.

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