



Child Fatality Task Force Recommendation:
Appropriate \$250,000 in funds to support the
You Quit, Two Quit perinatal tobacco cessation program

The goal of You Quit, Two Quit (YQ2Q) is to ensure that there is a comprehensive system in place for high quality screening and treatment for tobacco use in women, including pregnant and postpartum mothers.

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

Maternal/Fetal Harm from Tobacco
<ul style="list-style-type: none"> • Infertility • Miscarriage • Ectopic Pregnancy • Premature Birth • Low Birth Weight • Stillbirth • SIDS

Infant/Child Harm from Tobacco
<ul style="list-style-type: none"> • SIDS • Ear Infections • Respiratory Infections • Asthma • Links with: birth defects, childhood obesity, cancer, & attention disorders; and cardiovascular disease & diabetes in adulthood

Prevalence: 1 in 10 babies in NC are born to women reporting tobacco use during pregnancy. In some counties over 30% of babies are born to women who smoked.

The connected problem of tobacco and opioids: As a result of the opioid epidemic, neonatal abstinence syndrome (NAS) increased 604% between 2004 and 2013 in NC. [NC Injury & Violence Prevention Branch, DHHS.] Women who use opioids often use tobacco as well: 70 to 90% of pregnant women in substance abuse treatment also use tobacco. Heavier smoking among opioid-maintained women is associated with lower birth weight and smaller birth length, and with increased severity of NAS, including more days in the hospital and on medication.

Economic impact of tobacco use: The annual health care cost in NC *directly* caused by tobacco use is \$3.81 billion dollars.

Tobacco cessation is cost effective: Quitting tobacco can lower total health care costs within 2 years. Routine screening for tobacco use is estimated to result in a lifetime savings of \$9,800 per person.

For every \$1 invested in tobacco cessation for pregnant women, at least \$3 are saved in immediate healthcare costs

What funding will do: YQ2Q has only one, part-time trainer/coordinator who works with health care providers and their clinics to improve tobacco use screening and cessation counseling, and needs regionally-based professionals to reach more practices and provide technical assistance that best reflects local needs.

Source: Perinatal Tobacco Use presentation to NC Child Fatality Task Force by UNC Center for Maternal & Infant Health, which includes data citations:

<http://www.ncleg.net/DocumentSites/Committees/NCCFTF/Perinatal%20Health/2015-2016/Presentations/CFTF%20PHC%20Perinatal%20Tobacco%20Presentation%20Nov%202015.pdf>.

ADDITIONAL INFORMATION

Impact and Return on Investment of Perinatal Tobacco Cessation

- Reviews of clinical outcomes of women who quit smoking during pregnancy demonstrate a 20% reduction in the number of low birth-weight babies, an average increase in birth weight of 28 grams, and a 17% decrease in preterm births (Lumley 2000, Goldenberg 2000).
- An analysis in 2006 indicated that implementing a brief smoking cessation intervention such as the 5As would cost from \$24 to \$34 and save \$881 per pregnant smoker (Ayadi 2006).
- Other reviews have found that for every \$1 invested in tobacco cessation for pregnant women, \$3 is saved in immediate pregnancy and delivery-related costs (Ruger 2008).

YQ2Q's Systems Change Approach is Evidence-Based and Effective

In 2011-2012, YQ2Q worked with 8 primary care and obstetric practices with 16 clinical sites to improve evidence-based tobacco use screening and cessation counseling for low-income women of childbearing age, including pregnant and postpartum women, as recommended by the US Public Health Service guideline *Treating Tobacco Use and Dependence – 2008 Update*.

- At the beginning of the six month quality improvement initiative, none of the practices were routinely screening and treating women for tobacco use.
- During the initiative, 97% of all 18-44 year old non-pregnant women (n=1,599) seen by the practices received documented screening for tobacco use, and 100% of pregnant women (n=408) were screened. Half of the non-pregnant women (n=776) and 15% of the pregnant women (n=61) were current smokers.
- Twenty percent of the non-pregnant women smokers and 61% of the pregnant smokers were ready to quit. **98% of those ready to quit received the full, documented brief counseling intervention.** This is in contrast to a national survey of OB/GYNs that found that only 20% were routinely providing the full brief counseling intervention to women who use tobacco and were ready to quit (Coleman-Cowger 2014).
- Because the practices participating in the YQ2Q program fully integrated tobacco use screening and counseling into their routine clinical workflow, including their documentation systems, they have been able to sustain these changes even though the quality improvement intervention ended.
- This pilot work has been expanded to provide training and technical assistance on tobacco use screening and treatment to obstetric practices that participate in the Pregnancy Medical Home initiative.

The NC Child Fatality Task Force is a legislative study commission that recommends policy solutions to reduce child death, prevent abuse and neglect, and support the safe and healthy development of children. Since its creation in 1991, child death rates in NC have decreased 46%.

Website: <http://www.ncleg.net/DocumentSites/Committees/NCCFTF/Homepage/index.html>

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