

T  BACCO
CESSATION
RESOURCE
TOOLKIT FOR
ORAL HEALTH
PROVIDERS

Georgia Tobacco Use
Prevention Program
dph.georgia.gov/ready-quit





INTRODUCTION

Oral health providers are uniquely positioned to help tobacco users quit. This **Tobacco Cessation Resource Toolkit for Oral Health Providers** has been developed by the **Georgia Oral Health Program** and the **Georgia Tobacco Use Prevention Program** of the **Georgia Department of Public Health** to aid and empower oral health providers to support patients, especially pregnant women, in quitting.

ACCORDING TO THE U.S. PUBLIC HEALTH SERVICE (USPHS) “Tobacco dependence treatment delivered by a clinician increases abstinence rates; therefore, all clinicians (e.g., physician, nurse, dentist, hygienist, psychologist or counselor) should provide tobacco cessation interventions.”

Dental visits provide opportunities for pregnant women to receive preventive oral health services and overall health counseling, especially for those who may not have a regular source of medical care. A simple message about how smoking during pregnancy affects the health of the mother and her baby before, during, and after birth can save and improve lives.

According to the Centers for Disease Control and Prevention (CDC), smoking during pregnancy negatively impacts the baby’s health. The baby can be born too small (underweight) or too early (premature). Babies of mothers who smoke during pregnancy are more likely to have birth defects and chronic health conditions. Additionally, babies who breathe in other people’s tobacco smoke are more likely to have ear infections, lung infections, asthma, bronchitis and pneumonia. Breathing in other people’s tobacco smoke can trigger asthma attacks and lead to further health complications for the infant. Babies who are exposed to secondhand



smoke are also more likely to die from Sudden Infant Death Syndrome (SIDS).

To decrease tobacco use, and improve maternal and perinatal health outcomes in the state, Georgia has adopted an evidence-based 5 A’s (Ask, Advise, Access, Assist, Arrange) tobacco cessation model and converted it to a three-minute tobacco intervention called Georgia cAARds (Ask, Advise, Refer). In just three minutes or less, providers can implement Georgia cAARds and ensure their patients receive evidence-based best practice tobacco cessation.

SOURCES

- *Tobacco Use and Dependence Guideline Panel (2008). Treating Tobacco Use and Dependence: 2008 Update. Rockville, MD: US Department of Health and Human Services; 2008 May. Retrieved from <https://www.ncbi.nlm.nih.gov/books/NBK63952/>*
- *Smoking, Pregnancy and Babies. (2017, Jan. 23). Retrieved from <https://www.cdc.gov/tobacco/campaign/tips/diseases/pregnancy.html>*



5 A's of Tobacco Cessation

A health care provider's advice to quit tobacco is an important motivator for tobacco users. Successful intervention begins with identifying tobacco users and offering appropriate interventions based on the patient's willingness to quit. A clinically proven and evidence-based model called the **"5 A's"** is recommended in clinical practices to help all patients quit smoking.



THE 5 A's ARE:

- 1. Ask** — Identify and document tobacco use status for every patient at every visit.
- 2. Advise** — In a clear, strong and personalized manner, urge every tobacco user to quit.
- 3. Assess** — Is the tobacco user willing to make a quit attempt at this time?
- 4. Assist** — For the patient willing to make a quit attempt, use counseling and pharmacotherapy to help him or her quit.
- 5. Arrange** — Schedule follow up contact, in person or by telephone, preferably within the first week after the quit date.

The **5 A's** intervention to quitting tobacco requires a protocol, language and talking style adapted for each patient's needs. When included and integrated into existing dental practice routines and clinical settings, the **5 A's** approach requires time and commitment from the dental practitioner.



Georgia cAARds for Oral Health Providers

For practitioners with limited time, the Georgia Department of Public Health Tobacco Use Prevention Program developed an intervention aimed at engaging tobacco users in three minutes or less. Georgia **cAARds** (Ask, Advise, Refer) ensures patients receive evidence-based, best-practice, tobacco cessation counseling in a brief amount of time but with the same results as **5 A's**.

WITH GEORGIA cAARds PROVIDERS SHOULD:

- **Ask**

all patients
about tobacco
use at each visit

- **Advise**

them to quit.

- **Refer**

them to the **Georgia Tobacco Quit Line:**

1-877-270-STOP

- English:

1-877-270-STOP (1-877-270-7867)

- Spanish:

1-877-2NO-FUME

- Hearing Impaired:

1-877-777-6534

ASK → ADVISE → REFER

33% of callers referred to GTQL quit!

WHILE ADVISING PATIENTS to quit, the advice should be clear, personalized and strong. It should include the benefits of quitting for the mother and baby. The most effective way to start Advise would be: “*My best advice for you and your baby is for you to quit smoking.*” Additionally, the advice should be tailored to the patient’s response and needs. Focusing on the benefits of tobacco cessation can motivate the patient to quit.



REMEMBER TO BE:

CLEAR – “It is important for you to quit smoking now for your health and the health of your baby, and I can help you.”

STRONG – “As your clinician, I need you to know quitting smoking is the most important thing you can do to protect your baby’s health and your health. The dental staff and I will help you.”

PERSONALIZED – Link quitting tobacco to the patient’s health, the baby’s health, and the health of the other household members with a statement such as, “Your baby will be healthier, and you’ll have more energy.”

Refer to Section III, Resources for Providers, for educational materials to share with your patients.



SOURCE

- The American College of Obstetricians and Gynecologists. (2011). *Smoking cessation During Pregnancy: A Clinician’s Guide to Helping Pregnant Women Quit Smoking*. Retrieved from: <https://www.acog.org/~media/Departments/Tobacco%20Alcohol%20and%20Substance%20Abuse/SCDP.pdf>

Refer patient to the **Georgia Tobacco Quit Line:**
1-877-270-STOP (7867)

- English:
1-877-270-STOP (1-877-270-7867)
- Spanish:
1-877-2NO-FUME
- Hearing Impaired:
1-877-777-6534

THE GEORGIA TOBACCO QUIT LINE (GTQL) provides free, confidential cessation services to assist Georgia tobacco users 13 years and older in making a quit attempt. Telephone and web-based counseling services are provided in accordance with the United States Public Health Service Treating Tobacco Use and Dependence Clinical Practice Guidelines.

SERVICES:

- 5-call program available to Georgia residents 13 years and older
 - One Registration Call
 - Four Proactive Counseling Calls with a professional Quit Coach:
 - ✓ One day after the set quit date
 - ✓ One week after the set quit date
 - ✓ Follow up calls 2-3 weeks thereafter
- **10-call specialty program available to pregnant and postpartum women**

ASK → ADVISE → REFER
 33% of callers referred to GTQL quit!



- Cessation services addressing the use of all tobacco products, including smokeless tobacco products
- Qualified interpreters
- Referral to community resources
- A free, four-week supply of Nicotine Replacement Therapies (gum or patch) available to Georgia adults aged 18 years and older (*while supplies last*)

TARGET AUDIENCE:

Services are provided to any tobacco user 13 years or older living in Georgia. Services include initial counseling, nicotine replacement (while supplies last), and follow-up counseling once a quit date has been set.

GTQL forms and information can be found in the “Resources for Providers” section.

This chart helps oral healthcare providers use Georgia **cAARds** to initiate conversation around tobacco use with a patient.



Oral Health Reimbursement for Tobacco Cessation: Some payers including Medicaid are reimbursing for evidence-based cessation counseling. An appropriate tobacco related diagnosis, such as **ICD-9** code **305.1** (tobacco abuse) may be required.

<p>1. Uses tobacco and:</p> <p>a. Has been diagnosed with a disease or an adverse health effect found by the U.S. Surgeon General to be linked to tobacco use;</p> <p>b. Is taking a therapeutic agent for which the metabolism or dosing is affected by tobacco use (based on information approved by the U.S. Food and Drug Administration; and</p>	<p>1. Uses tobacco but does not have symptoms of tobacco-related disease;</p>
<p>2. Is competent and alert at the time counseling is provided; and</p>	<p>2. Is competent and alert at the time counseling is provided; and</p>
<p>3 Receives counseling from a qualified physician or other Medicare-recognized healthcare professional.</p>	<p>3. Receives counseling from a qualified physician or other Medicare recognized healthcare professional.</p>
<p>99406: Smoking and tobacco cessation counseling visit; intermediate, greater than three minutes, up to 10 minutes</p>	<p>G0436: Smoking and tobacco cessation counseling visit for the asymptomatic patient; intermediate, greater than three minutes, up to 10 minutes</p>
<p>99407: Smoking and tobacco cessation counseling visit; intensive, greater than 10 minutes</p>	<p>G0437: Smoking and tobacco cessation counseling visit for the asymptomatic patient; intensive, greater than 10 minutes</p>
<p>Eligible beneficiaries are covered under Medicare Part B. Both the coinsurance and deductible apply.</p>	<p>Eligible beneficiaries are covered under Medicare Part B. Both the coinsurance and deductible are waived.</p>
<p><i>Two cessation attempts per 12- month period; maximum of 4 intermediate or intensive sessions per attempt (i.e., up to 8 sessions per 12-month period)</i></p>	
<p>ICD 10 CODES</p>	
<p>F17.200: Nicotine dependence, unspecified, uncomplicated</p>	
<p>F17.201: Nicotine dependence, unspecified, in remission</p>	
<p>F17.210: Nicotine dependence, cigarettes, uncomplicated</p>	
<p>F17.211: Nicotine dependence, cigarettes, in remission</p>	
<p>F17.220: Nicotine dependence, chewing tobacco, uncomplicated</p>	
<p>F17.221: Nicotine dependence, chewing tobacco, in remission</p>	
<p>F17.290: Nicotine dependence, other tobacco product, uncomplicated</p>	
<p>F17.291: Nicotine dependence, other tobacco product, in remission</p>	
	<p>Z87.891: Personal history of nicotine dependence</p>

SMOKING CESSATION COUNSELING CPT CODES | 99406-Intermediate Visit (3-10-minute intervention) 99407-Intensive Visit (More than 10 minutes) | D1320- Oral Health Providers Reimbursement Code



Tobacco Cessation Resource Toolkit for Oral Health Providers

Georgia Tobacco Use
Prevention Program
dph.ga.gov/tobacco

(1-877-270-7867)

ASK → ADVISE → REFER
33% of callers referred to GTQL quit!



FOR MORE INFORMATION
about the Georgia Department of
Public Health Oral Health Program,
visit dph.georgia.gov/OralHealth.

For information about the
Georgia Tobacco Quit Line, visit
dph.georgia.gov/ready-quit or
email chronic.disease@dph.ga.gov.

This toolkit was funded by
a cooperative agreement from
the **Centers for Disease
Control and Prevention**
Georgia Tobacco Quit Line
1-877-270-STOP



RESOURCES

For Oral Health Care Providers

Georgia cAARs Fast Facts

RESOURCE	DESCRIPTION
Georgia cAARs	Georgia cAARs allows oral healthcare professionals to refer tobacco-using individuals to the Georgia Quit Line (GTQL) to become tobacco free. GTQL provides free expert, evidence-based services.
How GA cAARs Works	<p>Oral healthcare professionals conduct a brief intervention to assess the individual's readiness to quit tobacco.</p> <p>The GTQL Coach then contacts the individual within 48 hours.</p> <p>The oral healthcare provider uses the fax referral form or the EMR system to enroll the individual in GTQL services.</p> <p>The healthcare provider receives confirmation of patient progress reports.</p>
Benefits to the Provider	<p>The oral healthcare provider is now trained on the evidence-based interventions to motivate tobacco cessation in their patients/consumers.</p> <p>A system (Ask, Advise and Refer) is now in place to remind the oral healthcare provider to advise the patient/consumer to not use tobacco and to make a quit attempt at every visit.</p> <p>Patient/consumer Intake is now including tobacco use as a vital sign as an additional prompt.</p> <p>Oral healthcare providers are reminded to conduct brief cessation counseling, which encourages the patient to make a quit attempt.</p>
Benefits to the Patient	<p>Access to 24/7 coaching for all tobacco users.</p> <p>Unlimited proactive coaching sessions with unlimited inbound calls.</p> <p>Personalized quit coach with specialized training.</p> <p>Special cessation counseling protocol for pregnant and postpartum women.</p> <p>Self-help quit guide, fact sheets and four weeks of FDA-approved Nicotine Replacement Therapies available.</p> <p>GTQL services are available in Spanish and English with qualified interpreters for 300+ languages.</p>
How to get involved	Use the provided patient fax referral form or implement the referral process in your EMR system.
Engaging tobacco users to quit	Training and CEU credits for oral healthcare providers are available via the GA Tobacco Use Prevention Program: www.GAtobaccointervention.org .

How Does the Georgia Tobacco Quit Line Work?

Protocol Steps



REGISTRATION

- Demographics collected
- Eligibility verified
- Descriptions of services provided
- Ship stage-based Quit Guide to caller
- Direct transfer caller to Quit Coach

FOLLOW-UP SESSIONS

- Proactive session scheduled near quit date and after to prevent slips and relapses
- Medication use support provided
- Unlimited inbound support provided

MEDICATION

- Decision support for nicotine replacement therapy (NRT) and prescription medication by Quit Coach
- *If benefit available, Direct Mail Order NRT
- Medical screening provided by Quit Coach

INITIAL INTERVENTION

- Tobacco use history obtained
- Develop personal profile
- Develop Quit Plan
- Set Quit Date
- Decision support for medication
- Community Referrals

QUIT GUIDES

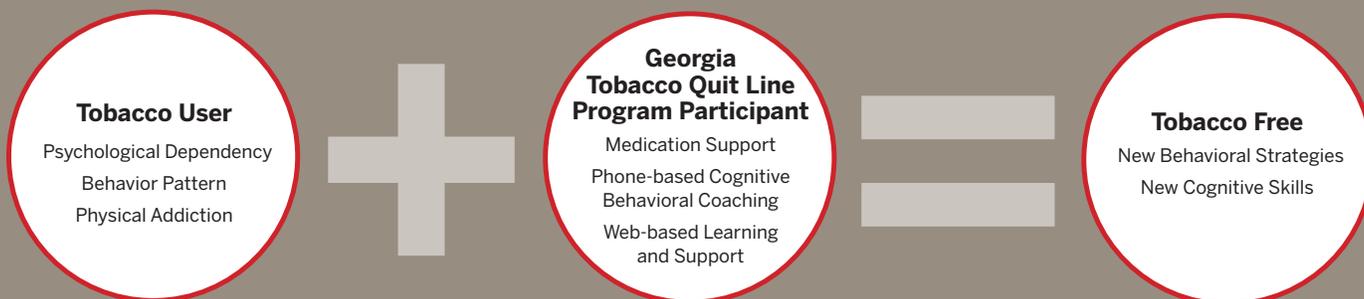
- Mail within 48 hours direct
- Stage-based materials
- Low literacy level
- Includes Ally Guide (Quit Kit)

END OF PROGRAM

- Outbound call 7 months post-enrollment by non-quit coach to assess quit status and satisfaction with program

COUNSELING SERVICES OFFERED BY GEORGIA TOBACCO QUIT LINE IN ACCORDANCE WITH U.S. PUBLIC HEALTH SERVICES

Clinical Practical Guidelines for Treating Tobacco Use and Dependence



TIMING OF GEORGIA TOBACCO QUIT LINE SERVICES

Enrollment:
Quit Guide Sent

Months 2-7:
Relapse Prevention Coaching
Outcomes Survey

Month 1:
Assessment & Planning,
Quit Date, Quit Date Follow-Up,
Inbound Call Support

Georgia Tobacco Quit Line Fax Referral Form



Georgia Department of Public Health

GEORGIA TOBACCO QUIT LINE FAX REFERRAL FORM

Fax Number: 1-800-483-3114

FAX SENT DATE: _____

Provider Information:

CLINIC NAME:	CLINIC ZIP CODE		
<input type="text"/>			
HEALTH CARE PROVIDER:			
<input type="text"/>			
CONTACT NAME:			
<input type="text"/>			
FAX NUMBER:	PHONE NUMBER:		
<input type="text"/>			
I AM A HIPAA COVERED ENTITY (PLEASE CHECK ONE)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	DON'T KNOW <input type="checkbox"/>

Patient Information:

PATIENT NAME	DATE OF BIRTH	GENDER							
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE							
ADDRESS	CITY	ZIP CODE							
<input type="text"/>									
PRIMARY PHONE NUMBER	H	W	C	SECONDARY PHONE NUMBER	H	W	C		
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
LANGUAGE PREFERENCE (PLEASE CHECK ONE)	ENGLISH <input type="checkbox"/>	SPANISH <input type="checkbox"/>	OTHER <input type="text"/>						
<hr/>									
<input type="checkbox"/> I am ready to quit tobacco and request the Georgia Tobacco Quit Line contact me to help me with my quit plan. (Initial) _____									
<input type="checkbox"/> I DO NOT give my permission to the Georgia Tobacco Quit Line to leave a message when contacting me. (Initial) _____ ** By not initialing, you are giving your permission for the quitline to leave a message.									
PATIENT SIGNATURE: _____				DATE: _____					
The Georgia Tobacco Quit Line will call you. Please check the BEST 3-hour time frame for them to reach you. NOTE: The Quitline is open 7 days a week; call attempts over a weekend may be made at times other than during this 3-hour time frame.									
<input type="checkbox"/>	6AM – 9AM	<input type="checkbox"/>	9AM – 12PM	<input type="checkbox"/>	12PM – 3PM	<input type="checkbox"/>	3PM – 6PM	<input type="checkbox"/>	6PM – 9PM
WITHIN THIS 3-HOUR TIME FRAME, PLEASE CONTACT ME AT (CHECK ONE): <input type="checkbox"/> Primary # <input type="checkbox"/> Secondary #									

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Confidentiality Notice: This facsimile contains confidential information. If you have received this facsimile in error, please notify the sender immediately by telephone and confidentially dispose of the material. **Do not review, disclose, copy, or distribute.**

Georgia Tobacco Quit Line Rx Pad



Georgia Tobacco Quit Line

A FREE RESOURCE PROVIDING COUNSELING, SUPPORT AND REFERRAL
FOR ALL GEORGIA RESIDENTS 18 AND OVER AND CONCERNED
PARENTS OF CHILDREN USING TOBACCO

ADDRESS **throughout Georgia** PHONE **1-877-270-STOP**

NAME _____

ADDRESS _____ DATE _____

R_x

1-877-270-STOP

LABEL

REFILL - 1 - 2 - 3 - until you stop

QUITTING TAKES PRACTICE



Línea de Ayuda para Dejar de Fumar de Georgia

ÉSTE ES UN RECURSO **GRATIS** QUE PROVEE CONSEJERÍA, APOYO Y
REMISIONESA TODOS LOS RESIDENTES DE GEORGIA DE 18 AÑOS O MÁS
Y A PADRES PREOCUPADOS DE QUE SUS HIJOS ESTÉN FUMANDO

DIRECCIÓN: **EN TODO EL ESTADO DE GEORGIA** TELÉFONO: **1-877-266-3863**

NOBRE _____

DIRECCIÓN _____ FECHA _____

R_x

1-877-2NO-FUME

ETIQUETA

Resuritado de medicamento - 1 - 2 - 3 - 4 hasta que deje de fumar

DEJAR DE FUMAR CONLLEVA PRÁCTICA

Template Tobacco Quit Line Referral Letter for OB Provider

Date:

Dear _____

Our practice recently saw a mutual patient, _____, for oral health services. During the visit, the patient disclosed that she uses tobacco products and may be interested in receiving cessation assistance. As a result, we have referred her to the Georgia Tobacco Quit Line. Through the Quit Line, the patient may be offered nicotine replacement therapy. As her primary obstetrician, your approval will be needed before she is provided with nicotine replacement therapy.

Attached to this document, you will find a form that must be completed and sent back to the Quit Line in order for nicotine replacement therapy to be provided to the patient. We have informed the patient that we would be contacting you regarding this matter. Please feel free to call us if you have any questions about the referral.

Thank you,

Continuing Education on Cessation for Providers

Training on the Georgia cAARds Program is provided at no cost by the Georgia Tobacco Use Prevention Program. Visit the link below for more information.



Engaging Tobacco Users: Tips for Health Care Providers in Georgia Tools for Helping Your Patients Quit

Free online training and CME credits at:

www.GAtobaccointervention.org

Training provided at no cost by the Georgia Tobacco Use Prevention Program.





RESOURCES

For Patients

Georgia Tobacco Quit Line Brochure

Brochures available in English and Spanish

GEORGIA TOBACCO QUIT LINE

Benefits of Tobacco Cessation

Tobacco use is a major cause of various forms of cancer, chronic obstructive pulmonary disease (COPD) and heart disease.

Health improves within minutes of quitting:

- 2 Weeks to 3 Months After Quitting**
Heart attack risk begins to drop.
Lung function begins to improve.
- 1 to 9 Months After Quitting**
Coughing and shortness of breath decreases.
- 1 Year After Quitting**
Added risk of coronary heart disease is half that of a smoker's.
- Within 5 Years of Quitting**
Risk of cancer of the mouth, throat and bladder is cut in half.
- 10 Years After Quitting**
Risk of dying from lung cancer drops by half.

When you are ready, we're here.

Call the Georgia Tobacco Quit Line today. A free and effective service that helps Georgians quit smoking and using tobacco.

1-877-270-STOP (1-877-270-7867)
www.dph.georgia.gov/ready-quit

Funding provided by the Centers for Disease Control and Prevention Office of Smoking and Health

Georgia Department of Public Health
Georgia Tobacco Use Prevention Program (GTUPP)
Two Peachtree Street, N.W. 16th Floor.
Atlanta, Georgia 30303-3142, (404) 657-6637

Sources: U.S. Surgeon General's Report, North American Quilting Consortium (NAQC), Smoke-Free Families.



Your Reason for Quitting Today



When you are ready, we're here.

Call the Georgia Tobacco Quit Line today. A free and effective service that helps Georgians quit smoking and using tobacco.

1-877-270-STOP (1-877-270-7867)
www.dph.georgia.gov/ready-quit

Funding provided by the Centers for Disease Control and Prevention Office of Smoking and Health

A Free and Effective Service

The Georgia Tobacco Quit Line is a public health service funded by the Georgia Department of Public Health through the Georgia Tobacco Use Prevention Program (GTUPP). Counseling services are available at no-cost to Georgia adults, pregnant women and teens (ages 13 and older).

Georgia Tobacco Quit Line coaches are highly trained tobacco cessation specialists.

To learn more about the Georgia Tobacco Quit Line, please call our toll-free number:

1-877-270-STOP (English)
1-877-270-7867
1-877-2NO-FUME (Spanish)
1-877-266-3863

For Hearing Impaired:
TTY Services: 1-877-777-6534
www.dph.georgia.gov/ready-quit



Quitting Takes Practice

Remember the 5 Ds

These are five simple steps to help you become tobacco-free.

1. Delay. Don't reach for that cigarette. The longer you delay, the less likely you are to smoke.
2. Do something different. Go for a walk. Treat yourself to a healthy snack.
3. Deep breathe. Take 4 slow breaths.
4. Don't go where people are smoking. The smoke from other people's cigarettes is also harmful to you and your baby's health.
5. Drink water. Drink at least 8 glasses of water daily.

Healthcare professionals:

Please visit the *Ready to Quit* webpage at www.dph.georgia.gov/ready-quit to access the Georgia Tobacco Quit Line Referral Form and information.

For free training on Asking, Advising and Referring, register for the Engaging Tobacco Users: Tips for Health Care Providers in Georgia online provider training at www.GAtobaccointervention.org.

The Best Time to Quit is Now

For Your Health

Quitting smoking early in pregnancy is best. The sooner you quit during your pregnancy also helps you and your baby.

When you are pregnant, everything that goes into your body also goes into your baby. This includes what you eat, drink, breathe and even drugs you take.

Tobacco use is very harmful to pregnant women as well as their unborn children. Tobacco smoke may damage the tissues of an unborn baby's growing brain and lungs.

Harmful chemicals for tobacco can get into your baby's bloodstream. These chemicals can harm the baby's health and limit the baby's growth.

For Your Baby

Tobacco use can lead to pregnancy problems including premature birth, low birth-weight babies, miscarriage, and sudden infant death syndrome (SIDS).

Quitting smoking while you are pregnant can protect your baby from harm and:

- Increase the chances your baby's lungs will work well.
- Lowers the risk that your baby will be born too early.
- Increases your chances of having a normal weight, healthy baby.

Take your first step. Talk with your doctor and nurse today about safe tobacco cessation options.

When You are Ready, We are Here

Call to get your free "Quit" Kit and plan, professional counseling as well as referral services.

For Your Future

There are plenty of benefits to quitting while you are pregnant and remaining tobacco-free after your baby is born:

- Saves you money that can be spent on more important things.
- Fewer coughs and colds for you and your baby.
- Healthier breast milk.
- Make your clothes, home and car smell better.
- Gives you more energy and helps you breathe easier.

Quitting tobacco use can lead to a longer and healthier life. Live to celebrate precious moments and watch your family grow and thrive. They need you.

Georgia Tobacco Quit Line 1-877-270-7867 (Toll Free)



Georgia Tobacco Quit Line Poster



**Quitting tobacco can lead to a healthier and longer life.
Live to enjoy more precious moments with your baby.
Live to watch your family grow healthy and thrive.
NOW IS THE BEST TIME TO QUIT. TAKE THE FIRST STEP.**

Georgia Tobacco Quit Line

A Free and Effective Telephone Counseling
Service That Helps Georgians
Quit Smoking and Using Tobacco For Life



1-877-270-STOP (7867) | 1-877-2NO-FUME (Spanish)
Hearing Impaired: TTY services 1-877-777-6534
www.dph.georgia.gov/ready-quit

Funding provided by the Centers for Disease Control and Prevention—Office of Smoking and Health



Smoking and Pregnancy Poster

Smoking can cause problems for a woman trying to become pregnant, or who is already pregnant. Effects on mother are as follow:

Smoking and Pregnancy

Smoking can cause problems for a woman trying to become pregnant or who is already pregnant, and for her baby before and after birth.

Effects on Women

- [Difficulty getting pregnant](#)
- [Placenta separates from the womb too early, causing bleeding](#)
- [Placenta covers the cervix, causing complications](#)
- [Water breaks too early](#)
- [Pregnancy occurs outside of the womb](#)



- **Smoking causes these health effects.**
- **Smoking could cause these health effects, but more studies are needed to be sure.**

Effects on Babies

- [Baby born too small](#)
- [Baby born too early](#)
- [Sudden Infant Death Syndrome](#)
- [Stillbirth](#)
- [Infant death](#)
- [Cleft lip/palate](#)
- Certain birth defects, such as:
 - [Clubfoot](#)
 - [Gastroschisis](#)
 - [Some heart defects](#)
- [Attention Deficit/Hyperactivity Disorder \(ADHD\)](#)
- [Miscarriage](#)

Quitting Smoking Can Be Hard, But It Is One of the Best Ways a Woman Can Protect Herself and Her Baby's Health.

If you or someone you know wants to quit smoking, talk to your healthcare provider about strategies. For support in quitting, including free quit coaching, a free quit plan, free educational materials, and referrals to local resources, please call [1-800-QUIT-NOW](tel:1-800-QUIT-NOW) (1-800-784-8669); TTY 1-800-332-8615.

For additional resources to help quit smoking, visit www.cdc.gov/reproductivehealth/TobaccoUsePregnancy/Resources.htm



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

Updated based on 2014 Surgeon General's Report

CS245221

Association of Maternal and Child Health Programs (AMCHP) – Tobacco and Pregnancy

The Association of Maternal and Child Health Programs (AMCHP) has developed a video regarding tobacco and pregnancy. The video is a great patient education tool that could be shown in the waiting rooms of dental offices. To view the video, please follow the link below.

www.youtube.com/watch?v=Ar41aW9zvd8



Tips From a Former Smoker® | Cancer, Gum Disease and Tooth Decay

1. Smoking cigarettes and the use of smokeless tobacco can cause white or gray patches inside the mouth (leukoplakia) that can lead to cancer.
2. Smoking cigarettes and the use of smokeless tobacco can cause gum disease, tooth decay, and tooth loss.



Christine, age 55, lives in Pennsylvania and began smoking at age 16. At age 44, she was diagnosed with oral cancer, which eventually required doctors to remove half of her jaw. In the Tips® commercials and videos, Christine tells her story.

www.cdc.gov/tobacco/campaign/tips/?s_cid=osh-stu-home-spotlight-002

Christine ate healthy foods. She exercised. She felt healthy. So she didn't think the amount she smoked would hurt her. But, at 44, she was diagnosed with oral cancer. And it came back twice. Now she has no teeth and only half of her jaw. You can quit smoking.

For free help, call
1-800-QUIT-NOW.



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention
CDC.gov/tips

#CDCTips

Christine, age 39



Source: U.S. Department of Health and Human Services. The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General. (www.cdc.gov/tobacco/data_statistics/sgr/50th-anniversary/index.htm) Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014 [accessed 2014 Oct 31].

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.



Centers for Disease
Control and Prevention
Office of Noncommunicable
Diseases, Injury and
Environmental Health

For More Information

For information about the Georgia Department of Public Health Oral Health Program, visit dph.georgia.gov/OralHealth.

For information about the Georgia Tobacco Quit Line, visit dph.georgia.gov/ready-quit or email chronic.disease@dph.ga.gov.

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ASK → ADVISE → REFER
33% of callers referred to GTQL quit!



Tobacco Cessation Resource Toolkit for Oral Health Providers

**Georgia Tobacco Use
Prevention Program
dph.ga.gov/ready-quit**