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:
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.
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.”

SOURCE


Refer to Section III, Resources for Providers, for educational materials to share with your patients.
STEP 3: REFER (one minute) – Georgia Tobacco Quit Line

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

- 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.

ASK ➔ ADVISE ➔ REFER
33% of callers referred to GTQL quit!
This chart helps oral healthcare providers use Georgia cAARds to initiate conversation around tobacco use with a patient.

**ASK**

Take patient’s vital signs and **ASK** about tobacco use.

**ADVISE**

If patient uses tobacco, **ADVISE** quitting.

**QUIT**

Is the patient ready to **QUIT** in the next 30 days?

**YES**

**NO USE OR PAST USE**

Encourage continued abstinence and/or assist with relapse prevention if former tobacco user.

**NO**

**NO**

Encourage continued abstinence and/or assist with relapse prevention if former tobacco user.

**QUIT**

Is the patient ready to **QUIT** in the next 30 days?

**YES**

**NO**

Provide **Quit Line** card or brochure.

**NO**

Offer other options, including medications and tobacco cessation groups, through the local health department.

**REFER**

**REFER** them to **Georgia Tobacco Quit Line**.

Is the patient ready to accept a call from a coach?

**YES**

**FOOLLOW-UP**

Examine report from **Quit Line** with the results from referral. At each visit, promote cessation and assist with relapse prevention.
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.

**OPPORTUNITIES FOR REIMBURSEMENT**

<table>
<thead>
<tr>
<th>SYMPTOMATIC PATIENT</th>
<th>ASYMPTOMATIC PATIENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Uses tobacco and:</td>
<td>1. Uses tobacco but does not have symptoms of tobacco-related disease;</td>
</tr>
<tr>
<td>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;</td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
</tr>
<tr>
<td>2. Is competent and alert at the time counseling is provided; and</td>
<td></td>
</tr>
<tr>
<td>3. Receives counseling from a qualified physician or other Medicare-recognized healthcare professional.</td>
<td></td>
</tr>
</tbody>
</table>

| 99406: Smoking and tobacco cessation counseling visit; intermediate, greater than three minutes, up to 10 minutes | G0436: Smoking and tobacco cessation counseling visit for the asymptomatic patient; intermediate, greater than three minutes, up to 10 minutes |
| 99407: Smoking and tobacco cessation counseling visit; intensive, greater than 10 minutes | G0437: Smoking and tobacco cessation counseling visit for the asymptomatic patient; intensive, greater than 10 minutes |

Eligible beneficiaries are covered under Medicare Part B. Both the coinsurance and deductible apply.

| F17.200: Nicotine dependence, unspecified, uncomplicated | |
| F17.201: Nicotine dependence, unspecified, in remission | |
| F17.210: Nicotine dependence, cigarettes, uncomplicated | |
| F17.211: Nicotine dependence, cigarettes, in remission | |
| F17.220: Nicotine dependence, chewing tobacco, uncomplicated | |
| F17.221: Nicotine dependence, chewing tobacco, in remission | |
| F17.290: Nicotine dependence, other tobacco product, uncomplicated | Z87.891: Personal history of nicotine dependence |
| F17.291: Nicotine dependence, other tobacco product, in remission | |

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)
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 cAARds Fast Facts

<table>
<thead>
<tr>
<th>RESOURCE</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Georgia cAARds</td>
<td>Georgia cAARds 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.</td>
</tr>
<tr>
<td>How GA cAARds Works</td>
<td>Oral healthcare professionals conduct a brief intervention to assess the individual's readiness to quit tobacco.</td>
</tr>
<tr>
<td></td>
<td>The GTQL Coach then contacts the individual within 48 hours.</td>
</tr>
<tr>
<td></td>
<td>The oral healthcare provider uses the fax referral form or the EMR system to enroll the individual in GTQL services.</td>
</tr>
<tr>
<td></td>
<td>The healthcare provider receives confirmation of patient progress reports.</td>
</tr>
<tr>
<td>Benefits to the Provider</td>
<td>The oral healthcare provider is now trained on the evidence-based interventions to motivate tobacco cessation in their patients/consumers.</td>
</tr>
<tr>
<td></td>
<td>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.</td>
</tr>
<tr>
<td></td>
<td>Patient/consumer Intake is now including tobacco use as a vital sign as an additional prompt.</td>
</tr>
<tr>
<td></td>
<td>Oral healthcare providers are reminded to conduct brief cessation counseling, which encourages the patient to make a quit attempt.</td>
</tr>
<tr>
<td>Benefits to the Patient</td>
<td>Access to 24/7 coaching for all tobacco users.</td>
</tr>
<tr>
<td></td>
<td>Unlimited proactive coaching sessions with unlimited inbound calls.</td>
</tr>
<tr>
<td></td>
<td>Personalized quit coach with specialized training.</td>
</tr>
<tr>
<td></td>
<td>Special cessation counseling protocol for pregnant and postpartum women.</td>
</tr>
<tr>
<td></td>
<td>Self-help quit guide, fact sheets and four weeks of FDA-approved Nicotine Replacement Therapies available.</td>
</tr>
<tr>
<td></td>
<td>GTQL services are available in Spanish and English with qualified interpreters for 300+ languages.</td>
</tr>
<tr>
<td>How to get involved</td>
<td>Use the provided patient fax referral form or implement the referral process in your EMR system.</td>
</tr>
<tr>
<td>Engaging tobacco users to quit</td>
<td>Training and CEU credits for oral healthcare providers are available via the GA Tobacco Use Prevention Program: <a href="http://www.GAtobaccointervention.org">www.GAtobaccointervention.org</a>.</td>
</tr>
</tbody>
</table>
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

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

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

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

**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

**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

- **Tobacco User**
  - Psychological Dependency
  - Behavior Pattern
  - Physical Addiction

- **Georgia Tobacco Quit Line Program Participant**
  - Medication Support
  - Phone-based Cognitive Behavioral Coaching
  - Web-based Learning and Support

- **Tobacco Free**
  - New Behavioral Strategies
  - New Cognitive Skills

---

TIMING OF GEORGIA TOBACCO QUIT LINE SERVICES

**Enrollment:**
- Quit Guide Sent

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

**Months 2–7:**
- Relapse Prevention Coaching
- Outcomes Survey

---

Tobacco Cessation Resource Toolkit / For Oral Health Providers
## Provider Information:

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>CLINIC NAME:</td>
<td></td>
</tr>
<tr>
<td>CLINIC ZIP CODE:</td>
<td></td>
</tr>
<tr>
<td>HEALTH CARE PROVIDER:</td>
<td></td>
</tr>
<tr>
<td>CONTACT NAME:</td>
<td></td>
</tr>
<tr>
<td>FAX NUMBER:</td>
<td></td>
</tr>
<tr>
<td>PHONE NUMBER:</td>
<td></td>
</tr>
<tr>
<td>I AM A HIPAA COVERED ENTITY (PLEASE CHECK ONE)</td>
<td>YES [ ] NO [ ] DON'T KNOW [ ]</td>
</tr>
</tbody>
</table>

## Patient Information:

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>PATIENT NAME</td>
<td></td>
</tr>
<tr>
<td>DATE OF BIRTH</td>
<td></td>
</tr>
<tr>
<td>GENDER</td>
<td>MALE [ ] FEMALE [ ]</td>
</tr>
<tr>
<td>ADDRESS</td>
<td></td>
</tr>
<tr>
<td>CITY</td>
<td></td>
</tr>
<tr>
<td>ZIP CODE</td>
<td></td>
</tr>
<tr>
<td>PRIMARY PHONE NUMBER</td>
<td>H [ ] W [ ] C [ ]</td>
</tr>
<tr>
<td>SECONDARY PHONE NUMBER</td>
<td>H [ ] W [ ] C [ ]</td>
</tr>
<tr>
<td>LANGUAGE PREFERENCE (PLEASE CHECK ONE)</td>
<td>ENGLISH [ ] SPANISH [ ] OTHER [ ]</td>
</tr>
</tbody>
</table>

I am ready to quit tobacco and request the Georgia Tobacco Quit Line contact me to help me with my quit plan.

(Initial)

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.

- [ ] 6AM – 9AM
- [ ] 9AM – 12PM
- [ ] 12PM – 3PM
- [ ] 3PM – 6PM
- [ ] 6PM – 9PM

WITHIN THIS 3-HOUR TIME FRAME, PLEASE CONTACT ME AT (CHECK ONE): Primary # [ ] Secondary # [ ]
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 __________

Rx

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 __________

Rx

1-877-2NO-FUME

☐ ETIQUETA

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

DEJAR DE FUMAR CONLLEVA PRÁCTICA
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.
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.
Long function begins to improve.

1 to 9 Months After Quitting
Coughing and shortness of breath decreases.

1 Year After Quitting
Risk of cancer of the mouth, throat and bladder is cut in half.

Within 5 Years of Quitting
Risk of cancer of the lung is half that of a smoker’s.

10 Years After Quitting
Risk of dying from lung cancer drops by half.

Coughing and shortness of breath decreases.

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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 and 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, miscarriage, and sudden infant death syndrome (SIDS).

Quitting smoking while you are pregnant can improve your chances of having a normal baby 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.
• Fewer coughs and colds for your baby.

For Your Future
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.

The Best Time to Quit is Now
For Your Health
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For Your Future
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.

When you are ready, we’re here.
Call the Georgia Tobacco Quit Line today:
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

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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 all-day to Georgians.

To learn more about the Georgia Tobacco Quit Line, please call our toll-free number:
1-877-270-STOP (English)
1-877-266-3863 (TTY Services)
1-877-270-STOP (1-877-270-7867) (Spanish)
For Hearing Impaired: 1-877-777-6537
For Speech Impaired: 1-877-777-6534
Two Peachtree Street, N.W., 16th Floor,
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www.dph.georgia.gov/ready-quit

When You are Ready, We are Here
Call to get your free “Quit” Kit and plan, professional counseling as well as referral services.

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

Quitting smoking while you are pregnant can improve your chances of having a normal baby and remaining tobacco-free after your baby is born:

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

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

**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

**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 (1-800-784-8669); TTY 1-800-332-8615.

For additional resources to help quit smoking, visit [www.cdc.gov/reproductivehealth/TobaccoUsePregnancy/Resources.htm](http://www.cdc.gov/reproductivehealth/TobaccoUsePregnancy/Resources.htm)

Updated based on 2014 Surgeon General’s Report
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
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

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 non-smoker’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 non-smoker’s.
For More Information


For information about the Georgia Tobacco Quit Line, visit [dph.georgia.gov/ready-quit](http://dph.georgia.gov/ready-quit) or email [chronic.disease@dph.ga.gov](mailto:chronic.disease@dph.ga.gov).

*This toolkit was funded by a cooperative agreement from the Centers for Disease Control and Prevention and the Georgia Tobacco Quit Line.*
Tobacco Cessation Resource Toolkit for Oral Health Providers

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