Prevention and management of tobacco use and second-hand smoke exposure in pregnancy

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Tobacco in women

- Globally 5% of all deaths among women age 30+ are attributable to tobacco
  - 1,500,000 deaths due to active tobacco use
  - 280,000 deaths due to second-hand smoke

- Exposure to second-hand smoke (SHS) kills 600,000 people globally every year (170,000 children, 280,000 women)

- In the WPR 50% of women are exposed to SHS
Western Pacific

GRAPH 10.1.6 AGE-STANDARDIZED PREVALENCE ESTIMATES FOR TOBACCO SMOKING AMONG ALL PERSONS AGED 15 YEARS AND OVER IN THE WESTERN PACIFIC, 2011

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<tr>
<th>Country</th>
<th>Prevalence (%)</th>
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<td>Marshall Islands</td>
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<td>Brunei Darussalam</td>
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</tbody>
</table>

Prevalence (%)
Standarised rates smoking any tobacco product in women GTCR-2013 (data 2011)
Smokeless tobacco use women WPRO
GTCR 2013

Cambodia

Micronesia (Federated States of)

Philippines

Viet Nam

Lao People's Democratic Republic

Malaysia

Mongolia
The tobacco industry has deliberately made smoking glamorous and the norm.

Effects of tobacco use in women

Few women are aware of gender-specific health risks

- cervical cancer
- osteoporosis
- early menopause
- infertility
Effects of tobacco use in pregnancy

Maternal
- Infertility/infecundity
- Spontaneous abortion
- Ectopic pregnancy
- Pre-eclampsia
- Placenta previa
- Placental abruption
- Premature rupture of membranes

Pregnant women who smoke as few as 5 cigarettes per day are likely to have low birth weight babies
Effects of tobacco use and exposure to SHS during pregnancy

Fetal and newborn

- Still births*
- Congenital anomalies (cleft palate)
- Intrauterine growth retardation (IUGR)
- Preterm birth* (< 37 wks)
- Low birthweight*
- Neonatal pneumonias
- Sudden Infant Death Syndrome

*Effects also noticed with use of smokeless tobacco during pregnancy
Management of tobacco use and second-hand smoke exposure in pregnancy

• WHO FCTC article 14 asks Parties to develop national guidelines and effective measures to encourage and assist tobacco cessation

• Because the WHO FCTC recognises the dangers of tobacco use for women and pregnant women, there is a need for development of programs to ensure pregnant women are protected
Analysis of existing national guidelines

- Raw et al 2009 - a survey of tobacco dependence treatment guidelines in 31 countries
- 31 countries – only 2 low-income countries
- Mostly for smoking tobacco only
- Mixed recommendations on pharmacological interventions for tobacco use cessation
- Missing specific recommendations on managing
  - Smokeless tobacco use
  - Second-hand smoke exposure
WHO recommendations for the prevention and management of tobacco use and second-hand smoke exposure in pregnancy
Objectives

• Reduce tobacco use by, and SHS exposure to pregnant women
• Provide evidence-based recommendations to health care providers

Target audience

• Health care professionals (GPs, OB&GYN, nurses, midwives, Traditional Birth Attendants and Community Health Workers).
• Public health policy makers, health care program managers and health facility managers
The scope of the problems covered by these guidelines is:

- Elements necessary for effective **screening** of pregnant women for tobacco use (smoking and smokeless) and SHS exposure
- Safety and effectiveness of **pharmacological treatment** for tobacco use in pregnancy
- Safety and effectiveness of **psychosocial interventions** for tobacco use in pregnancy
- Effective interventions for reducing SHS exposure at
  - home
  - public places
Process
Followed the WHO Handbook for Guideline Development

Partners
• WHO
  – Lead department: Tobacco Free Initiative (TFI)
  – Collaborating departments: Gender, Equity and Human Rights; Maternal, Newborn, Child and Adolescent Health; Mental Health and Substance Abuse; and Reproductive Health and Research
• Division of Reproductive Health, CDC, Atlanta, USA.
• Tobacco Control Research Branch, NCI, USA.

Guideline Development Group (GDG)
• Content expertise in tobacco and/or reproductive health
• Experience in low and middle income countries
• Expertise in evidence based guideline development
• Regional representation
Recommendations

Evidence to recommendations: The WHO Handbook for Guideline Development was followed and the GRADE system for assessing quality of evidence GRADE = Grading of Recommendations Assessment, Development and Evaluation.

• ‘strong’: meaning that the guideline development group agrees that the quality of the evidence
• ‘conditional’: meaning there was less certainty about the combined quality of evidence and values,
Overarching Principles

• **Right** of every pregnant woman to be informed

• **Right** to a *smoke-free environment* at the home, and at work and in public places.

• All interventions should be:
  – **woman-centered** and gender-sensitive
  – **culturally appropriate** and socially acceptable
  – delivered in a **non-judgmental and non-stigmatizing manner**.

• **Hospitals and clinics** “needs to practice what its providers preach” by providing **tobacco-free** health care facilities

• **Health care providers** (doctors, nurses, clinic staff) should **role-model** tobacco-free living.
Recommendations

**Identification of tobacco use and SHS exposure in pregnancy**

- Health care providers should ask all pregnant women about their tobacco use (past and present) and exposure to SHS, as early as possible in the pregnancy, and at every antenatal care visit.

**Psychosocial interventions for tobacco use cessation in pregnancy**

- Health care providers should routinely offer advice and psychosocial interventions for tobacco cessation to all pregnant women, who are either current tobacco users or recent tobacco quitters.
Recommendations (contd)

- The panel **cannot make a recommendation on use or non-use of nicotine replacement therapy to support cessation of tobacco use in pregnancy.**

- The panel **does not recommend use of bupropion or varenicline to support cessation of tobacco use in pregnancy.**

- The panel recommends that **further research be carried out in pregnant women on safety, efficacy and factors affecting adherence to pharmacotherapeutic cessation agents.**
Recommendations (contd)

**Protection from SHS in pregnancy (smoke-free public places)**

- All health-care facilities should be smoke-free to protect the health of all staff, patients, and visitors, including pregnant women.
- All work and public places should be smoke-free for the protection of everyone, including pregnant women.

**Protection from SHS in pregnancy (smoke-free homes)**

- Health care providers should provide pregnant women, their partners and other household members with advice and information about the risks of SHS exposure from all forms of smoked tobacco.
- Health care providers should, wherever possible, engage directly with partners and other household members to inform them of the risks of SHS exposure from all forms of smoked tobacco, and to promote reduction of exposure and offer smoking cessation support.
Research gaps and priorities

Gaps in evidence

- Studies in low- and middle-income countries (LMIC)
- Effective interventions for smokeless tobacco use cessation in pregnancy
- Effective strategies for reducing SHS exposure at home by creating smoke-free homes

Research priorities

- How to maximize the identification of tobacco use and SHS in ANC settings?
- Efficacy and effectiveness studies in LMIC for psychosocial interventions
- Studies on the adequacy of NRT
- How best to approach and engage pregnant women’s partners and other family members to decrease tobacco use and SHS exposure
Girls smokers as a % of total youth smokers compared to women smokers as a % of total adult smokers in 15 Western Pacific Region countries.
CONCLUSIONS

- Tobacco use and SHS exposure is responsible for 1.7 million deaths among women each year
- Adverse maternal, fetal and neonatal outcomes of tobacco use and SHS exposure are well documented
- Shift of the epidemic
  - HIC to LMIC
  - Gender gap decreasing in youth
  - Use of other forms of tobacco
- Less women use tobacco, but one in three women is regularly exposed to SHS
- Many national guidelines do not address smokeless tobacco or SHS
- Major gaps in research – assessment, use of NRT, and preventing SHS exposure at home
Thank you for your attention

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