

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



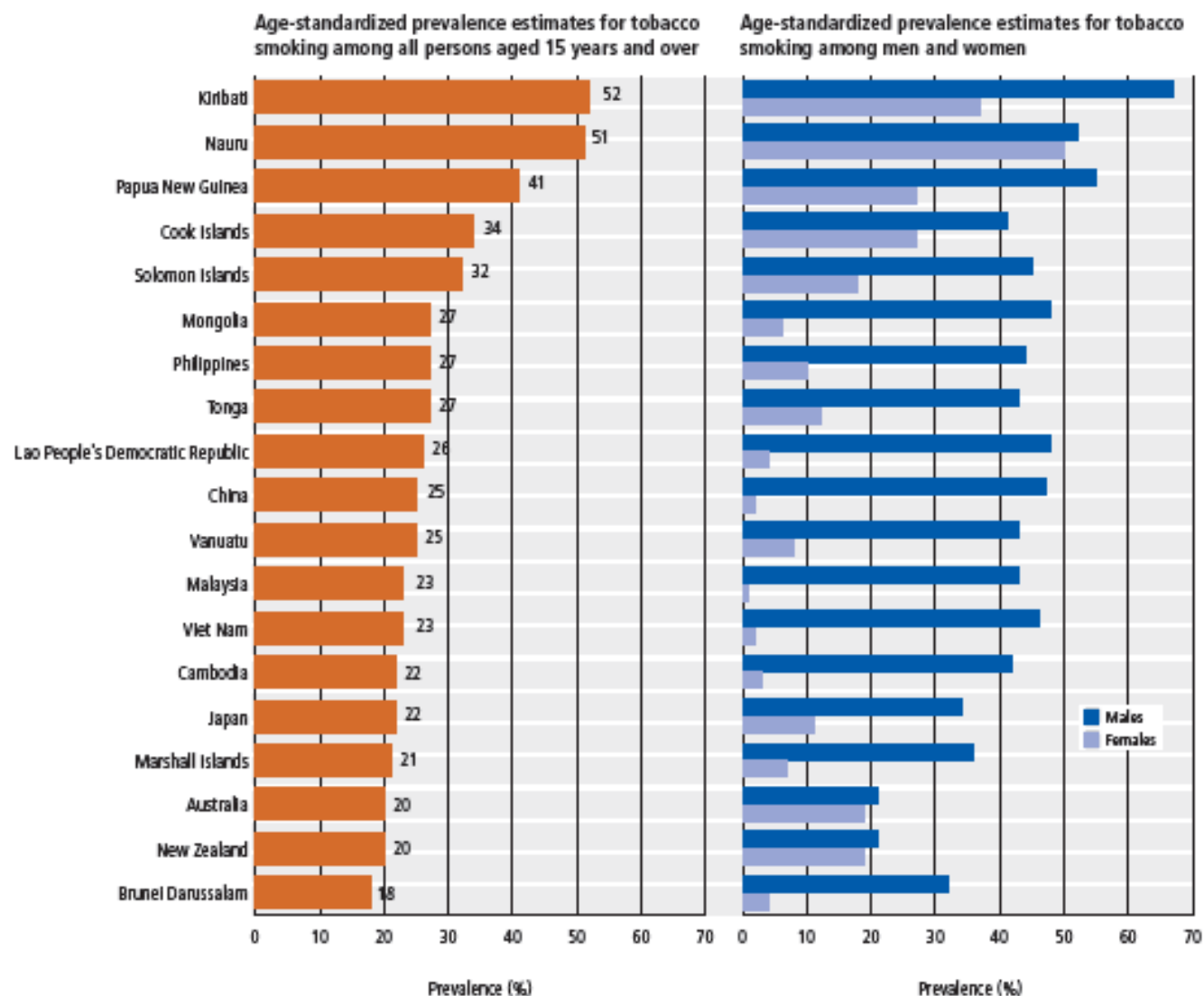
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# Tobacco in women

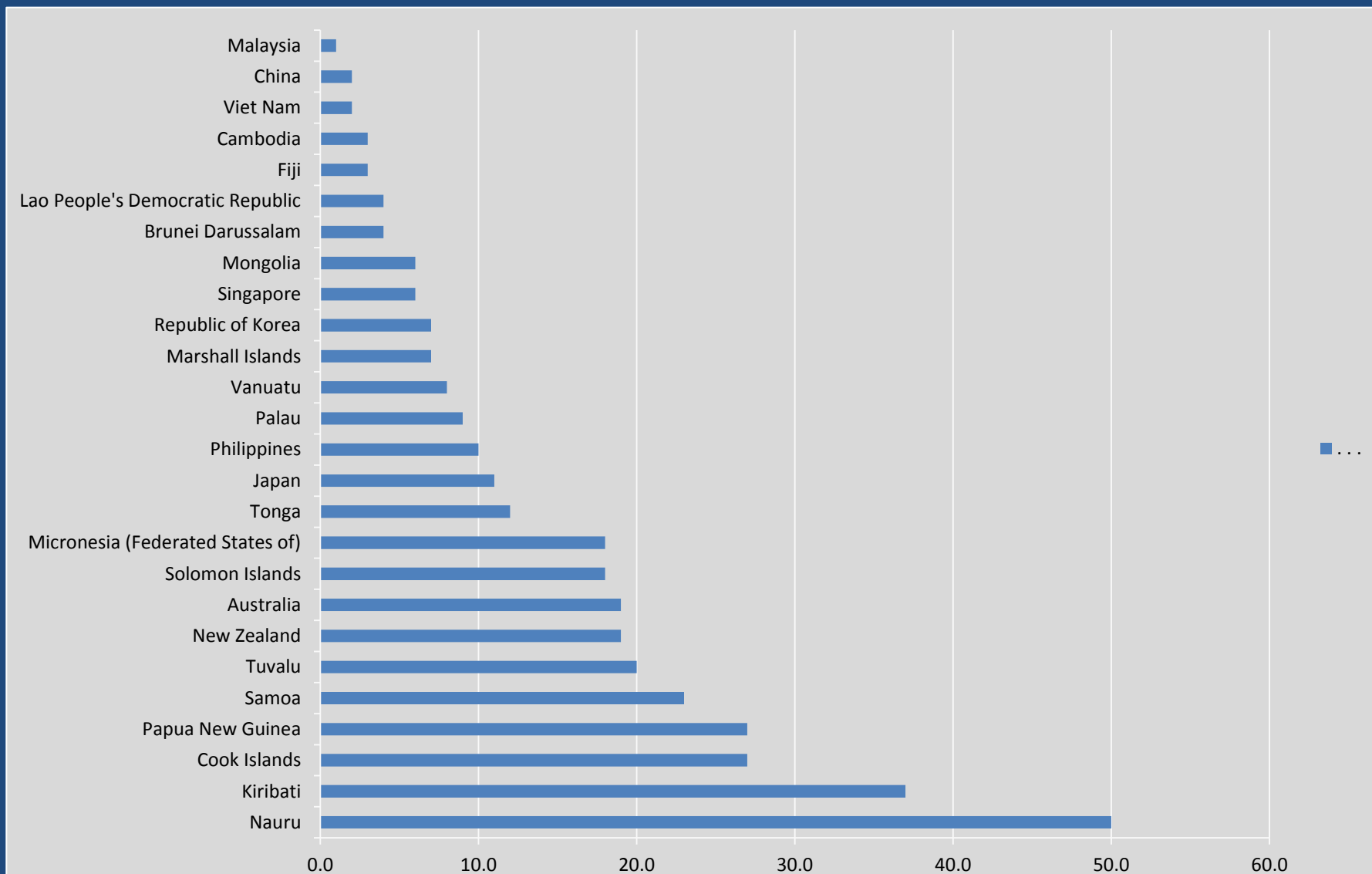
- Globally 5% of all deaths among women age 30+ are attributable to tobacco
  - 1,500,000 deaths due to active tobacco use
  - 280,000 deaths due to second-hand smoke
- Exposure to second-hand smoke (SHS) kills 600,000 people globally every year (170,000 children, 280,000 women)
- In the WPR 50% of women are exposed to SHS

# Western Pacific

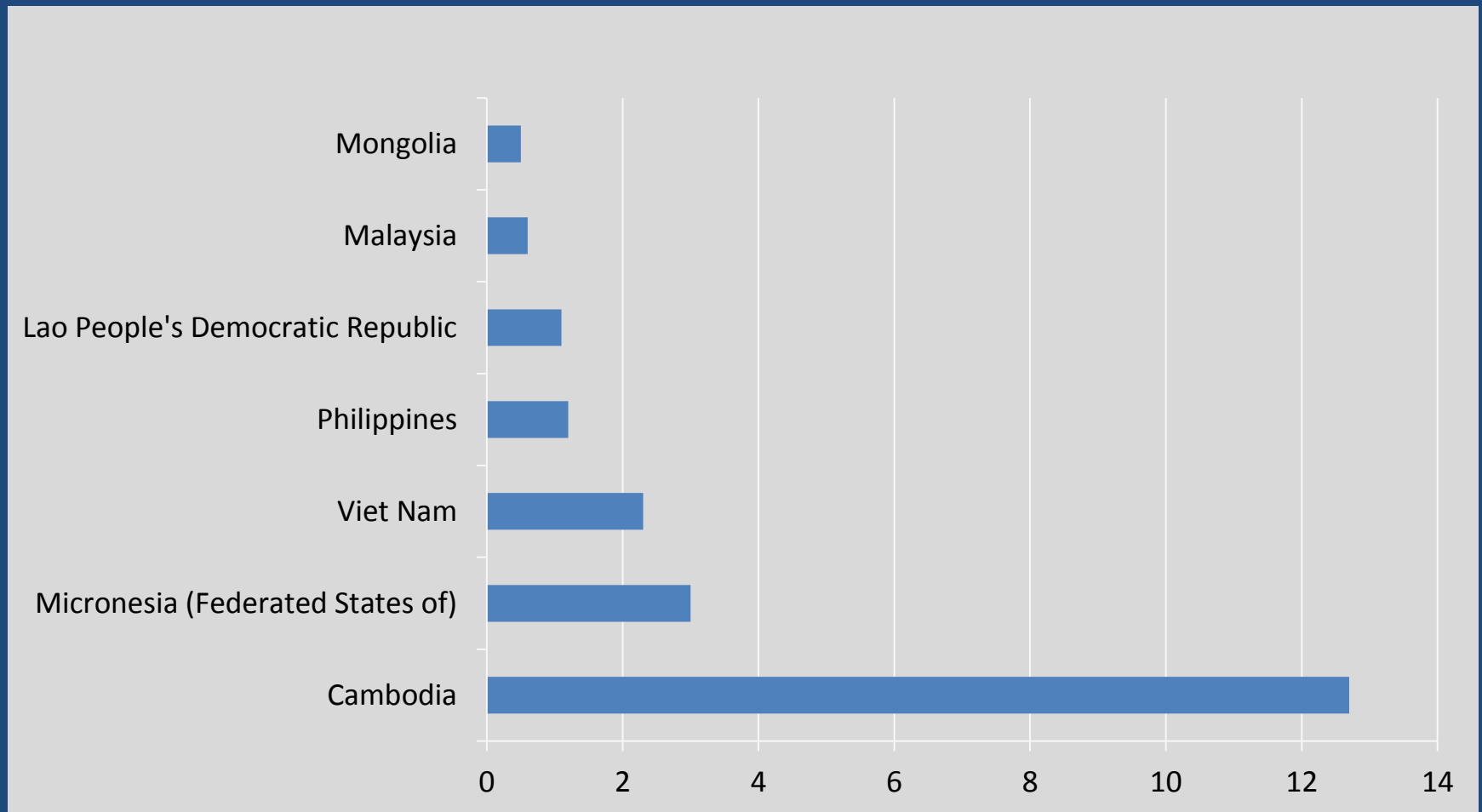
GRAPH 10.1.6 AGE-STANDARDIZED PREVALENCE ESTIMATES FOR TOBACCO SMOKING AMONG ALL PERSONS AGED 15 YEARS AND OVER IN THE WESTERN PACIFIC, 2011



# Standardised rates smoking any tobacco product in women GTCR-2013 (data 2011)



# Smokeless tobacco use women WPRO GTCR 2013



# Effects of tobacco use in women



Few women are aware of gender-specific health risks

- cervical cancer
- osteoporosis
- early menopause
- infertility



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

# 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)

## *Pharmacological interventions for tobacco use cessation in pregnancy*

- *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

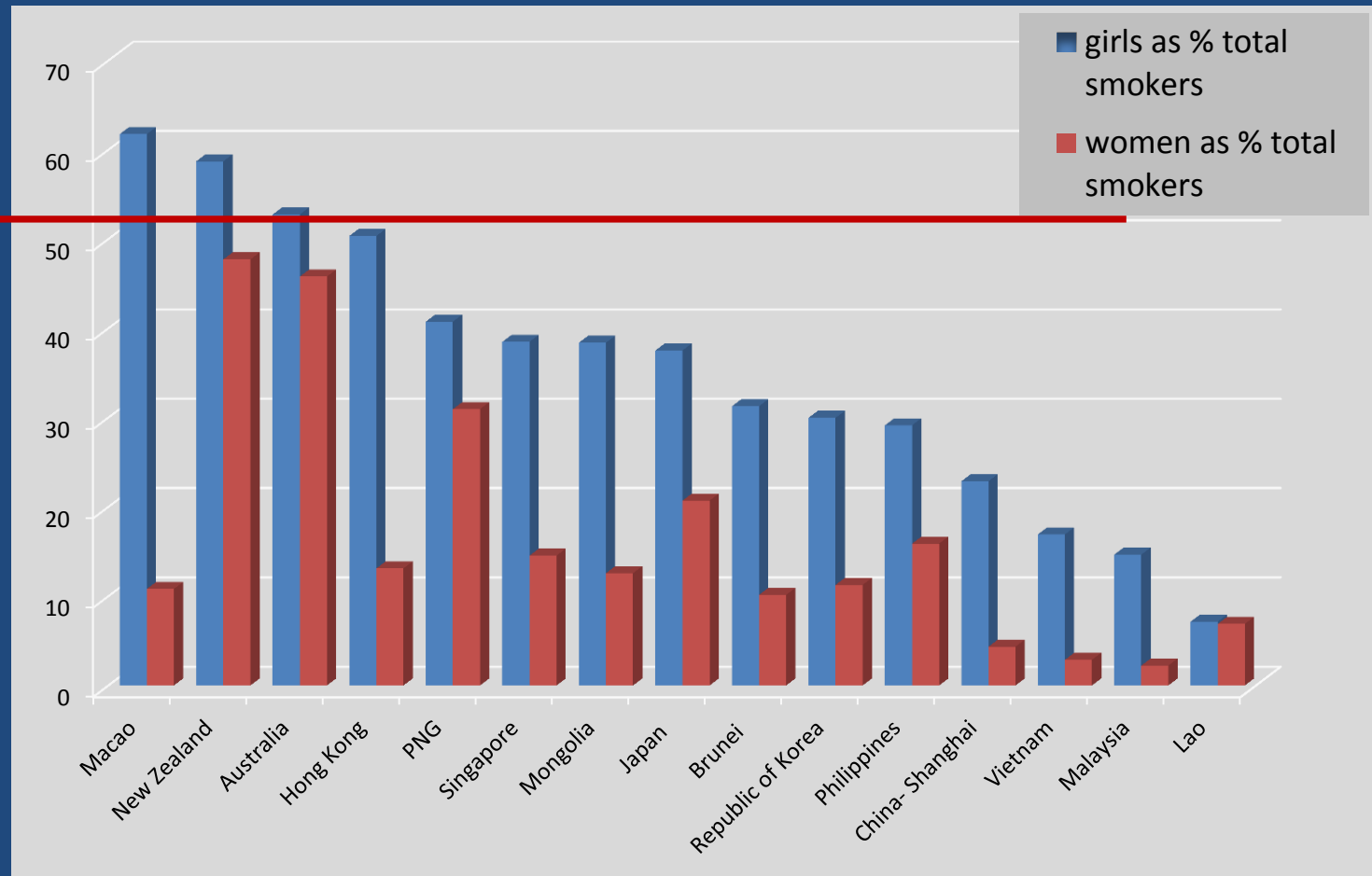
## Research priorities

- 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

More female  
than male  
smokers

Percentage of total smokers



# 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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