



## Pregnancy Smoking Cessation Service Strategy

**Goal: Reduce pregnancy smoking by 10% statewide with associated percentage reduction of low birth weight births.**

Unit of practice	Resources	Activities	Outputs	Outcomes	Impact
<b>Personal</b>	*Tobacco Settlement funding *Potential clients through WIC, HUGs, etc.	*In-reach with other TDH services to identify clients *New on-site cessation counselling *Voucher incentives *Staff skills training	*5,100+ BMTF enrollees <2years *930 enrollees in other county education cessation projects	*Moms self-confident of behavior change *Changes in household smoking patterns	*Reduced low birth weight births *Healthier mother and child
<b>Community</b>	*Partnerships with private sector *QUITLINE contract	*Linked public media *Recruitment through community baby showers *5As training for community providers	*22% of BMTF enrollees were new patients	*71% counties improved pregnancy smoking in 2 years	*Return on prevention investment model

Key outcomes	Why does this strategy work?
*35% enrolled in BMTF stopped smoking *70% enrolled in BMTF retained through 3-4 prenatal visits with 60% reduction in LBW births versus births compared to smoking mothers not enrolled in service *88 counties adopt Baby & ME Tobacco Free project at 124 sites *Provider training in 5As for all BMTF and other counties (500+ community providers) *Follow-up home visits in multiple counties for enrolled women prevented catastrophic home poisonings or fires	*Provides a nurturing environment that matches caring individuals that want to help, with mothers when they are most motivated to quit. *Projects fill a gap with culturally appropriate cessation services. *Personal counselling increases women’s sense of self-efficacy for behavior change. *Small incentives are important to promote self-confidence for behavior change. *Patients knew services to expect and how to meet expectations to be successful. *CO monitors give participants immediate, visual confirmation of success. *Voucher incentives awarded can save total family diaper expenses for a year. *Significant household savings are realized once smoker quits buying tobacco products. *These were seen as additional services for department’s WIC and HUGS clients. *Pregnancy smoking and LBW outcome measures are believable and achievable with county health department resources and effort. *County-set goal was easily achievable with three-year timeline.

### What have we learned that promoted Topic projects’ improvement?

- Strong negative influence of other smokers in household led to change in project protocol to provide incentives to one other in household to support stopping.
- Initial simple Return on Investment (ROI) calculation provided easy talking points and sense of accomplishment.
- Health department staff promoting and offering the program consistently at each visit increased enrollment.
- Multiple tactics tested to increase enrollment: (1) Outreach to community health providers to increase referrals; (2) Offer educational trainings for other community health providers; (3) Co-locate services with other practices; (4) bundle cessation with health department’s homebased services; (5) Include e-cigarettes into training goal.
- Focused training in basic and advanced motivational interviewing skills enhanced staff sense of competency.

### Best practices

- Bradley, Hamilton and Gibson – Organizational processes to market service in targeted service areas of health department and enroll the greatest number of pregnant women to cessation services over 24 months
- Lauderdale, Claiborne, Benton, Henderson, Wayne - Secrets to highest percent of enrollees who quit smoking
- Knox and Rutherford - 5As Training for community providers resulted in referrals for cessation services at health department. Partner to award CMEs and CEU for provider training.
- Hardin, Obion and Shelby – Explanation of how to make the economic cases for pregnant women to quit smoking
- Monroe/Louden– Community baby shower as effective community primary prevention project to spur enrolment
- Sequatchie, others – Expand BMTF service locations to private providers’ sites to increase access.