**Pregnancy Smoking Cessation Service Strategy**

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

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

- *35% enrolled in BMTF stopped smoking<br>*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<br>*88 counties adopt Baby & ME Tobacco Free project at 124 sites<br>*Provider training in 5As for all BMTF and other counties (500+ community providers)<br>*Follow-up home visits in multiple counties for enrolled women prevented catastrophic home poisonings or fires

**Why does this strategy work?**

- *Provides a nurturing environment that matches caring individuals that want to help, with mothers when they are most motivated to quit.<br>*Projects fill a gap with culturally appropriate cessation services.<br>*Personal counselling increases women’s sense of self-efficacy for behavior change.<br>*Small incentives are important to promote self-confidence for behavior change.<br>*Patients knew services to expect and how to meet expectations to be successful.<br>*CO monitors give participants immediate, visual confirmation of success.<br>*Voucher incentives awarded can save total family diaper expenses for a year.<br>*Significant household savings are realized once smoker quits buying tobacco products.<br>*These were seen as additional services for department’s WIC and HUGS clients.<br>*Pregnancy smoking and LBW outcome measures are believable and achievable with county health department resources and effort.<br>*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.