PREGNANCY RISK ASSESSMENT MONITORING SYSTEM
A survey for healthier babies in New Jersey

Smoking Cessation in New Jersey

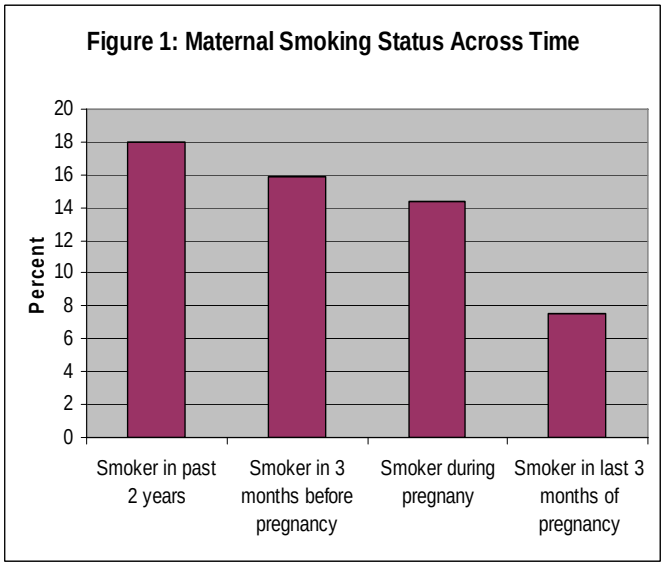
This brief explores smoking cessation behavior of recent mothers in New Jersey, utilization of statewide smoking cessation services and self-reported barriers to quitting smoking. It complements an earlier PRAMS brief that addressed the prevalence of maternal smoking. Smoking remains the single most modifiable cause of poor pregnancy outcome in the United States. Smoking during pregnancy can lead to adverse outcomes such as preterm delivery, stillbirth, low birth weight and sudden infant death syndrome (SIDS). Despite these risks pregnant women continue to smoke.

According to NJ PRAMS, 14.4 % of women who had children in New Jersey between 2002 and 2005 smoked during pregnancy. The prevalence was highest amongst the following groups of mothers: white non-Hispanic, aged 20 -24 years, high school graduates, unmarried and low-income. Figure 1 depicts smoking prevalence before and during pregnancy, illustrating women continue to smoke during pregnancy yet about half quit by the last 3 months of pregnacy.

The prenatal care period presents a unique opportunity for health care providers to address smoking. Since smoking imparts risks to both the mother and the fetus, many women are motivated to quit during pregnancy. Prenatal care providers can take advantage of this motivation by reinforcing that cessation will reduce health risks to both mother and fetus and that there are postpartum benefits to quitting smoking for both the mother and child. This window of opportunity for clinicians to address smoking prevention, screening and referral can be captured through brief audience based interventions.

NJ-PRAMS is a joint project of the New Jersey Department of Health and Senior Services and the Centers for Disease Control and Prevention (CDC). Information from PRAMS is used to help plan better health programs for New Jersey mothers and infants—such as improving access to high quality prenatal care, reducing smoking, and encouraging breastfeeding. ▫ One out of every 38 mothers are surveyed each month, when newborns are 2-6 months old. Survey questions address their feelings and experiences before, during and after their pregnancy. ▫ From 2002 to 2005, 7,661 mothers were interviewed with a 72% response rate. (For more information about PRAMS and its operations, see* Contact PRAMS *below.)

Figure 1: Maternal Smoking Status Across Time

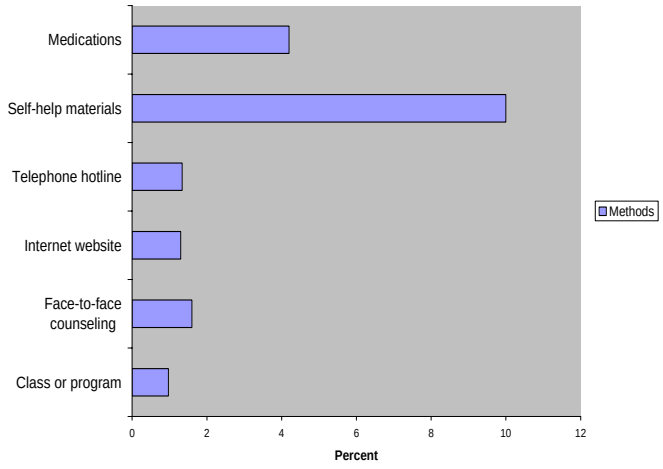


The 2 A's + R is a brief intervention that requires a clinician to do the following: **A**sk patients if they smoke; **A**dvise them to quit; and **R**efer them to

cessation services and resources. Motivation related to smoking cessation is evident on both the part of the mothers and providers. Expectant mothers are motivated to quit, with 91% of mothers admitting that they tried to stop smoking for one day or more. Similarly 90% of women smokers report being "asked" about smoking status by a provider and 77% report a provider spending time with them discussing how to quit smoking (advising). However, only 37% reported a prenatal care provider actually assisting them in quitting. No direct information on provider referrals is available from PRAMS, but utilization of cessation services available from PRAMS is unexpectedly low.

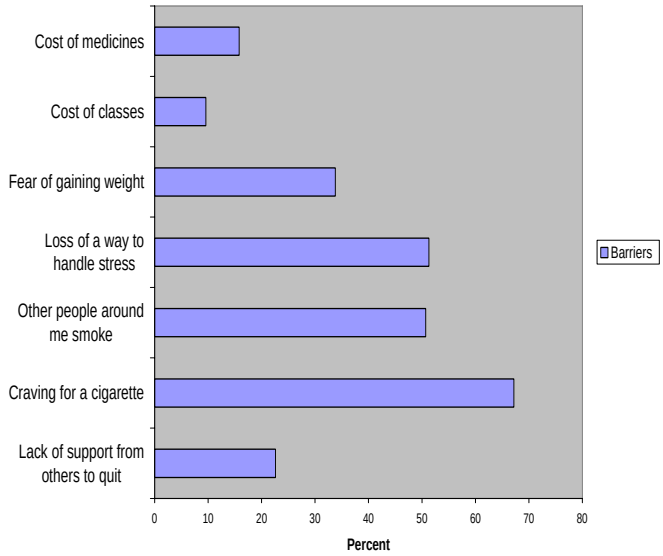
The success of referrals and/or cessation counseling may be demonstrated by quit rates. Methods used to quit ranged from a sizeable group using self-help materials to more limited numbers of women using internet websites, classes or programs, as presented in figure 2 below. New Jersey has committed significant resources outreaching smokers through an extensive menu of free or affordable treatment options. Strikingly, these programs are not being recognized and remain largely under-utilized by pregnant women who want to quit.

Figure 2: Quitting Methods



Anticipating barriers to quitting smoking are important considerations when counseling pregnant women. As illustrated in figure 3, women cite multiple barriers with a majority of women craving cigarettes, fearing a loss of handling stress or dealing with the added pressure of having others around them smoke.

Figure 3: Barriers to quitting



Agenda for Action

Findings suggest the majority of pregnant women try to quit, but need more help from prenatal care providers in making a quit attempt and arranging for follow-up contacts to assure success.

There are multiple interventions that may be used by healthcare providers such as the 5A's – Ask, Advise, Assess, Arrange, Assist. Research has shown that the 5A's work, but can be hard to implement as healthcare providers are required to handle cessation counseling. Therefore, the Comprehensive Tobacco Control Program (CTCP) of NJDHSS and others are calling on healthcare providers to help patients who smoke to quit through the effective 30 second intervention, 2A's + R (Ask, Advise, Refer). To facilitate linkages to referrals NJDHSS has created downloadable electronic tools such as referral slips, and file stickers to help healthcare providers in addition to developing a Quit 2 Win Video for patient viewing.

Another valuable resource is the Mom's Quit Connection (MQC), an established NJ perinatal smoking cessation program, supported by the CTCP. The program has conducted office based brief intervention perinatal cessation training to hundreds of health care providers. In addition to providing chart documentation tools and specific interviewing strategies, the training offers suggestions on implementing practice wide system changes designed to incorporate asking patients about their smoking status at each visit. Once a perinatal practice is trained, MQC partners with the practice to serve as the "R" in the 2 A's and R model, providing free

individualized counseling and support to the smoker and her family. Perinatal smoking efforts have consistently faced high, post-partum recidivism rates, it is the relationship created between healthcare provider, cessation specialist and mother that will ultimately produce positive, permanent results.

Resources

www.NJQuit2Win.com – Listing of current NJ programs designed to help people quit smoking

1-866-NJ-STOPS (NJ Quitline)

www.snjpc.org/mqc/ - Mom's Quit Connection - NJ perinatal program offering individualized cessation counseling and targeted clinician training – 1-888-545-5191

www.helppregnantsmokersquit.org – Smoke Free Families – national program supported by the Robert Wood Johnson Foundation working to help pregnant smokers quit and disseminate evidence-based treatments.

www.cdc.gov/reproductivehealth/TobaccoUsePregnancy/ - CDC Tobacco Use and Pregnancy – CDC's Office on Reproductive Health provides information on tobacco use and pregnancy, with a comprehensive collection of data, data sources, publications and products.

Contact NJ-PRAMS

http://www.nj.gov/health/fhs/pramsindex.shtml

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