

Implementation of a New  
Prenatal Smoking Cessation Program  
In the Newberry & Prosperity Area

Nick Patel

MUSC - Dean's Rural Clerkship

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# Special Thanks

- Tobacco Intervention & Prevention Strategy
  - Renee Martin (project coordinator)
- American Cancer Society
- AHEC
- March of Dimes
- Lovelace Family Practice
- Newberry OB/GYN
- Newberry Family Health Center
- Dr. Hunt & Dr. Long Family Practice

# Facts about Women & Smoking

- Smoking is the #1 cause of preventable death in the U.S. (Surgeon General).
- Currently there are approximately 23 million women smokers in the U.S.
- Lung cancer surpassed breast cancer as the number one cause of death in women in 1998.
- In Newberry County, 16.3% of pregnant women smoke during their pregnancy, compared to a national average of 12.9%.

# Smoking and Low Birth Weight

- Smoking during pregnancy is estimated to account for 20-30% of low-birth weight (LBW) babies.
- Newberry County is ranked 36th out of 46 counties with a LBW rate of 9.9%.
- The risk of LBW increases 26% for each additional five cigarettes smoked per day.
- LBW babies are 72 times more likely to die during their first year of life than normal birth weight babies.
- LBW babies average 21.7 days in the hospital and cost approximately \$50,000.

# Smoking and SIDS

- SIDS is the leading cause of death in infants between the ages of one month and one year.
- Risk of SIDS increases with number of cigarettes the mother smokes during pregnancy.
- Up to 40% of cases of SIDS could be avoided if pregnant women quit during pregnancy.
- In 1999, there were 5 SIDS deaths in Newberry County, and reportedly all the mothers were smokers.

# Aims

- Implementation of a new prenatal smoking cessation program in the Newberry & Prosperity area.
- Assess the smoking behaviors of pregnant women in Newberry County.
- Survey the percentage of current OB's who are smoking.
- Improve smoking and tobacco awareness with the prenatal community.

# Measures

- Number of area OB clinics who adopt new smoking cessation program.
- The total number of current OB patients who are active smokers in the five area OB clinics.
- The number of women from each OB clinic interested in the new prenatal smoking program.
- Number of surveys distributed to patients.

# Possible Changes for Improvement

## Starting New Prenatal Smoking Cessation Program

### Drivers

1. Motivated clinicians
2. A mother's willingness to change
3. Free Bassinets
4. Funding

### Barriers

1. Clinicians misconceptions about TIPS program
2. Small town politics
3. Smoking addiction
4. Time to implement
5. Stigmatism
6. Contacting patients

# PDSA cycle

## Plan:

- Pitch program to area OB clinics
- Identify candidates at each OB clinic
- Ask each clinic to make initial contact with candidates
- Distribute information packets and posters to area OB clinics
- Make a list of candidates with name and phone number

# PDSA cycle

## Do:

- Met with TIPS coordinator and Dr. Lovelace about project
- Researched prenatal smoking trends in Newberry County
- Informed the business manager of all five OB clinics about program
- Passed out packets consisting of surveys, brochures, and posters to area OB clinics
- Inserted a packet into each OB chart at Lovelace's clinic
- Each OB clinic tallied up the number of current OB patients and number of current smokers
- Candidate's name and phone number recorded at clinics
- Asked each clinic to make initial contact with smoking patients regarding program

# PDSA Cycle

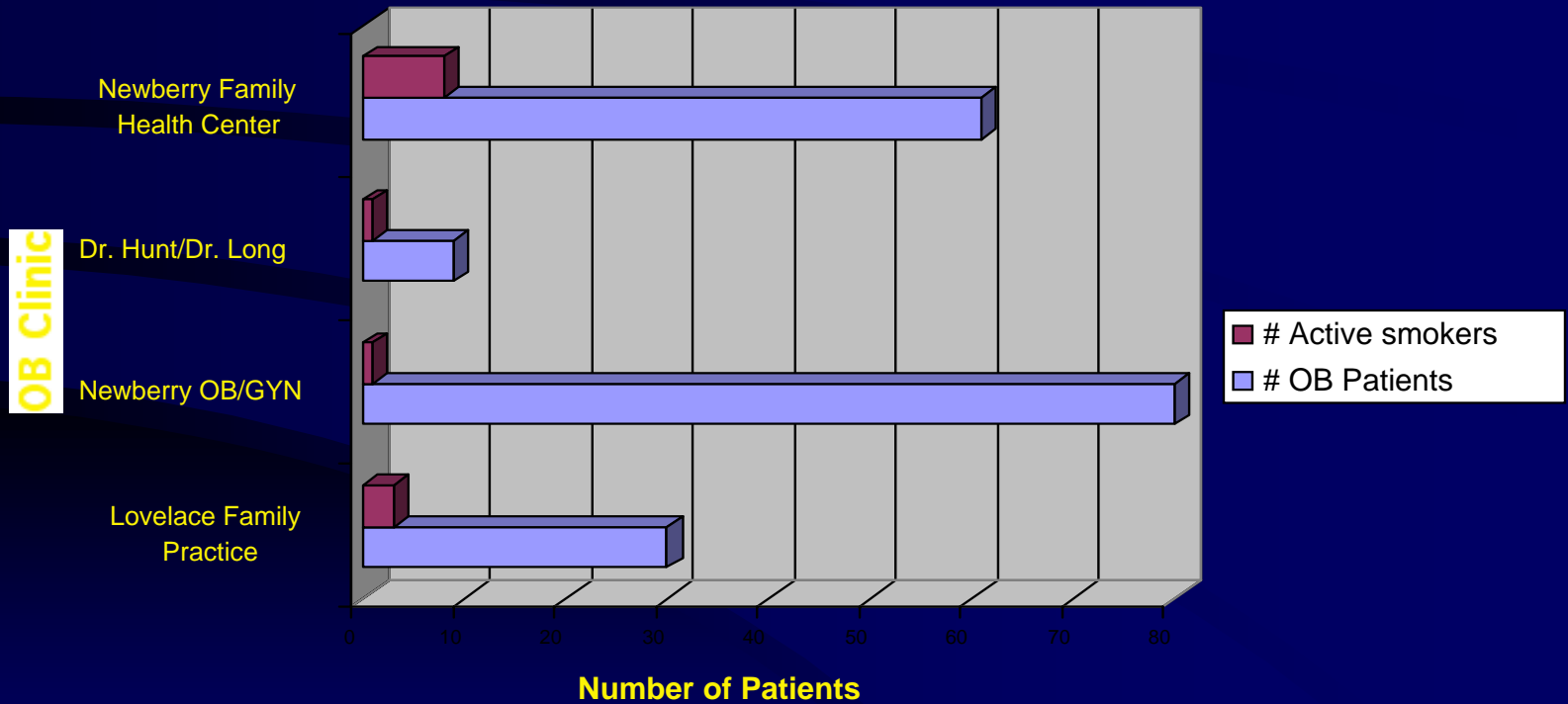
Data Analysis: As of May 22, 2001

- Lovelace Family Practice : 30 total OB patients; 3 active smokers (10%)
  - Newberry OB/GYN : 80 total OB patients; 1 active smoker (1.25%)
  - Dr. Hunt/Dr. Long : 9 total OB patients; 1 active smoker (11.1%)
  - Newberry Family Health Center : 61 total OB patients; 8 active smokers (13.1%)
- Total : 180 OB patients; 13 active smokers (7.2%)**

# OB Demographics

As of May 22, 2001

## Data Analysis



# Act

- TIPS coordinator will continue the education and distribution of packets to OB patients who smoke.
- TIPS coordinator will follow-up with smokers who are interested in the smoking program
- Area clinics will continue to support program
- The stage of change can be documented
- Program can be extended to include household members who smoke
- Future Plans:
  - ★ Project could be extended to other areas of the county
  - ★ The rate of LBW and SIDS in patients included in the new program should be compared to those not enrolled

# Lessons Learned

- Small town physicians can be very territorial regarding patients
- It is difficult to get a response from individuals by phone alone
- A new program takes, on average, 2-3 months to get off the ground
- Coding regulations must be changed so that tobacco-related illness can be better documented in the community