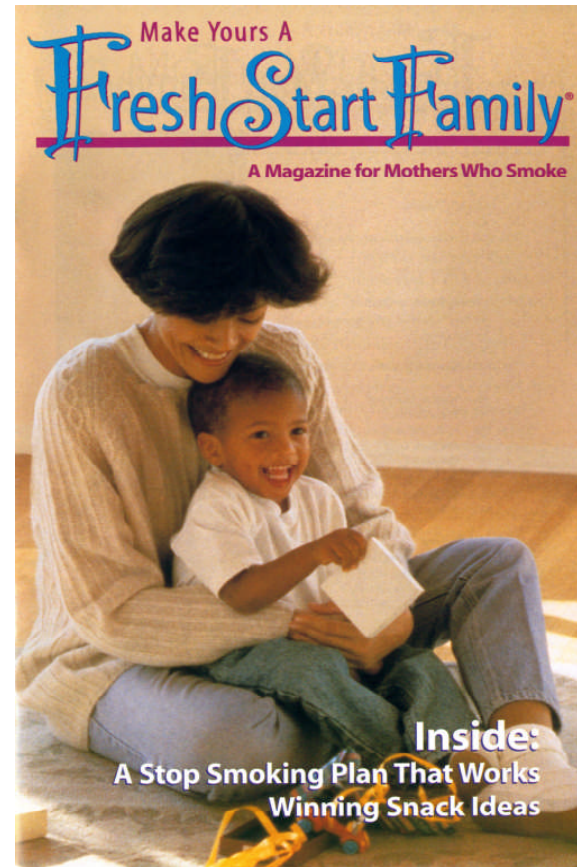
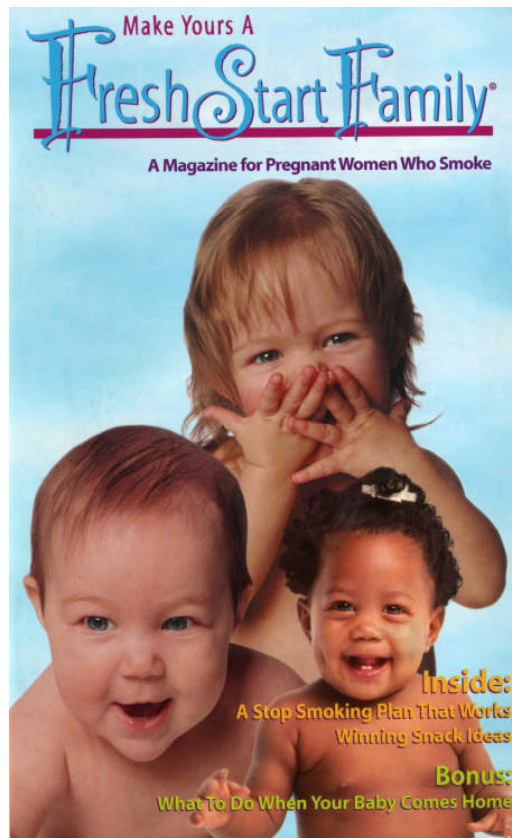


Make Yours a Fresh Start Family





Pre-Training Evaluation Form

Please complete the
pre-training evaluation forms that
have been handed out to you.



Mary Dailey

- Program Manager for Big Bend Area Health Education Center (AHEC)
- Smoker for 25 years
- Non-smoker for last 7 years
- Diagnosed last year with emphysema
- Empathy for smokers trying to quit
- Teach 4 smoking cessation classes a year
- Present Train-the-Trainer sessions last 5 years
- President of the ALA Board of Directors
- Presented at the World Conference on Tobacco or Health, National Rural Health Association, National AHEC Organization, and the Rural Nurses Association of Ontario
- Web-Enhanced Audio Teleconference (www.gnahec.org/tobacco/)

Why are smokers unsuccessful when trying to quit?

Smokers use roadblocks to keep from quitting. Here are a few of the roadblocks that keep people from quitting:

- I'll gain too much weight
- I've already cut down – I don't need to quit
- My friends will make it hard for me to quit
- My husband (boyfriend) smokes it would be too hard to quit with him smoking around me
- There's too much going on in my life
- I wouldn't know what to do without a cigarette
- I don't have the will power to quit
- I'll get too uptight
- The cigarette is their best friend



Make Yours A Fresh Start Family

Is dedicated to reducing smoking rates amongst pregnant women and mothers. This training will show you how to use the S-T-A-G-E intervention, which is a 5-step approach you can use to counsel smokers to quit. The initial consultation can be completed in approximately five minutes.



OBJECTIVES

Participants will learn

- **to** identify tobacco users and document their status
- **to** recognize the smoker's level of readiness to quit
- **to** aid the patient in quitting by helping with a quit plan
- **to** be comfortable dealing with patients who smoke
- **to** tailor a message for each patient
- **the** connection between smoking and SIDS
- **when** and how to refer to the Quit for Life Line
- **to** train effectively on the Make Yours a Fresh Start model



How Did Make Yours a Fresh Start Family Get Started?

- Curriculum developed by the American Cancer Society, American Academy of Pediatrics and the Pennsylvania Department of Health
- Field tested with more than 2,000 women over 3 years



Clinical Practice Guideline

Recommendations

- Every person who smokes should be offered treatment at every visit
- Cessation counseling as brief as 3 minutes is effective
- More intense treatment is more effective in producing long-term abstinence
- A combination of counseling and pharmacologic intervention are most effective
- Health care systems should make institutional changes to prevent and treat tobacco addiction

Comparing MYFSF & 5 A's Listed in the Clinical Practice Guidelines

MYFSF

SURVEY

1 MINUTES

TAILOR

1 MINUTE

ASSESS STAGE

1 MINUTE

GIVE MATERIALS

1 MINUTE

EVALUATE

1 MINUTE

CPG

ASK

1 MINUTE

ADVISE

1 MINUTE

ASSESS

1 MINUTE

ASSIST

1 MINUTES

ARRANGE

1 MINUTE

*Make Yours A Fresh Start Family



Smoking Prevalence Among Women

- 1 in 4 women in the US smoke
- Smoking rates peak between 25-44
- Women who smoke are more likely to be separated or divorced, have a high school education or less and have low family incomes



Smoking Prevalence Among Pregnant Women

- 20% of pregnant women smoke, 38% of them are heavy smokers
- Pregnant women over 30 are less likely to smoke than younger women
- White, unmarried women are more likely to smoke
- Women with fewer than 12 years of education and low incomes are much more likely to smoke
- Most pregnant women want to quit but do not know how

Prenatal Risks Associated with Maternal Smoking

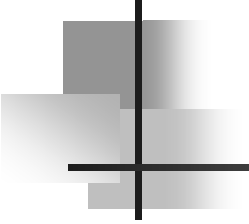
Maternal smoking can pose long-term and short-term health risks to the mother and the developing fetus. Smoking during pregnancy has been associated with:

- 20%-30% increase risk of stillborn births
- 10% of all prenatal deaths
- 15% of all pre-term deliveries
- Low birth weight – twice as many babies born to smokers weigh less than 2500 grams at birth



Smoking and the Risk of SIDS

- Maternal smoking has long been linked with increased SIDS risk
- To learn more go to the website at:
<http://sids-network.org/experts/smok.htm>



A Report of the Surgeon General, 2004

- A positive trend in SIDS risks with increasing numbers of cigarettes smoked during pregnancy remained after adjusting for birth weight.
- Compared with unexposed infants, babies exposed to SHS after birth are at twice the risk for SIDS, and infants whose mothers smoked before and after birth are at three to four times greater risk

Effects of Maternal Smoking During & After Pregnancy

Compared with unexposed infants, babies exposed to secondhand smoke after birth are at twice the risk for SIDS, and infants whose mothers smoked before and after birth are at three to four times greater risk.

Cigarette smoking by parents leading to passive exposure of the baby carried a high relative risk of 3.



Immediate Benefits of Quitting

“Women that quit smoking before their pregnancy or those that quit in their first trimester can substantially reduce and reverse the risk of having a low birth baby or other complications.”

-National Cancer Institute



Healthy Start and Pregnant Women Smokers

- Pregnant women who received Healthy Start Smoking Cessation Services were less likely to have babies born with low birth weights

Who is Eligible for Healthy Start Smoking Cessation Services?

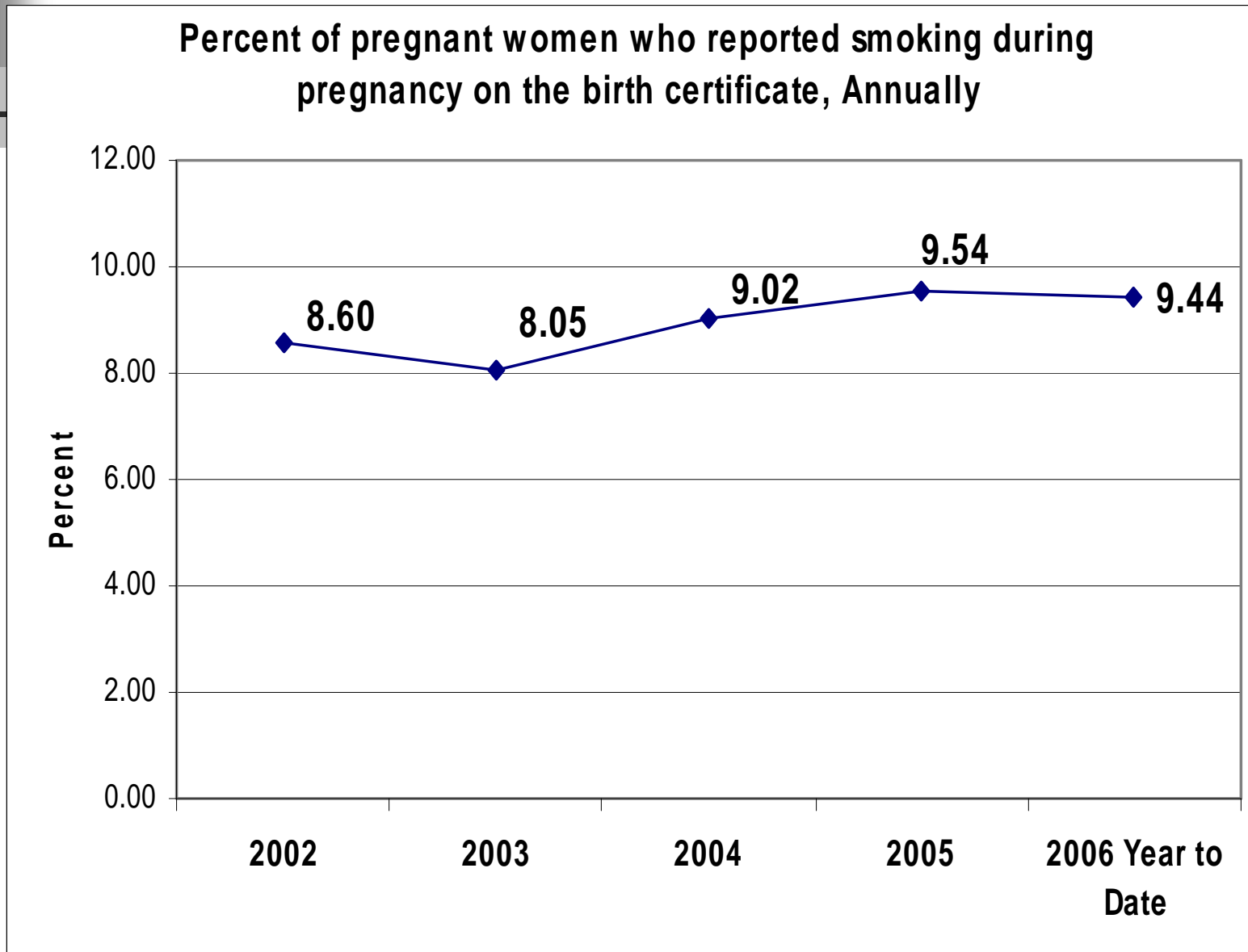
- Anyone who says they smoked during pregnancy
 - Pregnant woman
 - Parent
- Anyone smoking in the home of a pregnant woman or child ages birth to 3



An Analysis by DOH Maternal & Child Health Evaluation Team

- Approximately 500 premature births could be avoided annually if all women who gave birth did not smoke
- An additional 500 premature births could be avoided if all women received early and continuous prenatal care

Percent of pregnant women who report smoking on the birth certificate:



**Figure 1. Overall smoking prevalence among females in Florida
PRAMS 1996-2003, FYTS 1998-2005, and BRFSS 1990-2005**

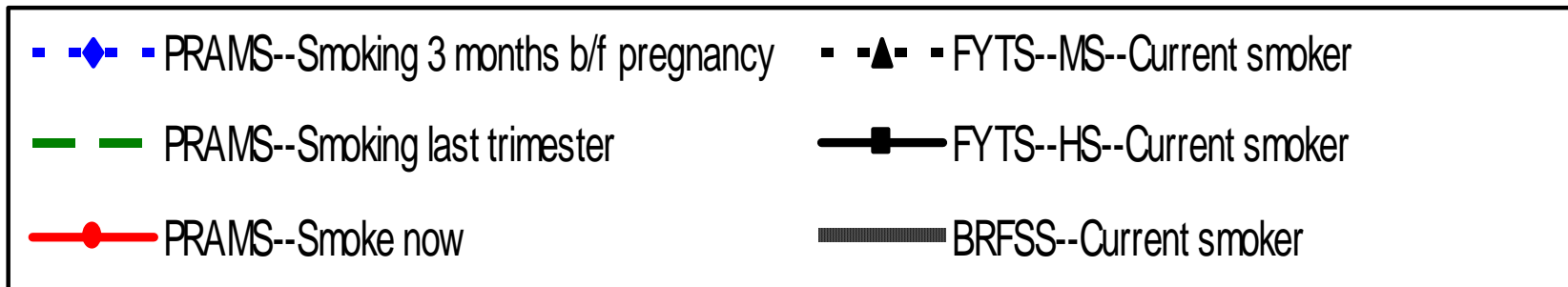
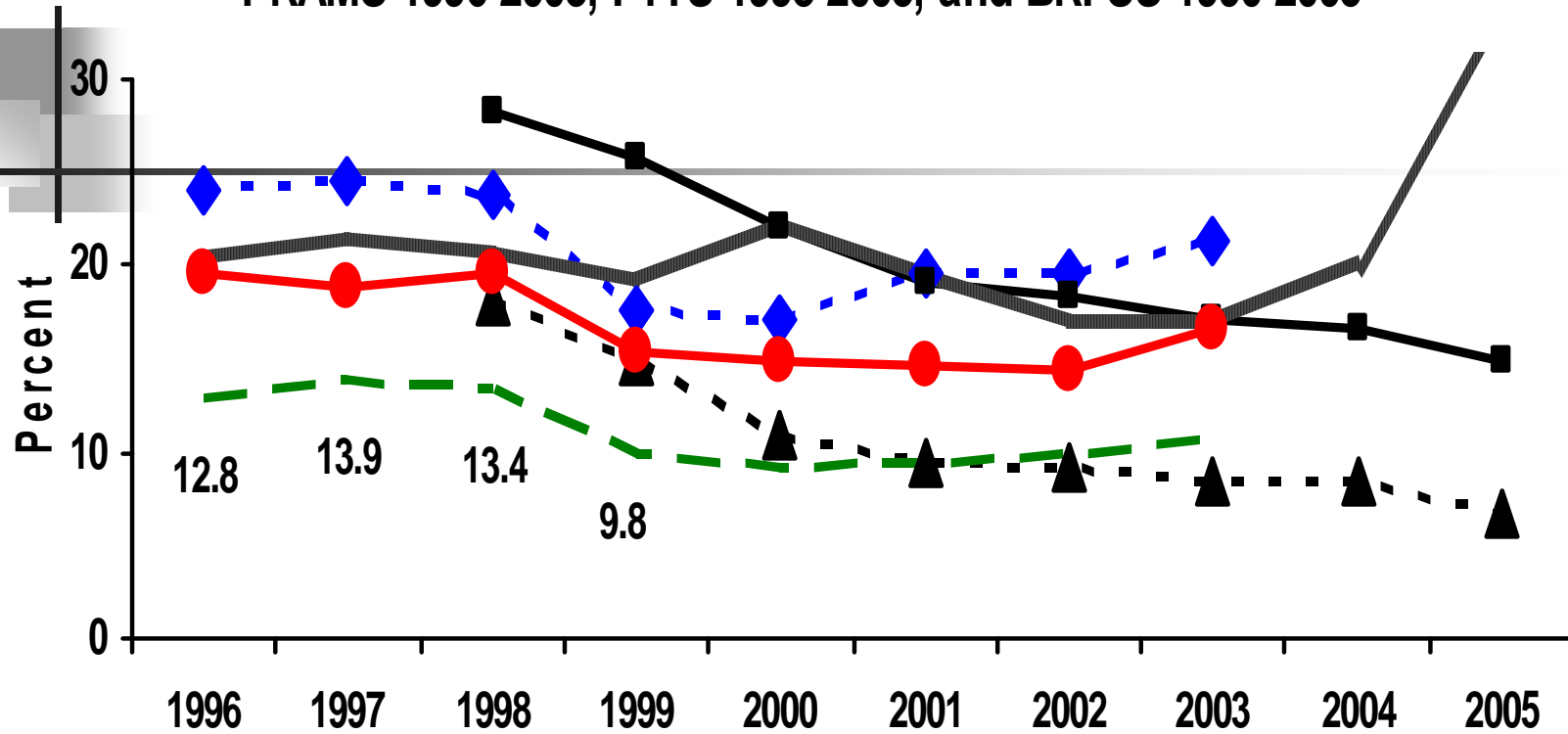


Figure 6. Discussion on Smoking Occurred During Prenatal Care, by Age Group

FL PRAMS 1993--2000

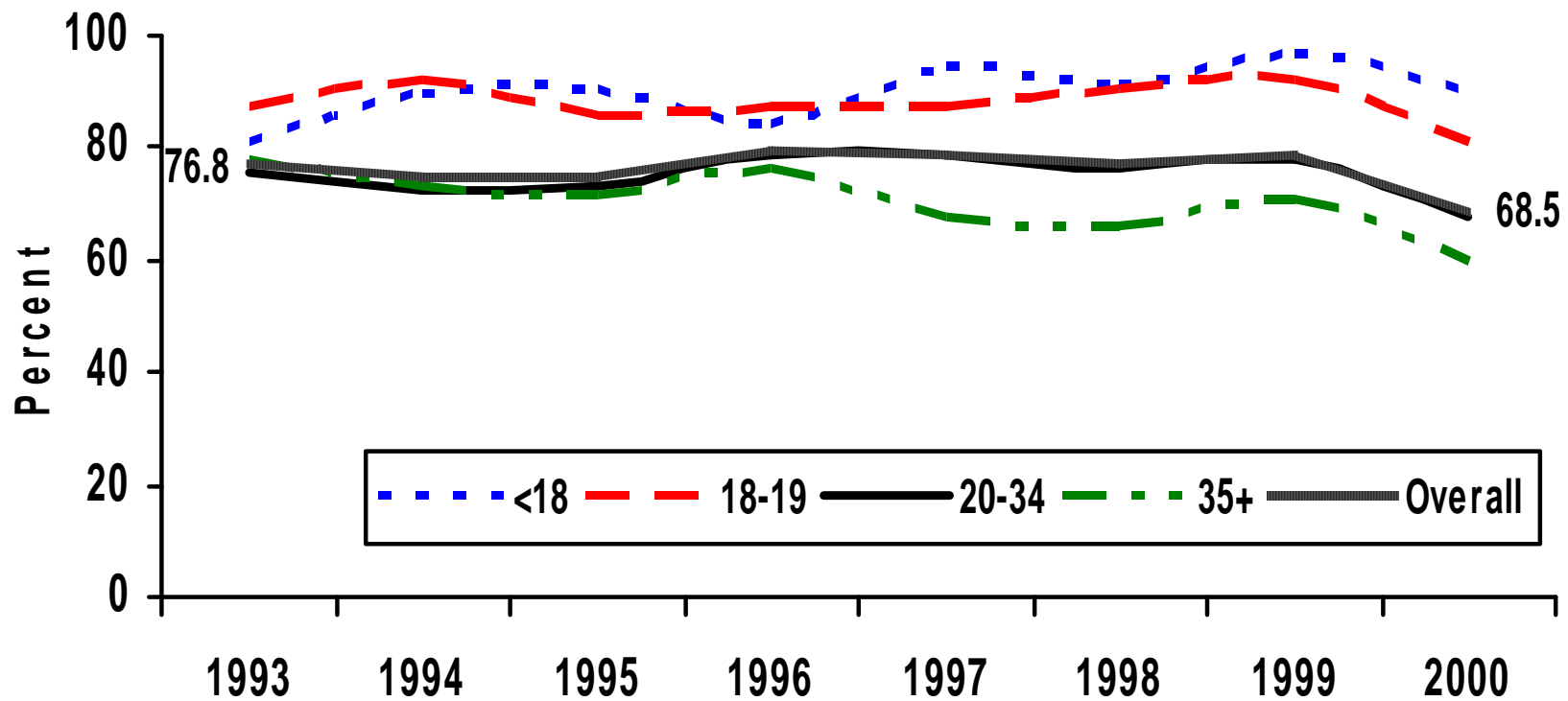


Figure 6. Discussion on Smoking Occurred During Prenatal Care, by Age Group

FL PRAMS 2000-2003

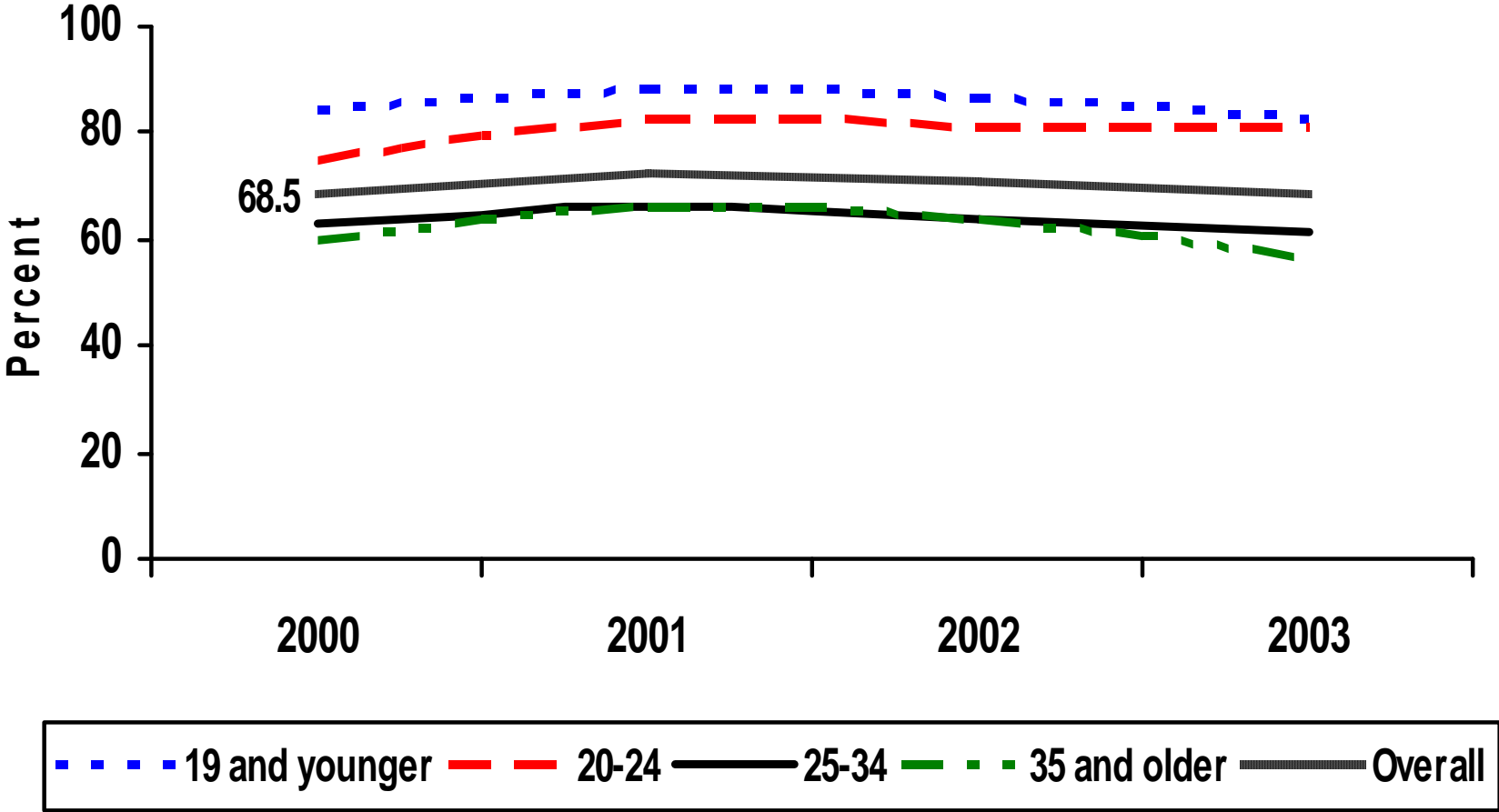


Figure 7. Discussion on Smoking During Prenatal Care Visit, by Location of Most Prenatal Care Visits

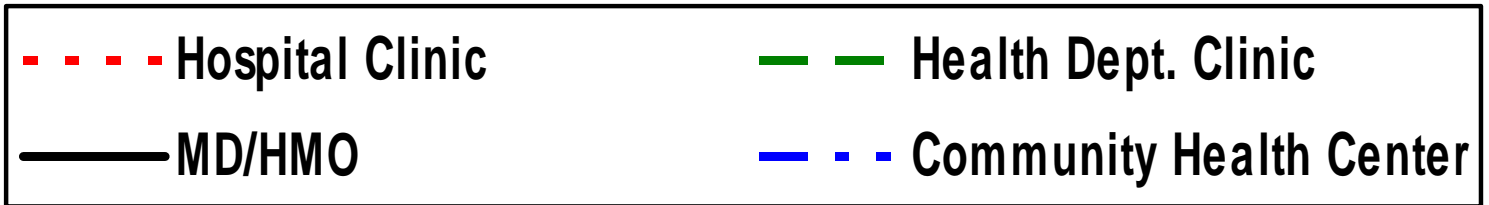
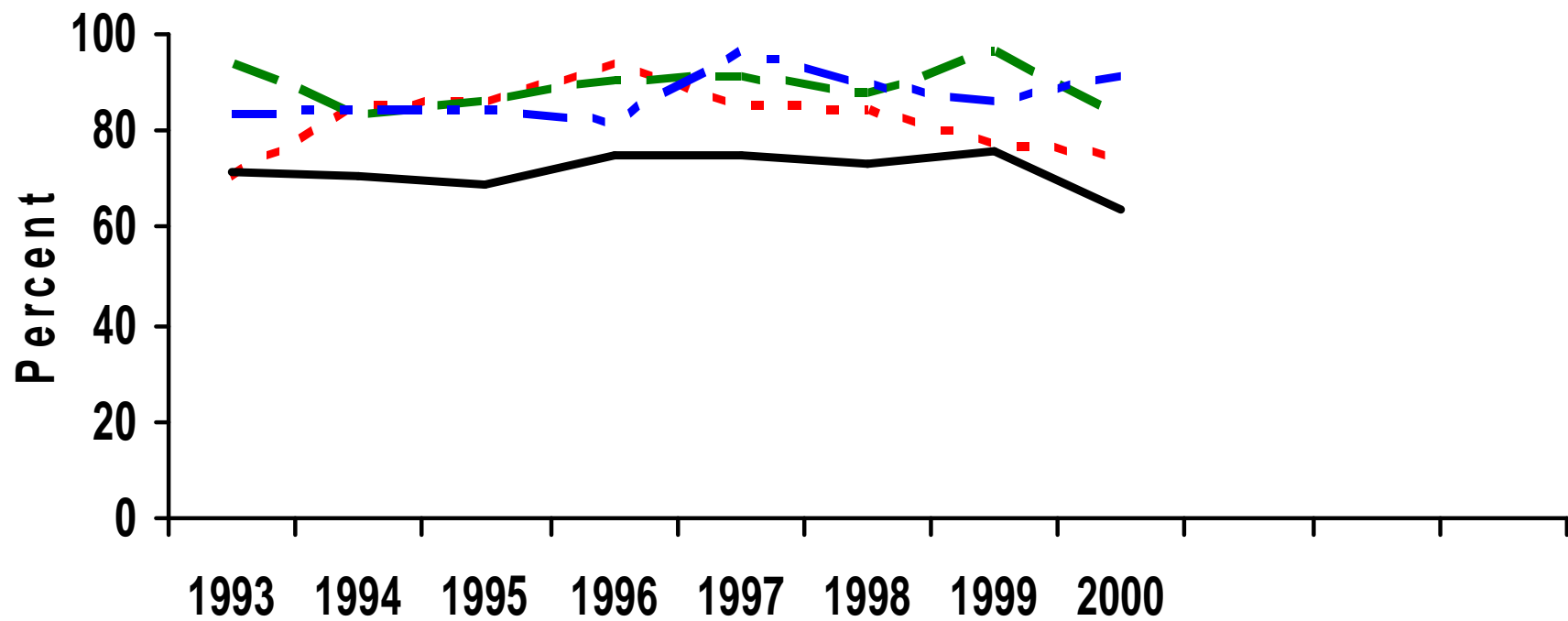


Figure 8. Infant Exposure to Tobacco Smoke,
by Maternal Age Group
FL PRAMS 1996-2000

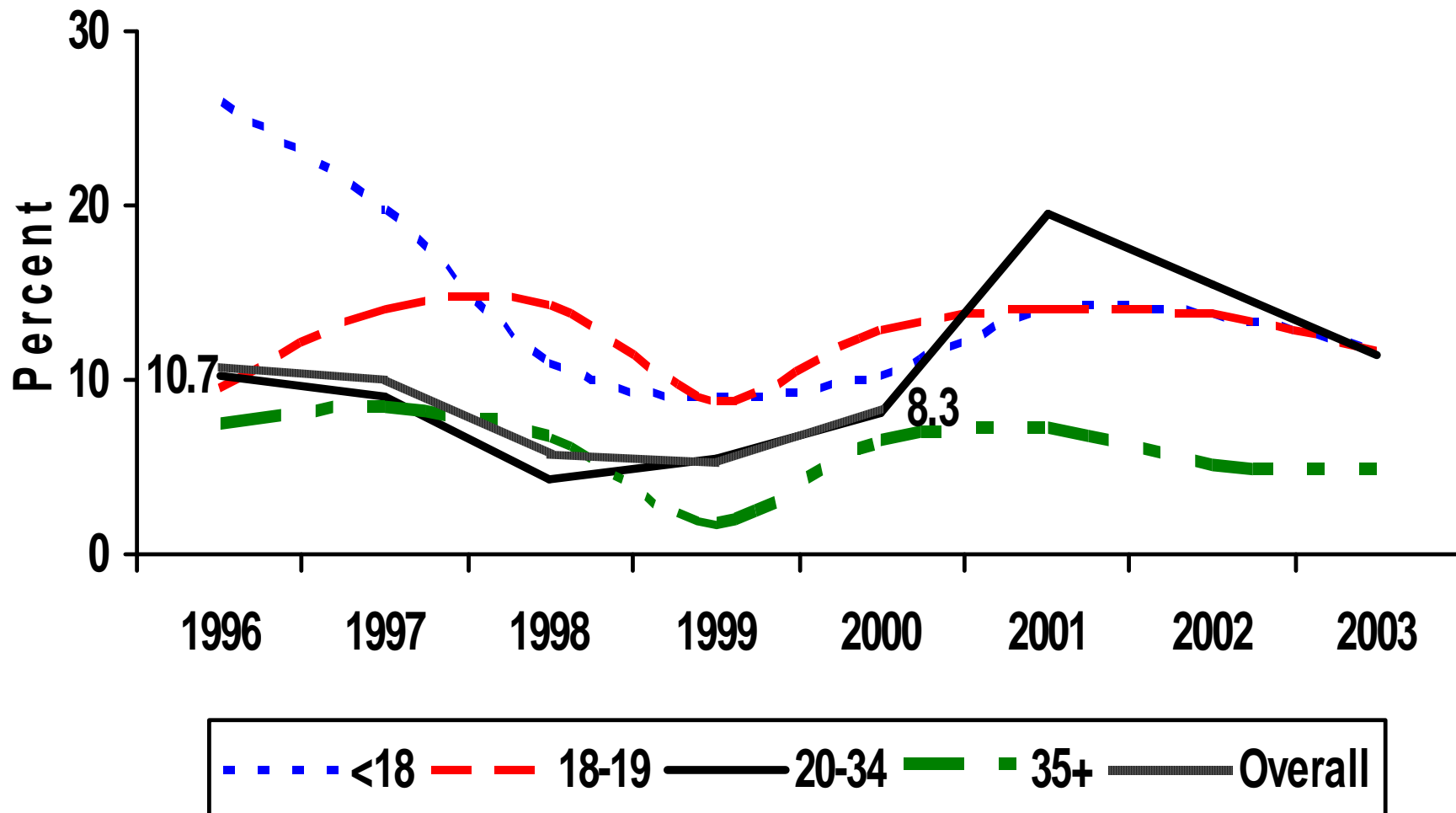
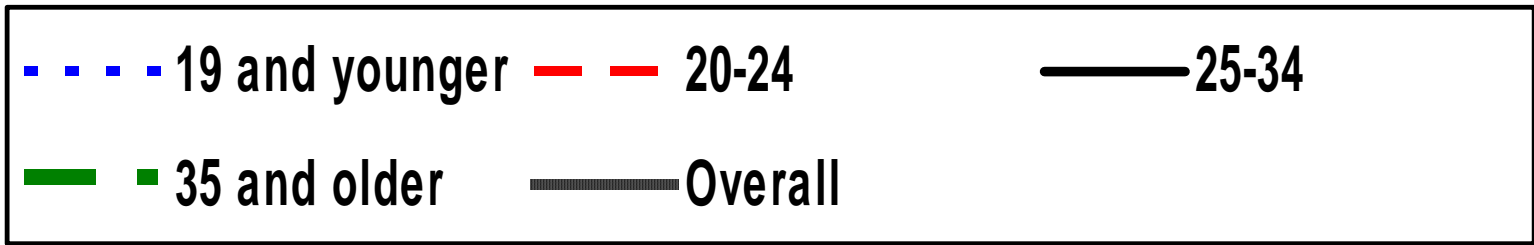
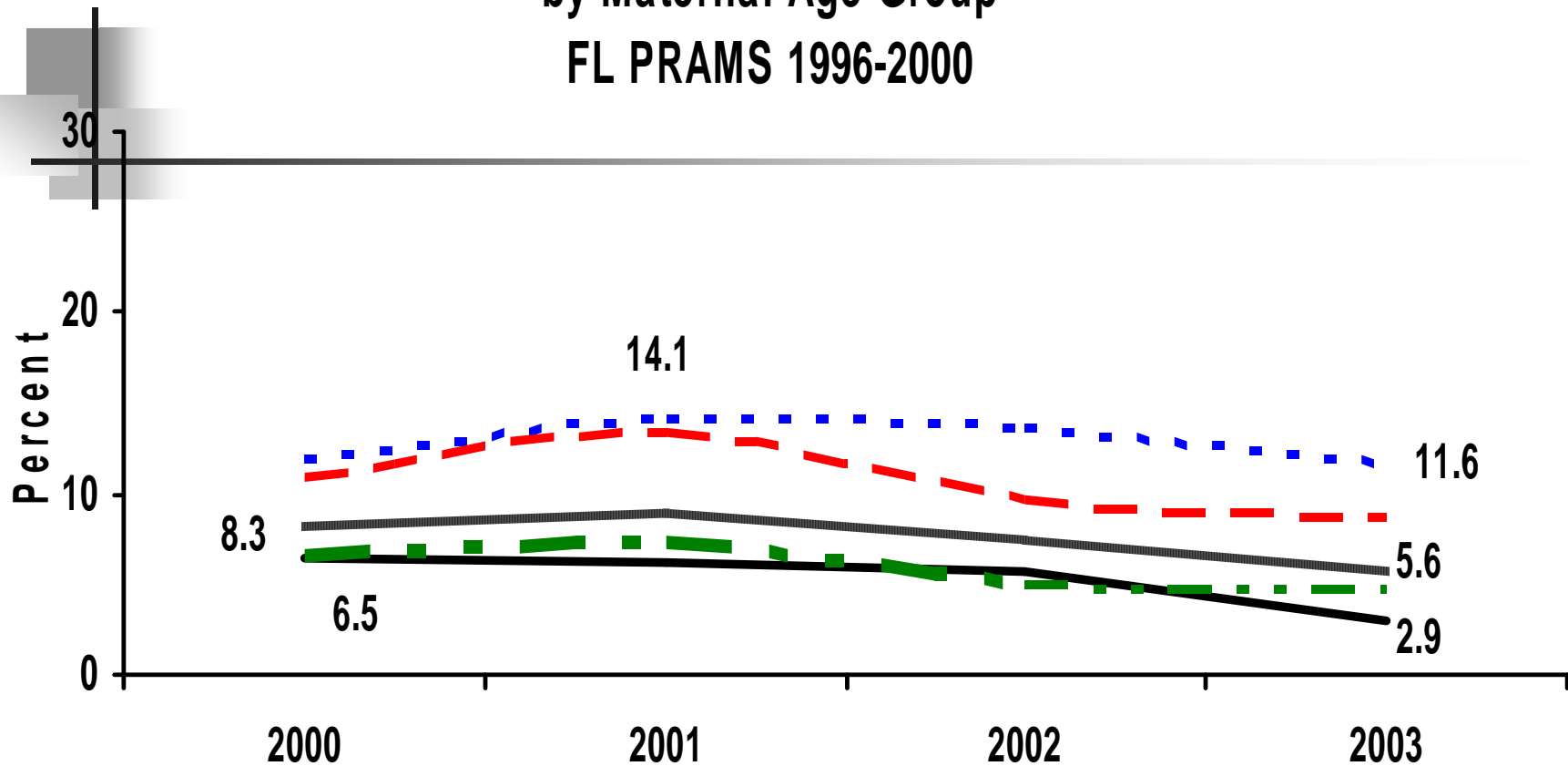


Figure 8. Infant Exposure to Tobacco Smoke,
by Maternal Age Group
FL PRAMS 1996-2000



Potentially relevant periods for reproductive and perinatal outcomes

Outcome	<i>Relevant exposure periods</i>		
	Preconception	Prenatal	Postnatal
■ Fertility (female)	X		
■ Spontaneous abortion	X	X	
■ Low birth weight, small for gestational age, intrauterine growth retardation	X	X	
■ Congenital malformations	X	X	
■ Infant death (Including sudden infant death syndrome)	X	X	X
■ Cognitive development	X	X	X
■ Childhood behavior	X	X	X
■ Height/growth	X	X	X
■ Childhood cancer	X	X	X

Impact of Each Cigarette Smoked During Last Tri-Mester of Pregnancy

“Maternal Smoking and Its Association
with Birth Weight” – find article at:

[http://www.acog.org/from_home/publications/
green_journal/2005/v106n5p986.pdf](http://www.acog.org/from_home/publications/green_journal/2005/v106n5p986.pdf)

Risks to Infants Who Have Mothers that Smoke

- Get more chest colds, flu, ear infections, bronchitis & pneumonia
- Are more likely to develop asthma and have more frequent asthma attacks
- Are more likely to be hospitalized during the first two years of life
- May be smaller and their lung development may be slower
- Are more likely to smoke when they grow up



Risks to Children Who have Mothers that Smoke

- Higher incidence of respiratory problems
- Reduced lung function
- Higher risk of asthma
- Estimated 10 million children younger than 6 exposed to household second hand smoke

STAGE

Intervention Components

Survey

Tailor a health message

Assess readiness to quit

Give materials and a plan of action

Evaluate progress at follow-up visits

SURVEY



- Tobacco use should be included as one of the vital signs at each visit
- Systemically ask every patient about tobacco use at every visit
- Identify all smokers as:
 - Currently***
 - Formerly***
 - Never***
- Survey the patient's beliefs in harmful effects of smoking and possible roadblocks



TAILOR

- Acknowledge the difficulty of quitting
- Give information about the effects of smoking on the fetus/child/smoker
- Stress the benefits of quitting
- Give a clear recommendation to quit
- Advise to start with “baby steps”
- Take advantage of those
“teachable moments”
- Be caring, empathetic and positive!

B a b y S t e p s



- Set a quit day in 4 weeks
- Stop smoking in your house
- Track each cigarette
- No more smoking in your vehicle
- Fade down to the lowest tar and nicotine cigarette
- Find other things to do (4 D's)

***“the urge to smoke will come and go
whether you smoke a cigarette or not”***

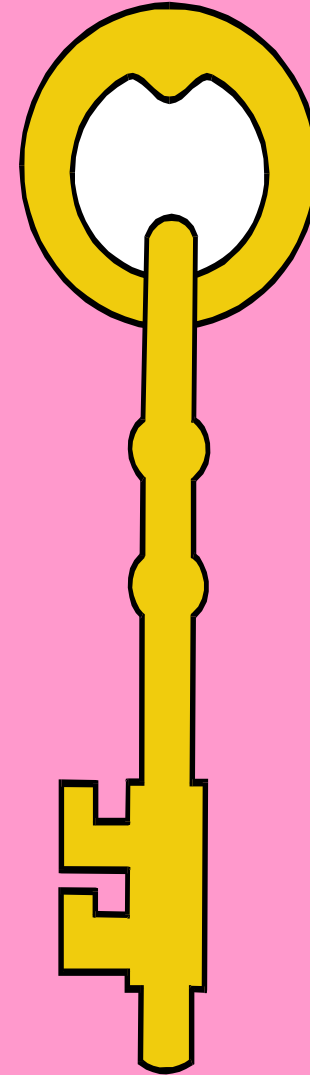
MOTIVATION

IS THE

KEY

TO

SUCCESS

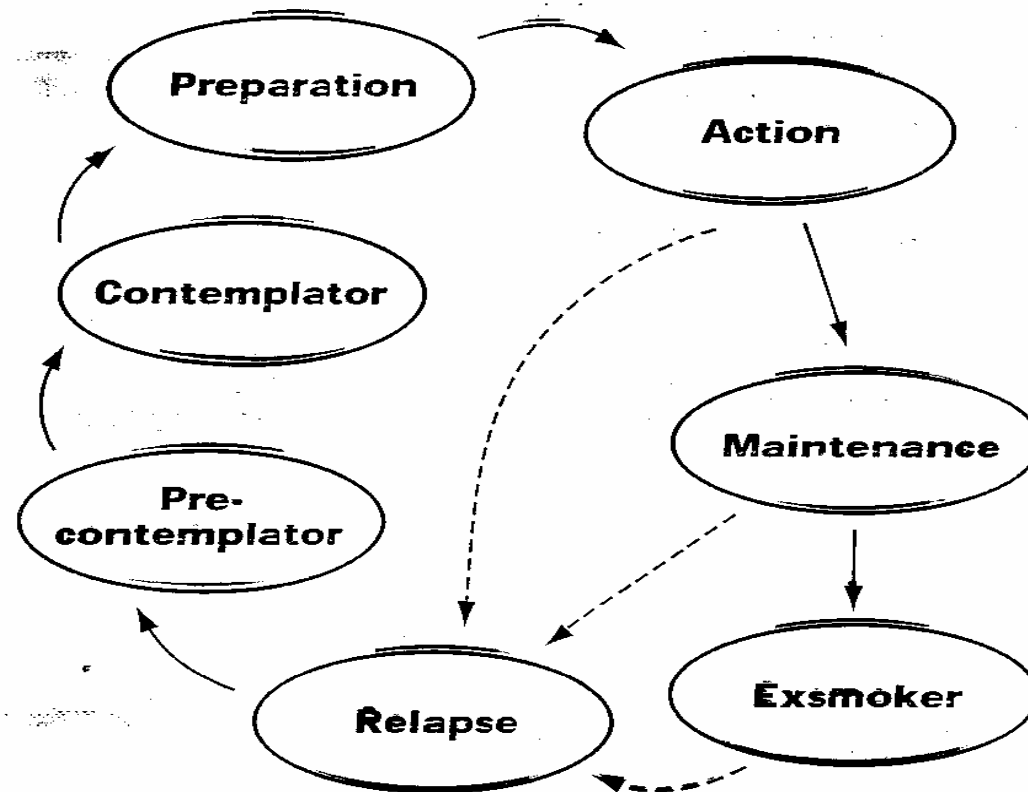




A S S E S S

- Assess how the patient depends on cigarettes:
 - *habit*
 - *physical addiction*
 - *psychological dependence*
- Assess the Stage of Behavioral Change
- Assess past quit attempts
- Assess barriers to quitting

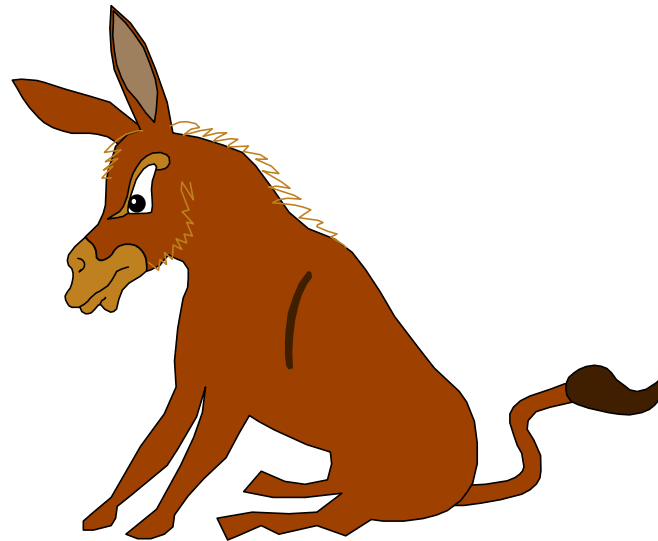
The Process of Behavioral Change



Adapted from Prochaska and Di Clemente, 1983, and the PA Chapter, American Academy of Pediatrics, 1996.

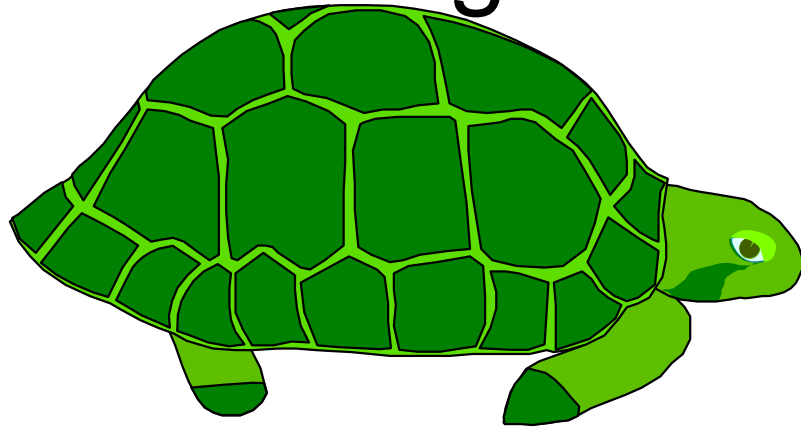
PRECONTEMPLATION

NOT READY TO THINK
ABOUT CHANGE



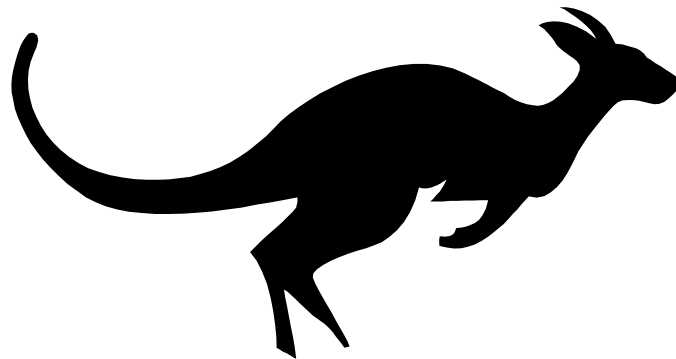
CONTEMPLATION

Will listen to new information and consider the idea of changing behavior - moves slowly toward change.



PREPARATION

Taking a series of steps toward quitting including setting a quit date. ABOUT TO LEAP INTO CHANGE.



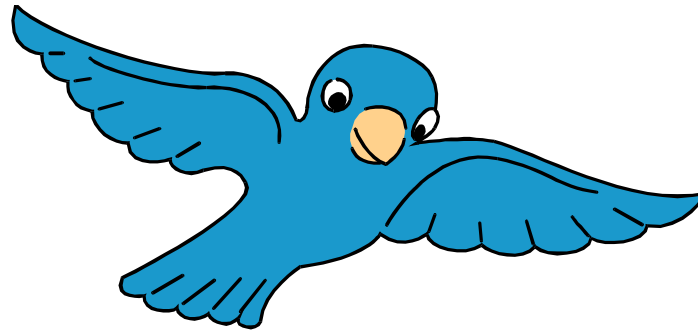
ACTION

The first day one stops tobacco use, and the daily struggle over the next few months to maintain cessation.



MAINTENANCE

The ability to sustain
cessation over the course
of time



RELAPSE

Part of the recovery process in addiction, when old behavior returns, and the need to use learned behavior change skills becomes necessary.

HOOKED AGAIN



GIVE RESOURCES

- Nicotine Replacement Therapy (NRT)
- Correctly Calculating NRT
- Florida Quit-for Life Line 877-U CAN NOW
- Use the Quitline fax referral
- Cessation support
- Give materials & community resources available
- Document referral in medical record



Florida's Quit-For-Life Line

provides smoking cessation services

People wishing to quit can get help
by calling the Florida Quit-For-Life Line
toll-free at 877-U CAN NOW.

The hotline is available in English, Spanish,
and TDD for the hearing impaired.



Prenatal Tobacco Cessation Resources

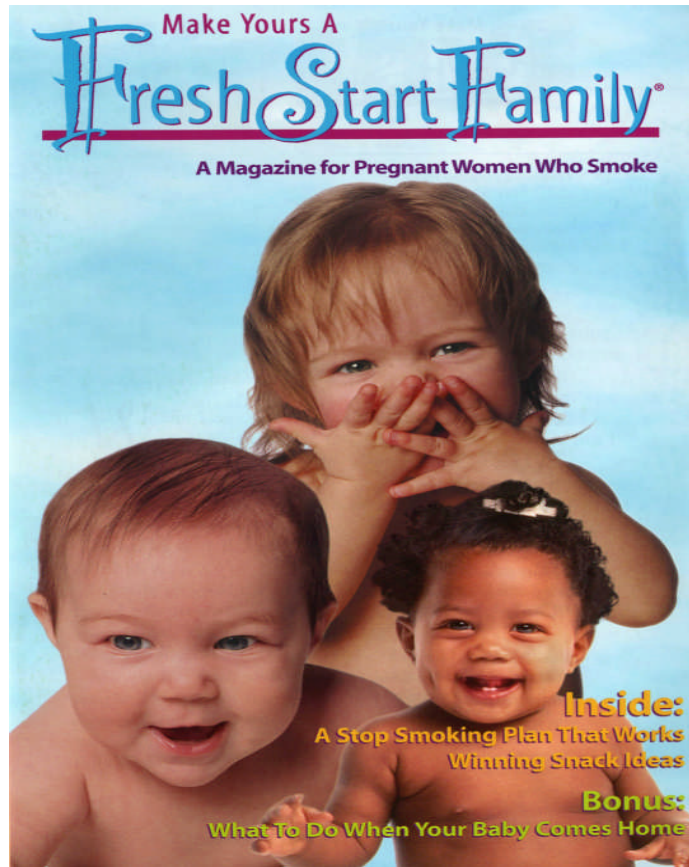
- Healthy Start Smoking Cessation Services
www.healthystartflorida.com/directory/directorylist.asp
- American Lung Association
www.LungUSA.org
- American Legacy/Great Start Campaign
www.americanlegac.org
- Take the Smoke-Free Home Pledge
www.epa.gov/iag/ets
- American Legacy's Circle of Friends
www.join-the-circle.org
- H. Lee Moffitt Cancer Center 1-877-KICK-IT
www.moffit.usf.edu/cancer_research/tobacco_research/publications.asp

More Prenatal Tobacco Cessation Resources



- The connection between exposure to prenatal tobacco or environmental lead and increased risks for ADHD in U.S. children.
www.ehponline.org/members/2006/9478/9478.pdf
- Tobacco cessation services with women who quit smoking during pregnancy even after their baby arrives.
www.moffitt.usf.edu/cancer_research/tobacco_research/publications.asp
- Impact of prenatal use of nicotine replacement therapies on the baby.
www.zeroexposure.org/index.cfm/fuseaction/Info.Smoking/Article_ID/847/page/1
- Betel Quid with Tobacco (Gutka).
www.cdc.gov/tobacco/factsheets/BetelQuidTobacco_factsheet.htm
- SIDS website
www.sids-network.org/experts/smok.htm
- How secondhand smoke injures babies lungs
www.news.ucdavis.edu/search/news_details.lasso?id=7836
- The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General (including the full report, the executive summary, or the consumer-oriented publication)
http://www.cdc.gov/tobacco/sgr/sgr_2006/index.htm.

Magazines





Department of Health Forms Warehouse


Warehouse in Tallahassee, phone #850-414-8086

- Make Yours A Fresh Start Family
MYFSF Magazine for Pregnant Women
Stock# 5730-387-0150-1
- MYFSF Magazine for Mothers Who Smoke
Stock# 5730-386-0150-6
- Call Trish Mann for other materials that you can order
– 850-245-4465



EVALUATE

- Make follow-up contact with the patient
- Evaluate the plan
- Evaluate progress
 - “*No quit attempt is a waste*”
- Evaluate relapse prevention skills
- Evaluate reasons for relapse 1-877-9- KICK IT
- Evaluate *your acceptance* of the process
- Evaluate how to implement a smoking cessation program in your practice



Are You Pregnant?
Have you quit smoking?
Good for You!

Did you know?

- It's just as important for your baby's health to stay smoke-free **after** you give birth?

- But 70% of new mothers start smoking again after delivery.

For an information on staying smoke-free, call us toll-free:

1-877-9-KICK-IT
(1-877-954-2548)



3 MINUTE VERSION

A-A-R

2 A's and an R

- **ASK** – every patient about tobacco use and document in their medical record – 1 minute
- **ADVISE** – urge every tobacco user to quit; employ the teachable moment and link visit findings with advice – 1 minute
- **REFER** – patients to quitline or cessation classes and document in medical record – 1 minute



Stage Intervention Role Playing

Survey – the patient

Tailor - a health message

How would you clearly communicate your recommendation that she quit smoking?

Assess – readiness to quit

What is this woman's stage of readiness to quit?

Give Materials – and a plan of action

What barriers would you address?

What sections of the magazine would you use?

Evaluate – progress at follow-up visits



SYLVIA

- 19 and pregnant with her first baby
- Frequently fights with husband, smokes to calm her nerves
- Smokes about 16 cigarettes per day for past 3 years
- One previous quit attempt that lasted a few days
- Genuinely interested in the effects of smoking on her baby and wants to stop smoking

Her general attitude is: “I would like to stop. I think I might be able to except for my husband who smokes. Some days I can go for almost the whole day without a cigarette. It’s when I get upset that I smoke more.”



LINDA

- 27 with 3 children, 2, 4, and 6
- Lives with boyfriend who is a smoker
- Smokes about a pack a day for the past 13 years
- Have made several quit attempts, including one that lasted a month when she was pregnant with her 2 year old
- Expresses little interest in quitting and is reluctant to set a quit date

Her general attitude is: “Nobody can really tell me what to do. I have to make up my own mind and do it my way. A plan really doesn’t help. I can pick a stop day but won’t guarantee that I’ll stop. I’ll know when I am ready and then I’ll stop.”



MARY

- 27 single parent of a 3 year old who is in the permanent custody of the DHS due to neglect
- Pregnant with second child
- History of cocaine use and has been in a drug treatment program off and on for the past 2 ½ years
- Smokes about 30 cigarettes a day
- Has been smoking for the last 14 year and never tried to quit
- She is aware of the effects of smoking but is not overly concerned about the harm it can cause to her baby
- She does not feel she can give up smoking

Her general attitude is: “Cigarettes are the only thing that’s keeping me off drugs. They’re my best friend. I won’t give them up too. They’re the only thing keeping me straight. I don’t want to have to give up this baby too because of drugs.”



ANN

- 23 married mother of an 18 month and a 2 month old
- Has not smoked at all within the past week but that was because the baby has had a cold and she doesn't want to smoke around her and it is too cold to go outside the house to smoke
- She quit smoking while she was pregnant, but promised herself that she could have a cigarette right after she delivered
- She smokes sporadically, sometimes 10 or more a day and sometimes not at all
- Wants to quit because she has been hearing a lot about the effects of second hand smoke on children

Her general attitude is: “My husband doesn't smoke and even nags me to quit smoking. But do you have any idea just how bad some of my days are with a 2 month and 18 month old?.”



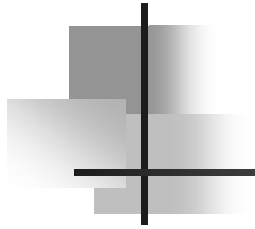
6 Steps to Ensure Success

1. Develop administrative commitment to implementation
2. Involve frontline staff early in the implementation planning process
3. Assign a staff member to coordinate and monitor implementation
4. Provide training for professional and support staff
 - Adapt procedures to your specific setting
 - Monitor the implementation and give feedback to staff



THANK YOU

- Participants
- Healthy Start Coalitions
- AHEC Center
- Trish Mann and Department of Health
- Florida AHEC Network
- Andrée Aubrey, Big Bend AHEC Director



Q u e s t i o n s
a n d
A n s w e r s



Post-Training Evaluation Form

Please complete
the post-training evaluation
forms that have been
handed out to you.