
Pregnant Women and Tobacco Use

Tobacco Prevention and Education Program (TPEP)

February 12-13, 2014 Webinar



PUBLIC HEALTH
Center for Prevention and Health Promotion

Agenda for today

- **Welcome and Introductions**
- **Presentation from Speakers**
 - Data on tobacco use and quitting patterns by pregnant women in Oregon
 - Helping pregnant smokers quit in American Indian and Alaska Native communities
 - Local resources and potential partnerships for TPEP coordinators
- **Grantee Discussion: What is happening locally related to cessation efforts targeting pregnant women?**

Guest Presenters:

Elizabeth (Beth) Sanders:

- Cessation Coordinator, Health Promotion and Chronic Disease Section

Lesa Dixon-Gray, MSW, MPH

- Women's Health Systems Coordinator, Maternal and Child Health Section

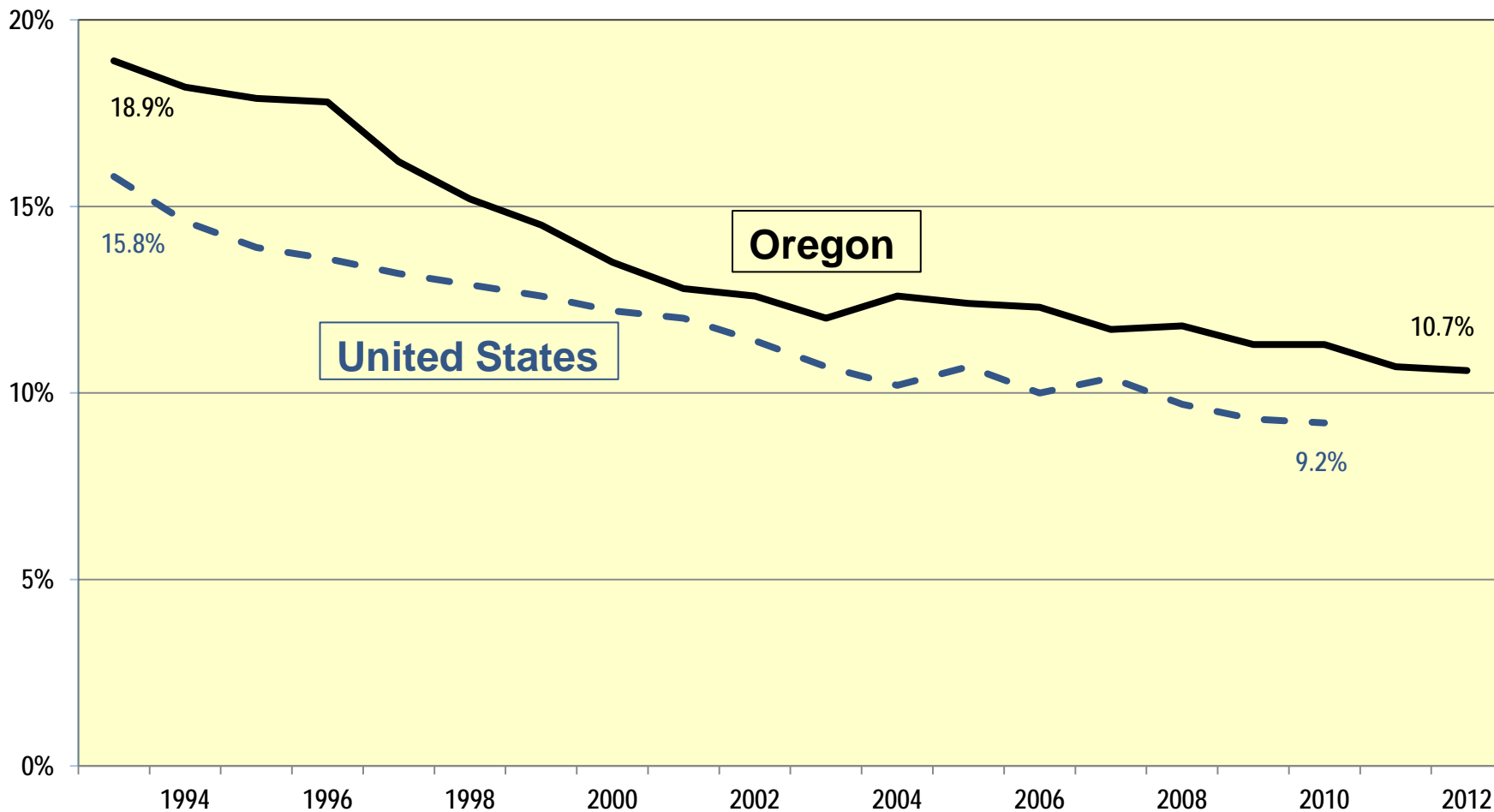
Vernita Reyna, R.D.

- Registered Dietitian, Nutrition Consultant, Oregon WIC Program

LaDonna BlueEye, MPH, PhD Candidate

- Assistant Professor, Indiana University, Bloomington

Tobacco use by birth mothers: Oregon and United States



Data sources:

Oregon: Oregon Birth Certificate Statistical File

United States: National Center for Health Statistics

For more information, see the 2013 Tobacco Fact Sheets by County at:

<http://public.health.oregon.gov/preventionwellness/tobaccoprevention/pages/countyfacts.aspx>

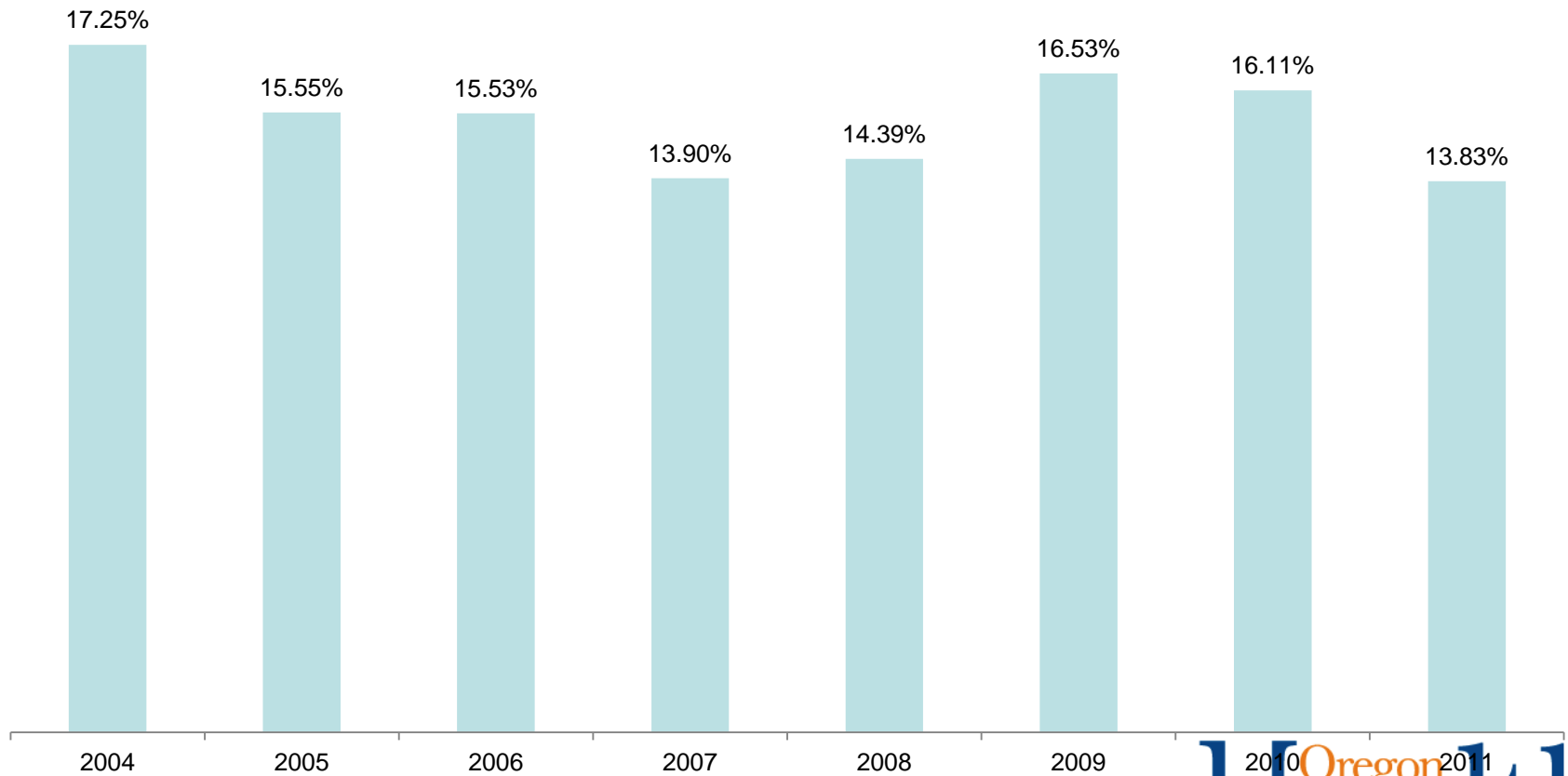
Oregon PRAMS

- Pregnancy Risk Assessment Monitoring System
- Random sample of Oregon women who had a live birth w/in 8 weeks. Findings can be applied to the state's entire population of recently pregnant women.
- Collects data on maternal attitudes, behaviors, demographics prior to, during, and immediately after pregnancy.

2011 Oregon PRAMS

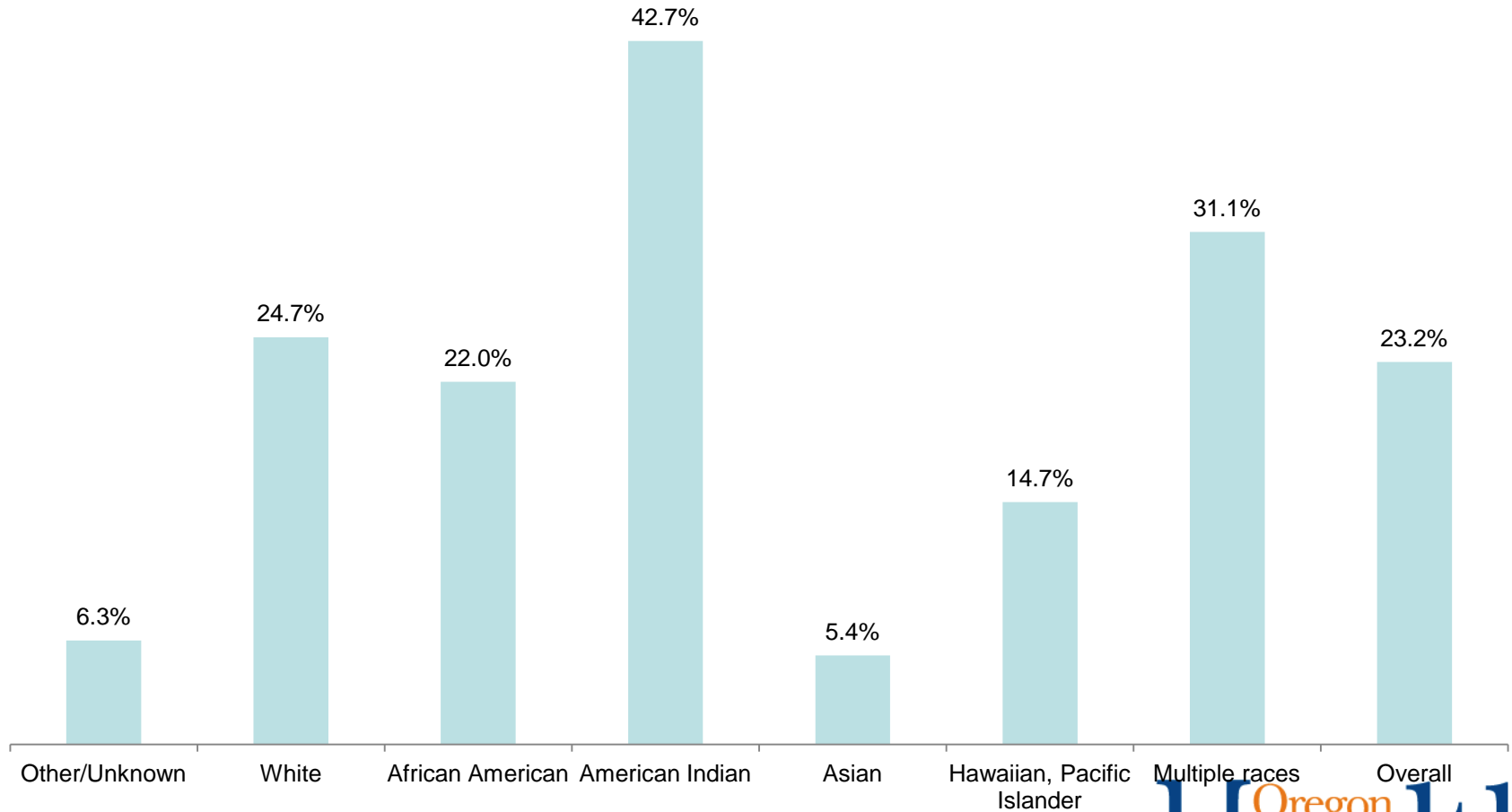
- 27.5% of women reported smoking in the past 2 years.
 - 23.2% reported smoking in the 3 months prior to pregnancy.
 - 71.1% of pregnant smokers, attempted to quit during pregnancy.
 - 13.8% reported smoking after the birth of their baby.
- 95.3% of women reported education about how smoking could affect their baby during a prenatal care visit.

Percentage of women smoking at time of survey (~2 months after giving birth)



Oregon PRAMS

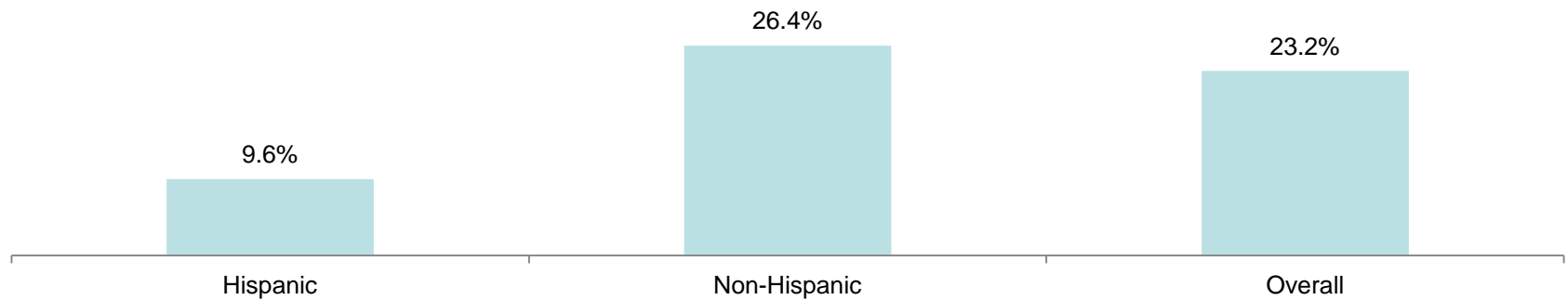
Percentage of women smoking in the 3 months prior to pregnancy by race



2011 Oregon PRAMS

Percentage of women smoking in the 3 months prior to pregnancy by ethnicity

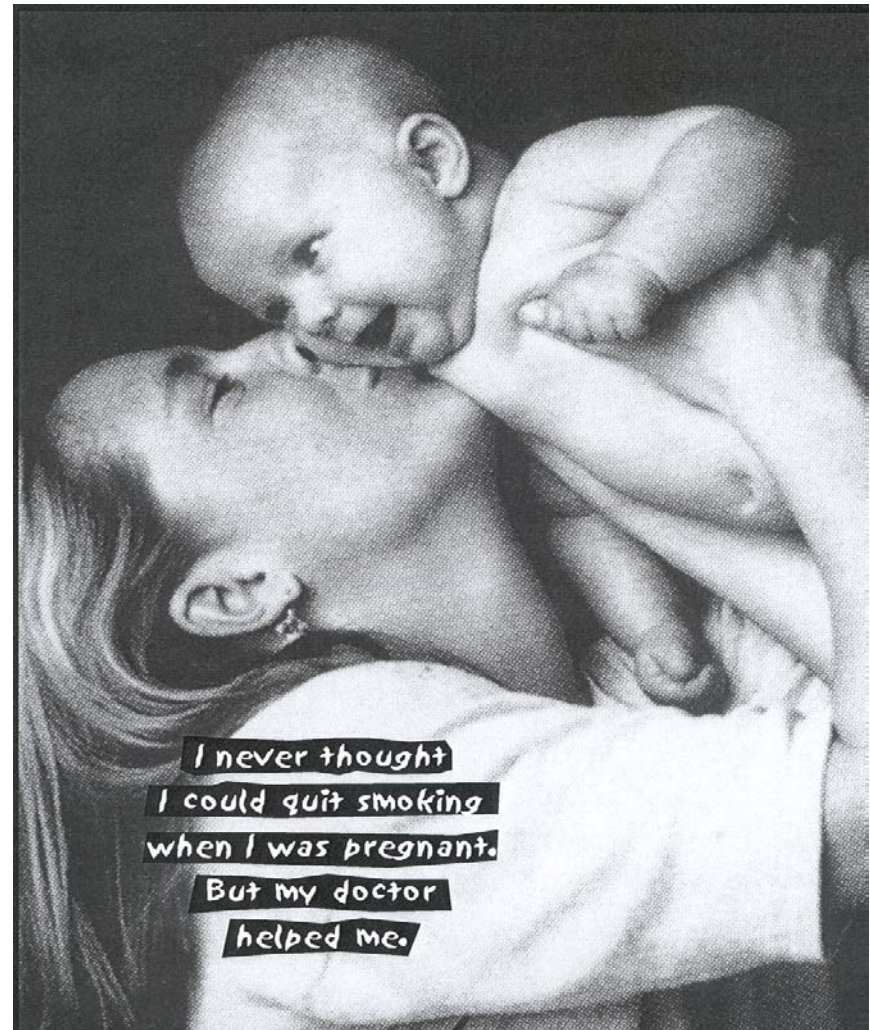
2011 Oregon PRAMS



Tobacco Cessation During Pregnancy

Opportunities	Challenges
<ul style="list-style-type: none">• Unique time in a women's life-increased motivation for behavior change.• More women have access to health insurance and health care providers during pregnancy.	<ul style="list-style-type: none">• Shame around smoking during pregnancy.• Concerns about safety of pharmacotherapy for cessation during pregnancy.

**“Quitting tobacco
is one the few
preventive
measures likely to
have substantial
impact on
pregnancy
outcome.”-
www.smokefreefamilies.org**



Local Resources

Maternal and Child Health Programs within Local Public Health Departments

- Public Health Nurses
 - Prenatal Care Task Forces
- Home Visiting Programs
- Oregon MothersCare

Maternal and Child Health

Home Visiting

- Maternity Case Management (MCM)
 - High-risk pregnancies
 - Pregnancy and Postpartum
 - Located in Local County Health Departments
- Nurse-Family Partnership
 - First Time Moms
 - Pregnancy until child is 2 years old
 - Crook, Deschutes, Douglas, Jefferson, Lane, Lincoln, Morrow, Multnomah and Umatilla Counties
- Early Head Start, Healthy Families Oregon, Children's Relief Nursery, Parents as Teachers

OMC



Oregon MothersCare

supporting healthy pregnancies

<https://public.health.oregon.gov/HealthyPeopleFamilies/Women/Pregnancy/OregonMothersCare/Pages/index.aspx>

Provides Patient Navigation for Pregnant Women.

Services include:

- Screening for tobacco use
- Referral to the Oregon Quit Line

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Prenatal and Newborn Resource Guide for Oregon Families



Tobacco: Smokefree mothers and babies

One of the most important things a mother can do for her baby's health is to quit smoking.

Breathing secondhand smoke can be dangerous to a baby's health.

- Secondhand smoke can cause Sudden Infant Death Syndrome (SIDS), asthma, bronchitis and ear infections.

Thirdhand smoke:

- The invisible mix of smoke residue that clings to hair, clothing, cushions, and carpeting, even after secondhand smoke has cleared away, is also dangerous for young children.

Keep your home smoke free.
Protect your child's health.

- Quit smoking as soon as possible.
- If you have to smoke, take it outside, staying away from doors and windows.
- Don't smoke in the car.
- Ask friends and family members

For more information

The Oregon Tobacco Quit Line offers free information about quitting, including one-on-one telephone counseling, Web-based coaching, free nicotine replacement therapy (patch or gum), and referrals for more help.

- Call 1-800-QUIT-NOW (1-800-784-8669) or for Spanish, call 1-877-2NO-FUME (1-877-266-3863) to get started;
- Or visit www.quitnow.net/oregon.

The American Lung Association's Freedom From Smoking Program is for adults who are ready to quit smoking and focuses on how to quit, not why to quit:

- Find a local program at www.lungoregon.org/quit;
- Sign up online at www.ffsonline.org.

The American Legacy Foundation's Become an Ex Program is a free quit-smoking program that helps adults re-learn life without cigarettes.

- Sign up online at www.becomeanex.org.

<https://public.health.oregon.gov/HealthyPeopleFamilies/Women/Pregnancy/PrenatalNewbornResourceGuide/Documents/pnrg.pdf>

Helping pregnant smokers quit in American Indian and Alaska Native communities

LaDonna BlueEye, MPH, PhD Candidate

Assistant Professor

Indiana University Bloomington

LaDonna Jessie BlueEye is the daughter of the late Virginia Jessie, the granddaughter of Ida Maytubbi and the great-granddaughter of Nancy BlueEye, all full blood enrolled members of the Choctaw Nation of Oklahoma.

The logo for Oregon Health Authority features the word "Oregon" in orange, "Health" in large blue letters, and "Authority" in orange below it, all set against a light blue background with a white curved shape behind the text.

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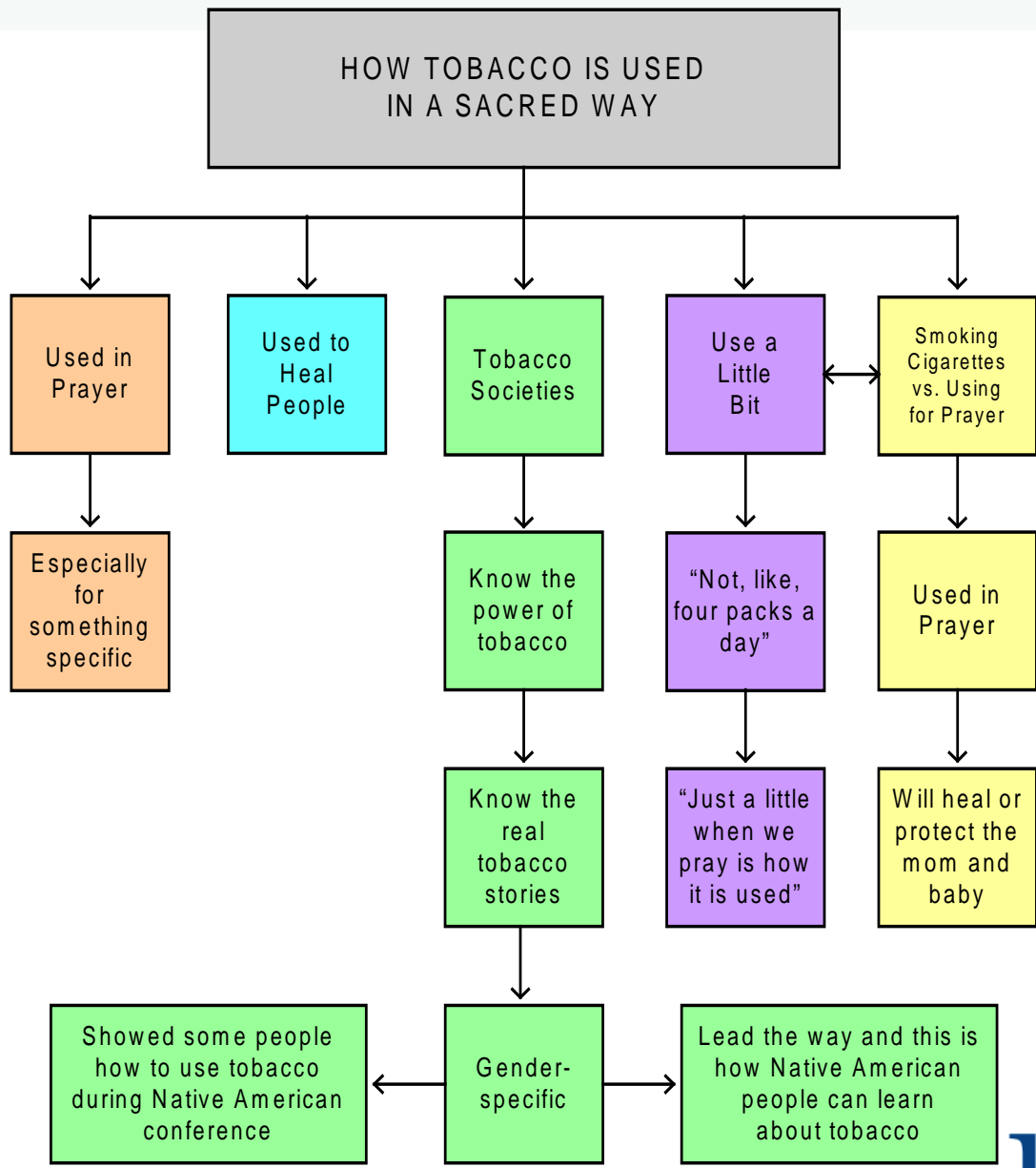
Lessons Learned from Pregnant Native Americans

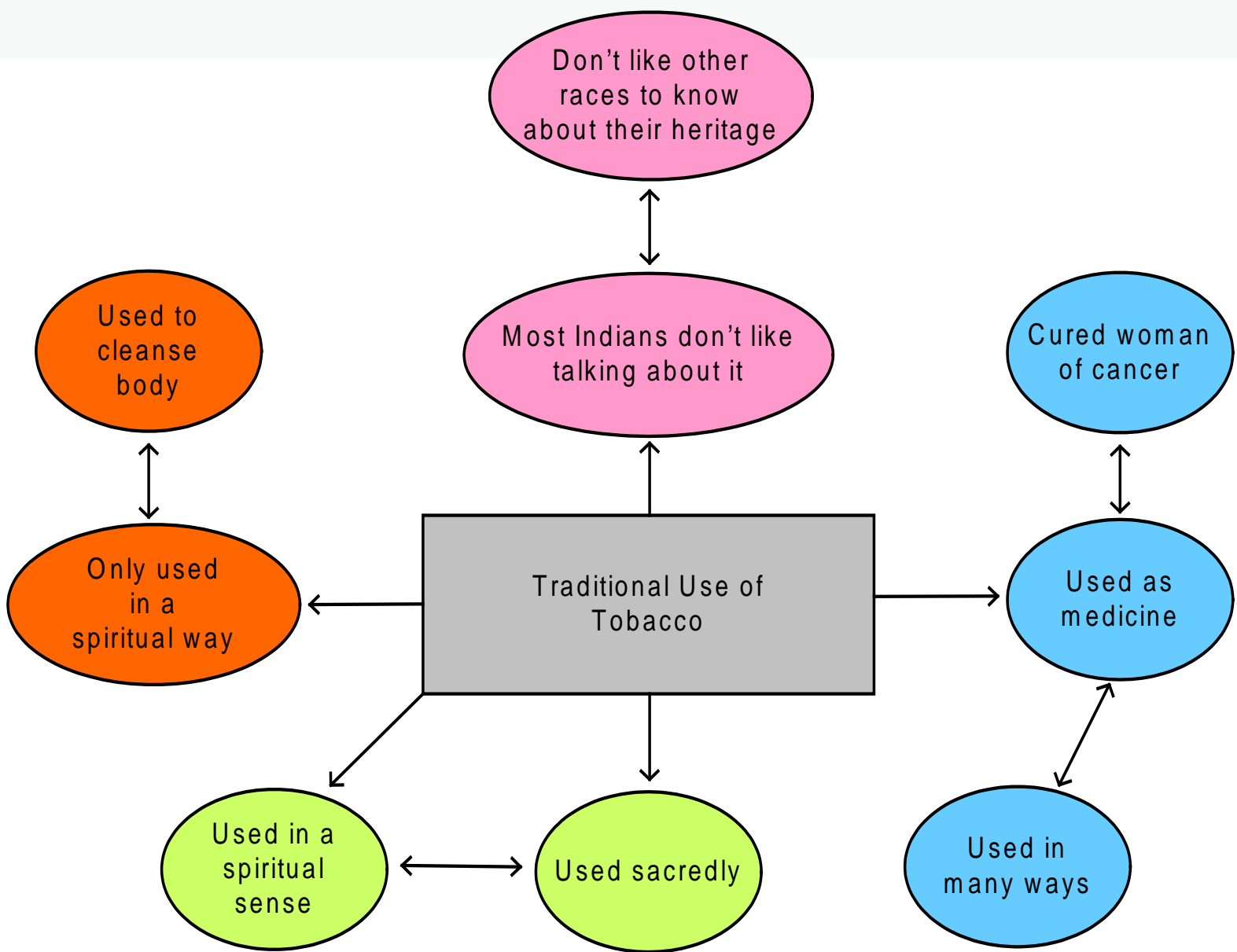
- Community access
- Native American communication styles
- Use of tobacco during pregnancy
- Best Practices in majority population
- Best Practices in Native American communities

Native Communication & Learning Styles

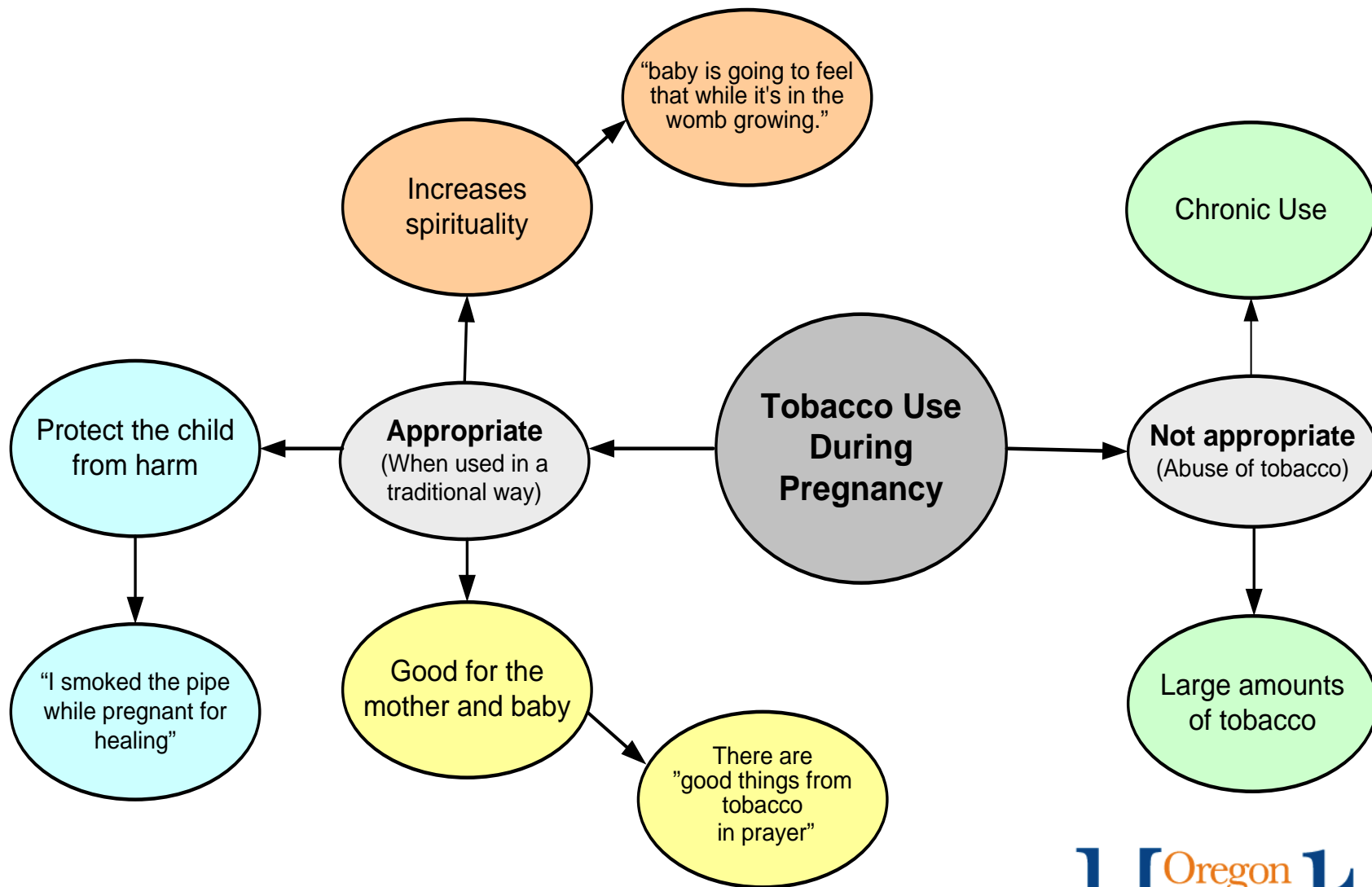
- Oral tradition/storytelling
- Slower interactions
 - Sign of respect
 - Silence is valued, ability to listen and wait
- Value of non-verbal communication
- Humor

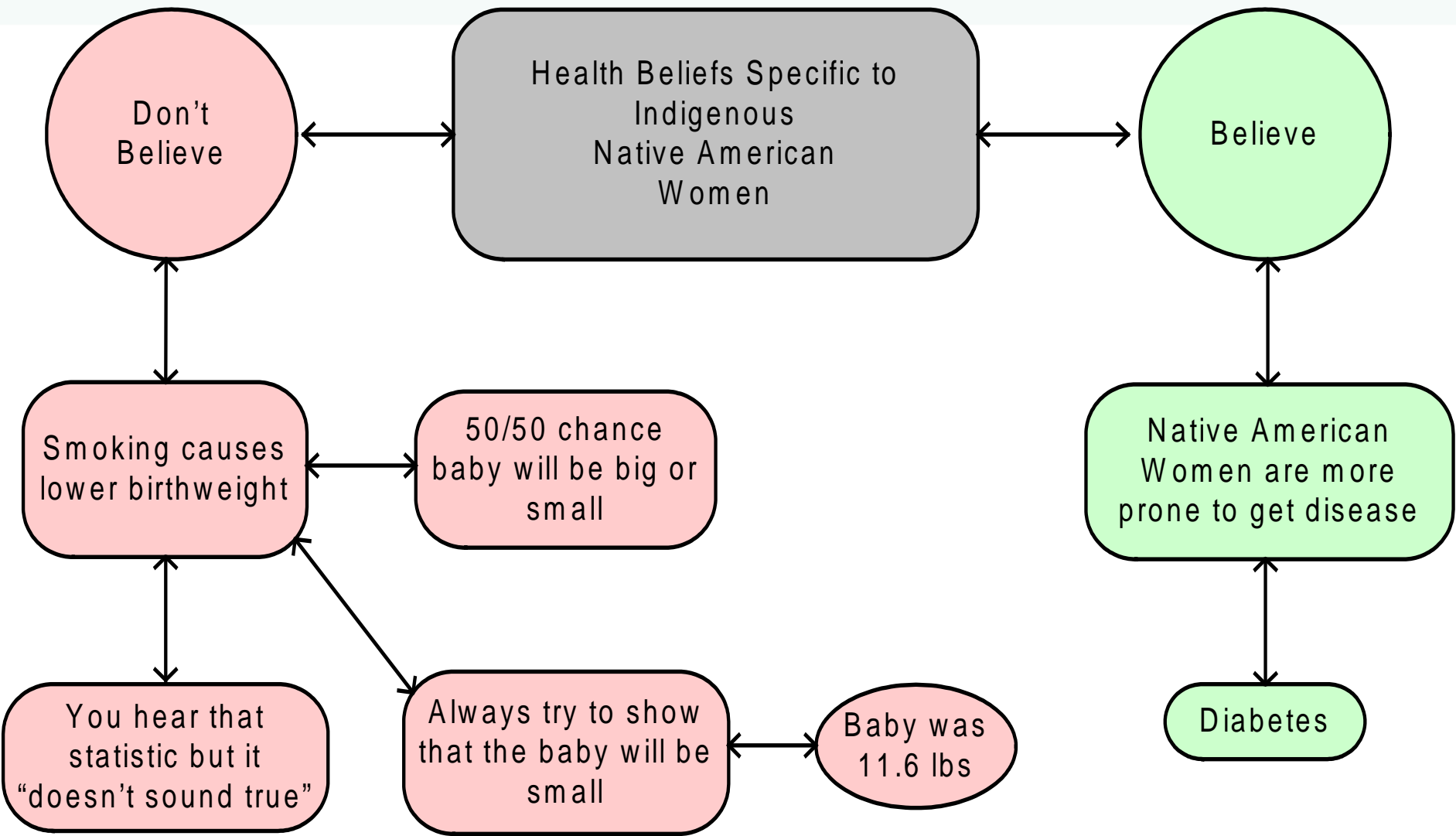






Tobacco Use During Pregnancy





Best Practices: 5 A's

ASK the patient about her smoking status

ADVISE to quit smoking with personalized messages for pregnant women

ASSESS her willingness to quit in next 30 days

ASSIST with self-help materials and social support

ARRANGE to follow-up during subsequent visits

Community Access

- Enlist participation of Eldest Woman
 - Allow Elder to guide the process
 - Appropriate cultural respect
- Request permission to participate in specific ceremonies
- Access through ceremonial grounds leader/tribal officials

Best Practices for Native American Women: The Five C's

1. **Collaborative** with other organizations
2. **Cultivate** cultural competency
3. **Coach** providers on working with Native American populations
4. **Care** for patients using evidence-based practices
5. **Communicate** cessation messages through multiple media

Importance

- Feedback to community members
- Keep or create language that can be used in culturally-relevant tobacco cessation “best practices”
- Create programs that are sound in both science and culture

Local resources and potential partnerships for TPEP coordinators

SMOKEFREE
oregon

Oregon Tobacco Quit Line

- Open 24-7 in 170+ languages
- 1-800-QUIT-NOW, www.quitnow.net/oregon/
- 1-855-DÉJELO-YA, <https://www.quitnow.net/oregonsp/>

The Quit Line offers free telephonic/online counseling and printed materials to all Oregonians—including pregnant women—regardless of income or insurance.

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Supplemental Nutrition Program for Women, Infants and Children (WIC)

Providing supplemental foods, nutrition education, breastfeeding support and health care referrals to pregnant , postpartum and breastfeeding women, infants and children under 5 years of age.

- 34 local programs in Oregon serving 105,000 participants each month
- 45% of all births in Oregon are to WIC moms
- 70% of all OHP births are to WIC moms

WIC Screening for Maternal Smoking and Environmental Tobacco Smoke Exposure

In the WIC data system:

- Do you smoke cigarettes now?

If yes, how many cigarettes do you smoke per day?

- Does anyone living in your household smoke inside the home?

Using participant centered counseling skills:

- What have you heard about smoking during pregnancy?
- What is your experience with smoking?
- What is your plan around smoking after the baby arrives?

Incident of Prenatal Smoking Oregon WIC September 2011

Oregon WIC	% Pregnant women who smoke	% Postpartum women who smoke
State average	14.9%	10.7%

Referrals made to the **Oregon Tobacco Quit Line**

Connecting to Oregon WIC programs

Contact information is on the **Oregon WIC website:**

<http://public.health.oregon.gov/HealthyPeopleFamilies/wic/Pages/countyinfo.aspx>

or

Call 211

or

Call the state WIC office at 1-971-673-0040



Grantee Discussion: What is happening locally related to cessation efforts targeting pregnant women?

Questions?