

“Cessation on the Fly”

Providing Smoking Cessation Support in Prenatal Clinic Waiting Rooms

Evigela Pacheco, BA

Health Educator

Ingham Co. Health Department

Lansing, Michigan



Smoking and Pregnancy

(Women and Smoking: A Report of The Surgeon general-2001)

- Smoking leads to many risk factors including premature birth, low birth weight, and SIDS
- Only 25% quit upon learning they are pregnant
- 67% resume smoking in first year after delivery

Population Served in Ingham Co.

- High level nicotine addicted
- “Doesn’t know how to quit”
- Lives with people who smoke
- Uses smoking for stress management



Program Goals

- Teach coping skills
- Psychological support
- Increase knowledge of effects on fetus

Why Waiting Rooms?

- Case management
- Improved continuity
- Referral services
- Health education
- Behavioral risk reduction counseling
- Low-income women

Our Strategies: The Approach

- Pre-natal lists are screened for smokers
- The Five A's (Ask, Advise, Assess, Assist, and Arrange)
- Peer support



Barriers & Challenges

- Women expect medically-focused interventions
- Women often come with pre-school children in tow
- Waits are sometimes long
- Issues more important than education

Outcomes

- Build on-going relationships
- Interactive dialogue with other smokers
- Involves partners
- Increase in visibility and support among women
- Staff involvement

How Effective are Waiting Rooms?

- Brief, frequent, and continuing interventions have proven effective in public clinics to help women either stop or reduce smoking, sometimes with cessation rates up to 61.5% (Aquilino, Goody, & Lowe, 2003; Ersoff et al., 1999; Moore, Elmore, Ketner, Wagoner, & Walsh, 1995).

Contact Information

Evigela Pacheco, BA

517-887-4486

Epacheco@ingham.org