
Assessing Factors Associated with Prenatal Smokers' Utilization of the Wisconsin Tobacco Quit Line

Kate Kobinsky, MPH, CHES

UW-Center for Tobacco Research & Intervention

This work was funded by a AAMC-CDC Cooperative Agreement MM-1088-09/08

Quitting Services for WI Pregnant Smokers

- Wisconsin Tobacco Quit Line (WTQL)
- Wisconsin Women's Health Foundation's (WWHF) First Breath Program

Wisconsin Tobacco Quit Line (WTQL)

- WTQL established 2001
- Fax to Quit (FTQ) program since 2003
- Enhanced 10-call pregnancy program since 10/08
- Pregnancy-specific quit guide
- Web Coach, interactive web tool with discussion forums
- Referrals to local programs, such as First Breath
- 2 weeks free NRT (physician override for pregnant women)



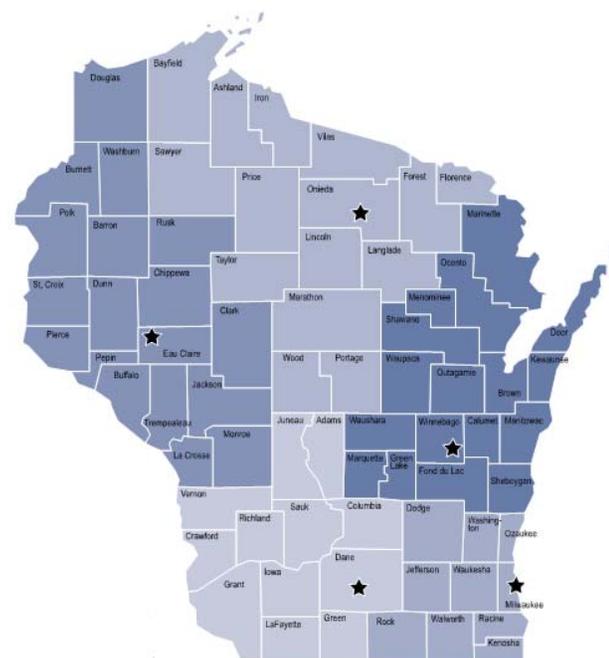
WWHF's First Breath program

- Statewide prenatal smoking cessation program since 2003
- Targets low-income pregnant women
- 100 participating perinatal clinics, largely at local health depts through PNCC/WIC
- Since 2003, provided services to over 9,000 pregnant smokers
- Quit Line's FTQ program aggressively promoted



Wisconsin Today

- 15% pregnant women smoke
- Pregnant women represent 1% of Quit Line tobacco users
- Only 7% of First Breath clients reported they had contact with the Quit Line in 2008
- Few First Breath providers referring through Fax to Quit



Project Aims

- Identify First Breath barriers & facilitators to successful Fax to Quit (FTQ) program implementation
- Identify prenatal smokers' barriers to Quit Line utilization

Methods

1. Recruit 10 First Breath FTQ providers
 - Providers selected based on FTQ referral levels (2 high, 4 moderate, 4 low)
2. In-depth FTQ provider interviews
 - 5As, QL promotion, FTQ implementation
3. Survey of postpartum women (39 item survey)
 - Eligible if smoked during pregnancy
 - Assess smoking behaviors, quitting methods, QL knowledge and attitudes
 - Survey administered at postpartum visit (generally 6 wks post delivery)

In-depth Provider Interviews: Barriers to FTQ Implementation

- Lack of time with patient/higher priority needs
- Lack of knowledge about the QL/FTQ
 - Not aware of enhanced pregnancy program
 - Don't know how to “sell” it to clients
- Lack prompts/reminders to use FTQ
- Half refer ALL tobacco users (regardless of readiness to quit)
- Just don't use it - frustration that referrals don't result in connection

In-depth Provider Interviews: Perceived Patient Barriers to QL/FTQ

- Telephone issues
- Patients not ready to quit/want to quit on their own
- Patients don't know what to expect when they call, "afraid they'll get yelled at"
- Patients get the help they need from their PHN

In-depth Provider Interviews: Facilitators to FTQ Implementation

- Offer incentive for referral
 - Highest referring site offers \$10 gift card for at least one QL contact through FTQ
 - Lead to more quit attempts? More successful quit attempts?
- Most providers were unable to identify something that facilitates FTQ use at their clinic.

Conclusions from Provider Interviews

- Overall, no apparent differences between high, moderate and low referring providers
- Develop prompts/reminders to use FTQ
- Give clients a better understanding of how QL works:
 - Refresher QL/FTQ trainings
 - Utilize FTQ Coordinator's manual with patient handouts
 - Refer those ready to quit
 - Providers call WTQL
- Identify ways to ensure connection with WTQL for patients with phone issues
- More research regarding use of incentives to use QL services is needed

Survey of Postpartum Women

Respondent Demographics

Respondents = 149, only 5 refusals

Age	n=149	Percent
13-17 years old	8	5.4
18-24 years old	91	61.1
25-30 years old	35	23.5
31-35 years old	8	5.4
36-40 years old	7	4.7
Education	n=149	Percent
8th grade or less	3	2.0
Some high school	39	26.2
High school graduate or GED	79	53.0
Some college or 2-yr degree	26	17.4
College graduate	2	1.3
Ethnicity	n=147	Percent
Hispanic or Latino	4	2.7
Non-Hispanic or non-Latino	143	97.3
Race	n=149	Percent
White	132	88.6
Black or African American	1	.7
Asian	1	.7
Native American	6	4.0
Multi-racial	9	6.0
Insurance Status	n=145	Percent
Health insurance through an employer	12	8.3
Medicare	3	2.1
Medicaid/BadgerCare	128	88.3
No insurance	2	1.4

Survey of Postpartum Women

QL knowledge and perceptions:

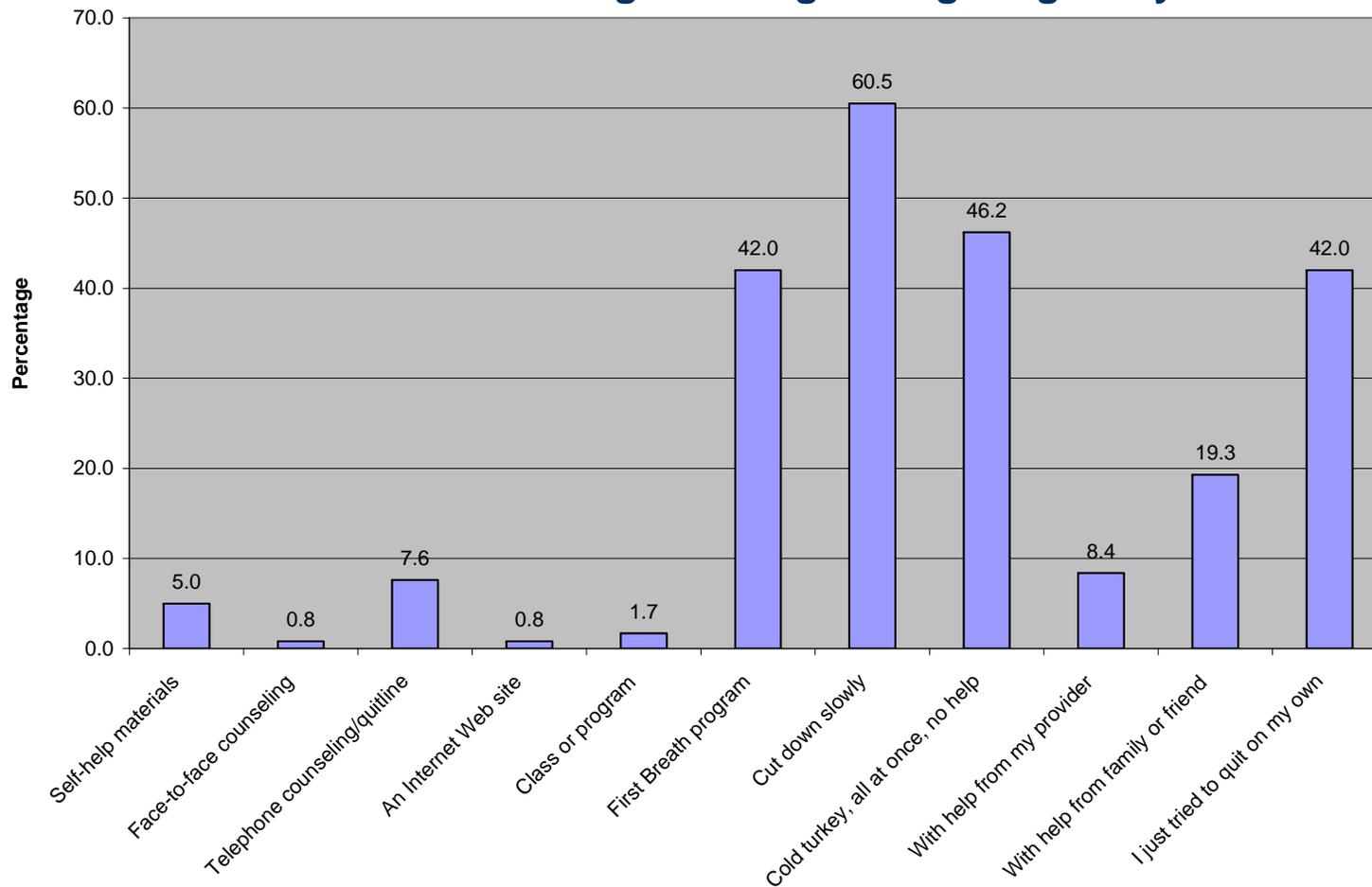
- Most aware of the QL (86%)
- Of those aware of the Quit Line, 55% (69/125) believed it to be effective.
- Yet only 9% (14/149) reported using QL during pregnancy

Survey of Postpartum Women

- 80% (118/148) women made a quit attempt during pregnancy
 - How did they quit?
 - Few used medications (15%)

Survey of Postpartum Women

Methods of Quitting Smoking During Pregnancy



Survey of Postpartum Women

Barriers to Quit Line/Fax to Quit utilization:

- Want to quit “on my own”
- Didn’t think Quit Line would help
- What would motivate you to call?
 - Being ready to quit/Not being able to do it on my own (15%)
 - I don’t know (11%)
 - If I started smoking again (9%)
 - Baby’s health (9%)
- Whose suggestion would motivate you to call?
 - Don’t know (27%)
 - Women frequently chose multiple people:
 - Nurse (26%), doctor (22%)

Survey of Postpartum Women

Healthcare Provider Involvement (n=149)

- 97% asked about their smoking
- 63% talked about the QL
- 23% offered FTQ referral
- 32% accepted FTQ referral

Survey of Postpartum Women

Healthcare Provider Involvement (n=14 women who used the QL during pregnancy)

- 93% asked about their smoking
- 100% talked about the QL
- 79% (11/14) offered FTQ referral
- 71% (10/14) accepted FTQ referral

Conclusions from Postpartum Survey

- Most were aware of the QL and believed it to be effective, but few women used the QL
- Unclear what motivates pregnant women to use the QL
- Fax referral shows promise to improve utilization:
 - HCP referral may have made the difference in QL utilization for 10/14 women
 - Role of \$10 gift card?
- More research needed to understand preference to make quit attempts “on my own” and reluctance to use evidence-based treatments.

Summary Comments

- Pregnant women who smoke aren't regularly connected to evidence-based quitting services.
- Both First Breath providers and pregnant smokers are ambivalent about quitlines.

Contact Information

Kate Kobinsky
Quit Line Coordinator

UW-CTRI

ks6@ctri.medicine.wisc.edu

www.ctri.wisc.edu

