

# Division of Maternal & Child Health

# BRIEF: Smoking Cessation Amongst Vermont Women Enrolled in Nurse-Family Partnership

The vision of the Division of Maternal and Child Health is that the health and wellness of Vermont's women, children, and families is a foundation for the health of all Vermonters. We work to achieve this vision through strategies that are family centered, evidence-based, and data driven.

Priority AreaReduce the risk of chronic disease across the lifespanPerformance Measure% of women enrolled in NFP who reduced or quit smoking

## Introduction & Results.

Evidence-based home visiting has been shown nationally in randomized control trials to be an effective strategy for reducing smoking among pregnant women.<sup>1</sup> In Vermont, vital records smoking data reported by health care providers on the birth certificate confirmed that Medicaid-eligible pregnant women enrolled in the Nurse-Family Partnership (NFP) program are significantly more likely to quit smoking than other women whose birth was paid by Medicaid. Twenty nice percent (29%) of women who enrolled in NFP between 2012 and 2017 quit smoking during pregnancy compared with twenty percent (20%) of women with deliveries paid by Medicaid over the same period.



Among women who continued to smoke during pregnancy, NFP clients reduced their average cigarette consumption by fifty seven percent (57%), compared to an overall forty three percent (43%) reduction in the average number of cigarettes smoked by women with Medicaid-paid births.



## Background.

NFP is an evidence-based home visiting program for pregnant women with continued visits and support until their child's second birthday. Eligibility is limited to low-income, first-time moms who enroll before the 29th week of pregnancy. The NFP program has provided service to Franklin, Lamoille, Orleans, Essex and Caledonia counties since mid-2012 and is now offered in all Vermont counties except for Chittenden and Addison.

All pregnant women enrolled in the NFP program are screened for tobacco use at intake, 36 weeks gestation and 12 months postpartum. Clients are asked if they smoked cigarettes during the 3 months before pregnancy, if they smoked while pregnant during the period before enrollment, and how many cigarettes they smoked in the last 48-hour period. All clients who report that they have recently smoked cigarettes are counselled by the nurse home visitors on the adverse effects of tobacco use on both themselves and their unborn baby. Additionally, all clients who screen positive for tobacco use are provided information about the 802Quits program and strongly encouraged to visit the website or call. Nurse home visitors frequently check in with clients on smoking behavior during visits and in some cases have encouraged or helped their clients to follow up with 802Quits on multiple occasions.

### Method & Notes.

Health care providers are required to report on the birth certificate the number of cigarettes smoked by pregnant women under their care who give birth to a live baby. This information is collected in the 3-month period before pregnancy, and separately for the first, second and third trimester of pregnancy. The principle source of payment for the delivery is also reported on the birth certificate.

To permit a comparison of smoking quit rates in pregnancy among NFP clients with quit rates among all low-income Vermont women eligible for Medicaid, NFP client records were linked to the Vermont electronic birth certificate registry. Smoking behavior reported in the 3 months before pregnancy and the first trimester was compared to smoking reported in the second and third trimesters. Quit rates were calculated using the birth certificate as a constant data source across: a) NFP clients; b) women whose delivery was paid by Medicaid; and c) all Vermont resident women with a live birth since July 2012.

<sup>1</sup>Association of Maternal and Child Health Programs, Best Practice Bulletin: Nurse-Family Partnership.

### Data Sources.

Vermont Birth Certificates Nurse Family Partnership program data

#### Contact.

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