

Implementation of an Evidence Based Strategy to Prevent Maternal Smoking; From a Quality Improvement to Policy

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INTRODUCTION

- Smoking in pregnancy causes prematurity, low birthweight, congenital anomalies, and maternal complications such as placenta previa, and placental abruption
- SIDS is 3 times greater among infants exposed SHS
- 10% women US smoke during pregnancy
- 55% will stop smoking for pregnancy
- 40% will relapse prior to 6 months postpartum
- 68% adult smokers want to quit, only 3-5% are successful without healthcare provider assistance



BACKGROUND

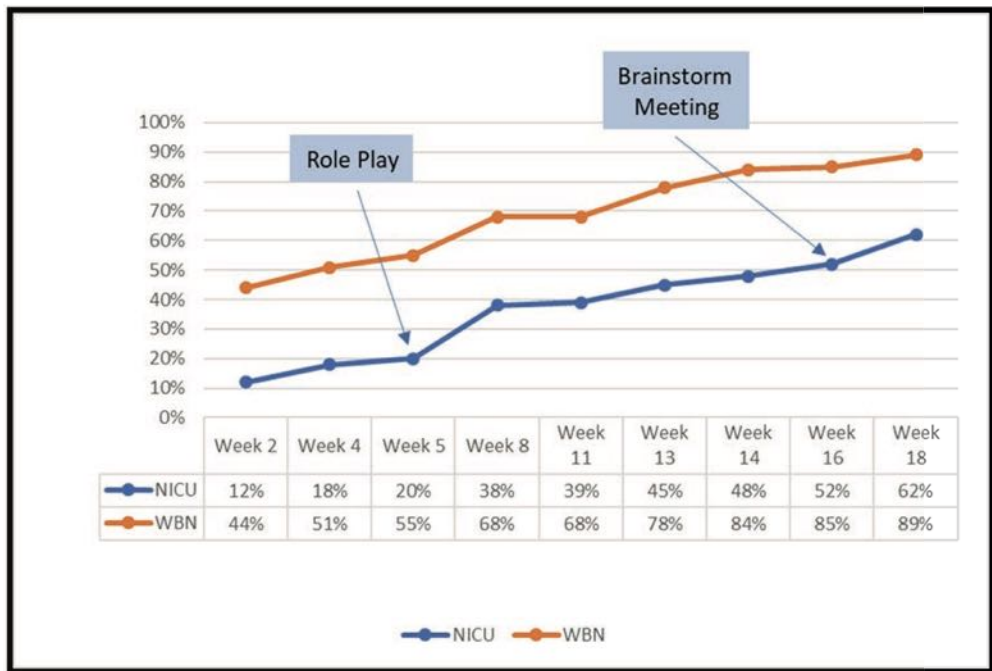


- DNP Project was collaboration and extension of peer's DNP Project
- Kingwood Medical Center, Houston, TX
- 380 Bed full-service hospital with 24
- 25 bed Level III NICU, women's services delivers ~ 325 babies per month
- Project occurred over 18 weeks
- **Problem:** No process for neonatal nurses to address maternal smoking
- **Purpose:** Create systematic process for neonatal nurses address maternal smoking



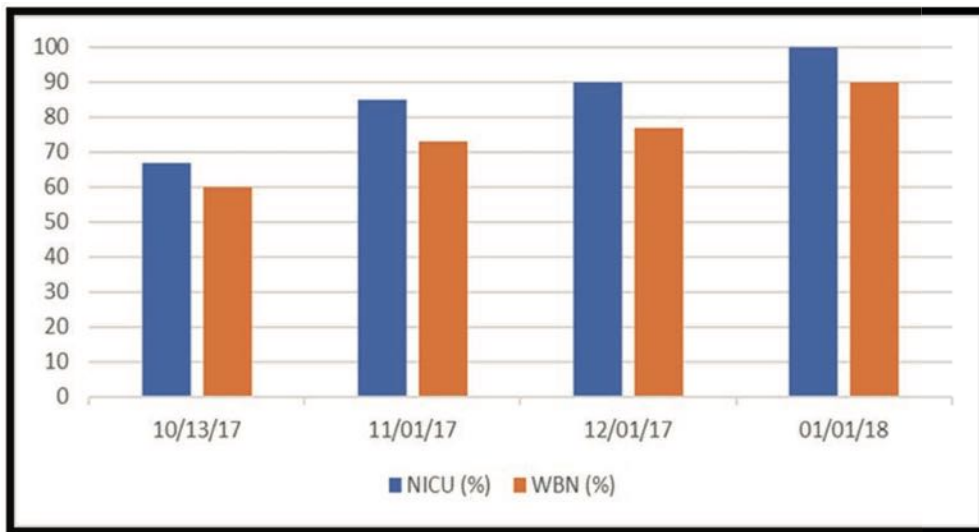
INTERVENTIONS

- Obtained hospital administration buy in, collaborated with IT, medical records, nursing education to develop nursing education and 5 A's documentation plan
 - Neonatal nurses educated through hospital HealthStream
 - 5 A's done by neonatal nurses (ASK about smoking, ADVISE to quit, ASSESS willingness to quit, ASSIST with quitting by ARRANGE assistance through Texas State QuitLine Services)
 - If mothers refused assistance was given a Texas QuitLine card with contact information
 - All mothers upon discharge received CDC booklet "How We Protect Our Children from Secondhand Smoke: A Parent's Guide"
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RESULTS

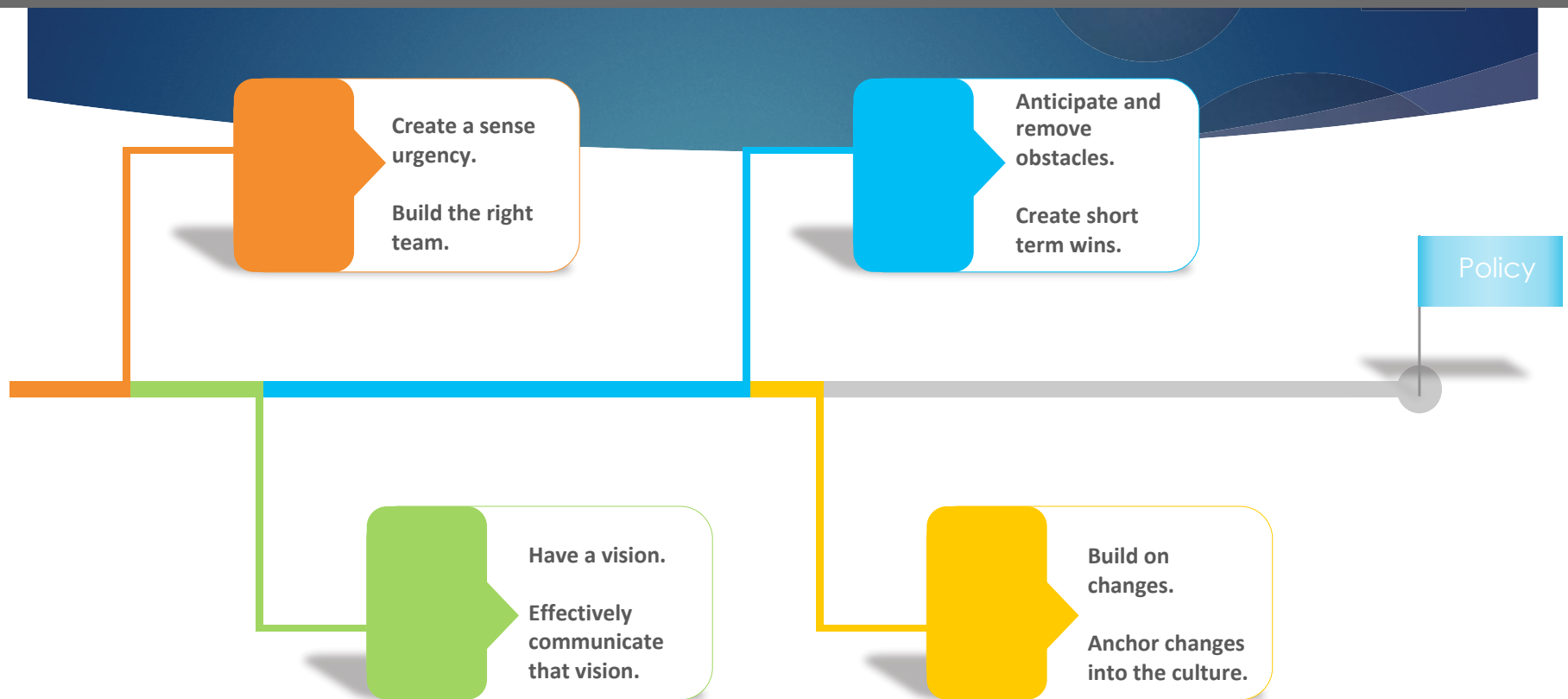
Nursing Adherence 5 A's



RESULTS

CBT Completion Rates

KEYS to MAKING POLICY



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