

Counselling smokers in Medicaid maternity care: the SCRIPT project

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This presentation focuses on what we know now about the effectiveness of different methods of smoking cessation that have been used for pregnant smokers. Windsor *et al* published a meta-evaluation of the completed evaluation studies for pregnant smokers.¹ This methodological review examined 31 quasi-experimental and experimental studies. It was designed to derive insight about the validity of the different studies, but more importantly, the variety of different patient education methods evaluated. This insight, combined with the Agency for Healthcare Policy and Research Guideline,² was used to develop the patient education methods for the ongoing National Institutes of Health funded SCRIPT project: "Smoking Cessation or Reduction in Pregnancy Trial".

A meta-analysis of the literature confirmed that self help methods delivered by trained staff were the most effective methods. Information is presented in table 1 on this meta-analysis. This information is included in a publication presenting the results of SCRIPT.³

The purpose of SCRIPT is to evaluate the effectiveness of evidence based methods, delivered by trained, regular prenatal care staff who provide services to Medicaid patients. The data in table 2 confirm that the brief counselling methods, combined with a tailored video, were significantly more effective than the normal informational methods with Medicaid patients. These data are derived from patients entering care at 10 sites throughout the state of Alabama. The intervention methods are delivered routinely to the experimental patients by social workers, nurses, and women, infant, and children nutritionists. All rates are cotinine confirmed, with a baseline for each patient and a follow up for each patient in the third trimester and postpartum.

The future

At present, we have considerable insight about how to assist the pregnant smoker in quitting or significantly reducing her exposure (50%

Table 2 E (n = 139) and C (n = 126) group effectiveness rates

Behaviour	E group (%)	C group (%)	Odds ratio	95% one tailed CI
Cessation rate	17.3	8.8	2.2	2.2, 4.1
Significant reduction rate	21.7	15.8	1.5	1.5, 2.6
No significant change	61.0	75.4	0.51	0.51, 0.80

Source: Windsor *et al.*³

reduction of cotinine values) by routinely providing these evidence based methods. To enhance the quality of the programs implemented and increase the possibility that more of the new methods (or variations of existing methods) will prove effective, the Robert Wood Johnson Foundation will sponsor a second round of research studies aimed at reducing tobacco exposure during the prenatal and postpartum period. The Robert Wood Johnson Foundation, in partnership with the Centers for Disease Control, the Health Resources and Services Administration, and the American College of Obstetricians and Gynecologists, is also providing a leadership role, under the direction of Tracy Orleans, in moving this area of high priority forward at the national level. In 2000, these partners will lead a national dissemination effort to integrate evidence based best practice interventions for prenatal smoking cessation into practice.

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- 1 Windsor R, Boyd N, Orleans T. A meta-evaluation of smoking cessation intervention research among pregnant women: improving the science and art. *Health Educ Res: Theory and Practice* 1998;13,419-38.
- 2 Fiore MC, Bailey WC, Cohen SJ, *et al.* *Smoking cessation. Clinical Practice Guideline No 18.* Rockville, Maryland: US Department of Health and Human Services, Public Health Service, Agency for Health Care Policy and Research, April 1996. (AHCPR Publication No 96-0692.); <<http://www.text.nlm.nih.gov/ftsr/tocview>>.
- 3 Windsor R, Woodby L, Miller T, *et al.* Effectiveness of AHCPR clinical practice guideline and patient education methods for pregnant smokers in Medicaid maternity care. *Am J Obstet Gynecol* In press.

Table 1 Meta-analysis of the effectiveness of "A pregnant women's guide to quit smoking"

Principal investigator	Year	Site	Provider	E group (%)	n	C group (%)	n	Risk ratio	95%	CI§
Lowe	1998	Australia	RN/MD(OB)	9	56	0	58	10.9‡	10.9	121.6
Gebauer	1998	Ohio	RN	16	84	0	94	21.0‡	21.0	135.0
Hartmann	1996	N Carolina	MD(OB)	20	107	10	100	2.3	2.3	4.4
Valbo	1994	Norway*	MD(OB)	25	161	8	155	4.0	4.0	7.3
Windsor	1993	Alabama	Health educator	14	400	3	100	5.3	5.3	14.2
O'Connor	1992	Canada†	RN	12	101	5	101	2.6	2.6	6.4
Hjalmarson	1991	Sweden	MD(OB)	13	417	8	231	1.7	1.7	2.7
Windsor	1985	Alabama	Health educator	14	102	2	104	8.0	8.0	27.7
Walsh	1997	Australia	MD/RN(OB)	12	127	0	125	15.0‡	15.0	76.0
Ershoff	1989	California	Health Educator	22	126	17	116	1.4	1.4	2.4
Sexton	1984	Maryland	RN	27	395	3	388	12.0	12.0	20.2

*Combined data (two studies); †French and English; ‡assumes group C; §confidence interval (one tailed test); MD, physician; OB, obstetrician; RN, nurse. Source: Windsor *et al.*³