Thank you for your interest in the Tennessee Intervention for Pregnant Smokers (TIPS) program. One of the principal objectives of the TIPS program is to ensure that obstetric providers in Northeast Tennessee have the resources and information needed to address the problem of pregnancy smoking in this area. As upwards of 40% of pregnant women in Northeast Tennessee smoke while pregnant and many more are routinely exposed to significant amounts of secondhand smoke, TIPS wants to be of service to your practice in helping these women quit smoking and limit their secondhand smoke exposure. There are many ways that you can become involved in this initiative and work with us to end pregnancy smoking and smoke exposure.

I. Provide awareness and educational resources to your patients who smoke and those exposed to secondhand smoke. These resources would be provided to you by TIPS and would include such materials as pamphlets, posters, self-help smoking cessation manuals, and flyers for continuing cessation assistance through TIPS.

II. Facilitate efforts to collect important pregnancy smoking-related health information. An allied objective of TIPS is to ascertain a clear picture of the rates and impact of pregnancy smoking in the Northeast Tennessee region. This information will let our state government understand that this area is unique in its needs and allow for continued funding of smoking cessation interventions and efforts. TIPS has already begun collecting anonymous data on smoking rates and associated birth outcomes in a number of regional hospitals and in conjunction with the local health departments, and would like to continue these efforts in Northeast Tennessee obstetric practices. Doing so would allow for a comprehensive understanding of the effects of smoking and smoke exposure throughout the prenatal period. We have the necessary approvals through the ETSU internal review board, as well as MSHA and Wellmont health systems to collect such information, and would like to use the information we collect to improve community awareness, reduce rates of pregnancy smoking and smoke exposure, and improve birth outcomes throughout Northeast Tennessee.

III. Conduct continuing education for your staff, and incorporate smoking cessation interventions as a routine part of prenatal care. This continuing education will serve to compliment those services that your practice is already providing to its patients, and is approved for physician and nurse continuing education credits. TIPS has found that among ALL health care providers as well as the public that there are a number of misconceptions about the dangers of cigarette smoke exposure (both cigarette smoke alone and as compared with other substance use), the willingness of patients to quit, the relapse rates among pregnant and postpartum women, the dangers posed by secondhand smoke exposure, and the desire of prenatal patients to talk directly with their health care providers about their smoking habits. This level of involvement would provide an opportunity for providers to learn (or hone their current proficiency with) a brief 5-15 minute intervention that has been endorsed by ACOG and AMA as a highly effective approach to helping pregnant women quit smoking. The implementation of this intervention has been proven to improve quit rates up to three-fold when compared with present standards of practice. Utilizing this intervention will also allow for both physicians and nurses to be reimbursed through TennCare as well as private health insurance companies over and above the regular compensation for a prenatal visit.

IV. Welcome a fully-funded TIPS Case Manager at your practice who is available on an on-call, part-time, or full-time basis. In speaking with area health care providers, TIPS has recognized that one significant need many practices have is that this area is lacking in programs or persons to whom they can refer their pregnant smokers for additional cessation assistance and support. TIPS Case Managers address this concern directly. TIPS Case Managers conduct smoking cessation interventions, provide additional support during the patient’s cessation efforts, provide motivation for the patient to increase her prenatal care utilization, work with the mother to find the resources and support needed to alleviate other life stressors that may be impeding her cessation attempts such as domestic violence and depression, and in addition act as a resource to the practice physicians and staff. We currently have Case Managers placed at several high risk obstetric practices in the area, and are in the process of placing another at Johnson City Medical Center to work with inpatient prenatal patients and those women who are in their early postpartum period. We have additional Case Managers who are eager to assist other women in this area and would be available to your practice on an on-call, part-time or full-time basis.