Support for this project was provided by Governor Bredesen's Office of Children's Care Coordination

**BACKGROUND**
- The rate of pregnancy smoking in Northeast Tennessee is three times the national average, and more than twice the rate for the rest of Tennessee.
- The American College of Obstetricians and Gynecologists established the well-proven 5 A's method of smoking cessation counseling (ask, advise, assess, assist, and arrange) as a standard component of prenatal care in 2000.

**OBJECTIVES**
1. Describe the use of the 5 A's in prenatal care in Northeast Tennessee
2. Evaluate provider attitudes toward and willingness to address pregnancy smoking

**METHODS**
- Surveys were personally distributed to and collected from all practices providing prenatal care in a 6-county area in Northeast Tennessee.
- Physicians who completed the surveys and the office managers who coordinated survey distribution and return received small monetary incentives.

**RESULTS**
- Of the 65 surveys distributed at 15 practice sites, 44 physicians at 12 sites completed the questionnaires (response rate of 68%).
- The majority of physician respondents were Caucasian (81%), male (55%), and had never themselves smoked (87%).
- The average number of years in practice of respondents was 8 (5 still in residency).
- Respondents averaged 66 total patients and 18 pregnant patients seen per week, and attended an average of 7 deliveries per month.

**CONCLUSIONS**
- Family physicians were significantly more likely than obstetricians to use the 5 A's with prenatal patients.
- Family physicians were 50% more likely to always/usually identify smoking status and assess willingness to quit.
- Family physicians were twice as likely to always/usually encourage the use of problem solving skills, use counseling, and schedule follow-up contact.

**RESULTS**
- How often do you identify and document cigarette smoking status at each prenatal visit? 28% Always, 58% Usually, 15% Sometimes, 7% Seldom, 3% Never.
- How often do you give clear, strong advice to quit to pregnant smokers? 58% Always, 20% Usually, 15% Sometimes, 3% Seldom, 7% Never.
- How often do you assess whether a pregnant smoker is willing to make a quit attempt? 20% Always, 58% Usually, 15% Sometimes, 7% Seldom, 3% Never.
- How often do you assist pregnant patients by encouraging the use of problem solving skills for smoking cessation? 15% Always, 7% Usually, 30% Sometimes, 3% Seldom, 52% Never.
- How often do you provide self-help smoking cessation materials to pregnant smokers? 7% Always, 3% Usually, 30% Sometimes, 3% Seldom, 58% Never.
- How often do you use counseling to help pregnant smokers quit? 3% Always, 3% Usually, 30% Sometimes, 3% Seldom, 64% Never.
- How often do you schedule follow-up contact with a pregnant patient who has committed to a quit attempt? 3% Always, 3% Usually, 3% Sometimes, 3% Seldom, 91% Never.
- How often do you refer pregnant patients willing to make a quit attempt to outside agencies? 3% Always, 3% Usually, 3% Sometimes, 3% Seldom, 91% Never.

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