III. Maternal smoking cessation: a cost effective strategy for managed care

Introduction

Dianne C Barker

Pregnancy and the periods preceding and following it provide an opportune time for managed care to intervene with women smokers. Women schedule regular prenatal visits with their obstetricians and, following birth, schedule routine well child care visits with pediatricians; this allows for a continuum of active yet brief intervention from preconceptual through the postnatal child raising years. Many young women who do not routinely use health care will seek care during pregnancy, and for some women it is the first time they consider or are eligible for health insurance coverage. Moreover, aware of the adverse birth outcomes associated with smoking, women are apt to be more motivated to quit during this time. Prenatal providers who intervene briefly with personalized advice and assistance, accompanied by self help materials tailored for pregnancy, can double prenatal smoking quit rates. Cost savings associated with successful quits are considerable; several studies have indicated that for every dollar spent on prenatal smoking cessation, $3 can be saved in initial newborn hospital costs, and more than $6 in long term costs. As Dr Wall states below, managed care has a “financial self interest” to seize these opportunities, and invest in maternal smoking cessation services.

The presentations below describe prenatal interventions in three diverse health systems—a group model, an IPA network model, and county sites serving Medicaid women in Alabama. All aim to address challenges specific to intervening with pregnant smokers. These challenges include deception rates as high as 50% in some pregnant populations, potential—and with few studies available, unknown—complications from pharmacological adjuncts, and short term quit intentions resulting in high relapse rates during postpartum. Prenatal providers are also intervening often with a more heavily addicted smoker, as many women, before the first prenatal visit, spontaneously quit smoking upon learning about their pregnancy.

Knowledge gained from these studies has furthered our understanding of how best to intervene during pregnancy. In an effort to boost quit rates and disseminate best practices, the Robert Wood Johnson Foundation recently reauthorized its Smoke-Free Families Program. Phase II includes a competitive research grant program to develop the next generation of interventions to reduce smoking among women before, during and after pregnancy, as well as a nationwide effort to promote state-of-the-art smoking cessation intervention in prenatal care settings. These best practices build on the revised Agency for Health Care and Policy Research Smoking cessation clinical practice guideline for intervening during pregnancy. Managed care, as the primary health setting for most pregnant smokers, can benefit from the implementation of these practices, and in doing so, improve the health of mothers and children.

III. Maternal smoking cessation: a cost effective strategy for managed care?

Introduction

Dianne C Barker

*Tob Control* 2000 9: i60
doi: 10.1136/tc.9.suppl_1.i60

Updated information and services can be found at:
http://tobaccocontrol.bmj.com/content/9/suppl_1/i60

These include:

**References**

This article cites 2 articles, 0 of which you can access for free at:
http://tobaccocontrol.bmj.com/content/9/suppl_1/i60#BIBL

**Email alerting service**

Receive free email alerts when new articles cite this article. Sign up in the box at the top right corner of the online article.

Notes

To request permissions go to:
http://group.bmj.com/group/rights-licensing/permissions

To order reprints go to:
http://journals.bmj.com/cgi/reprintform

To subscribe to BMJ go to:
http://group.bmj.com/subscribe/