

QTIP Quit Tobacco in Pregnancy

An incentive program for pregnant women to quit using tobacco

QTIP is a collaborative project between Trillium Community Health Plan, Lane County Public Health Prevention and Lane County WIC. Based on research on the efficacy of using financial incentives to promote tobacco cessation during pregnancy (Donatelle, et. al, 2004; Cahill, 2008; Tappin, et. al., 2015), the program is designed to support cessation during pregnancy and to build skills to prevent postpartum relapse.

How it works

Women are identified as tobacco users by either WIC staff or their prenatal care provider and referred to the program. Upon enrollment, participants receive a small incentive (e.g., water bottle, receiving blankets, etc.).

During pregnancy, participants can earn similar incentives by utilizing cessation services - including the Oregon Quit Line, cessation counseling from a primary care or behavioral health provider or by scheduling a session to work with the QTIP coordinator who is a trained Tobacco Treatment Specialist.

Participants come in for periodic carbon monoxide monitoring during pregnancy and postpartum to earn gift cards to local department or grocery stores. The gift cards increase in value as length of abstinence increases.

2016 QTIP Referrals



■ Enrolled (56.50%) ■ Lost (25.61%) ■ Declined (14.63%) ■ Ineligible (3.25%)

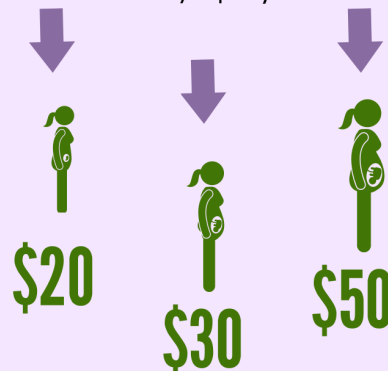
Challenges & Opportunities

- ♥ Referrals are primarily from WIC (88%); engagement with prenatal providers is limited
- ♥ About 40% of pregnant smokers identified at WIC are lost to follow-up prior to enrolling or decline to participate in the program
- ♥ Many women are lost-to-follow-up during the postpartum period

Pregnant woman identified as tobacco user & referred to QTIP

Participants receive an incentive at enrollment

Participants make a plan to quit (or review strategies to stay quit)



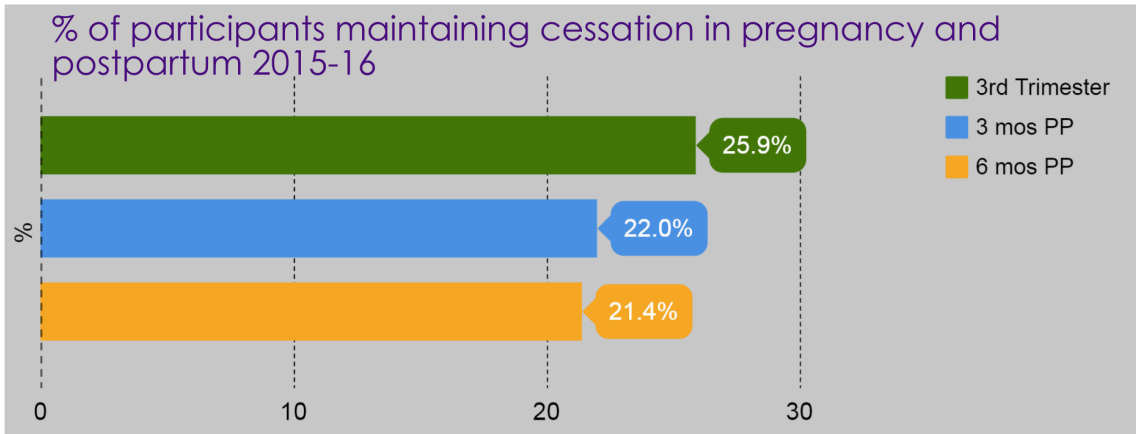
At 3 points during pregnancy, participants are assessed for tobacco use, verified by carbon monoxide monitor. Successfully quitting earns gradually increasing incentives (in the form of gift cards)

During pregnancy and postpartum, participants can also access cessation support to receive additional incentives



Once the participant delivers her baby, she is assessed again at 3 points. Each time she is still quit, she receives a \$50 incentive.

Outcomes

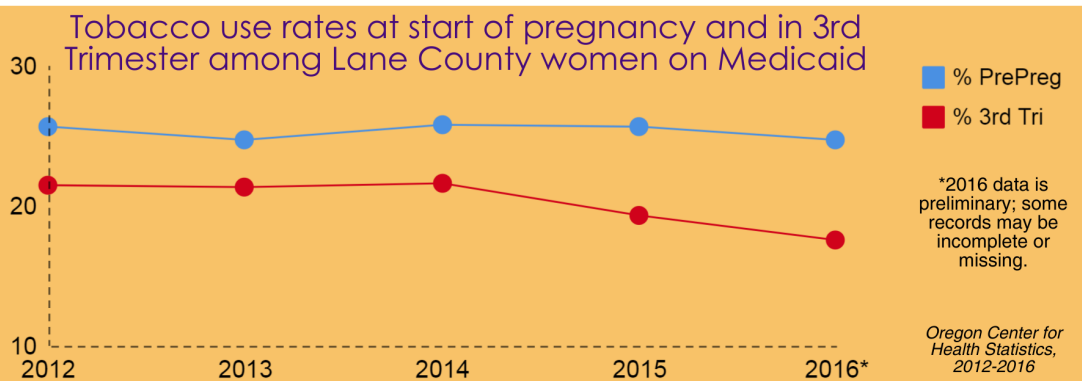


"I feel if I didn't use this program I would have started back up."

"Thank you for your help, without it I might not have quit."

"This program has been more helpful than I could have imagined. I am able to say with confidence that I identify as a non-smoker."

- Over 300 women have enrolled in the program since it began in 2015
- 66% of participants are still smoking at the time of enrollment; average cigarette use prior to enrollment is 14 cigarettes/day
- Nearly 30% of participants achieve and/or maintain cessation during pregnancy and more than 25% are quit during their 3rd trimester
- Just under 20% of participants are still abstaining from tobacco use at 6 months postpartum
- 8% of participants who achieved/maintained cessation during pregnancy had a premature baby, compared to 19% who did not successfully sustain their quit



Funding for QTIP is provided by Trillium Community Health Plan through their primary prevention set-aside with some additional funding from Lane County Public Health.

QTIP website: <http://bit.ly/2nsiCdh>

Jennifer Webster, MA, MPH
 Sr. Community Health Analyst
 Lane County Public Health - Prevention
 541.682.4280
jennifer.webster@co.lane.or.us

References:

Cahill K, Perera R. Competitions and incentives for smoking cessation. *Cochrane Database of Systematic Reviews 2008, Issue 3. Art. No.: CD004307. DOI: 10.1002/14651858.CD004307.pub3.*
 Donatelle, et. al., Incentives in smoking cessation: Status of the field and implications for research and practice with pregnant smokers. *Nicotine & Tobacco Research, Vol.6, April 2004, S163-S179.*
 Tappin, et. al., Financial incentives for smoking cessation in pregnancy. randomised controlled trial, *BMJ 2015;350:h134; doi: https://doi.org/10.1136/bmj.h134*