First Breath Provider Manual

for the implementation of First Breath

Wisconsin Women’s Health Foundation
2503 Todd Drive ● Madison, WI 53713
800-448-5148 ● www.wwhf.org
Preface

The First Breath Provider Manual is broken into six different sections that provide the information and strategies you need to implement the First Breath program.

- **Section 1** provides background information about First Breath. This section includes the program mission, objectives, guiding principles and First Breath provider and site responsibilities.
- **Section 2** describes the step-by-step procedures for implementing the program.
- **Section 3** covers the best practice tobacco cessation strategies that make up the First Breath program.
- **Section 4** describes program tools and how to use them. This section includes participant materials, provider counseling tools, and descriptions of First Breath social media support programs.
- **Section 5** provides recommendations and tips for making First Breath a success.
- **Section 6** offers recommended reading, references, and copies of the program materials.

This manual is intended for providers who are enrolled in, or have completed the Initial First Breath Provider Training, and who will actively participate in the First Breath program. If you have not yet completed this training, please contact the Wisconsin Women’s Health Foundation at 800-448-5148 or visit us on the web at www.wwhf.org.
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Section 1 – INTRODUCTION

“The First Breath program is an effective method to motivate the nurse or clinician to utilize the program with each client. Motivational interviewing, incentives, the use of the educational materials for instructing and educating, and relationship building, are the pieces that lead to success. Success for each pregnant mom during her journey to be smoke free includes the program in its entirety.” – First Breath Provider, 2013

“We are encouraged by each woman that quits, cuts down tobacco use, or remains smoke free after delivery and while breastfeeding. The First Breath program has assisted us in a plan for working with pregnant smokers that is well organized and evidence-based.” – First Breath Provider, 2013

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**Program Background**

**First Breath Mission**
Improve maternal and child health in Wisconsin through perinatal tobacco cessation programming.

**First Breath Description**
The First Breath program is a program of the Wisconsin Women’s Health Foundation (WWHF). The WWHF is the only statewide non-profit organization in Wisconsin whose mission is focused entirely on women’s health. First Breath is a program that helps Wisconsin women quit or reduce smoking by training healthcare providers to deliver evidence-based tobacco cessation counseling as part of existing perinatal care. The program offers non-judgmental, client-centered counseling, support, educational materials, and meaningful incentives.

The First Breath Program aims to:
1. Help participants quit or significantly reduce their tobacco use throughout the perinatal period.
2. Provide comprehensive tobacco-related training and technical assistance to healthcare providers.
3. Disseminate the best practices in maternal smoking research, resources, tools, and continuing education opportunities.

**First Breath Eligibility**
Any pregnant woman who has recently quit smoking or wants to quit smoking can participate.

**First Breath Results**
- Over 13,000 women have participated in First Breath since 2000.
- Of the women who completed at least three program sessions, 30% remained smoke-free during their pregnancy.
First Breath Providers
First Breath providers are individual health care providers that have completed the initial First Breath training and implement the program. They include, but are not limited to:

- Registered Nurses
- Nurse Practitioners
- Certified Nursing Assistants
- Licensed Practical Nurses
- Midwives
- Case/Care Managers
- Physician’s Assistants
- Social Workers
- Nutritionists
- Outreach Specialists
- Lactation Counselors
- Community Health Workers
- Respiratory Therapists
- Physicians
- Psychologists

First Breath Sites
First Breath sites are trained agencies that offer the First Breath program. They include, but are not limited to:

- Public Health Departments
- Prenatal Care Coordination Programs
- WIC Offices
- Home Visitation
- Federally Qualified Health Centers
- Indian Health Services
- HMOs
- OB Practices
- Family Practice
- Primary Care Clinics
- Behavioral Health Clinic
- Community Services Agencies
- Community Health Centers
The Need for First Breath

The Biology of Maternal Smoking
A 2012 report by the US Department of Health and Human Services states there is consistent evidence for the following:

1. Smoking in men is linked to chromosome changes or DNA damage in sperm (germ cells), affecting male fertility, pregnancy viability, and anomalies in offspring.

2. Periconceptional smoking is associated with cleft lip with or without cleft palate.

3. Smoking increases in follicle-stimulating hormone levels and decreases in estrogen and progesterone are associated with cigarette smoking in women, at least in part due to effects of nicotine on the endocrine system.

4. Maternal smoking leads to transient increases in maternal heart rate and blood pressure (primarily diastolic), probably mediated by the release of norepinephrine and epinephrine into the circulatory system.

5. Maternal smoking interferes in the physiological transformation of spiral arteries and thickening of the villous membrane in forming the placenta; placental problems could lead to fetal loss, preterm delivery, or low birth weight.

Nicotine causes vasoconstriction; blocking oxygen and nutrients.
6. Histopathologic changes in the fetus result from maternal smoking, particularly in the lung and brain.

7. Smoking leads to immunosuppressive effects, including dysregulation of the inflammatory response that may lead to miscarriage and preterm delivery.

8. Polycyclic aromatic hydrocarbons from tobacco smoke in the adverse effects of maternal smoking on a variety of reproductive and developmental endpoints.

9. Tobacco smoke exposure leads to diminished oviductal functioning, which could impair fertilization.

10. Prenatal smoke exposure and genetic variations in metabolizing enzymes such as GSTT1 with increased risk of adverse pregnancy outcomes such as lowered birth weight and reduced gestation.

11. There is consistent evidence that genetic polymorphisms, such as variants in transforming growth factor-alpha, modify the risks of oral clefting in offspring related to maternal smoking.

12. Carbon monoxide leads to birth weight deficits and may play a role in neurologic deficits (cognitive and neurobehavioral endpoints) in the offspring of smokers.
Pregnancy Complications and Birth Outcomes

- Approximately 14% of miscarriages in the United States per year are attributed to smoking. 
- Maternal smoking increases risk of low birth weight and preterm birth. 
- Economic estimates indicate that the direct medical costs of a complicated birth for a smoker are 66% higher than for a nonsmoker.

Impacts on Breastfeeding

- Breastfeeding mothers who use tobacco can pass nicotine through their breast milk. 
- Tobacco use while lactating is associated with decreased milk supply and shorter breastfeeding durations.

Impacts of Environmental Tobacco Smoke (ETS)

Mothers who smoke postpartum expose their babies to the effects of secondhand smoke. This includes mainstream smoke (smoke that is inhaled, and then exhaled by the smoker) and sidestream smoke (that comes off the end of a burning cigarette). Thirdhand smoke refers to the contaminants left over from secondhand smoke. The toxins stick to furniture, clothes, hair, and skin. Children exposed to ETS are more likely to suffer from:

- Infant sleep disturbances
- Bronchitis, pneumonia, asthma, and ear infections
- Sudden infant death syndrome (SIDS)

Health and Psychosocial Effects on Mothers

In addition to well-documented health effects on the mother (lung, breast, cervical cancer, heart disease, respiratory diseases), tobacco use during the perinatal period is also associated with psychosocial problems including:

- Postpartum depression
- Increased maternal stress
- Concurrent maternal substance use
- Behavioral problems, lower achievement, and intelligence test scores
Impact on Wisconsin Women
In 2010, 13% of pregnant women in Wisconsin used tobacco, compared to a national average of 9%.\(^\text{14}\)

Wisconsin has disproportionate rates of maternal smoking among certain target populations:

- Younger women (under 25) are twice as likely to smoke during pregnancy as older women.\(^\text{15}\)
- Pregnant women with a high school diploma or less are ten times more likely to smoke during pregnancy than women with a college degree.\(^\text{15}\)
- Unmarried women are four times more likely to smoke during pregnancy than married women.\(^\text{15}\)
- Women insured by Medicaid are three times more likely to smoke during pregnancy as women with private insurance.\(^\text{14}\)

Birth outcomes in Wisconsin vary greatly between smokers and non-smokers:

- Between 2008 and 2010, the Infant Mortality Rate among smokers was 9.4 per 1,000 live births compared to 5.7 per 1,000 live births for non-smokers.\(^\text{16}\)
- Between 2008 – 2012, Low Birth Weight (<2,500 grams) among smokers was 11.1% compared with 6.4% of non-smokers.\(^\text{16}\)

Certain regions of Wisconsin have higher maternal smoking prevalence. Seventeen counties in Wisconsin have maternal smoking prevalence of 2 ½ times higher than the national average.\(^\text{15}\)

“I believe that each nurse’s passion for their client to have a healthy pregnancy and deliver a healthy infant invites the client to share that passion.”
– First Breath Provider, 2013
**Benefits of Smoking Cessation**

While quitting smoking early in pregnancy is best, health benefits can be achieved from cessation at any time before delivery. Most smokers want to quit. Tobacco cessation programs delivered by prenatal providers are effective.

Minimal interventions lasting less than 3 minutes increase overall tobacco abstinence rates. Every tobacco user should be offered at least a minimal intervention, whether or not he or she is referred to an intensive intervention. (Session length)

<table>
<thead>
<tr>
<th>Level of Contact</th>
<th>Estimated Abstinence Rate</th>
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<tr>
<td>No contact</td>
<td>10.9%</td>
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<tr>
<td>&lt;3 minutes</td>
<td>13.4%</td>
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<tr>
<td>3-10 minutes</td>
<td>16.0%</td>
</tr>
<tr>
<td>&gt;10 minutes</td>
<td>22.1%</td>
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Person-to-person treatment delivered for four or more sessions appears especially effective in increasing abstinence rates.

<table>
<thead>
<tr>
<th>Number of Sessions</th>
<th>Estimated Abstinence Rate</th>
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<tbody>
<tr>
<td>0-1 session</td>
<td>12.4%</td>
</tr>
<tr>
<td>2-3 sessions</td>
<td>16.3%</td>
</tr>
<tr>
<td>4-8 sessions</td>
<td>20.9%</td>
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<tr>
<td>&gt; 8 sessions</td>
<td>24.7%</td>
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There is a strong dose-response relation between the session length of person-to-person contact and successful treatment outcomes.

<table>
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<tr>
<th>Total Amount of Contact Time</th>
<th>Estimated Abstinence Rate</th>
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<tbody>
<tr>
<td>No minutes</td>
<td>11.0%</td>
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<tr>
<td>1-3 minutes</td>
<td>14.4%</td>
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<tr>
<td>4-30 minutes</td>
<td>18.8%</td>
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<tr>
<td>31-90 minutes</td>
<td>26.5%</td>
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<tr>
<td>91-300 minutes</td>
<td>28.4%</td>
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First Breath Guiding Principles

First Breath is an evidence-based program built upon the following recommendations and strategies:

_Treating Tobacco Use and Dependence Clinical Practice Guideline: 2008 Update from the U.S. Department of Health & Human Services, Public Health Service_

Ten recommendations include proven strategies and guidelines that assist clinicians and other health care providers who see clients with tobacco dependence. An additional two recommendations specific to pregnant women.17

1. Tobacco dependence is a chronic disease that often requires repeated intervention and multiple attempts to quit.

2. It is essential that clinicians and health care delivery systems consistently identify and document tobacco use status and treat every tobacco user seen in a health care setting.

3. Tobacco dependence treatments are effective across a broad range of populations.

4. Brief tobacco dependence treatment is effective.

5. Individual, group, and telephone counseling are effective, and their effectiveness increases with treatment intensity. Two components of counseling are especially effective, and clinicians should use these when counseling patients making a quit attempt:
   a. Practical counseling (problem-solving/skills training)
   b. Social support delivered as part of treatment

6. Numerous effective medications are available for tobacco dependence, and clinicians should encourage their use by all patients attempting to quit smoking—except when medically contraindicated or with specific populations for which there is insufficient evidence of effectiveness (i.e., pregnant women, smokeless tobacco users, light smokers, and adolescents).

7. Counseling and medication are effective when used by themselves for treating tobacco dependence. The combination of counseling and medication, however, is more effective than either alone.
8. Telephone quitline counseling is effective with diverse populations and has broad reach.

9. If a tobacco user currently is unwilling to make a quit attempt, clinicians should use the motivational treatments to be effective in increasing future quit attempts.

10. Tobacco dependence treatments are both clinically effective and highly cost-effective relative to interventions for other clinical disorders.

Additional Recommendations for Pregnant Women
1. Because of the serious risks of smoking to the pregnant smoker and the fetus, whenever possible pregnant smokers should be offered person-to-person psychosocial interventions that exceed minimal advice to quit. (Strength of Evidence = A)

2. Although abstinence early in pregnancy will produce the greatest benefits to the fetus and expectant mother, quitting at any point in pregnancy can yield benefits. Therefore, clinicians should offer effective tobacco dependence interventions to pregnant smokers at the first prenatal visit as well as throughout the course of pregnancy. (Strength of Evidence = B)

Psychosocial Interventions
Psychosocial interventions are significantly more effective than usual care in getting pregnant women to quit while they are pregnant. These interventions involve more intensive counseling that exceed the minimal advice.
5As: Ask, Advise, Assess, Assist, and Arrange
The 5 As are an Evidence-based model for tobacco cessation intervention. The Clinical Practice Guideline calls for health care providers to systematically:

- **Ask about tobacco use** – Identify and document tobacco use status for every patient at every visit.
- **Advise patients to quit** – In a clear, strong and personalized manner urge every tobacco user to quit.
- **Assess willingness to quit** – Ask if the tobacco user is willing to make a quit attempt.
- **Assist in quit attempt** – For the patient willing to quit, use counseling and pharmacotherapy (when appropriate). For the patient unwilling to quit, use the 5Rs to discuss resistance.
- **Arrange follow-up** – Schedule follow-up contact with patients to discuss progress made toward quitting.

Brief Intervention
Brief interventions are short interactions (3 – 5 minutes) designed to promote changes around a specific behavior. This approach is different from traditional behavior change counseling in that the focus is not to provide more information or educate around a topic, but instead to have a non-judgmental discussion around a behavior in question. The discussion should focus on the client’s beliefs and perspective around the behavior. The primary focus is around what the client’s goals are, as opposed to what the clinician’s goals for the client are.

A brief intervention typically has two goals:
1. Help the client think differently about the behavior in question, as a way to increase the chances they will make a change. Actively contemplating a behavior can be a deciding factor in overcoming ambivalence and making a change.
2. Provide skills to the client to help modify the behavior in order to reduce overall harm.

Motivational Interviewing
“A client-centered, directive method for enhancing intrinsic motivation to change by exploring and resolving ambivalence.” Motivational interviewing is a collaborative, person-centered form of guiding to elicit and strengthen motivation for change. It is grounded in a respectful, cooperative stance between the provider and client.
Section 2 – FIRST BREATH IMPLEMENTATION

“The First Breath program gives us a means to help [participants] with their goals. It allows us to build a rapport with them by initiating the conversation about their tobacco use and rewarding their efforts with incentive gifts. It offers a non-confrontational way to discuss a sensitive topic.” – First Breath Provider, 2013

“In our county, our number of smoking pregnant and postpartum women is high. We are thankful for the data that we receive from First Breath regarding our outcomes from the program.” – First Breath Provider, 2013

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<tr>
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“We always try to empower our clients by acknowledging and celebrating any progress they have made with their goals.” – First Breath Provider, 2012
## Program Introduction (1 minute)

**Occurs**
Anytime during pregnancy*

**Procedures**
1. First Breath should be offered to all pregnant women who are current tobacco users or have recently quit (within the last six months)
2. Example introduction “For pregnant women with a history of tobacco use, we typically offer the First Breath Program. Is it ok if I share some information with you?”
   a. If woman declines enrollment
      i. Continue on with usual care
      ii. Offer the program again at a later visit
   b. If woman accepts enrollment, continue on with enrollment visit

**Materials**
First Breath Brochure (optional)

**Provider Follow-Up**
For women who decline participation: complete the First Breath Checklist and mail or fax to the WWHF.

## Notes:

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**First Breath Visit 1 – Enrollment (5 – 10 minutes)**

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<th>Occurs</th>
<th>Anytime during pregnancy.</th>
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<tbody>
<tr>
<td><strong>Procedures</strong></td>
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<tr>
<td>1. Tobacco Cessation Counseling (Section III and IV for details)</td>
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<tr>
<td>2. Complete the following forms (participant OR provider)</td>
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<tr>
<td>a. Consent Form</td>
<td></td>
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<tr>
<td>b. Client Information Form</td>
<td></td>
</tr>
<tr>
<td>c. Enrollment Survey</td>
<td></td>
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<tr>
<td>3. Offer enrollment into programs for extra support:</td>
<td></td>
</tr>
<tr>
<td>a. Text.Connect.Quit</td>
<td></td>
</tr>
<tr>
<td>b. First Breath Private Facebook Group (client information form)</td>
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<tr>
<td>4. Complete First Breath Checklist</td>
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<tr>
<td><strong>Materials</strong></td>
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| 1. Enrollment Incentive Gift - Water Bottle ** 
  *(filled with various items to help distract participant from smoking.)* |
| 2. Participant Workbook |
| 3. Handouts as appropriate |
| **Provider Follow-Up** | Mail or fax forms to the WWHF |
| **WWHF Follow-Up** | The WWHF will send a letter to the participant’s primary care provider (indicated on the bottom of the client information form). If the participant does not want her primary care provider to receive a letter, leave this section blank. |

**Notes:**

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<thead>
<tr>
<th>Occurs</th>
<th>One time between enrollment visit and delivery</th>
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<tr>
<td><strong>Procedures</strong></td>
<td></td>
</tr>
<tr>
<td>1. Tobacco Cessation Counseling (Section III and IV for details)</td>
<td></td>
</tr>
<tr>
<td>2. Complete Prenatal Follow-up Survey</td>
<td></td>
</tr>
<tr>
<td>3. Complete the First Breath Checklist</td>
<td></td>
</tr>
<tr>
<td><strong>Materials</strong></td>
<td></td>
</tr>
<tr>
<td>1. Prenatal Incentive Gift - Bath Items **</td>
<td></td>
</tr>
<tr>
<td><em>(loofah, body wash and lotion, and Reduce Stress Without Smoking pocket guide)</em></td>
<td></td>
</tr>
<tr>
<td>2. Prenatal Workbook and Handouts as appropriate (Section 4)</td>
<td></td>
</tr>
<tr>
<td><strong>Provider Follow-Up</strong></td>
<td></td>
</tr>
<tr>
<td>1. Mail or fax forms to WWHF</td>
<td></td>
</tr>
<tr>
<td>2. Complete Change of Status Form if client information changed ***</td>
<td></td>
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</tbody>
</table>

**Notes:**

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**First Breath Visit 3 – Postpartum (3-5 minutes)**

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<thead>
<tr>
<th>Occurs</th>
<th>Any time after delivery (preferably before 2 months postpartum)</th>
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<tbody>
<tr>
<td>Procedures</td>
<td>1. Tobacco Cessation Counseling (Section 3 and 4 for details)</td>
</tr>
<tr>
<td></td>
<td>2. Complete Postpartum Survey</td>
</tr>
<tr>
<td></td>
<td>3. Complete First Breath Checklist</td>
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</tbody>
</table>

| Materials       | 1. Incentive Gift- Baby Welcome Kit **                          |
|                 | (baby wipes, baby wash, a *First Breath* bib, rubber duck, and a |
|                 | *Wisconsin Tobacco QuitLine* brochure)                        |
|                 | 2. Postpartum Workbook                                         |
|                 | 3. Handouts                                                    |

**Provider Follow-Up**

1. Mail or fax forms to WWHF
2. Complete Change of Status Form if client information changed ***

**WWHF Follow-Up**

The WWHF will mail a client satisfaction survey along with $10 Walmart gift card to the participant. If the mailing address initially provided to us has changed – please indicate this on the Change of Status form. If the participant prefers not to receive the gift card at the indicated mailing address (mailbox not secure), we will send the gift card to the provider to give to the participant.

Notes:

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23
Informal First Breath Visits

<table>
<thead>
<tr>
<th>Occurs</th>
<th>At all visits during participant’s enrollment in First Breath</th>
</tr>
</thead>
</table>
| Procedures | 1. Tobacco Cessation Counseling (Section 3 and 4 for details)  
2. Complete the First Breath Checklist |
| Materials | Handouts (as appropriate) - See Section 4 |
| Provider Follow-Up | Complete Change of Status Form if client information changed *** |

Special Notes

* Under special circumstances, First Breath can be offered to women postpartum. Contact a First Breath staff member for details.

** Incentive Usage: Incentives are used to encourage participation in the First Breath program. All participants receive incentives, regardless of behavior change.

*** Change of Status Form: We ask First Breath Providers to complete this form and mail or fax to the WWHF when the following occurs:
- Change of pregnancy status (miscarriage or stillbirth)
- Change of address, phone number, or other contact information
- Client chooses to de-enroll from program

“Baby steps, small victories, whatever you want to call it, it's important that the patient know that we are here every step of the way!” – First Breath Provider, 2013
Section 3 – FIRST BREATH TOBACCO CESSATION STRATEGIES

“The entire structure of the program lends itself to the effectiveness. It is known that the cumulative impact of brief interventions with patients in a clinic setting has a better overall outcome than many other methods, if carried out throughout the duration of the pregnancy.” – First Breath Provider, 2013

“Motivational interviewing is a key method of directing the conversation that allows them to make this their plan, and their challenge, not only someone else’s wish for them.” – First Breath Provider, 2013

<table>
<thead>
<tr>
<th>In this section:</th>
<th>Page</th>
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</thead>
<tbody>
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<td>Motivational Interviewing</td>
<td>27</td>
</tr>
<tr>
<td>Four MI Processes</td>
<td>28-29</td>
</tr>
<tr>
<td>OARS</td>
<td>30-32</td>
</tr>
<tr>
<td>The 5 As</td>
<td>33-42</td>
</tr>
<tr>
<td>The 5 Rs</td>
<td>43</td>
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<td>Motivational Interviewing Exercises</td>
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Motivational Interviewing

Motivational interviewing (M.I.) is defined as a collaborative, person-centered form of guiding to elicit and strengthen motivation for change. It is grounded in a respectful, cooperative stance between the provider and client. There are four components that make up the spirit of Motivational Interviewing:

1. **Partnership**
   Motivational interviewing is different from a traditional medical or counseling model, in that the provider and participant are treated as equals in the interaction. The provider is not seen as an expert, providing all the answers to the client’s needs. The client’s experiences and contributions are an extremely valuable part of the interaction. Because of this, motivational interviewing is not seen as being “done to” or “done on” a client, it is seen as being “done with” or “done for” a client.

2. **Acceptance**
   Acceptance is absolutely fundamental to the motivational interviewing spirit. If a participant is not feeling as though they are being accepted and respected, the relationship between provider and participant is compromised. The provider must accept where a person is at in their behavior and ambivalence to change. It should be noted that acceptance is not the same as approval. Your overall goal is to help this person change their behavior, and any judgment about where they are currently at with their behavior is counterproductive to this goal.

3. **Compassion**
   Compassion is understanding and connecting with your client and the message they are trying to convey. Your goal is to actively promote the participants welfare, while accepting where they are at in terms of readiness to change a behavior and that they will not move forward until they are comfortable.

4. **Evocation**
   Another central idea to the spirit of motivational interviewing is that the client is the primary source of ideas and solutions to barriers that might come up. This can be a dramatic change from traditional care, in which the provider’s main role is to provide solutions to the issue at hand. Another key aspect to this role is to identify and build on client strengths, instead of deficits when it comes to the behavior change in question. Instead of pointing out everything that could go wrong or hold a person back, your role is to help build the person up and identify things that contribute to the solution of the issue.
Four Processes of Motivational Interviewing

1. Engaging
   - Establishing a mutually trusting and respectful relationship.
   - Look at the situation from their eyes:
     - What does this person want, and how do they think you can help?
     - What am I doing (or not doing) that is helping or hindering our relationship?
     - What else is affecting our relationship?

   The first step within this process is to engage the client. You want to build a mutually trusting and respectful relationship. You need to appreciate that this will happen for different people at different speeds. Some people will connect with you quickly, while it can a few meetings for others. To expedite this step, look at the situation from your participants’ perspective. What do they want? How do they think you can help? What kinds of things am I doing to help or hinder our relationship? What other factors (environmental, situational) might be impacting this situation for the better or worse?

2. Focusing
   - Seek and maintain a direction
   - What are the intended outcomes?
   - Outcomes can come from 3 places: client, setting/program, or provider/clinician

   Once you have established an engaging relationship with a participant, your next step is to seek out a direction. What are the intended outcomes of this interaction? Within First Breath, the intended outcome is to help a woman reduce or remove tobacco from her life. Ideally, you want the focus to come from the participant, as this indicates they are more invested in making the change.

“I spend a lot of time just chatting with those who struggle because I think the amount of social support they have is another huge indicator. If a partner comes in with the patient, I usually ask them as well. As the old saying goes, it takes a village..... it's the same with any challenge in a woman's life, especially a pregnant woman.”

– First Breath Provider, 2013
3. **Evoking**

- You do not “give” motivation, you draw it out.
- Recognize and promote “Change Talk”

The ultimate goal within motivational interviewing is to promote and support behavior change. One way to help promote this is to recognize and evoke Change Talk within your participants. Change talk includes words, phrases, and statements that indicate a person is interested or open to making a change around a behavior. The acronym to remember is DARN CAT.

- **Desire** (I want..., I wish I could..., I’d like to...)
- **Ability** (I could..., I can..., I’d be able to...)
- **Reason** (I should because..., It would really help with...)
- **Need** (I need to..., I have to...)
- **Commitment** (I will..., I promise...)
- **Activating** (I am going to...)
- **Taking Steps** (I have already...)

The further a person is along on the spectrum, the more likely they are to successfully make a change. You can increase the chances someone will make a quit attempt by guiding the conversation in such a way that the person uses language further down the spectrum (Needs, Commitment, Activating, Taking Steps).

4. **Planning**

- Proceed only as fast as your client.
- Should still be collaborative
- Make it as specific
- Evaluate client’s commitment to the plan.

The final step within this interaction is to help a participant plan their next steps in regards to the behavior. It is important to note that you need to ensure you are moving through these steps at the same pace your participant is. If you move towards planning when your participant isn’t ready, it is going to damage the relationship you have built. Planning should be a collaborative process, building off of the ideas and change talk you have evoked in the prior steps. It is wise to make your plan as specific as possible, as this will increase the long term chances for success.
Motivational Interviewing Skills – OARS

Overall, motivational interviewing is a different approach than many healthcare providers may be familiar with. The primary goal is not to solve the person’s problems, but instead to focus your efforts on helping the person realize their own solutions to their problems. As this is a slightly different approach, it also requires you to use counseling skills in a different way to achieve your goals.

Open-ended questions
These are questions that cannot be answered with a simple “yes” or “no”, or a specific piece of information. They involve longer responses that lead your client to think about their current situation in a different way.

Benefits of Open Ended Questions:
- Allows you to hear from clients.
- Draws out the woman’s perspectives, experiences and knowledge on the target behavior.

Here are a few open ended questions you could try:

<table>
<thead>
<tr>
<th>What do you...?</th>
<th>Tell me about...?</th>
<th>Could you...?</th>
</tr>
</thead>
<tbody>
<tr>
<td>What have you...?</td>
<td>Describe your...?</td>
<td>Will you...?</td>
</tr>
<tr>
<td>How might you...?</td>
<td>Why do you...?</td>
<td>Is this...?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Are you...?</td>
</tr>
</tbody>
</table>

**Examples:**
- Tell me about your plan to quit smoking...
- What do you enjoy about smoking?
- When are your strongest cravings to light up?

Affirmations
These are short positive messages used to support progress your client is making or the success they have had. Affirmations help build your relationship with your client, strengthening rapport and helping build self-efficacy.

- Strive to give an affirmation to every client, every visit, and every time! It will do wonders!
- Self-efficacy is a powerful predictor of success.

**Example:**
- You cut down to five cigarettes per day? That’s outstanding; you’re halfway to your goal of quitting!
Reflective Listening
These are short statements (not questions), used to reflect your client’s statements back to them. The goal is not to give them back the message word for word, but rather to respond with the message as you understood it. Reflective listening statements are excellent to help explore ambivalence as well as keep the client in control of guiding the conversation.

- Aim for a 2 to 1 ratio with open ended questions. Meaning for every two questions you ask, try to use at least one reflective listening statement
- This skill is complex, with the possibility of many “levels” of reflections. Regular practice will help you be more effective with this skill.
- Prevent yourself from forming the reflection as a question by avoiding voice inflection at the end of the statement.

Steps to Forming a Reflection
1. Hear what the person is saying.
2. Make a guess about the persons underlying meaning or emotion.
3. Choose your direction (what will you reflect?)
   a. client change talk
   b. efforts to change
   c. perceptions of risk for the continued behavior
4. Make your reflection as a statement.

Types of Reflections
1. Simple: repeat (same words) or rephrase (slight change of words).
   Client: “I’m just so stressed out right now. I can’t quit”
   Reflection: “You’re very stressed right now.”

2. Complex: paraphrase – major restatement which makes a guess about the person’s underlying meaning or emotion.
   Client: “I’m just so stressed right now, I can’t quit.”
   Reflection: “You’re having a hard time dealing with stress in your life.”

Skills to Utilize
- Voice inflection down
- Reflection is concise
- Reflection reinforces client change talk
- Just as many reflections as questions
- Just as many complex reflections as simple reflections
**Stems for Reflections**

<table>
<thead>
<tr>
<th>It sounds like you...</th>
<th>For you, it’s a matter of...</th>
<th>You’re feeling...</th>
</tr>
</thead>
<tbody>
<tr>
<td>It seems to you that...</td>
<td>You mean that...</td>
<td>You must be...</td>
</tr>
<tr>
<td>From your point of view...</td>
<td>You’re wondering if...</td>
<td>So you...</td>
</tr>
</tbody>
</table>

**Examples:**

Client: “My whole family smokes, I don’t think it would even matter if I quit, if I could.”
- Simple: “You don’t think that quitting would matter.”
- Complex: “You’re unsure about the benefits of quitting in your situation.”
- Complex: “You’re feeling like you don’t have any support.”
- Complex: “You’ve been thinking about quitting.”

Client: “I’ve tried quitting before. It just doesn’t work for me.”
- Simple: “You’ve tried quitting before.”
- Complex: “You don’t see yourself being successful in a quit attempt.”
- Complex: “You’re worried about being successful in your quit attempt.”
- Complex: “You are frustrated that you haven’t been able to quit in prior attempts.”

**Summary Statements**

Summary statements are typically used as you are wrapping up a topic, or an entire conversation. Summary statements review the primary points of interest from your conversation. They are an excellent method for highlighting the progress and positive messages that you want your client to take away from your time together.

- Preferred method to close one topic and open another, or to close a session altogether.
  - For the ambivalent client, a good summary is fair, but not balanced. Give more emphasis to “cons” of the behavior and to “pros” of change.

- Highlight client’s:
  - Motivations and reasons to change
  - Self-control
  - Perception of risk for the status quo (no change)

- End with an open question- “What else?”, “Anything else?”, “Did I miss anything?”

32
The 5 As

First Breath 5A’s Implementation

Ask

“Tell me about your tobacco use.”
“When are you exposed to tobacco?”

Advise

“We recommend that all patients limit tobacco exposure during pregnancy.”
“The best thing you can do for yourself and your baby is to quit using tobacco.”

Assess

“What are your thoughts on quitting tobacco at this time?”
“How do you feel about tobacco use during your pregnancy?”

Unwilling to quit

Willing to quit

Assist

Utilize 5R’s: Relevance, Risk, Rewards, Roadblocks, Repetition

“What concerns do you have about your tobacco use?”
“How would your life change if you were tobacco free?”

Arrange

“This is a topic we will revisit in the future, so I encourage you to continue thinking about your options.”
“I understand you aren’t ready to quit at this time, however this is something I will ask about again in the future.”

Assist

Create Change Plan: SMART Goals, referrals for added support

“What would you like to go from here?”
“What do you see as your next step?”

Arrange

“You have come up with some great ideas to start this change. We will continue to revisit your change plan at upcoming visits.”
“I look forward to reviewing your progress at our next visit.”
Step 1 – ASK about Tobacco Use (1 minute)
Screening for tobacco use should be standard protocol for healthcare providers. The way in which the question is asked has a significant impact on the response. Below are examples of close-ended questions and do not elicit much information from the client. Everyone’s definition of “smoker” is different; therefore the answer you are receiving may be skewed by the clients’ perception of this definition. Ultimately, how you ask this question will impact whether or not a woman discloses this information.

<table>
<thead>
<tr>
<th>Not Recommended</th>
<th>Recommended</th>
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</thead>
<tbody>
<tr>
<td>• Are you a smoker?</td>
<td>• Tell me about your tobacco use.</td>
</tr>
<tr>
<td>• Do you smoke?</td>
<td>• Tell me about your history with tobacco use.</td>
</tr>
<tr>
<td>• Tobacco exposure?</td>
<td>• When are you exposed to tobacco?</td>
</tr>
</tbody>
</table>

These simple adjustments to the traditional tobacco use questions will give you useful information. They are concise and to the point. They are non-judgmental and convey the message that you really want to know the answer. It is ok to ask clarifying questions or use the First Breath survey too get more specific information. Multiple choice formats have been shown to increase disclosure by as much as 40%. 19

First Breath Tools for Asking
Sample script on the 5As Flowchart (page 33)
First Breath Enrollment Survey (pages 93-94)
Step 2 – ADVISE to Quit (1 minute)

- Use one clear, strong statement, urging every tobacco user to quit (or stay quit).
- Provide additional advising statements that personalize the message to your patient by acknowledging barriers or individual situation.
- Don’t criticize or focus on adverse outcomes – this can be counterproductive, especially for women who do not believe they are at risk for poor birth outcomes.
- Women who have already quit should be congratulated. They should also receive a clear, strong statement urging them to stay quit.

Sometimes advising can come across as judgmental, and lead the client to a place of guilt where they may become defensive, discouraging a productive session. As healthcare providers, it is natural to want to explore the risks associated with a behavior; however, it is very important to refrain from jumping into this. Assuming that a client is unaware of these risks may be detrimental to the conversation. If you are interested in the participants’ knowledge of these risks, it is ok to ask.
First Breath Tools for Advising
Sample script on 5As flowchart (page 33)

**Not Recommended**
- You know you should quit, right?
- Your smoking is bad for your baby. It can cause prematurity, low birth weight, etc, etc.

**Recommended**
- *Basic:* The best thing you can do for yourself and your baby, is to quit using tobacco.
- *Personalized:* I can see you are under a lot of stress right now and that quitting smoking is hard. However, the best thing you can do for yourself and your baby, is to quit smoking.
- *Already quit:* Congratulations on quitting smoking. That is a huge accomplishment. The best thing you can do for yourself and your baby, is to remain quit.

Although the step of offering “advice” to be an “assumed” recommendation from a health care provider, it is very important to make this clear statement. Having clear information from a trusted source is vital to their decision to make a change.
Step 3 – ASSESS Willingness to Make a Quit Attempt (1 minute)
This step will help determine if the participant is interested in reducing/quitting their tobacco use or not. Many times, this information will come out organically. As with other steps in the 5A’s, how you phrase your questions will impact how they are answered.

Scaling questions offer you an opportunity to gain additional information around a participant’s barriers and motivations for quitting, while giving you a chance to affirm the progress they’ve already made.
- “A 4? Why do you say 4 and not 2?” – Client will begin listing reasons why she is confident in her ability to make a change and/or motivated to do so. Offer affirmations & support, highlighting the positives.
- “What would have to happen for your 4 to become a 6?” - Client will begin specifying steps that she may need to support her through this change, which you can focus on assisting her with when you explore next steps.

Recommended
- “What are your thoughts on quitting tobacco at this time?”
- “How do you feel about your tobacco use during pregnancy?”
- “On a scale of 0-10, where 0 is not at all and 10 is very ready, how ready are you to quit smoking today?”

First Breath Tools for Assessing
Participant Surveys (90-99)
Assessment Rulers (52-53)
Step 4 – ASSIST in Quit Attempt (1 – 3 minutes)
How you assist a participant depends on where she is in her quit smoking journey. Research shows that overall, 25-60% of women quit upon learning they are pregnant. These women are referred to as “spontaneous quitters.” These women still need assistance – approximately one-third will relapse before delivery. Another 37% will quit or cut down at some point in their pregnancy. 20% of women will not make a change in their tobacco use during pregnancy.
Step 4 – ASSIST for the Participant that Has Already Quit

If a woman has already quit prior to your care, she still needs assistance. The relapse risk is high for all women who quit during the perinatal period. One-third will relapse at some point before delivery. After delivery, 45% will relapse by 2 – 3 months postpartum. 60-70% relapse by 6 months postpartum, and up to 80% relapse by one year. Let her know that you will still be asking her smoking status in the future, but that you support the success she has made thus far. The focus will be on staying quit and relapse prevention, instead of quitting.

Not Recommended
- Good job. On to ___ (the next thing).

Recommended
- Excellent! How were you able to do quit?
- What are some of your concerns about staying quit?
- What are your triggers and how will you deal with these when they come up?
- What are your stay quit plans (just pregnancy or beyond)?

First Breath Tools for Assisting – Participants Who Have Already Quit
Action Plan (page 55)
First Breath Handout: “Staying Quit”
Step 4 – ASSIST for the Participant that is Willing to Quit or Cut Down

In the assisting phase, your goal is to help the participant self-identify some next steps to removing tobacco from their life. This step is really a combination of self-help, problem solving, and referrals for additional support. These next steps should be proactive and empower the participant to take concrete steps forward with the plan they have created.

Providing ideas and examples for what has worked for other people does not follow the goal of allowing the participant to suggest changes she feel will fit into her goals and lifestyle. This method can give participants the impression that the provider may not want to hear her ideas or thoughts.

**Not Recommended**
- Do this...
- Try this...
- Some people have said this helps...

**Recommended**
- Would it be okay if we came up with a plan together?
- What are some of your ideas about how you are going to quit?
- What has worked for you in the past?
- You have come up with some great ideas for how you may begin making this change... would you be interested in some other resources?

**First Breath Tools for Assisting – Participants Willing To Quit**
Action Plan (page 55)
First Breath Handouts
Step 4 – ASSIST for the Participant that is Unwilling to Quit

If a person is not willing to make a quit attempt at this time, you have a unique opportunity to help them move forward in their thoughts about this behavior. One common issue many providers run into is simply trying to provide more information about tobacco risks to participants who are not ready to make a change at this time.

Not Recommended
- “Ok. You don’t want to quit. On to ____ (the next thing).” Moving onto a new topic devalues the importance of this topic.

Recommended
- “What about right now doesn’t feel right?”
- “What are the top three reasons why you are uninterested in making a quit attempt?”
- “I understand you are not willing to make a quit attempt at this time. However, we will be talking about this again in the future so I encourage you to continue to think about your options.”
Step 5 – ARRANGE for Follow-up (1 minute)

Arrange Follow-up for Participants who are willing to quit
- Arrange for follow-up contacts. Encourage participant to include other support people in her life in the changes she is making: friends, family, medical providers, support group, etc.
- Plan to meet again within first week after quit date if possible, for added accountability and support when she may need it most.

Arrange Follow-up for participants who have already quit
- Arrange for follow-up contacts. Encourage participant to include other support people in her life in the changes she is making: friends, family, medical providers, support group, etc.

Arrange Follow Up for participants who are unwilling to make a quit attempt
- Affirm that you understand she is not willing to make a quit attempt at this time.
- Remind her that you will continue to bring this topic up again.
  - I understand you are not willing to make a quit attempt at this time. However, we will be talking about this again in the future so I encourage you to continue to think about your options.”

First Breath Tools for Arranging Follow-Up
- Referral to Text.Connect.Quit
- Referral to Facebook Support Group
- www.firstbreathmoms.org
- 1-800-QUIT-NOW
- www.smokefree.org
5 R’s: Relevance, Risks, Rewards, Roadblocks, Repetition

The 5 Rs can be used with any participant. They are especially effective when working with women who are unwilling to quit or cut down.

Relevance
Determine the relevance of quitting to client, explore why the client would like to quit.

Risks
Ask the client about potential risks they see in tobacco use using open ended & non-judgmental questions:
- “Is there anything that concerns you about your smoking?”
- “What are your thoughts related to your health and using tobacco?”
- Keep in mind, these risks need to come from the client, not from the provider.

Rewards
Ask the client to think about the benefits of quitting tobacco.
- “How might you feel about yourself if you quit?”
- “Hypothetically, if one month from now you were tobacco free, how would your life be different?”

Roadblocks
Examine the possible roadblocks - the personal or psychological obstacles - that prevent a person from quitting.
- “What concerns do you have about quitting?”
- “What is preventing you from trying to quit?”

Repetition
Repetition is necessary to facilitate change. Remind client of previous conversations related to their thoughts on quitting.
- “Last time you said... what additional thoughts have you had about this?”

First Breath Tools - Assisting Participants Who Are Unwilling To Quit
- Action Plan (page 55)
- Decisional Balance (page 54)
- First Breath Handouts
Motivational Interviewing Exercises

Exercise 1: Open Ended Questions
Write down 2-3 questions you typically ask. Are they open or closed?

________________________________________________________________________

________________________________________________________________________

If closed, how could you rewrite the question to make it open?

________________________________________________________________________

________________________________________________________________________

Exercise 2: Affirmations
Identify a client strength:

________________________________________________________________________

How does the client express this strength?

________________________________________________________________________

________________________________________________________________________

How does this strength help the client?

________________________________________________________________________

________________________________________________________________________

Write an affirmation using a “you” statement.

________________________________________________________________________

________________________________________________________________________
Exercise 3: Reflections
Write a reflective listening statement to each example below.

Smoking helps me relax after a long day. I am so overwhelmed lately, and I know stress is bad during pregnancy.
Reflection:

My boyfriend smokes around me all the time. I just know I’m not going to be able to quit with it in my face every day.
Reflection:

My cousin smoked all through her pregnancy, and her son turned out just fine.
Reflection:
Exercise 4: Case Studies

Stephanie is 30 years old, she has two kids, two-year-old twins. She is pregnant with her third child, which wasn’t planned. Stephanie has been a patient at the clinic for years; it’s also where her kids’ pediatrician is. She stays home with her kids during the week and works part-time and on the weekends as a CNA while her husband is with the twins. While gathering Stephanie’s vitals, you ask about her tobacco use. She reluctantly tells you that she started smoking again shortly after the twins were born, telling you that it seemed like the only way she could get a break. Since she started working, she’s been smoking more because she likes taking her smoke breaks with her co-workers. Stephanie tells you she knows she should quit and has even looked at some Nicorette gum. She also tells you that she doesn’t think she smokes that much and that maybe it isn’t that big of a deal if she doesn’t quit. Stephanie’s twins are getting antsy by this point, and Stephanie says she really doesn’t want them to start smoking because her mom smoked and she hated it growing up. On the way out the door, with one of the twins screaming and the other already running down the hall, Stephanie says “you’d need a smoke break too.”

1. How would you approach Stephanie? What would you talk about first?

_________________________________________________________________________

_________________________________________________________________________

2. What topics or issues would you try to avoid discussing in this interaction?

_________________________________________________________________________

_________________________________________________________________________

3. How might you talk to Stephanie about the conflicting feelings she is having about changing?

_________________________________________________________________________

_________________________________________________________________________

4. What affirmations might you give Stephanie?

_________________________________________________________________________

_________________________________________________________________________

Suggested answers in Appendix C (page 87)
**Jessica** is a 15 year old, first pregnancy. She is at the end of her second trimester. She is attending a local high school and was referred to the Community Health Center, by a school administrator. Jessica qualifies for prenatal care coordination and WIC, which is how she ended up on your caseload. Jessica mechanically answers the questions and shows little emotion while talking to you about her life. She stops every few minutes to check her phone and send texts. Jessica lives at home with her mom, stepdad and siblings. Jessica tells you that she and the baby’s dad have been going out for a while and that they aren’t sure what their plans are once the baby is born. When you begin talking to Jessica about her health and pregnancy, she seems to put up a wall. Jessica says she doesn’t really care about quitting smoking or drinking, because she’s not sure if she’s keeping the baby anyway. Jessica started smoking at age 12, when she stole a couple cigarettes from her stepdad. She says all her friends smoke and drink and one of the other girls just had a baby and everything seems fine. Jessica also tells you that this whole thing (her appointment), was her mom’s idea and she doesn’t see what the big deal is.

1. **How would you approach Jessica? What would you talk about first?**

2. **What topics would you avoid discussing?**

3. **How might you talk to Jessica about the benefits of changing or the risks of not changing?**

4. **What affirmations might you give Jessica?**

*Suggested answers in Appendix C (page 87)*
Clarissa is a 20 year old female, who has come in for a prenatal appointment with her OB. This is her first pregnancy and she is 24 weeks along. She found out she was pregnant at around 9 weeks gestation. The pregnancy was not planned, and there are 2 possibilities of who the father is. She is living with one of these men and he has been very supportive and involved in the pregnancy, coming with her to each of her appointments. Clarissa had been smoking around ½ pack of cigarettes per day, and binge drinking at least 2 days per week prior to finding out she was pregnant. Since finding out she was pregnant, she has started taking prenatal vitamins, stopped using alcohol, and cut back to 3 cigarettes per day. Her boyfriend, Clifford, also a smoker, has not cut back, but has started smoking outside the apartment. She was very proud of herself at first with all the changes she had made, however she has been “stuck” at 3 cigarettes for almost a month and seems to get upset whenever asked about her tobacco use. Clarissa says she is still motivated to quit, but feels like a failure that she hasn’t been able to yet.

1. What potential roadblocks or triggers can you identify from this information?

2. What topics of discussion would you try to focus on from this interaction?

3. What topics/issues would you try to avoid discussing in this interaction?

4. What is one affirmation statement you could use with Clarissa?

Suggested answers in Appendix C (page 88)
Alexandra is a 22 year old female, who started seeing you last month through the Prenatal Care Coordination program with the County. She is 20 weeks along, and just recently moved to the area to live with her aunt during the pregnancy. During your first visit with her it is revealed that she moved to the area to get away from her ex-boyfriend, Raymond, who is the father of the baby. Raymond had been becoming increasingly verbally and physically abusive after she became pregnant. She had been a social smoker prior to finding out she was pregnant, averaging about 1 pack per weekend. Upon finding out she was pregnant, she quit cold turkey and has been successful staying tobacco free. Recently she was contact by Raymond, who wanted to know the status of the baby. Alexandra is taking actions to prevent further contacts by Raymond, however she is nervous that with this stress she will go back to smoking and harm her baby.

1. What topics would you try to focus on in this interaction?

2. What topics or issues would you try to avoid discussing in this interaction?

3. How would you help Alexandra explore the benefits she has noticed since quitting?

4. What are two affirmations you could give Alexandra?

Suggested answers in Appendix C (page 88)
Section 4 – FIRST BREATH TOOLS

“The handouts that are available are easy for the clients to read and understand, and are relevant to them not only during their pregnancy during their life course as a woman.” – First Breath Provider, 2013

“First Breath addresses the three styles of learning, auditory, visual and hands on. These styles include the verbal intervention with the client, the written handouts and instructions regarding hands on methods to use in prevention of smoking.”
– First Breath Provider, 2013

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<tr>
<th>In this section</th>
<th>Page</th>
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<td>Assessment Rulers</td>
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<td>Decisional Balance</td>
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<td>Action Plan</td>
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<td>Participant Workbooks &amp; Handouts</td>
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<td>Material Order Form</td>
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<tr>
<td>Additional Materials</td>
<td>60</td>
</tr>
</tbody>
</table>
Provider Counseling Tools

Agenda Setting
Audience: Any participant
This tool provides:
- A voice for the participant
- An expectation for both participant and provider
- A way to prioritize and make connections between topics

How to use this tool:
1. When meeting with participant, let her know that although you have many items to discuss during your time together, you also want to hear about her concerns.
2. Allow woman to write 3-4 topics she would like addressed during your time spent together within each circle(s).
3. Among the other circles, you as a provider, can write 4-5 topics which you need to address as well.
4. Next, identify which “circles/topics” you will be addressing during the allotted time that day- set your agenda!
5. Once identified, start in one circle and move to others as topics open and close.
6. Follow up on unvisited topics at future visits.

Tips:
- Make connections between “circles”.
  - If the participant identifies “weight gain” in one of her circles, you can easily link that to “smoking cessation” or “nutrition” in one of your circles. OR
  - If a participant identifies “financial stress”, what might you link that to on your side?
Assessment Rulers
Audience: all participants
Goals:
- Helping a woman assess the importance of quitting, her confidence in quitting, her motivation to quit, and intended quit plan (just for pregnancy or long-term)

First Breath Assessment Rulers

**Importance**

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<tr>
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<th>4</th>
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<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
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</thead>
</table>

Not at all important.  →  Extremely important!

*How important to you is quitting smoking?*

*Why are you at (chosen number) and not at a lower number?*

*What would need to happen for you to go from (chosen number) to (a higher number)?*

**Confidence**

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<thead>
<tr>
<th>0</th>
<th>1</th>
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<th>4</th>
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<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
</table>

Not at all confident.  →  Extremely confident!

*How confident are you that you will be able to quit?*

*Why did you choose that number?*

*Why are you at (chosen number) and not at a lower number?*

*What would need to happen for you to go from (chosen number) to (a higher number)?*
Assessment Rulers
Audience: all participants
Goals:
• Helping a woman assess the importance of quitting, her confidence in quitting, her motivation to quit, and intended quit plan (just for pregnancy or long-term)
**Decisional Balance**

**Audience:** Women who are ambivalent about quitting, resistant to program, or unsure about quitting smoking

**Goals:**
- Help evaluate whether participant is ready to take steps or not.
- Develop discrepancy

---

**How do you feel about your smoking?**

<table>
<thead>
<tr>
<th>Good things about smoking:</th>
<th>Good things about quitting:</th>
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<tbody>
<tr>
<td>*</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Bad things about smoking:</th>
<th>Bad things about quitting:</th>
</tr>
</thead>
<tbody>
<tr>
<td>*</td>
<td>*</td>
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<tr>
<td>*</td>
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</tbody>
</table>

**Do want to stay the same or make a change?**
Action Plan
Audience: All participants
Goals:
- Identify goal and smaller steps to reach goal
- Identify challenges and coping skills

Obtaining Provider Counseling Tools:
Complete a First Breath Order Form or access online at www.wwhf.org.
# First Breath Participant Workbooks & Handouts

## Prenatal Workbook

**Audience**  
Participants who are willing to quit

**Contents**  
- Risks of tobacco use during pregnancy, contents of cigarettes, cost of smoking, benefits of quitting, evaluating smoking triggers, exploring motivations and plan for quitting, coping with withdrawal, setting up a support system, tips for what to do if someone else in the home smokes, if you slip and have a cigarette, room for journaling.

**Usage**  
As a part of the enrollment or prenatal visit or sent home with participant

## Postpartum Workbook

**Audience**  
Participants who have already quit  
Participants in late pregnancy or early postpartum

**Contents**  
- Tips for staying quit, creating a smoke free home, how to handle a slip up, building a support system, additional resources available

**Usage**  
As a part of the prenatal or postpartum visit or sent home with participant

## Social Support Workbook

**Audience**  
Partners, family members, friends, and other support people in participant’s life

**Contents**  
- Tips on how to help a someone to quit, making your home a smoke free zone, facts about second hand smoke, What to do if you still smoke, tips to help you quit too.

**Usage**  
Given directly to support person or sent home with participant
**First Breath Handouts**

First Breath providers have access to a variety of resources on varying topics in addition to the First Breath workbooks.

WWHF First Breath Handouts include:
- “Surviving The First Weeks” (planning for postpartum)
- Benefits of Quitting
- Making A Plan
- Ways to Quit (Includes information about Medication)
- Withdrawal Symptoms
- Understanding Triggers
- Managing Cravings
- Slip vs Relapse
- Staying Quit/Motivation
- Getting Support
- Emerging Products (E-Cigarettes, Cigarellos, Smokeless Tobacco)
- Breastfeeding and Smoking
- Weight Management For Women Trying To Quit
- Emotional Health for Women Trying to Quit
- Perinatal Substance Use

**Obtaining Provider Counseling Tools:**
Complete a First Breath Order Form or access online at www.wwhf.org.
# MATERIAL ORDER FORM

<table>
<thead>
<tr>
<th>Site Name:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coordinator Name:</td>
<td>Phone or email:</td>
</tr>
<tr>
<td>Site Address:</td>
<td>City:</td>
</tr>
</tbody>
</table>

## Materials

<table>
<thead>
<tr>
<th>Materials</th>
<th>Amount Needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Breath enrollment incentive (water bottle)</td>
<td>Max of 10</td>
</tr>
<tr>
<td>First Breath and My Baby &amp; Me prenatal incentive (bath items)</td>
<td>Max of 10</td>
</tr>
<tr>
<td>First Breath delivery incentive (baby items)</td>
<td>Max of 10</td>
</tr>
<tr>
<td>My Baby &amp; Me enrollment incentive (journal)**</td>
<td>Max of 10</td>
</tr>
<tr>
<td>My Baby &amp; Me delivery incentive (picture frame)**</td>
<td>Max of 10</td>
</tr>
<tr>
<td>My Baby &amp; Me Relaxation CD**</td>
<td>Max of 5</td>
</tr>
<tr>
<td>Client folders</td>
<td>Max of 50</td>
</tr>
<tr>
<td>First Breath program brochure</td>
<td></td>
</tr>
<tr>
<td>First Breath program poster</td>
<td></td>
</tr>
<tr>
<td>My Baby &amp; Me program brochure</td>
<td></td>
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<tr>
<td>My Baby &amp; Me program poster (English only)</td>
<td></td>
</tr>
<tr>
<td>“A Collection of Success Stories: From Moms in the First Breath Program”</td>
<td>Max of 25</td>
</tr>
<tr>
<td>“What You Can Do to Help Your Loved One Quit Smoking”</td>
<td>Max of 25</td>
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<tr>
<td>First Breath Native American brochure</td>
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<tr>
<td>First Breath Native American poster</td>
<td></td>
</tr>
<tr>
<td>Striving To Quit Invitations/Postcards***</td>
<td>Max of 200</td>
</tr>
<tr>
<td>Other:</td>
<td>Max of 25</td>
</tr>
<tr>
<td>Alcohol &amp; Pregnancy Education Packet*</td>
<td></td>
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<tr>
<td>Facebook/Text.Connect.Quit business cards</td>
<td></td>
</tr>
<tr>
<td>Fetal Development tear pad**</td>
<td></td>
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<tr>
<td>How Big is My Baby Now? growth chart**</td>
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<tr>
<td>More Than Just the Blues (brochure)</td>
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<tr>
<td>More Than Just the Blues (DVD)</td>
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<tr>
<td>Other People’s Smoke</td>
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<tr>
<td>Pregnancy &amp; Marijuana</td>
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<tr>
<td>Preconception Health Care*</td>
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<tr>
<td>Secondhand Smoke Hurts – Quit for Your Pets</td>
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<tr>
<td>Ten Tips: Help your Baby Grow and Learn</td>
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<tr>
<td>Third-HandSmoke – What it is and How it Hurts Your Family</td>
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<tr>
<td>Text4baby:</td>
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<tr>
<td>Posters</td>
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<tr>
<td>Tear pads</td>
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<tr>
<td>Stickers</td>
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<tr>
<td>Wisconsin FASD Resource Guide*</td>
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<td>Wisconsin Tobacco Quit Line:</td>
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<td>Brochures</td>
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<td>Bookmarks</td>
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<td>Substance Abuse Treatment Centers &amp; Resource Guide**</td>
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<td>Women &amp; Alcohol*</td>
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<td>You Can Quit Smoking tear pad</td>
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<td>Timeline Followback Calendar**</td>
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<tr>
<td>Consent forms - English</td>
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<tr>
<td>Consent forms - Spanish</td>
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</tbody>
</table>

*PDF available
**For My Baby & Me participating sites only
***For sites in Brown, Chippewa, Dane, Dodge, Eau Claire, Kenosha, La Crosse, Marathon, Milwaukee, Outagamie, Ozaukee, Racine, Rock, Washington, Waukesha, Winnebago and Wood counties.
# Social Media and Online Support

## First Breath Facebook Page

<table>
<thead>
<tr>
<th>Audience</th>
<th>Providers and Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Format</td>
<td>Regular updates on emerging research, tools, resources</td>
</tr>
<tr>
<td>How to Access</td>
<td>“Like” us on Facebook</td>
</tr>
</tbody>
</table>

## Private Facebook Group

<table>
<thead>
<tr>
<th>Audience</th>
<th>All First Breath participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Format</td>
<td>Online Support Group</td>
</tr>
<tr>
<td>How to Access</td>
<td>Provide Facebook Screen name on client information form</td>
</tr>
</tbody>
</table>

## Text.Connect.Quit

<table>
<thead>
<tr>
<th>Audience</th>
<th>All First Breath participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contents</td>
<td>2-3 text messages per week</td>
</tr>
<tr>
<td>How to Access</td>
<td>Provide cell number on Client Information Form and check “text.connect.quit” box</td>
</tr>
</tbody>
</table>

## First Breath Moms (www.firstbreathmoms.org)

<table>
<thead>
<tr>
<th>Audience</th>
<th>All First Breath participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contents</td>
<td>Online quit smoking “journey.” Takes women through a series of interactive modules, videos, and exercises.</td>
</tr>
<tr>
<td>How to Access</td>
<td><a href="http://www.firstbreathmoms.org">www.firstbreathmoms.org</a></td>
</tr>
</tbody>
</table>
The Wisconsin Women’s Health Foundation also has materials on other topics from other sources. These include:

- Alcohol and Pregnancy
- Fetal development
- Postpartum depression
- Second and third hand smoke
- Pregnancy and marijuana
- Text4baby (national maternal and child health texting campaign)
- FASDs
- Parenting tips
- Motivational interviewing
- Wisconsin Tobacco QuitLine

**Obtaining Additional Materials**
Complete a First Breath Order Form or access online at www.wwhf.org.
“When I’m speaking to a patient about enrollment, I always tell them that they are in the driver's seat and I'm along for the ride. My goal is to help them on their journey.”
— First Breath Provider, 2013
First Breath Site Responsibilities

First Breath Sites agree to:

- Ensure all staff who implement First Breath complete the initial First Breath training program (2 hours).
- Participate in an annual onsite refresher training program (1 hour).
- Set annual enrollment goals based on client volume, previous experience with First Breath, and any available data on local prevalence of smoking during pregnancy.
- Maintain an adequate stock of First Breath program materials and incentives using the Material Order Form.
- Provide the WWHF staff with current contact information for all First Breath Providers.
- Identify a primary and secondary contact person to act as liaison to WWHF.

First Breath Provider Responsibilities

First Breath Providers agree to:

- Participate in the initial First Breath training program.
- Participate in the annual refresher training program.
- Invite all pregnant smokers to participate in First Breath.
- Make a reasonable effort to provide First Breath tobacco cessation counseling to every First Breath participant at least three times; twice prenatally and once postpartum. Each tobacco cessation counseling discussion should last at least 3-5 minutes.
- Complete the following forms and submit to the WWHF in a timely manner.
- Distribute incentives to participants (unless program is offered telephonically).
- Utilize program materials – counseling tools, participant handouts, and online resources – as appropriate.
- Utilize a Motivational Interviewing approach when working with First Breath participants.
- Participate in continuing education opportunities throughout the year (recommended):
  - Annual Statewide Meeting,
  - Annual Regional Sharing Sessions,
  - Annual Refresher training with FB/MBM Program Coordinator, and
  - Monthly e-newsletter with program updates, videos, handouts, and links to outside resources.
Wisconsin Women’s Health Foundation’s Responsibilities

The Wisconsin Women’s Health Foundation will support the First Breath sites and providers through the following services:

Training and Continuing Education
- An on-site initial training for every new First Breath site and provider (2 hours).
- Annual on-site refresher training for existing First Breath sites (1 hour).
- Annual events including Regional Sharing Sessions and the Annual Statewide Meeting.
- Online training opportunities and materials

Technical Assistance
- Ongoing technical assistance to all First Breath sites via onsite assistance, email correspondence, telephone assistance, web-based resources, and monthly e-newsletters.
- Assistance setting appropriate annual enrollment goals and ongoing support to meet those goals.
- Monthly e-newsletters with best practices, emerging research, and resources.

Materials
- Supply sites with all materials necessary to implement the First Breath program. These include: provider training materials, participant materials, and participant incentives.

Data Collection and Analysis
- Collect surveys via mail or fax.
- Prepare and distribute monthly reports of enrollment numbers via emailed monthly newsletter.
- Prepare and distribute annual statewide program and site-specific program reports.
Recommendations for Successful Implementation

1. **Get support from everyone involved.**
   Ensure everyone from clerical staff to administration understand the significant benefits of First Breath. Be clear about the roles and goals of all staff who are involved. First Breath staff can provide you with materials and talking points gain support. We can also facilitate presentations on maternal smoking and the First Breath program for non-implementing staff at your organization.
   Things to consider:
   - Who would benefit from knowing about your decision to implement First Breath?
   - What information will they need? What concerns will they have?

2. **Build on your current services and systems.**
   Identify what your program/clinic is already doing to address tobacco cessation with pregnant women. First Breath should enhance these services, not replace them.
   Things to consider:
   - How does your program currently identify pregnant smokers (or women who have recently quit)? Does this happen at every visit or just the initial intake?
   - What is the current protocol for dealing with these patients/clients?
   - What resources are you already using?

3. **Take time to figure out program logistics.**
   We recommend that new First Breath sites schedule a separate meeting (apart from initial training) to determine how the program will be implemented as part of the services they’re offering. It is important to ensure all staff are on the same page about how the program will work at your agency.
   Things to consider:
   - When will you introduce First Breath to your patients or clients?
   - When will the enrollment visit happen?
   - When will the prenatal and postpartum visit happen?
   - Where will you store program materials?
   - Who will fax or mail completed materials?
4. **Ensure the program is offered to all women who need it.**
First Breath is designed to help women across the perinatal period and at all stages of her quit smoking journey. The program should be offered to women who are trying to quit, are thinking about quitting, and who have already quit. Ensure women understand what First Breath is:

- Voluntary and confidential
- Non-judgmental
- Is NOT a commit-to-quit program
- Designed to help you identify and work towards goals.

Ensure women receive the full spectrum of services including three brief counseling sessions, offered participation in support programs (text.connect.quit and facebook group), participant materials (workbooks, handouts), and incentives.

5. **Ensure services are client-focused.**
We strongly recommend that all First Breath providers utilize the 5As and Motivational Interviewing techniques at every First Breath visit. Focus on the process of quitting smoking and support the participants’ journey. Ensure that participants receive materials that fit their needs – depending on social support, smoking status, goals, and perceived challenges. The core of First Breath as outlined in sections II and III should not be modified. However, we encourage providers to be aware of and adjust the program to meet their participants’ needs, including:

- Literacy Level
- Age
- Cultural Practices and Norms
- Intensity of counseling required
- Language
- Time constraints
- Social Support Network
- Mental Health Needs
- Other AODA issues
6. **Utilize the resources available to you.**
   The key to First Breath success is on-going development. We strongly encourage all First Breath providers to take advantage of the many tools available to them, including:
   - Monthly enrollment reports and site-specific annual reports.
   - First Breath website (www.wwhf.org) where you can find all of our program materials. Regional sharing sessions –interactive forums held at various locations, typically in late summer, to learn how other sites are implementing the program
   - Statewide Meeting – annual continuing education event
   - Annual Refresher Trainings
   - Monthly program updates (via e-newsletters)

7. **Ask the First Breath Team for assistance. We are here to help!**
   Contact the team by calling us toll-free at: 800-448-5148, or at: 608-251-1675. You can also find us on the internet at: [http://www.wwhf.org/programs/first-breath/](http://www.wwhf.org/programs/first-breath/) or by email at: [wwhf@wwhf.org](mailto:wwhf@wwhf.org).
“It Worked For Us!” Tips from Current First Breath Providers

Engaging Women

- The initial enrollment seems to be the most challenging part. Once women are in, they seem to enjoy the program.
- Tell your patients: “Quitting smoking is a process. First Breath will support you through the process. You don’t have to commit to quit to join.”
- We offer the program as a way to “quit OR cut back.” The harm reduction approach can really help.
- Let women know that if they’ve recently quit they can still join!
- We tell them: “This is a no string attached program. No one will call you and bother you.”
- Engage partners or family members to participate in the visit.
- Have the brochures and other materials available in the waiting room.
- When we have a smoker coming in, we have the incentives sitting out.
- We tell our patients, “We are going to talk about it anyway. You might as well enroll and receive some incentives.”

Making the Forms Work for You

- The paperwork gives us much more information about our clients that we could have collected otherwise.
- We use the data forms as conversations guides.
- We have the client complete the client information form to save time.
- The faxing part is being transferred to clerical staff to save time.
- Literacy levels vary among participants. Some women may feel comfortable filling out enrollment forms, others don’t.
- Our program obtains consent over the phone to save time.
Integrating First Breath into Existing Care

- We frame First Breath as an “add-on” or extension of the services already being offered, instead of a new program.
- Use standard tobacco questions as a lead in to talking about First Breath.
- We do a combination of office, phone, and home visits to complete First Breath counseling.
- Our staff members do the program as part of the standard WIC office visit.
- We offer First Breath as separate visit following the standard WIC office visit.
- Our prenatal nurses use tobacco/alcohol education questions in Epic as a segway to First Breath.
- First Breath is always offered at the first OB office visit. The second visit is offered at both 20 and 30 weeks gestation. The third visit is at the 2 – 6 week follow-up appointment.
- Tobacco is always discussed, but we enroll at the second visit.
- We have a system set in place so that any woman who reports a history of recent smoking is flagged.
- I found that waiting until her second prenatal visit helps with response rates.
- We typically bring it up at second or third PNCC visit – never the first.
- We have tried calling, but found that mixing appointments (meeting before or after existing appointments) works really well.

Take Advantage of Training and Continuing Education Opportunities

- I really felt more confident and motivated after the statewide meeting.
- I like how all the providers meet regularly and share ideas for improving enrollment and outcomes – these are really helpful to me.
Common Provider Questions

Q: My client doesn’t want to quit, but she does want to cut down. Can she be in First Breath?
A: Absolutely. First Breath is not a commit-to-quit program and we embrace a risk reduction approach. We recommend that you advise your client that the best thing for her and her baby is to completely quit. Even smoking a few a day is putting her baby at risk. However, reducing her tobacco is better than nothing. The program should be implemented the same for women who want to cut down. The workbooks, change plan, and other handouts will be particularly useful for working with clients who want to cut down.

Q: My client recently quit smoking; can she still enroll in First Breath?
A: Yes. If she quit recently (roughly six months or less) we welcome her participation in First Breath. Quitting is a process and First Breath provides the support and tools she needs to stay smoke free. We know that roughly 1/3 of women who quit upon finding out they are pregnant relapse before delivery. Postpartum, up to 80% will relapse by the time baby is one year old. Regardless of if she enrolls or not, we encourage you to use your skills to help her develop a plan to stay smoke free.

Q: My client recently delivered; can she still enroll in First Breath?
A: Yes, if she is less than 3 months postpartum, she can enroll in First Breath. We strongly recommend that only enroll her is she has the opportunity to complete all 3 sessions with you. Follow First Breath procedures as usual, but please indicate on the enrollment form that she is postpartum.

Q: I’ve never smoked, will I be an effective First Breath Provider?
A: Yes. Your role is not to provide all the answers when it comes to tobacco cessation, but to help the woman find her own answers for what will work best for her.
Q: My client smokes marijuana; can she be a First Breath participant?
A: Yes, if she also smokes cigarettes or uses other tobacco products. First Breath is a tobacco cessation program, but we encourage you to use the strategies you've learned in First Breath to assist her with her marijuana cessation goals. We have an excellent video on marijuana and pregnancy from one of our past Regional Sharing Sessions. You can order Marijuana and Pregnancy brochures from our office.

Q: My client uses smokeless tobacco or cigars/cigarellos (Black & Milds, etc); can she be a First Breath participant?
A: Yes. The program is designed to assist women quit or significantly reduce their tobacco use. While the surveys are designed to collect information about cigarette use, we welcome any pregnant women who are working to remove tobacco from their lives. In unique situations, such as this, call up your First Breath Coordinator and we’ll be able to guide you through how to modify the questions to reflect smokeless tobacco or cigar/cigarello use.

Q: I am smoker, can I be a First Breath provider?
A: Yes. We have many First Breath providers who are current and former smokers. Many have mentioned that they are actually able to better connect and empathize with women due to their personal experience in this area.

Q: My patient has other significant issues she is dealing with (mental health diagnosis, AODA issues, homelessness, etc). Why should I even bother talking about tobacco cessation?
A: At First Breath, we understand that tobacco may not always be a priority for you or your patient. We encourage you, as a First Breath provider, to offer the program to all pregnant smokers. We are learning from current First Breath providers and emerging research that addressing tobacco in conjunction with other issues (mental health, alcohol use, and illicit drug use) can be quite effective if approached properly. These resources are available to you as a provider.
Common Participant Questions

The following are common participant questions, situations and relevant background information for you, as the provider, to understand before guiding the counseling session.

**Uncertainty about where to start**

<table>
<thead>
<tr>
<th>Background Info</th>
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<tbody>
<tr>
<td>• Just thinking about quitting may make smokers anxious.</td>
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<tr>
<td>• Preparation is a key to a successful change.</td>
</tr>
<tr>
<td>• There are many strategies that women can use to quit – cold turkey, cutting down, counseling, and medications. A combination of methods will make her more likely succeed.</td>
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<tr>
<th>Tools</th>
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<tbody>
<tr>
<td>1. Prenatal Workbook</td>
</tr>
<tr>
<td>2. Handout: “Ways To Quit”</td>
</tr>
<tr>
<td>3. Handout: “START” (Set a quit date, Tell your friends, family, co-workers, Anticipate and plan for challenges, Remove products from your home, Talk to your provider)</td>
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<tr>
<td>4. Firstbreathmoms.org</td>
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**Dealing with withdrawal symptoms**

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<th>Background Info</th>
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<tr>
<td>• 80% of people who quit smoking experience withdrawal symptoms.</td>
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<tr>
<td>• Withdrawal is usually the worst during the first 2 weeks, and then it will get better</td>
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<tr>
<td>• Common symptoms are headache, sleeplessness, digestive issues (constipation in particular), and agitation.</td>
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<table>
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<tr>
<th>Tools</th>
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<tbody>
<tr>
<td>1. Prenatal Workbook</td>
</tr>
<tr>
<td>3. Firstbreathmoms.org page on withdrawal</td>
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</table>
Exploring and dealing with triggers

**Background Info**
- Certain things trigger, or turn on, someone’s need for a cigarette. They can be moods, feelings, people, places, or things you do.
- Common triggers include feeling stressed, feeling down, driving, talking on the phone, drinking alcohol, drinking coffee, after meals, being with other smokers, work breaks, feeling lonely, and after sex.
- One of the most important things you can do is to help the participant prepare for these triggers.
- If a woman needs help figuring out what her triggers are, have her keep track using the “tracking sheet”
- Utilize the 3 A’s (Avoid, Alter, Alternatives) are simple ways to help participants come up with strategies to deal with triggers

**Tools**
1. Prenatal Workbook
2. Handouts: “Understanding Your Triggers” or “Tracking Your Use”
3. Firstbreathmoms.org

Dealing with strong cravings

**Background Info**
- Urges or cravings for cigarettes are a normal part of quitting.
- Even if a participant has quit for weeks and months – stress, bad feelings, good feelings, alcohol, and other situations can still produce urges.
- Over time, these urges will become milder and easier to handle.
- Urges will go away in a few minutes whether or not she smokes smoke!
- Utilize the 4 Ds (Delay, Deep Breathing, Do Something Else, Drink Water)

**Tools**
1. Prenatal and Postpartum Workbook
2. Handout: “Dealing with Cravings”
3. Firstbreathmoms.org “Cravings” page
4. Text.Connect.Quit and/or Private Facebook Support Group
### Low confidence in ability to quit

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<tr>
<th>Background Info</th>
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<tbody>
<tr>
<td>• The participant’s thoughts are very powerful. Believing she will succeed will increase her chances of succeeding.</td>
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<tr>
<td>• She can use a mantra, or a repeated statement, to help remind yourself how far you’ve come, or to get you through an especially difficult craving.</td>
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<tr>
<td>• Most people try several times before they quit for good.</td>
</tr>
<tr>
<td>• Help frame her previous attempts as “practice” for the real thing.</td>
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<tr>
<td>• Previous quit attempts make it more likely that she will quit for good this time.</td>
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<th>Tools</th>
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<tr>
<td>1. Assessment Ruler</td>
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<tr>
<td>2. Prenatal Workbook</td>
</tr>
<tr>
<td>3. Handout: “Self-Talk”</td>
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<tr>
<td>4. Text.Connect.Quit and/or Private Facebook Support Group</td>
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### Experienced a slip or relapse

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<th>Background Info</th>
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<tr>
<td>• Quitting is a process that takes practice and time. It is an opportunity to learn.</td>
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<tr>
<td>• A slip:</td>
</tr>
<tr>
<td>o Usually means a couple puffs or sneaking a cigarette here and there.</td>
</tr>
<tr>
<td>o Normally occurs within the first week of quitting, but can happen at any time.</td>
</tr>
<tr>
<td>o Is a normal part of quitting smoking and doesn’t mean she can’t stay quit. Several slip-ups in a row can lead to a full blown relapse.</td>
</tr>
<tr>
<td>• A relapse:</td>
</tr>
<tr>
<td>o Usually means she is smoking at least one a day, every day.</td>
</tr>
<tr>
<td>o Happens within the first few months of quitting, but can happen at any time.</td>
</tr>
<tr>
<td>o Often happens because of a difficult or stressful situation</td>
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<tr>
<th>Tools</th>
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<tbody>
<tr>
<td>1. Prenatal or postpartum Workbook</td>
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<tr>
<td>3. Firstbreathmoms.org</td>
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<tr>
<td>4. Text.Connect.Quit and/or Private Facebook Support Group</td>
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Successfully quit, but not confident in ability to stay quit

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<th>Background Info</th>
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<tr>
<td>• Women who quit need to be congratulated on quitting.</td>
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<tr>
<td>• The highest risk of relapse is the first few weeks.</td>
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<td>• Odds of staying quit long-term improve with each passing day.</td>
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<tr>
<td>• Take some time to help participant reflect on progress she has made.</td>
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<tr>
<td>• Encourage participant to reward herself for making it to milestones of being smoke free.</td>
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<th>Tools</th>
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<tbody>
<tr>
<td>1. Postpartum Workbook</td>
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<tr>
<td>2. Handout: “Staying Quit”</td>
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<tr>
<td>3. Text.Connect.Quit and/or Private Facebook Support Group</td>
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Partner/Family/Friends still smoke

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<th>Background Info</th>
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<tr>
<td>• Social support is a huge indicator of a successful quitter.</td>
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<tr>
<td>• Encourage participant to be upfront with the people in her life who still smoke. Ask them if they are ready to quit smoking?</td>
</tr>
<tr>
<td>o If they are, great! She has the experience and resources to help them.</td>
</tr>
<tr>
<td>o If they aren’t willing to quit, she should be very clear about how important it is to stay smoke-free and how bad smoking can be to your baby’s health. Many times, even when a loved one isn’t willing to quit with you, they still want to be supportive of the changes you want to make for yourself.</td>
</tr>
<tr>
<td>• Encourage her to work with the smokers in her life to make some ground rules.</td>
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<tr>
<td>• If a smoke-free home is not a possibility, encourage her to keep her room and baby’s sleeping/play area smoke-free</td>
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<th>Tools</th>
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<tbody>
<tr>
<td>1. Social Support Workbook</td>
</tr>
<tr>
<td>2. Handout: “Getting The Support You Need”</td>
</tr>
<tr>
<td>3. Text.Connect.Quit and/or Private Facebook Support Group</td>
</tr>
</tbody>
</table>
### Concerns about Postpartum Relapse

**Background Info**
- The risk of relapse is very high postpartum. Up to 80% will relapse by 1 year postpartum.
- Assure the participant that it is totally normal to feel overwhelmed at first. The stress of a newborn can trigger a need for a cigarette.
- Preparation is key (see triggers above)

**Tools**
1. Postpartum Workbook
2. Handout: “Smoke free with a New Baby”
3. Text.Connect.Quit and/or Private Facebook Support Group

### Concerns about quitting and stress management

**Background Info**
- Stress is the mental, emotional, and physical effects of a “stressor” – a person, event, or situation.
- There are major stressors (birth of baby, change in relationship status) and smaller stressors (having an argument, car breaking down, having too much to do)
- Stress is the main reason that many new moms start smoking again.
- Smoking may seem like a good, familiar way to deal with it in the moment. But in the big picture, having a cigarette is only going to add to her stress level.
- Stress management is a very personal thing. Some people deal with their stress by talking and being active. Some people need quiet and time to think.
- Deep breathing can be a very useful stress reliever, especially for people who are trying to quit smoking. This is because they were practicing deep breathing every time they smoked.

**Tools**
1. Handout: “Quitting Smoking and Stress Management”
2. Firstbreathmoms.org
3. Text.Connect.Quit and/or Private Facebook Support Group
**Concerns about quitting and weight gain/management**

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<th>Background Info</th>
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<tbody>
<tr>
<td>• Weight gain after quitting is manageable</td>
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<tr>
<td>• The average weight gain for non-pregnant women who quit smoking is 10 lbs.</td>
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<tr>
<td>• It is much more dangerous to continue smoking than it is to gain a small amount of weight.</td>
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<tr>
<td>• Making several behavior changes (quitting smoking and improving nutrition, increasing exercise) may improve your odds of being successful at both</td>
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<thead>
<tr>
<th>Tools</th>
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<tbody>
<tr>
<td>1. Handout: “Quitting Smoking and Your Weight”</td>
<td></td>
</tr>
<tr>
<td>2. Firstbreathmoms.org</td>
<td></td>
</tr>
<tr>
<td>3. Text.Connect.Quit and/or Private Facebook Support Group</td>
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**Using e-cigarettes**

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<th>Background Info</th>
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<tr>
<td>• Electronic or e-cigarettes are devices designed to mimic cigarettes. They come in a variety of flavors, nicotine levels, and varieties, all claiming to be a less dangerous alternative to smoking cigarettes, and are flooding the market.</td>
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<tr>
<td>• E-Cigarettes are not regulated by the FDA and still contain harmful chemicals</td>
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<td>1. Handout: “Other Products”</td>
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**Using light/low-tar/mild/natural cigarettes**

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<tr>
<td>• Since 2012, cigarette companies can no longer call their cigarettes “light” “low-tar” or “mild.” They now have special color-coded boxes.</td>
<td></td>
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<tr>
<td>• These cigarettes are equally harmful to your health as regular or full-flavor cigarettes.</td>
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<tr>
<td>• There is no such thing as a safe cigarette.</td>
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<td>1. Handout: “Other Products”</td>
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### Using cigarellos, little cigars

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<tr>
<th>Background Info</th>
<th>Cigars, Cigarillos, and Little Cigars contain the same toxic and carcinogenic compounds found in cigarettes and are not a safe alternative to cigarettes.</th>
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<tbody>
<tr>
<td>Tools</td>
<td>1. Handout “Other Products”</td>
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### Using smokeless tobacco (chew, snuf, snus)

| Background Info | Smokeless tobacco is tobacco that is not burned. It is also known as chewing tobacco, oral tobacco, spit or spitting tobacco, dip, chew, and snuff.  
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<td></td>
<td>Most people chew or suck (dip) the tobacco in their mouth and spit out the tobacco juices that build up, although “spitless” smokeless tobacco has also been developed.</td>
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<tr>
<td></td>
<td>Nicotine in the tobacco is absorbed through the lining of the mouth.</td>
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<tr>
<td></td>
<td>It is just as harmful as smoking cigarettes to both mom and baby. The nicotine still enters the blood stream.</td>
</tr>
<tr>
<td>Tools</td>
<td>1. Handout: “Other Products”</td>
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“We included the initial First Breath program materials given to each client during the intake process when doing the client’s Risk Assessment for the PNCC program. This is a reminder to the Public Health Nurse to address the First Breath program and gives us the tools to begin the process of a brief intervention.” – First Breath Provider, 2013
Section 6 – APPENDIX

In this section:     Page
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B.  Training Video Scripts................................................................. 83-87
C.  Case Study Answers...................................................................... 88-89
D.  First Breath Surveys...................................................................... 90-99
E.  References................................................................................... 100-101
Appendix A – Additional Resources

University of Wisconsin Center for Tobacco Research & Intervention (UW-CTRI)
The University of Wisconsin Center for Tobacco Research and Intervention (UW-CTRI) is nationally recognized for its groundbreaking tobacco research and tobacco treatment training. It's all in an effort to help patients quit smoking.

Madison Office Phone: 608-262-8673
Milwaukee Office Phone: 414-219-5590
Website: http://www.ctri.wisc.edu

QUIT LINE
Get Free Medications, Live Coaching and Web Forums
The Quit Line is free, sponsored by the Wisconsin Department of Health Services.
Call: 1-800-QUIT-NOW
TTY: 1-877-777-6534
En Español: 1-877-2NO-FUME

Wisconsin Tobacco Prevention and Control Program
The Wisconsin Tobacco Prevention and Control Program is committed to providing the best available information on effective tobacco prevention and control programs and activities. In addition, the program conducts regular surveillance of tobacco use trends, evaluation of current programs and information sharing between people and organizations trying to eliminate the death and disease caused by tobacco use.

Division of Public Health, Box 2659, Madison WI 53701-2659
Phone: 608-266-8526
Fax: 608-266-8925
Tobacco Control Resource Center for Wisconsin
The Tobacco Control Resource Center for Wisconsin (TCRCW) is the centralized source for the latest, most comprehensive and accurate information on tobacco control and health effects. As part of the Wisconsin Clearinghouse for Prevention Resources, it is a statewide resource for contracted service providers, local coalitions, government officials, student and youth groups, educators, tobacco control advocates, and the general public.

Treating Tobacco Use and Dependence
Clinical Practice Guidelines from the Agency for Healthcare Research and Quality (AHRQ). To preview go to www.ahrq.gov; under the “Clinical Information” heading click on “Clinical Practice Guidelines” link and look under Tobacco Cessation. To order print copies, telephone 800-358-9295.

FREE CME Smoking Cessation During Pregnancy Program
An online program for provider training on smoking cessation during pregnancy is consistent with the US PHS 2008 Guidelines: Treating Tobacco Use and Dependence. It is interactive, can be used in segments and provides free CMEs / CEUs for physicians, nurses, dentists and dental hygienists: musom.marshall.edu/medctr/med/tobaccocessation/pregnancyandsmoking/login.aspx

Smoke-Free Families
The National Partnership (2002-2008) was a collaboration of more than 30 organizations funded by The Robert Wood Johnson Foundation. Archived products including clinical practice resources, technical assistance tools, and patient materials are available on the National Tobacco Cessation Coalition’s website (www.tobacco-cessation.org/sf/index.htm).
Appendix B – First Breath Visit Scripts

Below are three example scripts of First Breath visits, they serve as a companion piece to video examples utilized in initial First Breath trainings.

First Breath Enrollment Visit Example
Provider (p)1: I know you mentioned that you use tobacco products, tell me more about that.
Client (c)1: Yeah, I smoke, but I’ve really cut down. I’m down to 2 per day.
P2: You’re down to 2 per day, wow, that’s great! Where were you at before finding out you were pregnant?
C2: I was around a half pack per day.
P3: You’ve made a lot of progress!
C3: I know I should really just quit altogether, but things have just been so stressful lately.
P4: Well, first I want to congratulate you on the cut back you’ve made so far. I can see that you want to get rid of this habit. Why is quitting so important to you?
C4: I know it’s bad for you. I mean, they’ve been telling us that forever. I know that I’m not supposed to smoke, and I know it’s not good for the baby either... I’ve heard all that.
P5: You’ve started making some big steps. The best thing you can do for the health of yourself and your baby is to quit, and it sounds like you are familiar with these health risks. Typically, when women I work with are pregnant and interested in quitting smoking, we use the First Breath program to help them.
C5: What’s that?
P6: It’s a program designed to help women quit smoking during their pregnancy. You get some educational materials, as well as a few small incentives for answering some questions about your tobacco use.
C6: That’s it?
P7: Yup! And I was going to be asking more about your tobacco use anyway, this is just an added bonus!
C7: I guess that’d be okay.
P8: To get started, there is a short amount of paperwork. This is a consent form, which I encourage you to read. It describes what it means to participate in First Breath, and explains that any information you provide will be kept confidential. It also says that you may be contacted by First Breath staff from the Wisconsin Women’s Health Foundation. If I could have you sign down here.
Excellent. I have a few questions about your tobacco use and general wellbeing. How would you rate your...
P9: This is important to you, and you’ve made some great progress so far. How were you able to cut back this far?
C9: I just really focused on only smoking them when I really feel like I need to.
P10: You should be proud of yourself for the how far you’ve come! Where do you want to go from here?
C10: I want to cut out the last two, but I’m nervous.
P11: You’re worried about how you might cope without these final cigarettes. What are you most nervous about?
C11: I’m not sure, the cravings I guess. They’re really bad in the mornings. That’s when I always have a cigarette.
P12: Your morning craving is the most severe. Going without that will be difficult.
C12: Yeah, I feel like that’s going to be the hardest one.
P13: Okay, so you’ve identified what the hardest part is going to be, and you’ve already taken a lot of steps toward removing tobacco from your life. What do you think the next step will be?
C13: I don’t know. I just feel stuck right now.
P14: Quitting is really challenging, but remember how much progress you’ve made so far.
C14: I know. I really am happy with how much I’ve cut back, I’m just not sure about where to go from here.
P15: What ideas have you been thinking about for next steps to take?
C15: Well I only have two more I could possibly cut out, and I’m not sure if I should do the hard one first, or the easy one.
P16: On one hand, you’ve been having a lot of success and have a strong momentum behind you, but on the other hand, you’re really getting down to the last few where it gets a lot tougher. Where does that leave you?
C16: I’m not sure, I guess I feel like if I could get rid of the morning cigarette that it’d make the whole process seem easier.
P17: You’re leaning towards trying for the harder one first.
C17: Yeah, I figure it’s the harder part, might as well get it out of the way first.
P18: What are your thoughts on how you were planning on doing this, or what you might do when a craving strikes?
C18: Well since I’ve been cutting back, I’ve usually been sucking on hard candy when the cravings get bad.
P19: You were thinking of trying that again for this morning cigarette?
C19: Yeah, I figure it’s worth a shot.
P20: It’s worked before, and you think it may work again. Would you mind walking through what this might look like? I want to make sure that you’ve got a plan in place to help yourself succeed. When you wake up, are about to grab yourself some breakfast and really want to light up a cigarette, what are you going to do?
C20: I’m going to have a piece of candy.
OK. That sounds like a good step. Let’s say the craving doesn’t go away after one... what are your thoughts?

Then I’ll have another one. That’s what I did with the last few I cut out. When the cravings hit I would just pop in hard candy to distract myself until the craving went away. Sometimes it only took one or two. Other times it took more like 5 or 6.

I’m very proud of you! You have a plan to deal with the cravings when they strike. Are there any other steps you were thinking about taking to help you resist the cravings?

No. I have been having pretty good success with this so far, so I think I’m just going to keep trying it. I’ll keep working on cutting out this one, and then I’ll worry about that last cigarette.

We are meeting again in a month, what do you think you’ll have accomplished by then?

I don’t know, I want to cut them out completely by then, so I guess that’s my goal.

I think that’s a great goal! I’m really looking forward to hearing the good news next time we meet. Remember, you can always give the QuitLine a call if you need someone to talk to.

Last time we met, you had cut back to just two cigarettes per day, and you were working on cutting these last ones out as well. Your plan was to try to cut out the morning cigarette first, and resist the cravings by sucking on hard candy. Tell me how things have been going since we last met.

Not so good.

Do you mind telling me more about it?

I screwed up.

Screwed up?

It started out going great. I made it three days on just one cigarette per day. But then I screwed up.

You made it three days! Wow, that must have felt good! What happened that changed this?

My boyfriend and I got in this huge fight, and I just couldn’t take it. I barely slept that night I was so upset, and then I just couldn’t handle the craving the next morning. I screwed up and it just snowballed from 1 to 4 the first day. After that I figured I wasn’t going to be able to quit right now anyway, so I went back to what I was smoking before, about 5-10 per day.

You were feeling a lot of stress.

Yeah, but things have calmed back down now, thank god.
P6: I’m glad to hear that, and congratulations again on making it 3 days with only one cigarette per day! I’m sorry to hear that you had a slip when things were going so well. How did you feel about yourself after going 3 days without the morning cigarette?

C6: I was proud of myself, but now I know it just wasn’t the right time for me.

P7: On the upside, you learned something that will help you quit in the future. It sounds like you found out that stress is a big trigger for you when it comes to smoking.

C7: Yeah, I didn’t really realize it before because I get so caught up in the stress when it’s happening.

P8: So you’re back to smoking around the same level as when you found out you were pregnant, where do you want to go from here?

C8: I still want to quit, it’s just discouraging to make so much progress and then have it all for nothing.

P9: I wouldn’t say it was for nothing. You protected your baby from a lot of cigarette exposure because of all your hard work.

C9: I guess.

P10: Slips are very normal, and they don’t mean that you’ve “screwed up”. How do you see yourself getting back towards your goal of quitting?

C10: I definitely still want to..., I’m just not sure how to get started.

P11: Well, what about if we begin by thinking about how you got started last time?

C11: I just started cutting back on the ones that I was just smoking out of habit. I guess I could do that again, just ease myself back to where I was.

P12: That sounds like a good place to start again. And now that you know stress is a big trigger for you, what ideas do you have for when stress builds up again?

C12: I don’t know, I haven’t really thought about it.

P13: This might be something I’d encourage you to think about, but don’t let it overwhelm you. Stress is often relieved when people take a break and do something that they enjoy. What do you do for fun?

C13: I like to take my kids to the park, and I like to drive.

P14: That’s great, you’re coming up with ideas. I’d recommend you start making a list of things you like to do. That way, further down the line when you’re making some good progress and something stressful comes up, you already have a list of other ways you can handle the stress.

C14: That’s not a bad idea.

P15: I was hoping we could complete the prenatal follow up for First Breath while we meet today as well.

C15: Sure.

P16: So you’ve had a slip since last time we met, but you’re still interested in cutting back on the cigarettes. You mentioned you were planning on cutting back on them gradually, taking out the ones you smoke out of habit before taking out the ones you
have bad cravings for. We’re going to be meeting in about a month again. Where do you want to be at with your smoking by our next visit?
C16: In a month, I’d like to get back down to two per day, and maybe try to get it down to 1 per day too. But first I’m going to try to get down to 2.
P17: Sounds great, it seems like you’re taking a strong lesson away from your slipup this time around. And remember, this is very normal for those who are going through a quit attempt. I’m excited to see where you’re at in another month.

Postpartum Visit Example
P1: Well it sounds like things have been awfully busy since Kayla was born. How have you been doing?
C1: Really tired, but not bad. Some days are stressful but I feel like they’ll get better once we get into more of a routine.
P2: I’m glad to hear things are going well overall. I’d like to briefly talk about your smoking status know that you’ve had your baby. I know you were able to quit smoking before Kayla arrived, even after the slip up. How has that been going since you’ve been home?
C2: It’s been really hard, but I still haven’t slipped up again.
P3: Congratulations! That is a huge accomplishment! How have you been keeping this up so successfully?
C3: I don’t know. I guess I just try to remember how hard it was to quit in the first place, how many times I slipped up and told myself if I made it, I wouldn’t make myself go through quitting again.
P4: That’s really wonderful, and congratulations again. To finish up, I’d like to take some time to complete the final First Breath survey. Would that be okay with you?
C4: Sure, I guess.
P5: It seems like this is still really important to you, and I applaud you on continuing to stay tobacco free for yourself, as well as for Kayla. What plans do you have in place to help you remain tobacco free?
C5: I think I’m just going to keep up what I’m doing now. It’s been working well for me and the cravings aren’t anywhere near as bad as when I initially quit. I still want to light up every now and then, but I just remember how hard it was to quit and it reminds me of how I don’t want to go through that again.
P6: You have a lot of motivation and a plan that works for you. As you come across challenges, please know that you’re doing a great job as a new Mom! The Text. Connect.Quit program will continue to send your encouraging messages as well. Congratulations again!
Appendix C – Case Studies

**Stephanie**

1. Talk about her ambivalence to make a change. Empathize with her stress, but highlight her knowledge of the risks and motivation to set a good example for her children.
2. A list of reasons why she is stressed. Why she started smoking again.
3. **Reflective Listening:**
   - “On one hand, you know that you should quit, but on the other hand, you’re not sure that it’s a big deal if you don’t.”
   - “You’re worried that quitting smoking might affect your ability to have a break from some of the stress in your life.”
4. **Affirmations:**
   - “You want to set a good example for your children. You are a great mother!”
   - “You know that you should quit and you’ve begun exploring your options to do so.”

**Jessica**

1. Explore her knowledge: “Why do you think your Mom wanted you to come see me?” Acknowledge that there are many uncertainties in her life right now. “You have a lot of changes happening right now with this pregnancy.” “Tell me a little bit more about what options and plans you’ve been thinking about once the baby comes.”
2. In-depth discussion of other baby’s health.
3. **Reflective Listening:**
   - “Your experience doesn’t show that alcohol and tobacco negatively affect babies during pregnancy.”
   - “Changing your behavior doesn’t seem very important right now, because you’re not sure about plans after the baby is born.”
   - “What risks are you aware of when someone uses alcohol/tobacco while pregnant?”
4. **Affirmations:**
   - “Thank you for coming to this appointment!”
   - “Your Mom really cares about you.”
Clarissa
2. How she was able to make progress thus far. What she is hoping will happen because of the changes she made. Expand more on her feelings of the progress she has made thus far. Support from boyfriend and commending him for changes as well.
3. Ambiguity regarding whom the father is, questions that would reinforce her inability to quit (why are you stuck?).
4. **Affirmations:**
   - “You’re down to just 3 per day? That’s fantastic, you should be really proud of yourself!”
   - “You’ve made a lot of changes so far. It sounds like being a good mother is really important to you.”

Alexandra
1. Progress she has made with tobacco use. Encourage the steps she has actively taken to improve the health of her and her baby. Steps she actively takes to reduce/manage stress in her life.
2. Extent of the abuse that she suffered.
3. Ask how she feels about herself since she quit (psychological benefits). List common physical benefits and ask which of these she has noticed. Ask about changes she has noticed since quitting.
4. **Affirmations:**
   - “I think it’s fantastic that you’ve taken so many steps to ensure your baby is coming into the world in the healthiest circumstances.”
   - “You must have a lot of willpower. Many people find it difficult to quit cold turkey.”
Appendix D – First Breath Surveys

First Breath Program Checklist

Site ID: __________

Client enrolled in First Breath?: Y N

→ If no, this form is complete. Please send to WWHF.
→ If yes, enter FB Client ID here: __________________ Date enrolled: ________________

<table>
<thead>
<tr>
<th></th>
<th>Visit 1</th>
<th>Visit 2</th>
<th>Visit 3</th>
<th>Visit 4</th>
<th>Visit 5</th>
<th>Visit 6</th>
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<tr>
<td>Invited client to join First Breath</td>
<td>___Y ___N</td>
<td>___Y ___N</td>
<td>___Y ___N</td>
<td>___Y ___N</td>
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<tr>
<td>Asked about client’s tobacco use</td>
<td>___Y ___N</td>
<td>___Y ___N</td>
<td>___Y ___N</td>
<td>___Y ___N</td>
<td>___Y ___N</td>
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<tr>
<td>Advised client to quit smoking</td>
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<td>___Y ___N</td>
<td>___Y ___N</td>
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<tr>
<td>Assessed client’s willingness to quit smoking</td>
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<tr>
<td>Helped client develop/maintain quit plan</td>
<td>___Y ___N</td>
<td>___Y ___N</td>
<td>___Y ___N</td>
<td>___Y ___N</td>
<td>___Y ___N</td>
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<tr>
<td>Arranged a follow-up visit to discuss tobacco</td>
<td>___Y ___N</td>
<td>___Y ___N</td>
<td>___Y ___N</td>
<td>___Y ___N</td>
<td>___Y ___N</td>
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<tr>
<td>Discussed client’s general well-being</td>
<td>___Y ___N</td>
<td>___Y ___N</td>
<td>___Y ___N</td>
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<td>Discussed social support</td>
<td>___Y ___N</td>
<td>___Y ___N</td>
<td>___Y ___N</td>
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<tr>
<td>Used workbooks with client</td>
<td>___Y ___N</td>
<td>___Y ___N</td>
<td>___Y ___N</td>
<td>___Y ___N</td>
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<tr>
<td>Completed program survey</td>
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Please initial and enter date at EACH visit with your client. Thank you!

Download this form online at: http://www.wwhf.org/programs/first-breath/healthcareproviders/
CONSENT FORM

First Breath and My Baby & Me

First Breath and My Baby & Me are programs that help pregnant women stop using tobacco and alcohol. These programs were created by the Wisconsin Women’s Health Foundation (WWHF), a non-profit organization that focuses on women’s health education and outreach.

Participation is your choice. You don’t have to participate. You can stop participating at any time. Participation has no effect on the prenatal care you would otherwise receive at this location.

What will happen if you participate?
- You will receive education and support to help you quit smoking and/or not use alcohol while pregnant.
- You will receive a $10 gift card upon completion of these programs. Your name and address will be shared with WWHF so they can send you the gift card.
- Your phone number and email address will be collected in order for First Breath/My Baby & Me to provide you with additional support and encouraging messages.
- First Breath/My Baby & Me will collect information about your tobacco and/or alcohol use, demographic information, expected due date, delivery date, and primary care physician contact information. This information may be transmitted electronically.
- In order to help you quit smoking, First Breath may tell your health care providers that you are quitting and have joined First Breath. Your signature below is your permission for First Breath to contact your other healthcare providers to inform them about your quit attempt as appropriate. This may include your primary care provider, your HMO (if you have one), and public health programs such as the Women, Infants and Children (WIC) nutritional program or the Prenatal Care Coordination program (PNCC).
- You can choose to receive smoking cessation counseling through the Wisconsin Tobacco Quit Line.
- You may be mailed or emailed a brief survey after completing the First Breath/My Baby & Me programs that asks you about your experience. This will help us learn how we can best help other pregnant women.
- You can choose to share your story about the program(s) through interviews and/or questionnaires. Your permission will be obtained before anyone other than First Breath/My Baby & Me staff is allowed to contact you.
- If you are a BadgerCare or BadgerCare Plus member, you will provide your member number.
- You may be invited to participate in a research study.

All information we collect will be kept confidential and the information you provide will not be linked to your name or any personal identifiers. The purpose of collecting this information is to help you, and other women, in your attempts to quit smoking. Your personal health information will be treated as Protected Health Information and will be kept under strict security at the Wisconsin Women’s Health Foundation.

If you have any questions about this consent form, please call Hillary Whitehorse at the WWHF (1-800-448-5148, ext. 112).

Your signature below means that you have decided to participate in First Breath and/or My Baby & Me. It also gives the WWHF permission to collect the information described above. This permission will automatically end 24 months after you deliver your baby.

Yes, I would like to enroll in:

☐ First Breath
  Initials:________ Date:_______________

☐ My Baby & Me
  Initials:________ Date:_______________

*If you do not want to share your name, you can write your initials and still participate in the program.
# CLIENT INFORMATION

## First Breath and My Baby & Me

<table>
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<tr>
<th>Client ID:</th>
<th>BadgerCare+/Medicaid: Y N</th>
<th>Date Enrolled:</th>
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- ☐ Enrolled in First Breath
- ☐ Enrolled in My Baby & Me

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<tr>
<th>Client DOB:</th>
<th>Expected Delivery Date:</th>
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- Street Address:  
- City:  
- State:  
- Zip code:  
- Email:  
- Cell phone:  
- Home phone:  

Do you want to receive text messages from First Breath and/or My Baby & Me?  
☐ Yes  ☐ No  
If yes, please text FIRSTBREATH to 313131.

Do you want to be invited to join the private First Breath/My Baby & Me Facebook page?  
☐ Yes  ☐ No  
If yes, please indicate your Facebook username:  

## First Breath Site:  

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<th>First Breath Provider Name:</th>
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<table>
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<th>Phone:</th>
<th>Email:</th>
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1. **How many years of school did you complete?**  
- ☐ Less than high school  
- ☐ Some high school  
- ☐ High school or GED  
- ☐ Some college or 2-year degree

2. **What is your main language?**  
- ☐ English  
- ☐ Spanish  
- ☐ Other (please specify):  

3. **What is your ethnicity?** (please check only one)  
- ☐ Non-Hispanic or Non-Latino  
- ☐ Hispanic or Latino

4. **Are you employed?**  
- ☐ Yes  
- ☐ No

5. **What is your race?** (check all that apply)  
- ☐ American Indian or Alaskan Native  
- ☐ Asian  
- ☐ Black or African American  
- ☐ Native Hawaiian or other Pacific Islander  
- ☐ White  
- ☐ Don’t know  
- ☐ Other (please specify):  

6. **Are you enrolled in any of the following?**  
- ☐ Medicaid/BadgerCare/BadgerCare Plus  
- ☐ Prenatal Care Coordination (PNCC)  
- ☐ WIC (Women, Infants and Children)

7. **What is your relationship status?** (please check only one)  
- ☐ Single  
- ☐ Married  
- ☐ Widowed  
- ☐ Living with a partner  
- ☐ Divorced

Who is your primary care provider (family doctor, obstetrician, or midwife)?  
☐ I don’t have one.

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<th>Name:</th>
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<th>Street Address:</th>
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<tr>
<td>WELL-BEING</td>
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<tr>
<td>------------</td>
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<td></td>
<td></td>
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<tr>
<td>1. How would you rate your current stress level? (Please circle)</td>
<td>Low</td>
<td>Medium</td>
<td>High</td>
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<tr>
<td>2. During the past week, have you felt sad, unhappy, or hopeless?</td>
<td>Yes, most of the time</td>
<td>Yes, quite often</td>
<td>Yes, but not very often</td>
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<tr>
<td>3. How many people can you count on when you need help? (Please circle)</td>
<td>0</td>
<td>1-2</td>
<td>3-5</td>
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<tbody>
<tr>
<td>TOBACCO USE HISTORY</td>
<td></td>
</tr>
<tr>
<td>4. How old were you when you started smoking?</td>
<td>____________</td>
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<tr>
<td>5. How many cigarettes <strong>per day</strong> were you smoking <strong>one month</strong> before you were pregnant? (20 cigarettes are in 1 pack)</td>
<td></td>
</tr>
<tr>
<td>I was not smoking, not even an occasional puff</td>
<td>11 to 20 cigarettes (up to 1 pack)</td>
</tr>
<tr>
<td>A few some days, but not every day</td>
<td>21 to 30 cigarettes</td>
</tr>
<tr>
<td>1 to 5 cigarettes</td>
<td>31 to 40 cigarettes (up to 2 packs)</td>
</tr>
<tr>
<td>6 to 10 cigarettes</td>
<td>More than 40 cigarettes (greater than 2 packs)</td>
</tr>
<tr>
<td>6. Before you were pregnant, how soon after you woke up did you have your first cigarette?</td>
<td></td>
</tr>
<tr>
<td>Immediately—within 5 minutes</td>
<td>31 minutes to 1 hour</td>
</tr>
<tr>
<td>6 to 30 minutes</td>
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</tr>
<tr>
<td>30 minutes to 1 hour</td>
<td></td>
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<tr>
<td>Over 1 hour</td>
<td></td>
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<tr>
<td>7. How many times have you previously tried to quit smoking?</td>
<td>____________ (this must be a number)</td>
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<table>
<thead>
<tr>
<th>CURRENT TOBACCO USE</th>
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<tbody>
<tr>
<td>8. How many cigarettes have you smoked <strong>per day</strong> over the <strong>past week</strong>? (20 cigarettes are in 1 pack)</td>
<td></td>
</tr>
<tr>
<td>I have not smoked, not even an occasional puff</td>
<td>11 to 20 (up to 1 pack)</td>
</tr>
<tr>
<td>A few some days, but not every day</td>
<td>21 to 30</td>
</tr>
<tr>
<td>1 to 5</td>
<td>31 to 40 (up to 2 packs)</td>
</tr>
<tr>
<td>6 to 10</td>
<td>Greater than 40 (greater than 2 packs)</td>
</tr>
<tr>
<td>9. How do you feel about quitting smoking and/or staying quit?</td>
<td></td>
</tr>
<tr>
<td>I want to quit and stay quit for good</td>
<td>I don’t want to quit</td>
</tr>
<tr>
<td>I want to quit only until the baby is born</td>
<td>I don’t know what I want</td>
</tr>
<tr>
<td>I want to cut down</td>
<td></td>
</tr>
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</table>
10. How important is quitting smoking to you?
   _Not at all important  _Not very important  _Somewhat important  _Very important  _Don’t know

11. How important is staying quit to you?
   _Not at all important  _Not very important  _Somewhat important  _Very important  _Don’t know

12. How confident are you that you will be tobacco free one year from now?
   _Not at all confident  _Not very confident  _Somewhat confident  _Very confident  _Don’t know

MY BABY AND ME

ALCOHOL USE AND FREQUENCY

13. How important is it to you to not drink alcohol while you are pregnant?
   _Not at all important  _Not very important  _Somewhat important  _Very important  _Don’t know

14. How confident are you that you will be able to stop drinking while you are pregnant?
   _Not at all confident  _Not very confident  _Somewhat confident  _Very confident  _Don’t know

15. In the 90 days before you knew were pregnant, how many days per week did you have one or more standard drinks?
   (# of days/week):

16. In the 90 days before you knew you were pregnant, how many times did you have four or more standard drinks in one day?
   (# of times):

17. Since you found out you were pregnant, how many days per week have you had one or more standard drinks?
   (# of days/week):

18. Since you found out you were pregnant, how many times have you had four or more standard drinks in one day?
   (# of times):

19. How many drinks does it take to make you feel buzzed? (T)
   (# of drinks):

20. In the past year, have any family members, friends, or health care providers been concerned about how much you drank? (A)
   □ Yes  □ No

21. In the past year, have you ever felt the need to cut down or control your drinking? (C)
   □ Yes  □ No

22. In the past year, have you needed to have a drink in the morning to start your day? (E)
   □ Yes  □ No

23. In the past year, has your drinking affected your family, especially your children?
   □ Yes  □ No

24. Did you quit drinking during your previous pregnancy/pregnancies?
   □ N/A (this is my first pregnancy)
   □ Did not drink before or during my last pregnancy.
   □ Quit entirely.
   □ Cut down a lot.
   □ Cut down a little.
   □ Drank my usual amount.

FOR PROVIDER USE ONLY

1. Who completed this form? _Provider  _Client  _Both

2. Where was this form completed? _Clinic/office  _Client home  _Other:_______________________

3. When was this form completed? _During visit  _After visit  _Some during visit, some after
WELL-BEING
1. How would you rate your current stress level? (Please circle)  Low  Medium  High  Very high
2. During the past week, have you felt sad, unhappy, or hopeless?
   ☐ most of the time  ☐ quite often  ☐ but not very often  ☐ not at all
3. How many people can you count on when you need help? (Please circle)  0  1-2  3-5  6+

FIRST BREATH
CURRENT TOBACCO USE
4. How many cigarettes have you smoked per day over the past week? (20 cigarettes are in 1 pack)
   I have not smoked, not even an occasional puff  to 20 cigarettes (up to 1 pack)
   A few some days, but not every day  to 30 cigarettes
   1 to 5 cigarettes  to 40 cigarettes (up to 2 packs)
   6 to 10 cigarettes  more than 40 cigarettes (greater than 2 packs)
5. How do you feel about smoking now?
   ☐ I want to quit for good  ☐ I don’t want to quit
   ☐ I want to quit only until the baby is born  ☐ I don’t know what I want
   ☐ I want to cut down
6. How important is quitting smoking to you?
   ☐ Not at all important  ☐ Not very important  ☐ Somewhat important  ☐ Very important  ☐ Don’t know
7. How important is staying quit to you?
   ☐ Not at all important  ☐ Not very important  ☐ Somewhat important  ☐ Very important  ☐ Don’t know
8. How confident are you that you will be tobacco free one year from now?
   ☐ Not at all confident  ☐ Not very confident  ☐ Somewhat confident  ☐ Very confident  ☐ Don’t know
### MY BABY & ME

#### ALCOHOL USE AND FREQUENCY

9. During the past month, how many days did you have one or more alcoholic drinks?__________________

10. How do you feel about not drinking alcohol now?
   - I want to stop drinking for good
   - I want to stop drinking only until the baby is born
   - I want to cut down
   - I don’t want to stop drinking
   - I don’t know what I want

11. How important is it to you to not drink alcohol while you are pregnant?
   - __Not at all important
   - __Not very important
   - __Somewhat important
   - __Very important
   - __Don’t know

12. How confident are you that you will be able to stop drinking while you are pregnant?
   - __Not at all confident
   - __Not very confident
   - __Somewhat confident
   - __Very confident
   - __Don’t know

#### FOR PROVIDER USE ONLY

1. Who completed this form? ___Provider ___Client ___Both

2. Where was this form completed? ___Clinic/office ___Client home ___Other:___________________________

3. When was this form completed? ___During visit ___After visit ___Some during visit, some after
Client ID:  
Client DOB:  
Today’s date:  
Delivery date:  

**WELL BEING**

1. Are you currently breastfeeding this baby?  
   - [ ] Yes  
   - [ ] No

2. Have you ever breastfed this baby?  
   - [ ] Yes  
   - [ ] No

3. How would you rate your current stress level? (Please circle)  
   - Low  
   - Medium  
   - High  
   - Very high

4. During the past week, have you felt sad, unhappy, or hopeless?  
   - [ ] Yes, most of the time  
   - [ ] Yes, quite often  
   - [ ] Yes, but not very often  
   - [ ] No, not at all

5. How many people can you count on when you need help? (Please circle)  
   - 0  
   - 1-2  
   - 3-5  
   - 6+

**FIRST BREATH**

**CURRENT TOBACCO USE**

6. How many cigarettes have you smoked per day over the past week? (20 cigarettes are in 1 pack)  
   - [ ] I have not smoked, not even an occasional puff  
   - [ ] 1 to 5 cigarettes  
   - [ ] 6 to 10 cigarettes  
   - [ ] 11 to 20 cigarettes (up to 1 pack)  
   - [ ] 21 to 30 cigarettes  
   - [ ] 31 to 40 cigarettes (up to 2 packs)  
   - [ ] More than 40 cigarettes (greater than 2 packs)

7. How did your smoking change during your pregnancy and how has it changed since giving birth? Please check the box for the number of cigarettes you smoked during each trimester (weeks 1-13 = 1st trimester; 14-26 = 2nd trimester; 27-birth = 3rd trimester).  

<table>
<thead>
<tr>
<th># of cigarettes smoked per day</th>
<th>Weeks 1-13</th>
<th>Weeks 14-26</th>
<th>Weeks 27-birth</th>
<th>Postpartum</th>
</tr>
</thead>
<tbody>
<tr>
<td>None (not even a puff)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Few cigarettes, not every day</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 to 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 to 10</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 to 20 (up to 1 pack)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21 to 30</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>31 to 40 (up to 2 packs)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Greater than 40</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

8. How important is quitting smoking to you now that your baby is born?  
   - [ ] Not at all important  
   - [ ] Not very important  
   - [ ] Somewhat important  
   - [ ] Very important  
   - [ ] Don’t know

9. How important is staying quit to you now that your baby is born?  
   - [ ] Not at all important  
   - [ ] Not very important  
   - [ ] Somewhat important  
   - [ ] Very important  
   - [ ] Don’t know
10. How confident are you that you will be tobacco free 1 year from now?
   ___Not at all confident ___Not very confident ___Somewhat confident ___Very confident ___Don’t know

11. Do other people smoke when they are around your baby?
   ☐ Never ☐ Rarely ☐ Sometimes ☐ Most of the time

12. How many telephone contacts have you had with the Wisconsin Tobacco Quit Line (1-800-QUIT-NOW)? ___________

MY BABY & ME

ALCOHOL USE AND FREQUENCY

<table>
<thead>
<tr>
<th>13. How many days per week have you had one or more standard drinks since your baby was born?</th>
<th># of days/week:</th>
</tr>
</thead>
<tbody>
<tr>
<td>14. How many times have you had four or more standard drinks since your baby was born?</td>
<td># of times:</td>
</tr>
</tbody>
</table>

FOR PROVIDER USE ONLY

1. Pregnancy outcome:
   ☐ Full-term birth
   ☐ Premature birth (37 weeks or earlier)
   ☐ Stillbirth or infant death
   ☐ Infant with special circumstances (please describe):
     __________________________
     __________________________

2. Baby A
   ☐ Male
   ☐ Female
   Birthweight (lb/oz): _____________ OR
   Birthweight (grams): ____________
   Birth length (inches): __________

   Baby B
   ☐ Male
   ☐ Female
   Birthweight (lb/oz): _____________ OR
   Birthweight (grams): ____________
   Birth length (inches): __________

3. Who completed this form? ___Provider   ___Client   ___Both

4. Where was this form completed? ___Clinic/office   ___Client home   ___Other:____________________

5. When was this form completed? ___During visit   ___After visit   ___Some during visit, some after
CHANGE OF STATUS
First Breath and My Baby & Me

Client ID: ____________________________ Client DOB: ____________________________ Today’s Date: ____________________________

CHANGE IN CLIENT INFORMATION:

New Address: ____________________________

City: ____________________________ State: ____________________________ Zip Code: ____________________________

New Email: ____________________________ New Phone: ____________________________

☐ Cell
☐ Home

New expected delivery date: ____________________________

CHANGE IN ENROLLMENT:

☐ Client is no longer participating in First Breath
☐ Client is no longer participating in My Baby & Me

Reason for program withdrawal:

☐ Client is no longer receiving care at this site (unable to follow-up, moved, etc.)
☐ Client continues to receive care at this site, but is no longer participating in the program(s)
☐ Client has experienced a pregnancy loss
☐ Other: ____________________________________________________________

CHANGE IN PRIMARY CARE PROVIDER:

Name: ____________________________

Clinic: ____________________________

Street Address: ____________________________

City: ____________________________ State: ____________________________ Zip Code: ____________________________

AODA HISTORY/REFERRAL:

☐ Client was referred for AODA services (name of facility): ____________________________

COMMENTS:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________
Appendix E – References


