

Materials

At each well baby visit mothers in the Extended Condition (Active Treatment) received different written materials adapted or developed for project. The content of the materials included; the adverse health effects of passive smoking, hints for quit strategies, importance of role modeling non-smoking, and a letter to fathers. Mothers also received items such as a nonsmoking sign for the baby's room, refrigerator magnets, and a bib. A videotape was produced for the project, and each Extended Condition office received copies of the tape and was provided with a combination TV/VCR unit. The purpose of the video program was to show mothers the potential health effects of passive smoking as well as the benefits of quitting. If mothers expressed a willingness to set a quit date, they were given the Freedom From Smoking materials developed by the American Lung Association and a list of local resources for assistance in quitting. All materials were piloted with focus groups of physicians, nurses, and mothers before implementation of the project

Enrollment and Intervention

All mothers in all practices in both conditions were to receive a hospital packet that included information about the adverse health effects of passive smoking in the first 1 to 3 days after birth. Actual study enrollment occurred at the first visit to a pediatrician's office, typically at 2 weeks postpartum. At this visit mothers filled out a health questionnaire. If they answered yes to the question "Did you smoke in the month prior to becoming pregnant?" they were included in the study. Subsequent questionnaire items allowed a breakdown of mothers into smokers (currently smoking), and quitters (currently not smoking). Offices in the extended condition were given stickers to attach to the outside of the child's chart to identify study participants by their smoking status.

Pediatricians in the extended conditions were trained to perform the brief intervention at each of the first four well baby visits in addition to distributing the written materials. A small sticker in the form of a checklist was affixed to the charting sheet for that day to remind the pediatricians to perform the intervention. The first part of the intervention was a question concerning current smoking status, ie, to ascertain whether the mother was currently a smoker or quitter. Physicians were then trained to engage smokers in a brief discussion about amount smoked, barriers to quitting, and results of past quit attempts. Smokers were then asked whether they were willing to set a quit date. If they were, they were encouraged to follow through and the project quit kit was distributed. The pediatricians were told to encourage the quitters to stay quit.

Minimal and Extended Interventions

The intervention in both the minimal and the Extended Conditions began at the pediatrician's hospital visit after delivery (see Table 1), where all mothers regardless of smoking status received a packet of materials containing a brochure, a letter to the mother signed by her pediatrician, and a nursery sign. The message and materials were designed to alert the mother to reduce her newborn's exposure to passive smoke and also encouraged the mother to quit smoking or to stay quit if she had stopped for pregnancy. This hospital visit intervention constituted the Minimal condition.

The extended condition delivered additional intervention at the first four well-baby visits, which generally occurred at 2 to 3 weeks, 2 months, 4 months, and 6 months after birth. Eligible mothers were categorized as either a "Smoker," reporting current use of cigarettes, or a "Quitter," not currently smoking, but having smoked in the month prior to pregnancy. Babies' charts were tagged with a label denoting the mother's smoking status. An additional visual prompt was affixed to the chart for each visit (usually a newborn checklist sheet) that prompted the provider to follow the intervention protocol. Written project materials, tailored to the mother's current smoking status, were inserted into the chart by either a receptionist or a nurse. The intervention protocol comprised brief advice and encouragement at each visit, accompanied by specially developed written materials. A specially developed video was also to be shown at one of the visits. More detail on the intervention is presented in Wall, Severson, Andrews, Lichtenstein, & Zoref, 1995.