



First Breath Program 2013 Annual Report

*Perinatal Smoking Cessation Services Provided:
January 1, 2013 – December 31, 2013*

"My First Breath counselor was a wonderful source of support during my pregnancy. Even today, I get excellent feedback from her when I tell her I'm still quit."

– First Breath Participant, 2013

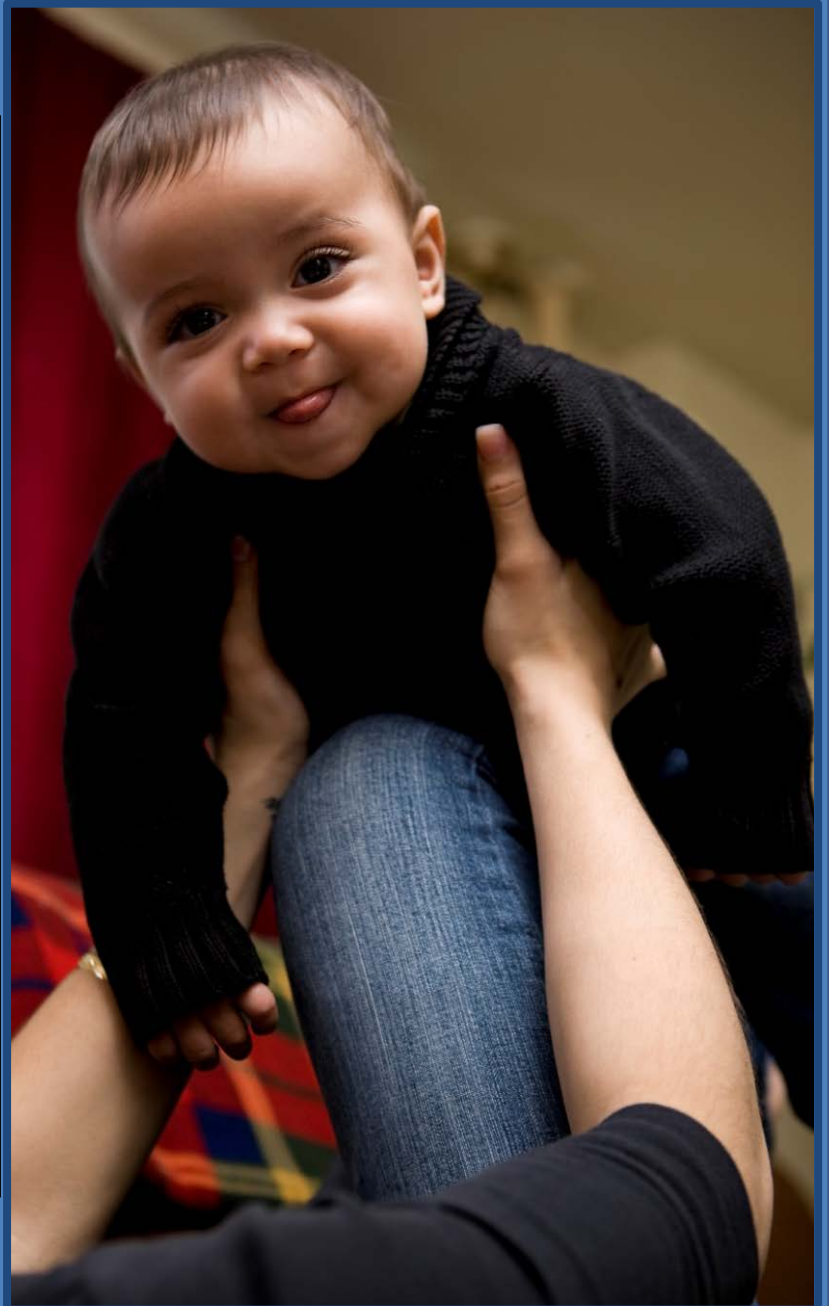


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Summary of 2013 Program Results

In 2013, **1,461** women enrolled in the First Breath program seeking assistance in their quit smoking attempt. First Breath participants were previously heavy smokers, a majority reporting having smoked between a half and full pack of cigarettes per day prior to becoming pregnant. Despite having significant smoking histories, a majority of the women in First Breath successfully reduced their tobacco use. **86% of women abstained, quit, or cut back on their tobacco use during pregnancy.**

2013 Program Activities and Accomplishments:

First Breath Sites

- 28 new First Breath sites were established
- 115 established sites participated in a refresher training

WWHF Training & Technical Assistance

- 280 new First Breath Providers were trained in smoking cessation counseling techniques
- 355 previously trained First Breath providers participated in a refresher training
- 65 First Breath providers participated in the Annual Statewide Meeting
- 83 First Breath providers participated in the Regional Sharing Sessions
- 76 First Breath providers participated in an “Increased Enrollment Webinar”

First Breath Participants

- 1,461 women enrolled in the First Breath program
- 75% of women started smoking before their 18th Birthday
- 78% of participants reported a desire to quit smoking and stay quit
- 67% of women previously tried quitting smoking at least once
- 75% of women were enrolled in Medicaid

Program Outcomes

- 86% of participants abstained, quit, or cut back on their tobacco use during pregnancy
 - 31% remained smoke-free or quit
 - 55% reduced their tobacco usage

First Breath Background

First Breath is a perinatal smoking cessation program created and managed by the Wisconsin Women's Health Foundation (WWHF). Since 2000, First Breath has served over 14,000 Wisconsin Women.

Mission

The mission of First Breath is to improve maternal and child health in Wisconsin through perinatal tobacco cessation programming.

Program Description

First Breath is a program that helps Wisconsin women quit or reduce their smoking. We train health care providers to deliver evidence-based tobacco cessation counseling as part of existing prenatal care. The program offers non-judgmental, client-centered counseling, support, educational materials, and meaningful incentives.

Overarching Program Goals

1. Help pregnant women quit smoking
2. Reduce smoking among pregnant women who are not able to quit
3. Improve the health of women and newborns
4. Decrease the rate of tobacco relapse among mothers after delivery

Program Objectives

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; and,
3. Disseminate the best practices in maternal smoking research, resources, tools, and continuing education opportunities.

First Breath Providers and Sites

First Breath partners with 798 healthcare providers at 163 First Breath sites throughout Wisconsin. Appendix A includes a list of First Breath coverage by county.

First Breath Providers

First Breath providers are individual health care providers that have completed First Breath training and implement the program. They include, but are not limited to:

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

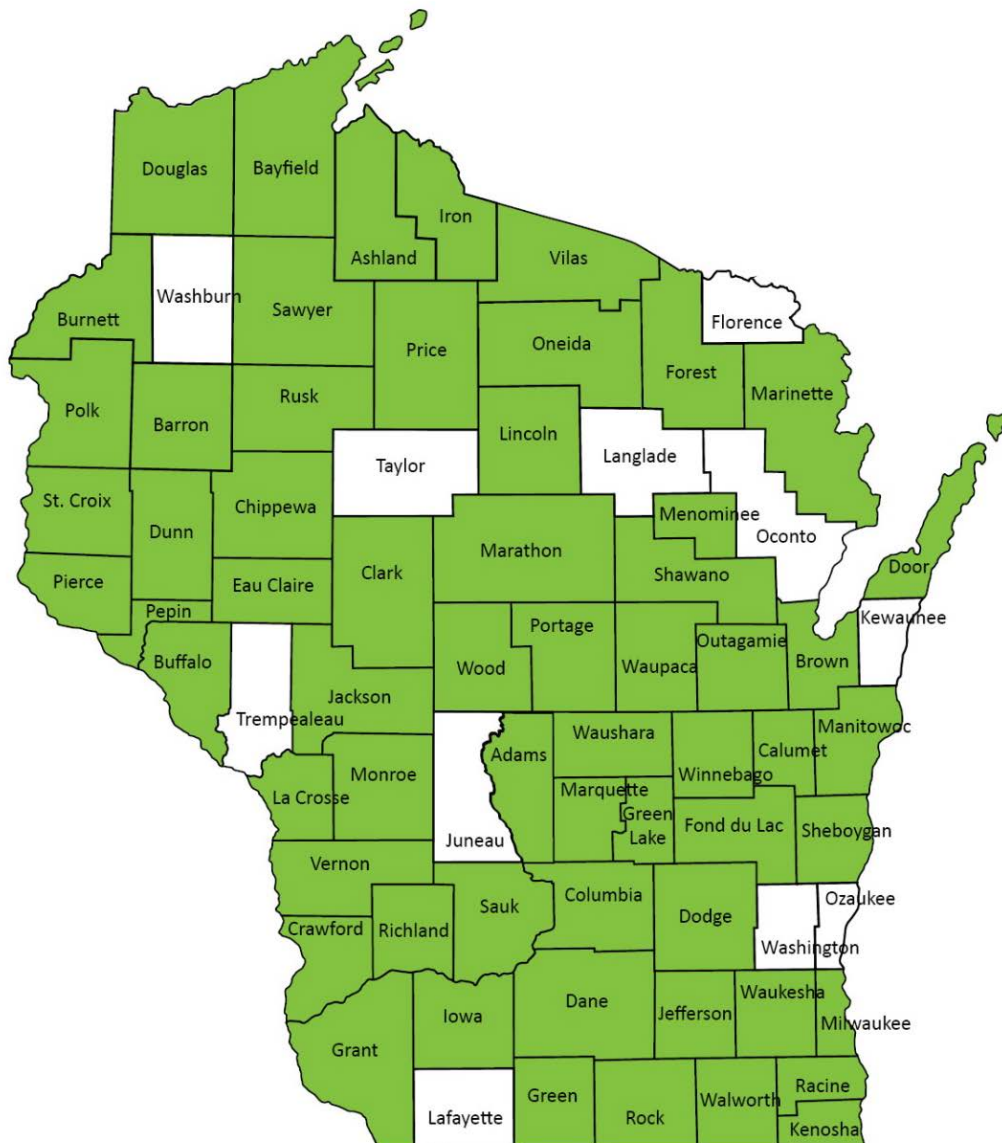
First Breath Sites

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 Services
- Federally Qualified Health Centers
- Indian Health Services
- HMOs
- Primary Care Clinics
- Behavioral Health Clinics

Statewide Coverage

There are established First Breath sites in 61 of Wisconsin's 72 counties.



Program Participation

Since the program's inception in 2000, 14,681 pregnant women have participated in First Breath. Any pregnant woman who currently smokes or has smoked regularly in the last six months is eligible to participate.

Women who participate in the First Breath program receive:

- Individualized smoking cessation counseling from a prenatal care provider
- Educational and self-help materials
- Educational materials for their friends and family
- Participation incentives
- Wisconsin Tobacco Quit Line materials, information and access
- Optional participation in support programs, such as:
 - text messaging
 - private, online support group

Funding

In 2013, the WWHF received funding from the State of Wisconsin Tobacco Prevention and Control Program to support the First Breath program. Additionally, in partnership with the University of Wisconsin Center for Tobacco Research and Intervention and the Wisconsin Department of Health and Human Services, WWHF continued work on the Striving To Quit research study funded by a grant from the Centers for Medicare and Medicaid Services.

Training & Technical Assistance

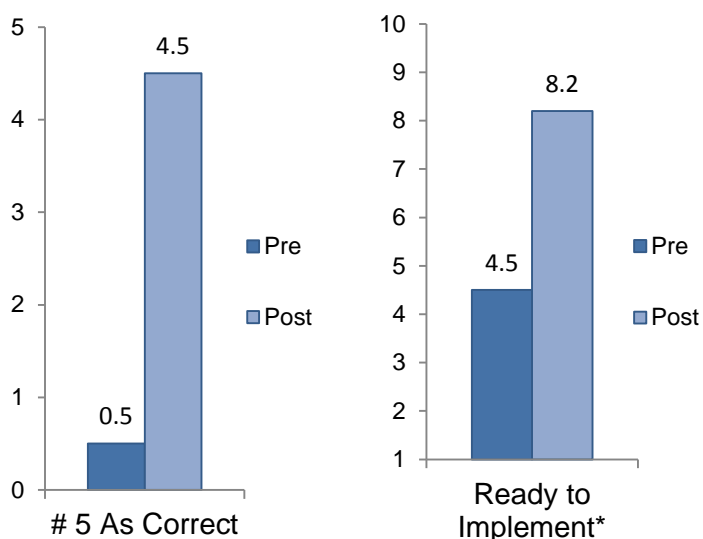
First Breath provides comprehensive tobacco-related training and technical assistance to healthcare providers in Wisconsin. This is accomplished through new training (for providers and agencies that are new to the First Breath Program), refresher training (for previously trained First Breath providers and established sites), and several continuing education opportunities offered throughout the year.

New First Breath Site and Provider Training

In 2013, 280 new First Breath providers were trained and 28 new First Breath sites were established throughout Wisconsin. The new provider/site training covers content including the need for First Breath, step-by-step program procedures, smoking cessation counseling techniques (5As, brief intervention, and motivational interviewing), case study videos, and how to successfully integrate First Breath into existing services. A First Breath training manual was provided to each of the new providers.

A pre- and post-training test was administered to measure provider knowledge and readiness to implement the program. One of the measurements included provider knowledge of the 5As, the gold standard and most widely utilized of brief tobacco interventions. Prior to training, providers could accurately name an average of 0.5 of the 5 As. Post-training, this number jumped to an average of 4.5 of the 5 As. Another measure we looked at was provider readiness to implement First Breath, using a scale of 1 – 10 where 1 is not ready at all and 10 is completely ready. Prior to training, providers averaged a readiness score of 4.5. Post-training this number was 8.2 out of 10 on the readiness scale.

Figure 1: 2013 Provider Training Efficacy



“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

First Breath Refresher Trainings

In 2013, 355 previously trained First Breath providers at 115 established sites participated in a refresher training. Providers were given a menu of refresher training options to tailor technical assistance to needs specific to each region and site. Refresher training options included:

- First Breath Procedures Refresher
- Motivational Interviewing Basics
- Advanced Motivational Interviewing
- Utilizing Program Tools to Improve Participant Success

Continuing Education Opportunities

In addition to providing comprehensive tobacco-related training and technical assistance to healthcare providers, the First Breath Program also disseminates best practice information in maternal smoking research, resources, and tools through a variety of continuing education opportunities. Four main events/tools were used:

- Annual Statewide Meeting
- Regional Sharing Session
- Enrollment Webinar
- E-newsletters

Statewide Meeting

The First Breath Statewide Meeting is held annually to provide an opportunity for providers and partners from throughout the state to come together for a day of shared learning and networking. Experts are invited to present on a variety of topics pertinent to perinatal tobacco cessation.

The 2013 Statewide Meeting was themed “Improving Participant Success” and was held in Stevens Point, WI. 65 First Breath Providers participated in the event. A pre-training was held on March 27th that included a First Breath refresher training and “Improving Client Success” session addressing common concerns reported by providers: resistant patients and lack of time to complete the intervention. The Annual Meeting took place on March 28th and included presentations on postpartum relapse, women and addition, and motivational interviewing.



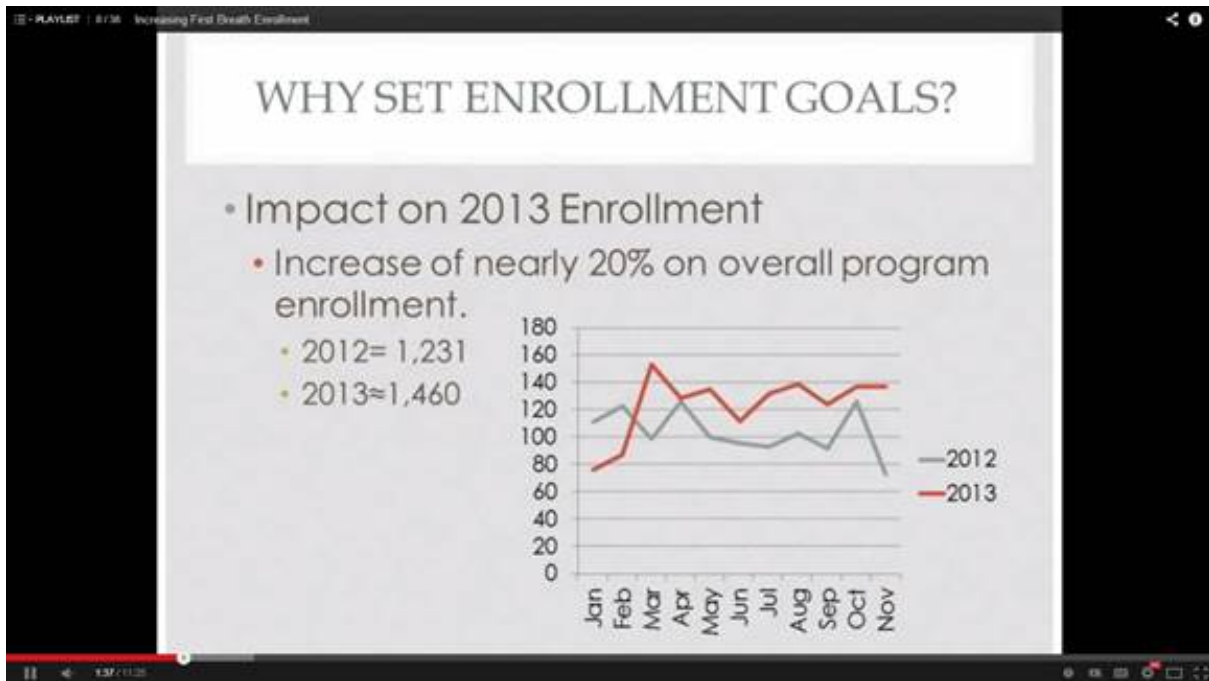
Regional Sharing Sessions

Annual Regional Sharing Sessions provide an opportunity for discussion and skill development among First Breath sites in five different regions. 2013 Regional Sharing Sessions were held in La Crosse (August 2), Madison (August 13), Milwaukee (August 15), Hayward (August 22), and Appleton (August 28.) 83 First Breath providers participated in the 2013 Regional Sharing Sessions.

The theme of the 2013 Regional Sharing Session was “Other Tobacco Products.” The sessions included presentations by local Tobacco Prevention and Control Program Multi-Jurisdiction Coalition (MJC) coordinators. The presentations were followed by a skills session where attendees practiced role playing scenarios with First Breath participants using other tobacco products.

Increased Enrollment Webinar

In November 2013, 76 First Breath providers participated in an increased enrollment webinar. The purpose of the webinar was to assist sites in selecting First Breath enrollment goals that are both realistic and reach every pregnant tobacco users. Common barriers to enrollment were discussed as well as recommendations and tips from program staff and high performing First Breath sites.



E-Newsletters

In addition to the above continuing education opportunities, the First Breath program also distributed monthly e-newsletters containing program updates, emerging research, and promising practices in perinatal tobacco cessation. Topics included other tobacco products and the effects of Nicotine in Utero, Support People: Challenges and Opportunities, Concurrent Substance Use, EPE Method of Brief Intervention and Education, and Emotional Components of Behavior Change.

First Breath and My Baby & Me

April 2013



Quick Links

[First Breath Enrollment](#)
[My Baby & Me Enrollment](#)
[WWHF](#)
[First Breath Moms](#)



Publications

[First Breath Annual Report](#)
[First Breath Manual](#)
[Text.Connect.Quit](#)



Forward to a Friend

Dear Hillary,

Congratulations to Children's Community Health Plan - this month's Stellar Site! Children's Community Health Plan has enrolled 13 women in First Breath and 5 women in My Baby & Me this year. Great job!

Statewide Meeting Wrap-Up



Stevens Point - March 27th & 28th

This year's Statewide Meeting was a huge success with 85 providers from 40 different sites around Wisconsin. 100% of participants agreed or strongly agreed that the 2013 Statewide Meeting was a valuable use of their time.

The theme of this year's conference was "Improving Participant Success." Below are presentations from the meeting, which can also be found at www.wwhf.org. Videos of meeting sessions will be uploaded to YouTube in the future.

- [Program Updates](#)
- [Preparing Women for the Risk of Postpartum Relapse](#)
- [Talking to Women About Their Addictions](#)
- [Motivational Interviewing](#)

Thank you to all who attended this wonderful meeting! The First Breath and My Baby & Me Team is already using your input to plan this year's Regional Sharing Sessions and next year's Statewide Meeting.

Can Mindfulness Help Women Quit Smoking?

- Mindfulness involves actively paying attention to the present moment.
- Mindfulness practices have been connected to numerous health benefits.

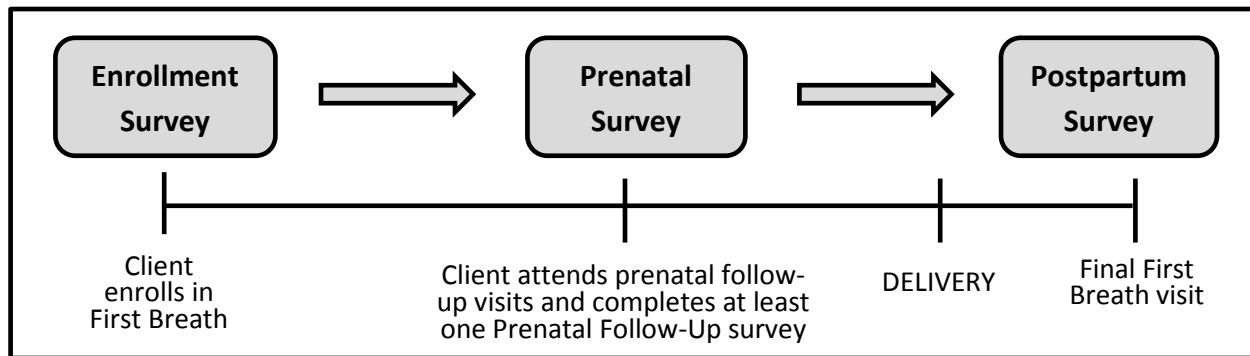
Data Collection Protocol

First Breath participants complete several surveys during their participation in the program. These surveys include questions about current tobacco use, past tobacco use, and smoking cessation goals. These data are used to evaluate changes in self-reported smoking behavior during the course of participation in First Breath, as well as relationships between demographic variables, cessation goals, and tobacco use.

Data are collected from women at three time points:

- the enrollment visit, which usually takes place during the second trimester;
- the prenatal follow-up visit, which typically occurs during the third trimester; and
- the postpartum visit, which on average, takes place within 60 days after delivery.

Figure 2: First Breath Data Collection Timeline



2013 annual report includes data collected from all clients who enrolled in 2013, as well as data from all Prenatal Follow-Up and Postpartum forms that were completed in 2013. Therefore, the longitudinal analyses, and some cross-sectional analyses, include data from both 2012 and 2013 enrollees.¹

¹ Each set of analyses notes which years of data were included.

First Breath Participant Profile



“I really appreciated that my First Breath counselor congratulated every single milestone I reached, no matter how small it was. I felt great about every little bit of improvement, because my counselor was so encouraging.”
– First Breath Participant, 2013

First Breath Enrollment

In 2013, 1,461 women enrolled in the First Breath program. These participants enrolled at 123 sites in 57 counties.

Participant Characteristics

Demographics

Table 1 presents demographic information for the 1,461 women who enrolled in First Breath in 2013. The majority of enrollees were between the ages of 18 and 34 at the time of enrollment, with an average age of 26. Most were white (62.8%), had at most a high school education (64%), were unemployed (54%), and were enrolled in Medicaid (75%).

Table 1: First Breath Participant Demographics

Age	#	%	Race	#	%
13-17	26	2	American Indian or Alaskan Native	61	4
18-24	604	41	Asian	14	1
25-34	657	45	Black or African American	343	23.5
35-44	110	7	Native Hawaiian or Pacific Islander	4	.3
Unknown	64	4	White	918	62.8
Ethnicity	#	%	Other	40	3
Hispanic/Latina	81	5	Multiracial	4	.3
Non-Hispanic/Latina	1280	88	Unknown	77	5.3
Unknown	100	7	Education	#	%
Employed	#	%	Less than high school	72	5
Yes	564	39	Some high school	291	20
No	796	54	High school or GED	567	39
Unknown	101	7	Some college/2-yr	379	26
Enrolled in Medicaid	#	%	College	61	3.5
Yes	1089	75	Post-college education	5	.5
No	372	25	Unknown	86	6

Smoking History

Table 2 presents information about participants’ smoking history at enrollment. Of the 1,461 women who completed enrollment survey:

- 61% (n=884) started smoking between the ages of 13 and 17.
- 36% (n=523) reported smoking 11 to 20 cigarettes per day (there are 20 cigarettes in one pack), 1 month prior to getting pregnant, and 30% (n=441) reported smoking 6-10 cigarettes per day at that time point.
- 37% (n=534) said that, before they were pregnant, they usually had their first cigarette of the day immediately (within five minutes) after waking up.
- 66% (n=970) reported they had tried to quit smoking previously. Of the 970 women with previous quit attempts:
 - 27% had one previous quit attempt;
 - 28% had two previous quit attempts;
 - 21% had three previous quit attempts;
 - 24% had four or more previous quit attempts

Table 2: First Breath Participants’ Smoking History

Age started smoking	#	%	Smoking 1 month before pregnancy	#	%
<13	201	14	Not smoking	15	1
13-17	884	61	A few some days, not every day	32	2
18-24	286	20	1-5 cigarettes/day	218	15
25-34	19	1	6-10 cigarettes/day	441	30
Unknown	71	5	11-20 cigarettes/day	523	36
Number of quit attempts	#	%	21-30 cigarettes/day	120	8
0	240	16	31-40 cigarettes/day	46	3
1	265	18	>40 cigarettes/day	20	1
2	269	18	Unknown	46	3
3	204	14			
4	76	5			
5	78	5			
>5	78	5			
Unknown	251	17			

Social Support, Stress, and Mood

Table 3 presents the information about 2013 participants' self-reported social supports, stressors, and mood at the enrollment visit (n=1,461). To assess social support, women were asked how many people they could count on for help. Most women were able to name at least three individuals they could rely on if they needed support. A majority of respondents were in relationships, living with a partner, or married. Participants reported notable stress levels, with 61% of women self-identifying as having a medium to high level of stress at the time of enrollment.

Table 3: Participant Social Support, Stress, and Mood at Enrollment

# of People to Count On	#	%	Relationship Status	#	%
0	25	2	Single	458	31.3
1-2	398	27	In a relationship	407	27.9
3-5	561	38	Living with a partner	271	18.5
>6	313	21	Married	178	12.2
Unknown	164	11	Widowed	3	.2
Current Stress Level	#	%	Divorced	13	.9
Low	354	24	Separated	11	.8
Medium	624	43	Engaged	6	.4
High	259	18	Other	5	.3
Very high	97	7	Unknown	109	7.5
Unknown	127	9	Sadness in the Past Week	#	%
			None	505	35
			Not very often	561	38
			Very often	181	12
			Most of the time	81	6
			Unknown	131	9

Support Program Enrollment

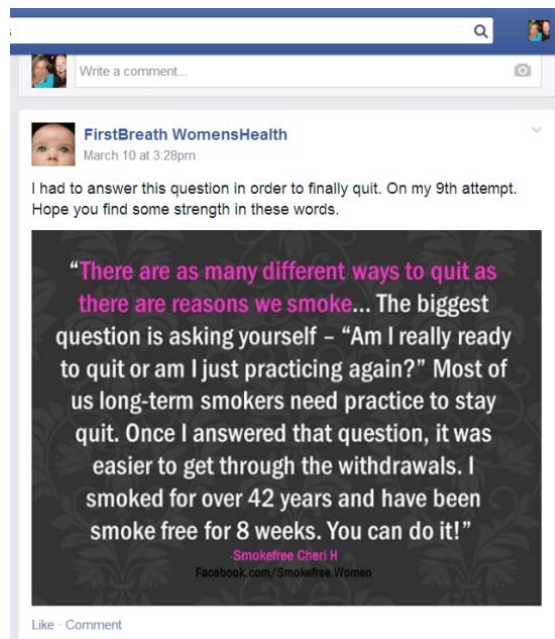
Participants in the First Breath program are offered additional support programs to help them on their quit journey. As shown above, many women experience significant stress and have limited social supports. In 2013, three additional support programs were made available to participants to help address these challenges: Text.Connect.Quit, Facebook Support Group, and Striving to Quit.

Text Messaging Program

525 First Breath participants signed up for the Text.Connect.Quit program in 2013. These women receive two or three text messages per week. Messages include a blend of educational messages, encouragement, and tips/techniques for quitting and cutting down.

Private Facebook Support Group

383 First Breath participants joined a private Facebook support group in 2013. The content and posts are visible to group members only, and membership in the group is kept private. Questions, polls, and motivational content are posted three times a week.



Postpartum Support through Striving to Quit Research Study

First Breath participants who met study eligibility requirements were offered voluntary participation in a research study called Striving to Quit. Striving to Quit is funded by Centers For Medicare and Medicaid Services and is conducted in partnership with the Wisconsin Department of Health Services and the UW-Madison's Center For Tobacco Research and Intervention. Striving to Quit is studying the impact of financial incentives on perinatal smoking cessation and engagement in cessation treatment.

Smoking Cessation & Program Outcomes



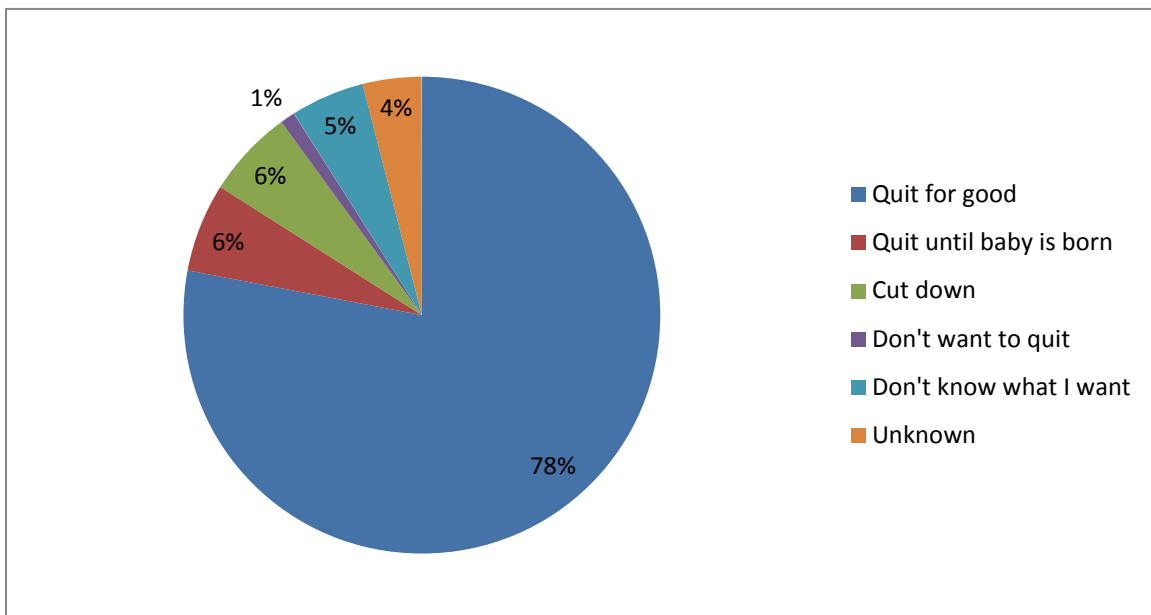
“With the help of First Breath, I was able to quit smoking once and for all. My counselor was really supportive, and I loved the tips she gave me to help me quit, like putting the money I saved from buying cigarettes into an envelope for my son.”

– First Breath Participant, 2013

Smoking Cessation Goals

During the enrollment visit, First Breath providers ask participants about their smoking cessation goals. Figure 2 shows participants’ responses to this question. As shown below, the vast majority (78%) of participants reported a desire to quit smoking and stay quit.

Figure 2: First Breath Participants’ Smoking Cessation Goals



Quit & Cut-Down Rates

- 86% of participants abstained, quit, or cut back on their tobacco use during pregnancy
 - **31% remained smoke-free or quit.** 218 women who entered the program reporting smoking one month prior to their pregnancy were not smoking by the third trimester of their pregnancy.
 - **55% reduced their tobacco usage.** 390 women who entered the program reporting smoking one month prior to their pregnancy had cut down on their smoking during third trimester of their pregnancy.

Quit rates were calculated for the subsample of the 707 women who have completed the First Breath Program² in 2013 for whom we had data at all time points. First Breath smoking rates are self-reported and have not been biochemically verified.

Perinatal Smoking Behavior

At each data collection point, participants are asked to report how many cigarettes per day they smoked during the past week. Table 4 shows participants' responses at enrollment, at the prenatal follow-up, and postpartum. Figure 3 presents the self-reported smoking rates for these three time points, as well as 1 month prior to learning about the pregnancy.

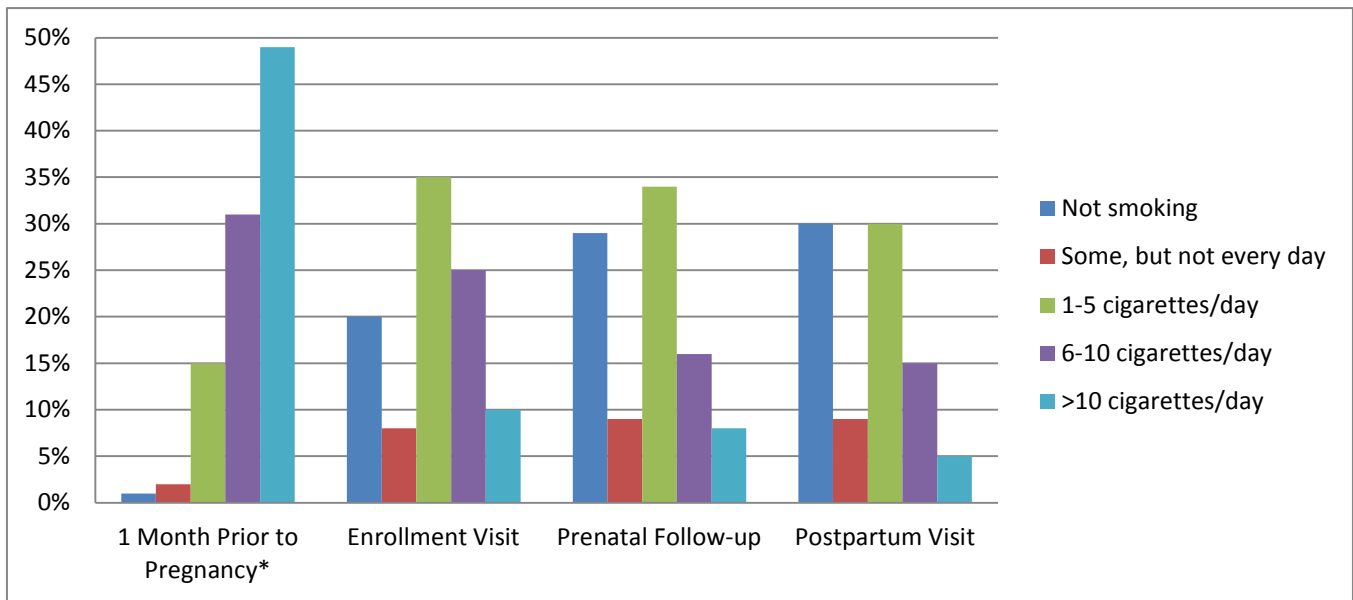
Table 4: Smoking During First Breath

	Enrollment³ (n=1,461)	Prenatal Follow-Up³ (n=929)	Postpartum³ (n=807)
Not smoking	291 (20%)	266 (29%)	246 (30%)
Some, but not every day	123 (8%)	82 (9%)	72 (9%)
1-5 cigarettes/day	516 (35%)	316 (34%)	244 (30%)
6-10 cigarettes/day	358 (25%)	151 (16%)	122 (15%)
>10 cigarettes/day	148 (10%)	72 (8%)	40 (5%)
Unknown	25 (2%)		

² This includes women who enrolled in 2012 but completed the program in 2013. We received Enrollment, Prenatal and Postpartum surveys from these women.

³ 1,461 women enrolled in 2013. 929 women enrolled in either 2012 or 2013 completed Prenatal Follow-Up survey in 2013, and 807 women enrolled in either 2012 or 2013 completed Postpartum Follow-Up in 2013.

Figure 3: Perinatal Smoking Behavior: Preconception to Postpartum



The majority of First Breath participants were heavy smokers prior to pregnancy. Although many women report quitting smoking or dramatically reducing the amount they smoke when learning of their pregnancy, participants need additional support throughout their pregnancy to stay quit or to quit completely.

Relapse Rate

- Of the 218 women had quit smoking in the third trimester, 42 (19%) reported smoking again at postpartum visit after their deliveries.
- Of the 390 women who had cut down in the third trimester, 94 (24%) reported smoking more cigarettes at postpartum visit after their deliveries.

Delivery Outcomes

748 postpartum forms submitted in 2013 had delivery outcome information. Of these 748 women:

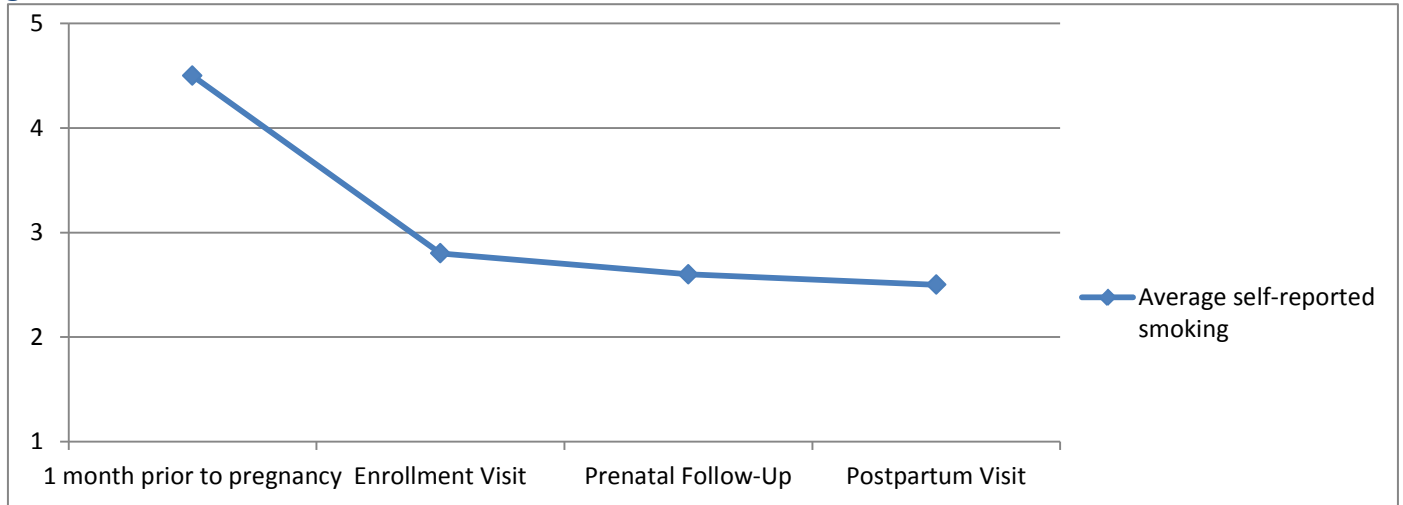
- 84% reported deliveries at full term, healthy infants
- 13% reported premature birth
- 2% reported delivering infants with abnormalities
- 1% reported stillbirth or infant death

Infant birth weights averaged 3,147 grams (6 pounds, 15 ounces). Of the 658 women who reported infant birth weight, 82% had infants that were healthy birth weight 9.6% had low birth weight infants weighing 2,500 grams or less and 1.8% of women had infants weighing less than 1,500 g.

Harm Reduction

The ultimate objective of First Breath is smoking cessation. However, we recognize that smoking reduction and cessation during pregnancy also have some benefits. Harm reduction was analyzed using repeated measures analysis of variance (ANOVA). Figure 4 presents a graph of average self-reported smoking at each time point.⁴ The graph shows a decline in smoking from the enrollment visit through the postpartum follow-up visit. However, the rate of decline plateaus as women deliver their babies and take on the stressors of postpartum life. Thus, it is particularly important to continue to provide cessation support throughout the pregnancy and after delivery.

Figure 4: Harm Reduction⁵



“With the help of First Breath, I ultimately was able to cut down to just a few cigarettes a day. The moral support I received from my provider was so helpful. I would come to her with my concerns, and she would help me brainstorm strategies to quit successfully. She was so nice, and I never felt like she was judging me.”

– First Breath Participant, 2013

⁴ The results are based on the 707 women for whom we had data at all four time points.

⁵ Y-axis scale: 1 = not smoking; 2 = smoking a few cigarettes, but not every day; 3 = 1-5 cigarettes/day; 4 = 6-10 cigarettes/day; 5 = 11-20 cigarettes/day

Group Differences in Self-Reported Smoking Information

Group differences in self-reported smoking information one month before pregnancy were examined using one way analysis of variance (ANOVA).

Age

In our 2012 annual report, we found that women who were 24 years of age and younger smoked significantly less at the enrollment visit than women between the ages of 25 and 34 and women age 35 and older. However, according to the self-reported data from the enrollees at their enrollment visit during 2013, we don't see any significant differences between these age groups ($p > .05$).

Years Smoked

Women who said they have smoked between 1 and 5 years reported smoking significantly less at enrollment than women who had smoked for 6 – 10 years ($p < .05$), 11-15 years ($p < .05$) and more than 16 years ($p < .05$). Additionally, women who had smoked for 6 – 10 years reported smoking less than women who had smoked for 11-15 years ($p < .05$) and for more than 16 years ($p < .05$).

Stress

Women who said their stress level was low reported smoking significantly less than women who said they had a high/very high stress level ($p < .05$). There's no major difference between women who said their stress level was low and those who said they had medium stress level, neither is between those with medium level stress and high/very high stress level.

Cessation Goals

Women who said they wanted to quit smoking for good reported smoking significantly less than women who responded with any other cessation goal ($p < .05$).

Quit Confidence

Women who said they were very confident that they would be smoke free in one year smoked significantly less than women who said they were not at all, or not very confident ($p < .05$) as well as women who said they were somewhat confident ($p < .05$).

Race, Education, Employment, Medicaid Status

Women who are Black or African American reported smoking significantly less than women who are white⁶ ($p < .05$). There were no group differences in self-reported smoking based on ethnicity, education, employment, or Medicaid enrollment status.

⁶ The number of participants whose races are white or Black/African American is significantly larger than the number of other races. There were not enough participants of other races to run the ANOVA.

Opportunities for Development in 2014 and Beyond

Using feedback from providers and participants, we have identified several opportunities for development in 2014:

1. Widen the reach of the program, especially to underserved and at-risk populations.

- Continue to outreach to and recruit additional First Breath sites and providers
- Provide training materials and information on tobacco cessation for women who suffer from mental health and substance use disorders
- Provide training materials on special considerations of tobacco treatment during the perinatal period including perinatal mood disorders, breastfeeding, and nicotine replacement therapy
- Finalize and distribute Spanish First Breath surveys

2. Create additional high quality, provider- and participant-friendly materials for use throughout the perinatal period.

- Encourage the use of updated marketing materials to promote First Breath and additional support programs (Texting program, Facebook Group, Striving To Quit study.)
- Ensure the providers are familiar with and utilize tools to help participants develop quit smoking/stay quit plans.
- Publish 2014 version of First Breath “Success Stories”
- Publish resource on Native American women and tobacco

3. Continue to improve the efficiency and effectiveness of the program through training, technical assistance, provider evaluations, and development of program recommendations.

- Complete monthly site “progress reports”/check-ins
- Develop a system for electronic data entry
- Support provider confidence and program efficacy through mandatory refresher trainings, continuing education events, and monthly e-newsletters.
- Conduct regular check-ins with First Breath sites to provide progress reports on enrollment goals and technical assistance to overcome implementation barriers, focusing in on time barriers.

4. Provide unique and valuable opportunities for providers to engage in continuing education.

- Facilitate an 2014 Annual Statewide Meeting
- Facilitate Regional Practice Sessions
- Create and distribute 12 e-newsletters
- Include a practical component in all trainings and events (i.e. provider role plays, sample videos, etc) to promote practice and confidence.

Appendix A: 2013 First Breath Enrollment by Site

SITE NAME	County	Pre 2009	2009	2010	2011	2012	2013												2013 total	TOTAL	
							J	F	Mr	A	My	Jn	Jy	Ag	S	O	N	D			
A STRONG FOUNDATION	Milwaukee	0	0	0	0	0													0	0	
ABUNDANT BLESSINGS COMMUNITY OUTREACH SERVICES	Milwaukee	0	0	0	0	0													0	0	
ADAMS COUNTY PUBLIC HEALTH	Adams	11	1	0	0	0													0	12	
APPLETON CITY HEALTH DEPARTMENT	Outagamie	44	4	4	4	0													0	56	
ARC CENTER FOR WOMEN AND CHILDREN	Dane	2	0	0	0	0			1	1		3	2	2	1	1		1	12	14	
ASHLAND COUNTY HEALTH & HUMAN SERVICES	Ashland	26	4	2	10	11			1		3	1	2	1	1			1	10	63	
ASPIRUS CLINIC- RAPIDS	Wood	0	0	0	0	0													0	0	
ASSOCIATED PHYSICIANS, LLP	Dane	0	0	0	0	1					1								1	2	
AURORA MIDWIFERY AND WELLNESS CENTER	Milwaukee	0	0	0	0	12	2		3	2	1		2						10	22	
AURORA SINAI	Milwaukee	0	0	0	0	0				1	1	6	4	8	11	5	8	5	49	49	
AURORA WILKINSON MEDICAL CENTER-SUMMIT	Waukesha	0	0	0	0	12	4		1	1	5			1		1		1	14	26	
BAD RIVER TRIBAL HEALTH CENTER		19	1	0	0	0													0	20	
BARRON COUNTY DHHS	Barron	60	14	10	10	3		1					1	2				1	5	102	
BAYFIELD COUNTY HEALTH DEPARTMENT	Bayfield	0	0	0	3	8		2				1	1						4	15	
BELOIT CLINIC	Rock	0	0	0	0	16			1		4		2	5	3	5	1	5	26	42	
BLACK RIVER MEMORIAL HOSPITAL	Jackson	0	0	0	0	0													0	0	
BLANKET OF LOVE	Milwaukee	0	0	0	0	0													0	0	
BROWN COUNTY DHHS	Brown	0	0	0	0	0									1			1	2	2	
BUFFALO COUNTY DHHS	Buffalo	0	0	1	1	2		1	1	1			3						6	10	
BURNETT COUNTY DHHS	Burnett	67	4	4	2	0									1				1	78	
CALUMET COUNTY HEALTH DEPARTMENT	Calumet	17	1	2	3	0				1				1				1	1	4	27

FAMILY HEALTH/LA CLINICA	Wausara	0	0	6	8	5			1	1	1								3	22
FAMILY SERVICES OF NORTHEAST WI	Brown	41	28	22	7	1				1	1		1	1					4	103
FOND DU LAC COUNTY HEALTH DEPARTMENT	Fond du Lac	27	0	0	0	6	2		2	1		1							6	39
FOREST COUNTY HEALTH DEPARTMENT	Forest	31	3	7	5	3		1	1					3	1		1		7	56
FRANCISCAN SKEMP - SPARTA	Monroe	55	3	2	0	0													0	60
GRANT COUNTY HEALTH DEPARTMENT	Grant	43	7	3	9	1		1			1								2	65
GREEN COUNTY HEALTH DEPARTMENT	Green	32	1	10	21	11			2	6	2			2		1	1	2	16	91
GREEN LAKE COUNTY PUBLIC HEALTH DEPT.	Green Lake	33	5	3	10	2				3	1		2		1				7	60
GROUP HEALTH COOPERATIVE-EAU CLAIRE	Eau Claire	0	0	0	0	0					3		9	2	1		1		16	16
GROWING DEVELOPMENTS	Milwaukee	0	0	0	0	0													0	0
GUNDERSEN HEALTH	La Crosse	161	37	32	20	17	1	2	2	3	4	1	2		1	3		3	22	289
HEALTH AND NUTRITION SERVICE OF RACINE	Racine	883	258	231	253	146	3	16	14	18	14	9	16	14	14	12	12	12	154	1925
HEALTH TRADITION BADGERCARE- FAMILY HEALTH CLINC	La Crosse	0	0	0	0	0							1			2			3	3
HO-CHUNK HEALTH DEPARTMENT	Wood	9	0	2	0	0	2		1	2	1			1	1		1		9	20
IOWA COUNTY HEALTH DEPARTMENT	Iowa	28	5	8	3	4		1	1		1	2			2			2	9	57
ISAAC COGGS HERITIAGE HEALTH CENTER	Milwaukee	0	0	2	5	7			1		1			1			1	2	6	20
KENOSHA AREA FAMILY AND AGING SERVICES	Kenosha	39	5	0	0	1													0	45
KENOSHA COMMUNITY HEALTH CENTER	Kenosha	0	0	0	0	6				1	1			1					3	9
KENOSHA COUNTY DIVISION OF HEALTH	Kenosha	22	11	7	15	30	5	1	4	4	3	1	3		3		1	1	26	111
KROHN CLINIC	Jackson	101	13	6	9	9				1	2	1	4	2		3	6	3	22	160
LA CROSSE COUNTY HEALTH DEPARTMENT	La Crosse	67	42	43	30	24				1	2	2	4		1		3		13	219

LAC COURTE OREILLES COMMUNITY HEALTH CENTER	Sawyer	6	5	7	9	0												2			2	29
LAKEVIEW MEDICAL CENTER	Rice Lake	0	0	0	10	0															0	10
LIFETIME OB/GYN	Milwaukee	0	0	0	25	19		2	3	3		1			2	1	1				13	57
LINCOLN COUNTY HEALTH DEPARTMENT	Lincoln	6	6	4	7	0			1		1	1	4								7	30
LOVE AND CARE COMMUNITY CENTER	Milwaukee	0	0	0	0	16								1	1						2	18
LUTHERAN SOCIAL SERVICES	Rock	0	0	0	0	1															0	1
MADISON WOMEN'S HEALTH CLINIC	Dane	0	0	0	0	0										1					1	1
MANAGED HEALTH SERVICES	Milwaukee	134	51	24	8	17	1	4	4	1	3	6	1	3	6	1		3			33	267
MANITOWOC COUNTY HEALTH DEPARTMENT	Manitowoc	46	2	2	0	0	1		1			1				1	1				5	55
MARATHON COUNTY HEALTH DEPARTMENT	Marathon	180	24	15	28	20	1	4	2		6	4		1	1	4	2	1			26	293
MARINETTE COUNTY HEALTH & HUMAN SERVICES	Marinette	25	0	8	5	0			1	1											2	40
MARQUETTE COUNTY HEALTH DEPARTMENT	Marquette	25	2	5	0	4			1			1	2	1		3					8	44
MARQUETTE NEIGHBORHOOD HEALTH CENTER	Milwaukee	0	0	0	0	4					1			1		2					4	8
MARSHFIELD CLINIC OB/GYN	Wood	166	56	34	30	19		5	2	1	3		3		1		3	1			19	324
MAYO CLINIC PRAIRIE DU CHIEN	Crawford	0	0	0	0	0															0	0
MENOMINEE TRIBAL CLINIC	Menominee	53	28	28	18	10	1		1	3	5	1	4	1		3	3				22	159
MERCYCARE HEALTH PLAN	Rock	0	0	0	5	2				1											1	8
MERITER CENTER FOR PERINATAL CARE	Dane	23	50	61	47	34	3		5												8	223
MERITER DEFOREST WINDSOR CLINIC	Dane	0	0	0	0	0		1													1	1
MERITER MONONA CLINIC	Dane	0	0	0	0	0							1								1	1
MILWAUKEE CENTER FOR INDEPENDENCE	Milwaukee	0	0	0	0	1					1										1	2
MILWAUKEE HEALTH SERVICES - MLK	Milwaukee	53	7	6	27	21	1			3		3	1	1		2	1	4			16	130
MILWAUKEE WOMEN'S CENTER	Milwaukee	0	0	0	0	2					1		1	1	1	2					6	8

PUBLIC HEALTH - MADISON & DANE COUNTY	Dane	142	29	39	38	19	1	1	1		3				1	1	2		10	277
RED CLIFF COMMUNITY HEALTH CENTER	Bayfield	23	1	7	5	5					1			1					2	43
RICHLAND COUNTY HEALTH DEPARTMENT	Richland	0	0	0	0	0													0	0
ROCK COUNTY HEALTH DEPARTMENT	Rock	107	31	35	59	15			2		3								5	252
ROSALIE MANOR	Milwaukee	19	0	0	0	1													0	20
RUSK COUNTY HEALTH & HUMAN SERVICES	Rusk	54	6	7	11	6							1	2	1	1	1		6	90
SAFE BABIES HEALTHY FAMILIES	Waukesha	0	0	0	0	0											1	1	2	2
SAUK COUNTY HEALTH DEPARTMENT	Sauk	48	12	11	18	11	2		2		2	2	1		2	1		1	13	113
SAWYER COUNTY HEALTH DEPARTMENT	Sawyer	0	0	0	0	0					1	1			1	1			4	4
SCENIC BLUFFS COMMUNITY HEALTH CENTER	Monroe	0	0	0	0	4				1			1						2	6
SHEBOYGAN COUNTY HEALTH DEPARTMENT	Sheboygan	222	20	23	18	20		3	1	2	1	3		1			1	1	13	316
SILVER SPRING NEIGHBORHOOD CENTER	Milwaukee	0	0	0	0	0													0	0
SIXTEENTH STREET COMMUNITY HEALTH CENTER	Milwaukee	0	0	0	0	0					1								1	1
ST. CROIX COUNTY DHHS	St. Croix	141	23	18	28	17	3	1	3	1				2	4	2	1	3	20	247
ST CROIX TRIBAL HEALTH CENTER	Burnett	5	0	0	0	0										1			1	6
ST. JOSEPH WOMEN'S OUTPATIENT CENTER	Milwaukee	9	33	72	76	63	3	1	7	4	6	9	2	15	9	18	19	3	96	349
ST. VINCENT DE PAUL SOCIETY	Milwaukee	0	0	0	0	0													0	0
STOCKBRIDGE-MUNSEE HEALTH & WELLNESS CENTER	Shawano	6	2	9	8	6		1	2		1						2	1	7	38
TREMPEALEAU COUNTY HEALTH DEPARTMENT	Trempealeau	21	0	0	0	0													0	21
UNITY HEALTH INSURANCE	Dane	0	2	5	3	8								1				1	2	20
UW HEALTH 20 S. PARK OB/GYN	Dane	2	0	2	1	7	4			3	1		1		1	3			13	25

UW HEALTH EAU CLAIRE FAMILY MEDICINE CLINIC	Eau Claire	12	6	4	7	5		1											1	35
UW HEALTH EAST CLINIC	Dane	2	2	5	1	0				1		1	1	1				1	5	15
UW HEALTH EAST TOWNE	Dane	0	0	0	0	4			1				1	2	1	2	1		8	12
UW HEALTH FITCHBURG	Dane	0	0	0	0	1	1		1				2			1	3		8	9
UW HEALTH NORTHEAST FAMILY MEDICAL CENTER	Dane	0	0	0	0	0									1				1	1
UW HEALTH MIDWIFERY	Dane	0	0	0	0	0													0	0
UW HEALTH SUN PRAIRIE	Dane	1	2	4	5	4	2			3		2	1	1			4		13	29
UW HEALTH VERONA	Dane	0	0	0	0	0													0	0
UW HEALTH WEST CLINIC	Dane	3	2	1	0	4			1	1									2	12
UW HEALTH WEST TOWNE	Dane	0	0	0	0	6			2	2	2		2	2	3	2	1		16	22
VERNON COUNTY HEALTH DEPARTMENT	Vernon	0	0	0	0	0									1				1	1
WALWORTH COUNTY HEALTH DEPARTMENT	Walworth	26	10	6	3	4													0	49
WATERTOWN DEPT. OF PUBLIC HEALTH	Jefferson	19	2	1	2	4			3	1			1		1				6	34
WAUKESHA COUNTY PUBLIC HEALTH DIVISION	Waukesha	0	0	0	0	9	3					1	1	1	2	1		1	10	19
WAUKESHA FAMILY PRACTICE CENTER	Waukesha	0	0	0	0	0									1	1	1		3	3
WAUPACA COUNTY HEALTH DEPARTMENT	Waupaca	25	3	3	5	4			1	2	1	1		2	4	2	1	2	16	56
WAUSHARA COUNTY HEALTH DEPARTMENT	Waushara	81	7	2	2	6		1	1			1		1		1	1	1	7	105
WEE CARE WIC CAPITOL	Milwaukee	3	20	19	5	15		2	2	1	1	2	3	1		2	2	1	17	79
WEE CARE WIC NORTH	Milwaukee	14	5	6	7	0		1									2		3	35
WEE CARE WIC TEUTONIA	Milwaukee	8	11	5	8	11				2	1	1	3			1	1		9	52
WEST ALLIS HEALTH DEPARTMENT	Milwaukee	41	0	5	67	63	7	3	6	3	6	2	1	5	3	4	2	3	45	221
WINNEBAGO COUNTY HEALTH DEPT	Winnebago	27	0	0	0	0								1	1				2	29
WHEATON FRANCISCAN - ALL SAINTS	Racine	0	0	0	0	0		1		1		3	3	3			3	1	15	15
WHEATON FRANCISCAN FAMILY CARE CENTER	Milwaukee	0	0	0	0	0		1			1	1	1						4	4

WOOD COUNTY HEALTH DEPARTMENT	Wood	135	3	12	0	2	1	1	3	3	3	1	2	1	2		3	2	22	174
DISCONTINUED SITES		1241	41	23	22	6	2	0	7	2	1	3	0	2	0	2	0	0	19	1684
TOTAL		7727	1393	1353	1446	1231	76	87	153	129	135	115	132	139	124	137	137	117	1478	14628



This report was prepared by the Wisconsin Women's Health Foundation.
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