

**Steps to Follow:**  
***Prenatal Provider Offices***  
**HERE ARE THE EASY STEPS TO FOLLOW...**

| <b>WHAT</b>  | <b>WHEN</b>   | <b>HOW</b>  | <b>WHO</b>  |
|--|---|---|---|
| <b>1. Print out a stack of Prenatal Surveys in English and Spanish and have them ready to distribute to all NEW prenatal patients.</b> | <input type="checkbox"/> As Prenatal Surveys are needed<br><input type="checkbox"/> Once a week on: _____<br><input type="checkbox"/> Once a month on: _____                | <ul style="list-style-type: none"> <li>Download and print the Prenatal Survey from: <a href="http://www.sdSmokeFreeFamilies.com">www.sdSmokeFreeFamilies.com</a> (Prenatal Surveys are customized for each clinic, search for your clinic under Program Materials)</li> <li>Photocopy the Prenatal Survey to keep the desired amount on hand</li> </ul> | (PSF Contact or other designated office member-receptionist, medical assistant, nurse, etc.):<br>_____<br>_____ |
| <b>2. Have all new OB patients complete the Prenatal Survey at their 1<sup>st</sup> prenatal visit.</b>                                | <input type="checkbox"/> At front desk<br><input type="checkbox"/> In new patient packet<br><input type="checkbox"/> During vital signs                                     | <ul style="list-style-type: none"> <li>Provide each patient with the Prenatal Survey and give them instructions to fill it out and return it when completed</li> </ul>  | (PSF Contact or other designated office member-receptionist, medical assistant, nurse, etc.):<br>_____          |
| <b>3. Collect the Prenatal Survey from the Patient and review it to determine the patient's smoking status.</b>                        | <input type="checkbox"/> At the 1 <sup>st</sup> Prenatal visit after the patient completes the Prenatal Survey  | <ul style="list-style-type: none"> <li>Once the patient completes the survey, review question 1 to determine if the patient is a smoker (S), recent quitter (RQ), or non-smoker (NS)</li> <li>Check off the Fax Referral box if the patient is a smoker and needs to be referred to the helpline.</li> </ul>  | (PSF Contact or other designated office member-receptionist, medical assistant, nurse, etc.):<br>_____          |
| <b>4. Fax Prenatal Surveys for <u>smokers</u> to the California Smokers' Helpline at 1 (858) 300-1136.</b>                             | <input type="checkbox"/> As soon as a smoker is identified<br><input type="checkbox"/> At the end of the day or at: _____<br><input type="checkbox"/> Once a week on: _____ | <ul style="list-style-type: none"> <li>If a smoker (S) is identified, make sure the survey is signed</li> <li>Fax the smoker's (S) signed survey to the California Smokers' Helpline at 1 (858) 300-1136 as soon as possible</li> </ul>   | (PSF Contact or other designated office member-receptionist, medical assistant, nurse, etc.):<br>_____<br>_____ |

| <b>WHAT</b>   | <b>WHEN</b>  | <b>HOW</b>  | <b>WHO</b>   |
|---|--|---|--|
| <b>5. Distribute PSF Prenatal Flyers to <u>all</u> prenatal patients regardless of their smoking status.</b>                | <input type="checkbox"/> Anytime during visit<br><input type="checkbox"/> Display in waiting room<br><input type="checkbox"/> Give with new patient packet | <ul style="list-style-type: none"> <li>Download and print the PSF Prenatal Flyer from: <a href="http://www.sdSmokeFreeFamilies.com">www.sdSmokeFreeFamilies.com</a></li> <li>You may want to have flyers displayed in the waiting room or exam rooms.</li> <li>Provide flyers in new patient packets.</li> </ul>  | (PSF Contact or other designated office member-receptionist, medical assistant, nurse, etc.):<br><hr/>       |
| <b>6. Provide the patient with the appropriate education materials.</b>   | <input type="checkbox"/> After reviewing the patient's survey and determining the patient's smoking status   | <ul style="list-style-type: none"> <li>Review questions 1 and 2 to determine if the patient is a recent quitter (RQ) or exposed to environmental tobacco smoke (ETS) and should be given the corresponding education materials.</li> <li>Download and print the (RQ) and (ETS) education materials as needed from: <a href="http://www.sdSmokeFreeFamilies.com">www.sdSmokeFreeFamilies.com</a> or keep a stack on hand to have ready to hand out.</li> </ul> | (PSF Contact or other designated office member-receptionist, medical assistant, nurse, etc.):<br><hr/> <hr/> |
| <b>7. Place the Prenatal Survey inside the patient's chart and flag the chart to indicate the patient's smoking status.</b> | <input type="checkbox"/> At 1 <sup>st</sup> Prenatal visit after the patient completes the Prenatal Survey   | <ul style="list-style-type: none"> <li>Use a PSF sticker or other flagging method in the patient's chart (i.e. on the problem list) to inform clinicians/staff that the Prenatal Survey has been completed.</li> <li>Indicate the patient's smoking status by checking off the smoking status of the patient.</li> </ul>  | (PSF Contact or other designated office member-receptionist, medical assistant, nurse, etc.):<br><hr/>       |
| <b>8. Clinicians should review the Prenatal Survey and provide appropriate advice.</b>                                      | <input type="checkbox"/> During every visit  | <ul style="list-style-type: none"> <li>See <i>Prenatal Advice Grid</i>.</li> <li>Clinicians may also make a referral to the California Smokers' Helpline by giving the Rx prescription to smokers.</li> </ul>   | Clinicians   |
| <b>9. Follow-up with smokers (S) and recent quitters (RQ) at subsequent visits.</b>   | <input type="checkbox"/> During every follow-up visit  | <ul style="list-style-type: none"> <li>See <i>Prenatal Advice Grid</i>.</li> </ul>  | Clinicians   |

PSF CONTACT: \_\_\_\_\_

Program information and materials available at [www.sdSmokeFreeFamilies.com](http://www.sdSmokeFreeFamilies.com)

