

Tobacco Use Prevention and Cessation Programme For Pregnant Women Accessing Antenatal Care(ANC) In Urban Public Health Facilities In Southern India



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BACKGROUND

By 2030, tobacco use is estimated to kill more than 8 million people worldwide annually, with LMICs accounting for over 80% deaths (1). In India, about 4.6% of women continue to use tobacco mainly (> 80%) in smokeless (SLT) form during pregnancy (2). This may lead to: higher risk of anemia (~ 70%), hypertension, and postpartum hemorrhage; poor fetal development; and 2-3 times higher rate of low-birth and stillbirth babies (2,3).

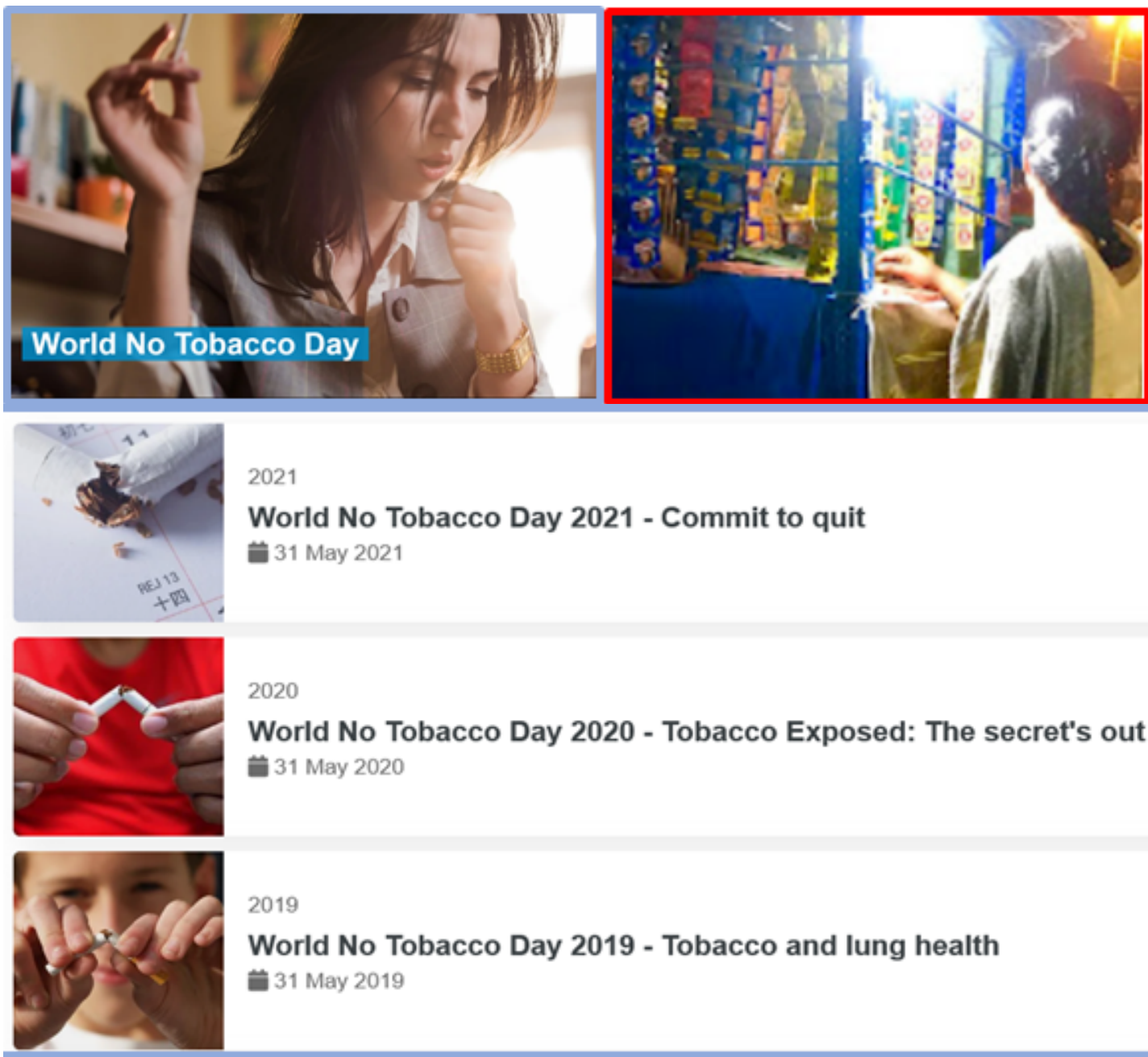


Fig. 1 Messaging focused on Smoking during World No Tobacco Days

IMPORTANCE

Anti-tobacco initiatives largely focuses on smoking over SLT (see Fig.1), which is commonly consumed by women. Drivers of SLT use among women include: cultural appropriateness, medicinal benefits, and poor social determinants of health (3,4). These factors must be taken into account while formulating effective anti-tobacco interventions for pregnant women, ensuring safe motherhood and neonatal health.



Fig. 2 Mother and child accessing a health facility in India

OBJECTIVE

This project aims to:

- a) Prevent tobacco use (smoking and smokeless tobacco) and second-hand smoking among pregnant women accessing urban primary health care facilities for ANC in Bengaluru, India.
- b) To build capacity among providers (obstetricians, primary health workers, community health workers) to carry out tobacco use prevention, screening and referral activities for pregnant women seeking ANC.

METHODOLOGY

We propose integrating oral health interventions in mitigating tobacco use within the existing antenatal care (ANC) model.

Oral health education programme aimed at pregnant women accessing ANC facilities (highlighted in yellow in Fig.3) located in a densely populated urban poor neighbourhood in Bengaluru city. The intervention promotes oral hygiene habits, dietary advices, improving dental healthcare utilization, and sensitization on the ill-effects of tobacco-use.

Training programme focused on providers caring for women during ANC, since they are often "first line" in assessing pregnant women's oral health status. Modules of the training programme is multidisciplinary, and is collated from various resources. One such resource is *Guidance for Prenatal Care Health Professionals* by National Maternal and Child Oral Health Resource Center (5), which provides guidance for: oral health assessment & advise, initiate collaborations with other specialists (including dentists), and provides support for women by facilitating referrals and de-addiction services.

LOCATION

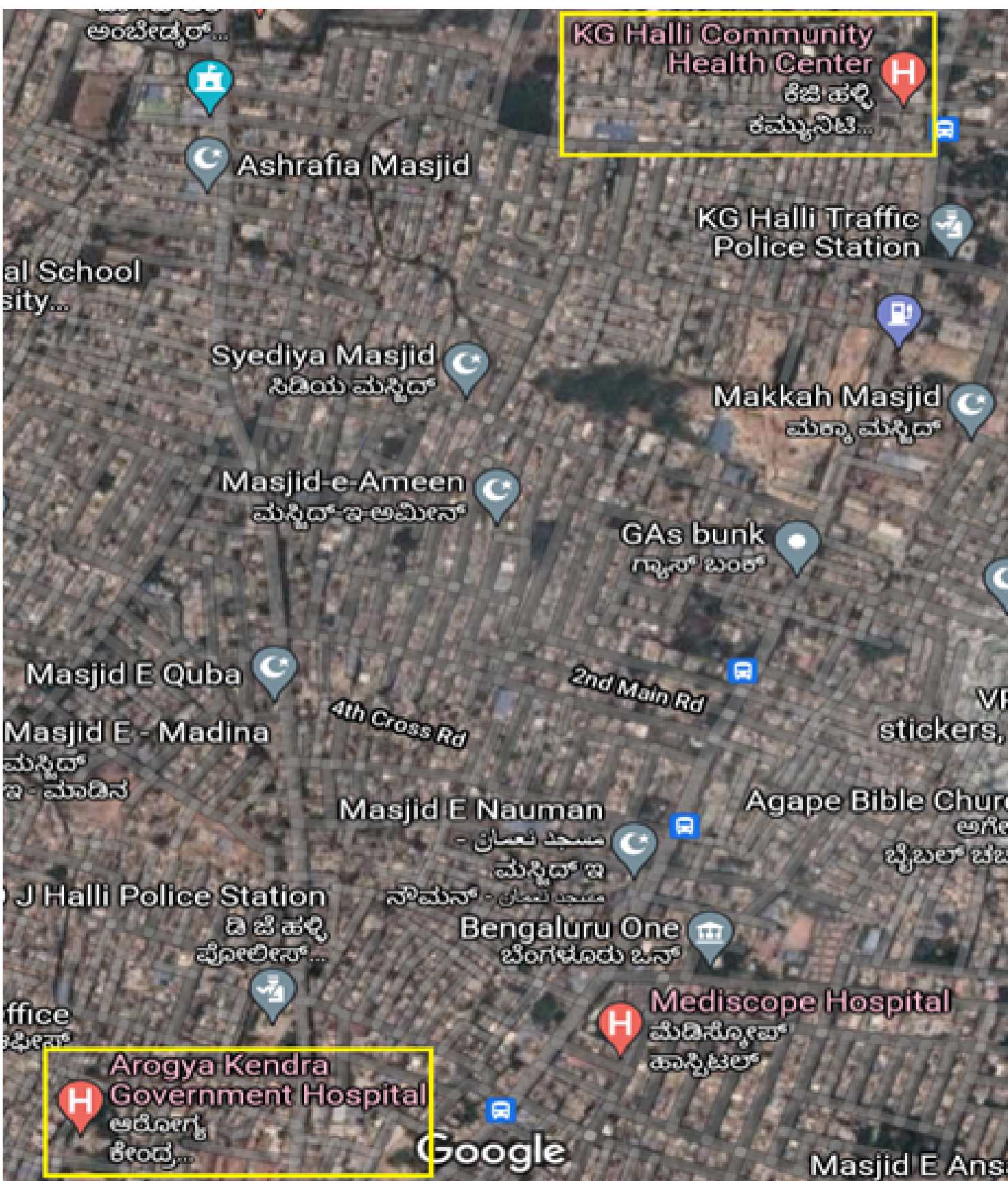


Fig. 3 Location of Urban PHCs

Women from this neighbourhood are typically: from poor households; have low literacy levels; are religious minorities (non-Hindu); belong to lower-caste categories; and constitute a higher proportion of migrants.

ANALYSIS AND RESULTS

Final outcomes (See Fig 4.1 & 4.2) of Oral Health Programme for pregnant women will be measured using Pre and Post - Knowledge Attitude & Practices (KAP) surveys - informed by WHO Oral Health Surveys; and training programme for healthcare providers will be measured using in-depth interviews.

- Increase in the levels of KAP (KAP-2 > KAP-1) will indicate effectiveness of the programme in promoting good oral health habits, improved dental care utilization(combating myths around accessing care during pregnancy), increased understanding and practice of dietary habits, and finally -- reduction in tobacco consumption.
- In-depth interviews will be conducted among healthcare providers to understand their experience in conducting prevention, screening and referral activities.

Based on the final outcomes, the project will undergo revisions, and subsequently implemented in other settings.

MEASURING OUTCOMES

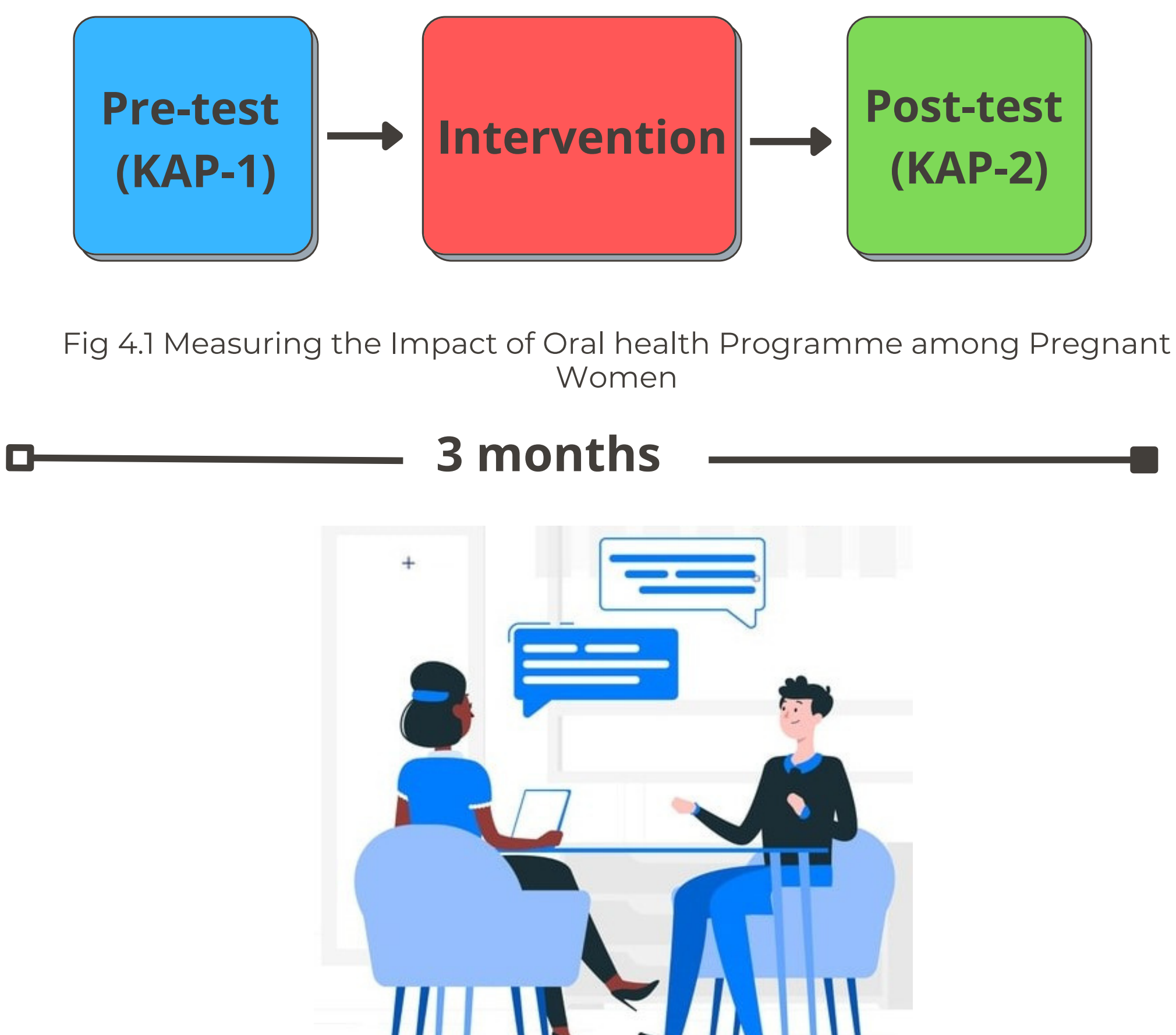


Fig 4.1 Measuring the Impact of Oral health Programme among Pregnant Women

Fig 4.2 In-depth interviews of Healthcare Providers

CONCLUSION

The findings of this project aims to advocate for a policy change in the existing Indian ANC guidelines by including antenatal tobacco prevention, screening and cessation activities, which will contribute towards safe motherhood and neonatal health.

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