

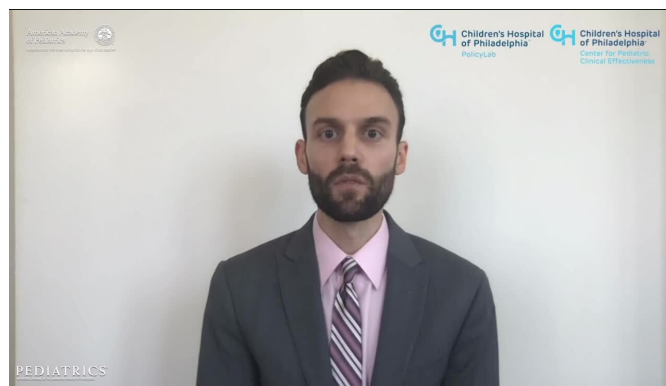
Studies: Educate parents on how secondhand smoke harms children

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Pediatricians can be effective in motivating parents to stop smoking and should emphasize the impact on children's health, according to two new studies.

“We have to do a better job screening for risks, and when we recognize these risks we have an opportune time to be able to address them with the families we care for,” said Michael A. Gittelman, M.D., FAAP, AAP District V vice chair and immediate past president of the Ohio Chapter.

Dr. Gittelman and the Ohio Chapter have been working on a quality improvement initiative to increase these screenings among parents of infants. Many parents don't realize the potential harms of secondhand smoke on children, including increasing the risk for asthma, respiratory infections and sudden infant death syndrome. There also are harmful toxins in thirdhand smoke, the residue in places like furniture, car upholstery and clothes.

In the first wave of the initiative, 60 pediatricians from 14 practices were trained on the **five As of smoking cessation** — Ask, Advise, Assess, Assist and Arrange. They then screened caregivers of infants at well-child visits. At the outset, about 16% of the infants were exposed to secondhand smoke at home. Pediatricians provided counseling and resources for quitting and followed up at subsequent visits.

The findings were detailed in “A pilot QI primary care practice program to help reduce infant mortality risks,” (Gittelman MA, et al. *Inj Epidemiol.* June 12, 2020, <https://doi.org/10.1186/s40621-020-00252-3>). The results showed the number of daily cigarettes parents smoked decreased from about 11 to five, and 34% of caregivers had quit by the second well-child visit.

“When a pediatrician makes recommendations to families, families are more apt to make some changes,” Dr. Gittelman said.

Another new study looked at what messages are most effective in motivating parents to quit smoking.

Researchers from the University of Pennsylvania and the Children’s Hospital of Philadelphia gathered feedback from 180 parent smokers, testing the effectiveness of messages that differed in whom they focused on (the child, parent or family), whether they emphasized what could be gained or lost and the outcome they warned about. Participants were shown four messages at a time, ranking the most and least important in each group.

The team found the messages that resonated most focused on the impact to the child, not the parent. Messages also had the most impact if they communicated health impacts like respiratory illness and cancer. Parents were least swayed by messages about the financial benefits of quitting, according to “Parent Preferences for Pediatric Clinician Messaging to Promote Smoking Cessation Treatment,” (Jenssen BP, et al. *Pediatrics*. June 22, 2020, <https://doi.org/10.1542/peds.2019-3901>).

The most popular message was “Quitting smoking will improve your child’s health by preventing respiratory illnesses like coughs, colds and wheezing.”

While more study is needed to see if the messages impact parents’ smoking habits, authors said their findings provide some clues on the messages that will best motivate caregivers.

“For busy pediatricians and pediatric clinicians, these findings provide ways to talk with parents that may actually make a difference in conversations that are very common in clinical care,” they wrote.

Resources

- [Centers for Disease Control and Prevention smoking and tobacco website](#)
- [AAP Julius B. Richmond Center of Excellence tobacco website](#)
- [AAP policy "Clinical Practice Policy to Protect Children From Tobacco, Nicotine, and Tobacco Smoke"](#)
- [Information for parents from HealthyChildren.org on secondhand smoke](#)
- [Information for parents from HealthyChildren.org on thirdhand smoke](#)
- [Information for parents from HealthyChildren.org on how to quit](#)
- [Those interested in the Ohio quality improvement program can email Hayley Southworth at \[hsouthworth@ohioaap.org\]\(mailto:hsouthworth@ohioaap.org\).](#)