



Smoking Cessation in Pregnancy: Opportunities and Challenges

PREGNETS

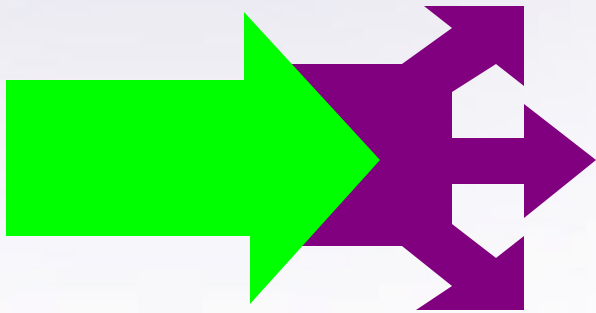
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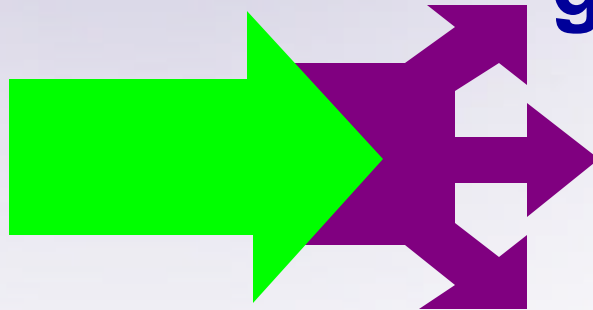
Compliments of: Program Training and Consultation Centre, Ontario Tobacco Strategy. References available upon request

SMOKING CESSATION IN PREGNANCY – Opportunities and Challenges



- I. Why is pregnancy a good time to intervene?
- II. How can I be most helpful?
- III. What tools are available to help me and my patients/clients?

I. Why is pregnancy a good time to intervene?



II. How can I be most helpful?

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1a) Maternal smoking in pregnancy has risks to mother and baby.

- more problems in pregnancy
 - placenta previa, abruptio placenta, ectopic pregnancy, premature rupture of membranes
- higher risk of miscarriage
- more problems in labour and delivery
- higher risk of losing the baby before birth, during birth or shortly after birth
 - low birthweight, prematurity, small for gestational age
- higher risk of Sudden Infant Death Syndrome (crib death)
- breathing problems
- weaker baby



1b) Maternal smoking affects the baby after birth.

- crankier baby
- baby spits up more
- more ear infections
- more colds, coughs, bronchitis, pneumonia
- lower lung function
- more hospital days
- more likely to be hyperactive
- may be behind others in reading and math skills
- more likely to be victim of a house fire
- more likely to get sick or die from eating cigarette butts (4 butts can kill a baby)

1c) Motivation





Building motivation

1. Address misperceptions smokers may have.



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3. Build in partner support.



Building motivation

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2. Address the postpartum period in the prenatal intervention.
3. Build in partner support.
4. Encourage smoking reduction as an alternative to smoking cessation for those unable to quit.



How Many Smokers Quit in Pregnancy?

- 80% try to quit or reduce smoking
- 23% maintain cessation over the course of their pregnancy
- An additional 17% cut down by more than 5 cigarettes per day.

Source: Edwards et al, 1994



Who is Most Likely to Quit?

- higher educated
- lighter smokers
- those who live with nonsmokers
- those with stronger beliefs in the harms of smoking
- those experiencing their first pregnancy

Source: Stewart et al, 1994



Why Do Some Women Return to Smoking Postpartum?

- The baby's healthy, I can smoke again.
- It will help me cope with the stress of my new responsibilities.
- It will help me lose the weight I gained.
- It's the only way I can get a "time out"

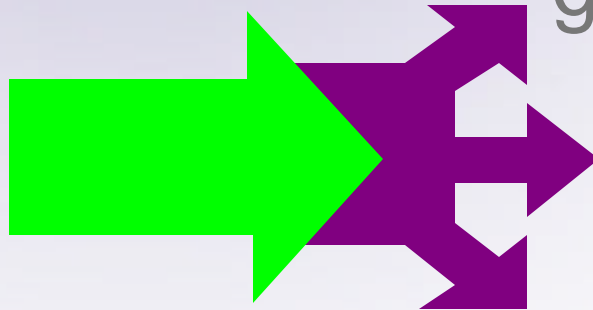


How Many Women Return to Smoking Postpartum?

- Among women who quit smoking during pregnancy, over 60% start smoking again by 6 months postpartum.
- Women are most vulnerable to relapse in the first 6-12 weeks postpartum.



I. Why is pregnancy a good time to intervene?



II. How can I be most helpful?

III. What tools are available to help me and my patients/clients?

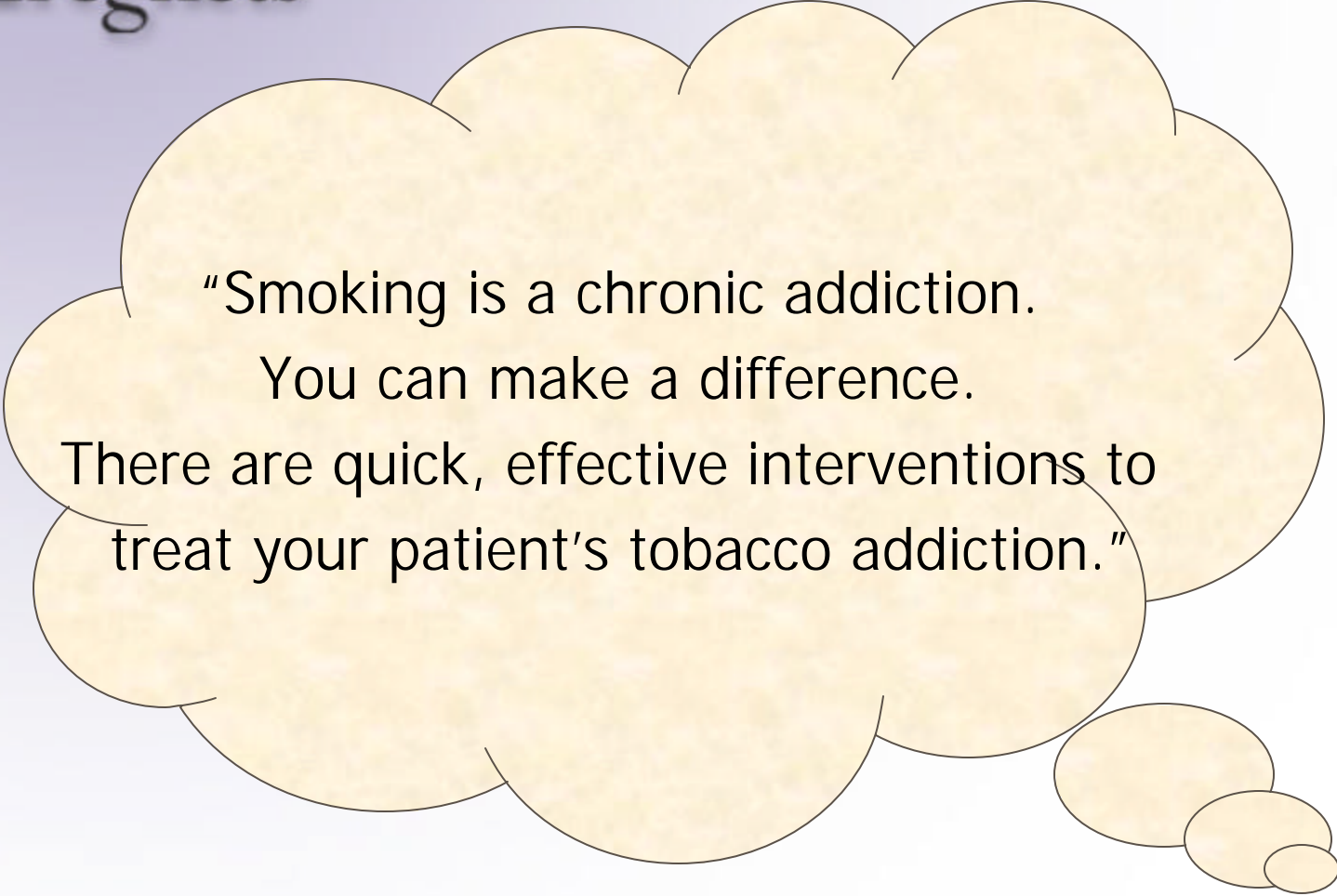


RNAO Recommendations(draft)

Integrating Smoking Cessation Intervention into Daily Nursing Practice

- Every nurse will offer brief counselling and minimal intervention (1-3 minutes)
- Some nurses will offer more intensive smoking cessation interventions (client wants to quit, nurse has the knowledge and time)
- “Nurses implement, wherever possible, intensive intervention with women who are pregnant or post-partum”
- Nurses encourage smokers and nonsmokers to make their homes smoke-free.

in a nutshell...



"Smoking is a chronic addiction.
You can make a difference.
There are quick, effective interventions to
treat your patient's tobacco addiction."

Canadian Smoking Cessation Guidelines, 2000, p2.



“smoking is a chronic addiction”



- **“Smokers make an average of 3-4 quit attempts over 7-10 years before they achieve long-term maintenance”** (Smoking cessation guidelines, p6)

- **Implications:**
 - Repeated intervention is often required
 - You won't experience success with everyone



“...you can make a difference”

**MEDIAN QUIT
RATE (1 year)**

**Physician, Dental Team, Nurse,
Pharmacist, Other Health Care
Professional** **12%**

Non-medical professional **14%**
(psychologist, social worker, counselor)

Multiple Providers **26%**

Source: US AHCPR Clinical Practice Guidelines, 1996



“...there are quick, effective interventions”

Efficacy improves with treatment intensity, BUT, lower contact interventions are effective because:

- They work
- Smokers prefer them
- Reduces barriers associated with other interventions
 - time, cost, flexibility, child care, transportation, ease of use, embarrassment from failure
- More efficient than other methods



Impact of Smoking Cessation Interventions

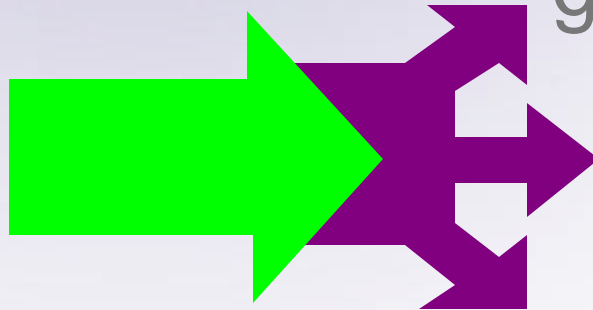
Intervention	Efficacy	Reach	Pop'n	#quitters
Self help	5%	30%	1,000	15
Brief counselling	10%	50%	1,000	50
Group program	20%	5%	1,000	10



Two Easy Steps

- ◆ Assess stage of change.
- ◆ Tailor intervention to stage of change.

I. Why is pregnancy a good time to intervene?



II. How can I be most helpful?

III. What tools are available to help me and my patients/clients?



...for you

- Asking to Listen
 - Video
 - Book

...for your clients

- Quitting When You are Ready – for you and your baby
- One Step at a Time
- How Not to Smoke
- Toronto Programs Guide
- Individual tools (see Appendix 3 Asking to Listen)



Pharmacological Supports for Smoking Cessation in Pregnancy

“First encourage pregnant smokers to quit without pharmacological aid” (green book p13)

“Pharmacotherapy should be considered when a pregnant smoker is otherwise unable to quit, and when the likelihood of quitting and its potential benefits outweigh the risks of the pharmacotherapy and continued smoking” (blue book p92)*

“Use the lowest possible effective dose (of NRT)” (green book p13)

“There are no adequate studies of bupropion’s use or safety in pregnancy” (green book p13)

* Be aware that NRT manufacturers and the CPS state that any form of nicotine administration is contraindicated in pregnant and breastfeeding women.



Elements of the Self-Help Booklet

1. Building Commitment:

During the pregnancy encourages woman to:

- Know why she has chosen to quit
- Think about reasons for staying quit

For the postpartum it encourages the woman to:

- Remember what she has achieved
- Review her short- and long-term commitments
- Try not to be influenced by others' expectation



2. *Making A Plan:*

Focuses on:

- Understanding the process of quitting (stages of behaviour change)
- Understanding herself (understanding what smoking means to her)
- Documenting what she learns about herself and smoking
- Finding support from significant other
- Expecting the unexpected
- Expecting change
- Reviewing and revising her plan to reflect changes



3. Managing The Environment:

While pregnant:

- Make no-smoking rules for her home
- Handling the challenge of partner smoking
- Removing “reminders”
- Avoiding smoke

Postpartum

- Explain to others that the same no-smoking rules apply as in pregnancy.



4. Coping With Cravings:

Suggests:

- Be aware of what's happening
- Be prepared to resist it
- Remember that it will not last long
- Use a non-smoking alternative whenever feel the need to smoke.



5. Healthy Avoidance:

While pregnant:

- Learn what she enjoyed most about smoking
- Identify past smoking routines
- Document past smoking routines
- Change past routines.
- Avoid coffee, alcohol

Postpartum

- Avoid giving in
- Don't blame quitting for added stress
- Avoid coffee, alcohol



6. Dealing With Difficult Situations - "Slips"

Encourages:

- Normalcy of slips
- Know what to expect
- Learn why she slipped
- Maintain motivation and "stay up"
- Maintain self-confidence
- Strengthen commitment
- Get back on track

