



# Help Your Pregnant and Postpartum Patients Quit Smoking **A Coaching Guide**

Instructions and suggested language to help you effectively counsel patients to stop smoking.

## 1 Ask every patient about tobacco use at every visit.

- Ask if she smokes or ever smoked cigarettes or other tobacco products. Document the response in the chart.

*"Do you smoke cigarettes or use other tobacco products? Have you in the past?"*

- If your patient is a former smoker, congratulate her and explain that the postpartum period is a common time for relapse and emphasize the dangers of smoking to her and her new baby.

*"Babies of smoking mothers are more likely to die of SIDS—Sudden Infant Death Syndrome—and more likely to get ear infections. The weeks and months after you have your baby can be stressful and you may be tempted to start smoking again. Remember that the best thing you can do for yourself and your baby is to stop yourself from smoking."*

## 2 Ask current smokers two questions to measure nicotine dependence using the Heavy Smoking Index (HSI):

*"To better understand your smoking habits, I'd like to ask you a few questions."*

- a. How many cigarettes, on average, do you smoke per day?

1-10 (score 0)

11-20 (score 1)

21-30 (score 2)

31+ (score 3)

- b. How soon after waking do you smoke your first cigarette?

Within 5 minutes (score 3)

6-30 minutes (score 2)

31-60 minutes (score 1)

61+ minutes (score 0)

- An HSI score  $\geq 4$  indicates a high level of nicotine dependence and the need for specific strategies to combat acute nicotine withdrawal symptoms (see Table D).

HSI Score:  0  1  2  3  4  5  6

## 3 Advise your patient to quit smoking.

- A clinician's advice is an important motivator for patients attempting to quit smoking. The advice must be clear, strong and personalized.

*"As your health care provider and someone who cares about you and your health, I'd like to help you quit smoking because it's the best thing you can do for your health and the health of your baby."*

- Discuss specific risks associated with smoking during and after pregnancy (see Table E).
- Point out that quitting early in pregnancy provides the greatest benefit to the fetus, but that quitting at any point in pregnancy or after giving birth is still beneficial.

## 4 Assess readiness to quit.

- Ask whether she would like to quit. Most smokers would like to but fear they will be unable to quit. Pregnancy or a newborn may be a strong motivator.

*"Would you like to quit smoking?"*

- Let your patient know that you would like to help her quit. Document the patient's response in her medical chart.

## 5 Assist patients with their quit attempt through counseling, medications and resources.

- Just 3-10 minutes of counseling increases quit rates by 60%.
- If patient is not ready to quit, provide counseling using motivational interviewing or strategies in *Table A* to help with a future quit attempt.
- If patient is ready to quit, provide counseling (*Tables B-E*) and resources (back of pamphlet).

*During counseling, use the following motivational interviewing techniques to help patients achieve behavioral change, including:*

- \* *Open-ended questions: "What are some of the reasons you would like to quit smoking?"*
- \* *Develop discrepancy: "It sounds like you are excited about having a baby. How do you think smoking is affecting your growing baby?"*
- \* *Reflective listening: "It sounds like trying to quit smoking has been frustrating for you."*
- \* *Support self-efficacy: "So you were fairly successful last time you tried to quit."*

### A. NOT READY TO QUIT

<i>Issues to Explore</i>	<i>Strategies</i>
Smoking is a physical and psychological addiction	<ul style="list-style-type: none"> <li>■ Explain how smoking affects the brain (dopamine).</li> <li>■ Discuss health risks associated with smoking.</li> </ul>
Smoking puts your baby at risk	<ul style="list-style-type: none"> <li>■ Discuss specific health effects associated with smoking (see <i>Table E</i>).</li> </ul>
Concerns about weight gain	<ul style="list-style-type: none"> <li>■ Explain that eliminating nicotine decreases metabolism and may cause weight gain.</li> <li>■ Any weight gain from quitting will be a minor health risk compared with continued smoking.</li> <li>■ Offer suggestions for other lifestyle changes, such as eating plenty of fruits and vegetables, getting regular exercise, and avoiding high-calorie foods and beverages.</li> </ul>
Quitting is hard	<ul style="list-style-type: none"> <li>■ Remind your patient that it often takes several attempts to quit for good.</li> </ul>
In addition to health benefits, there are other benefits to quitting	<ul style="list-style-type: none"> <li>■ She will have a better sense of smell.</li> <li>■ Her clothes will smell better.</li> <li>■ She will save money which can be used on her family.</li> </ul>

## B. PREPARING TO QUIT

<i>Issues to Explore</i>	<i>Strategies</i>
Ridding your home/office/car/self of the smell of smoke and paraphernalia	<ul style="list-style-type: none"> <li>Encourage your patient to discard cigarettes, lighters, ashtrays and matches.</li> <li>Suggest washing carpets, drapes and clothes.</li> <li>Suggest she have her teeth cleaned.</li> </ul>
Think about past experience while planning for challenges that may arise	<ul style="list-style-type: none"> <li>Help your patient identify events, emotional factors or activities that increase the risk of smoking.</li> <li>Together brainstorm coping strategies for each situation and trigger.</li> <li>Have her pick a quit date. Note date in chart for follow-up.</li> <li>Encourage her to ask loved ones who smoke to smoke outside to reduce secondhand exposure.</li> </ul>
Establishing a support network	<ul style="list-style-type: none"> <li>Let her know you believe in her ability to quit.</li> <li>Encourage her to find a quit buddy.</li> <li>Have her tell friends and family that she is quitting and ask them for their support.</li> </ul>
Being clear (what the patient hopes to gain)	<ul style="list-style-type: none"> <li>Have her carry a reminder of why she is quitting (e.g., sonogram, picture of an older child, note about the money she'll save).</li> </ul>

## C. DEALING WITH SMOKING TRIGGERS

<i>Issues to Explore</i>	<i>Strategies</i>
People who make you want to smoke	<ul style="list-style-type: none"> <li>Avoid people who smoke.</li> <li>Avoid smoke breaks at work or school.</li> <li>Establish friendships with nonsmokers.</li> </ul>
Places and situations that make you want to smoke	<ul style="list-style-type: none"> <li>Avoid the store where you used to buy cigarettes.</li> <li>Avoid locations and situations where you usually smoke.</li> </ul>
Things that make you want to smoke	<ul style="list-style-type: none"> <li>Stay away from coffee and alcohol, as they may trigger a desire to smoke.</li> </ul>

## D. DEALING WITH WITHDRAWAL SYMPTOMS

<i>Issues to Explore</i>	<i>Strategies</i>
What to expect	<ul style="list-style-type: none"> <li>Withdrawal symptoms, such as anxiety, irritability and restlessness, typically peak within 1-2 weeks after quitting, but may persist for months.</li> </ul>
How to deal with anxiety and irritability	<ul style="list-style-type: none"> <li>Exercise. Try walking, climbing stairs or biking.</li> <li>Turn to a friend for support.</li> <li>Take a few slow, deep breaths.</li> <li>Take a hot bath.</li> </ul>
How to deal with restlessness	<ul style="list-style-type: none"> <li>Exercise.</li> <li>Take up a hobby (e.g., cooking, gardening, art, knitting, walking or listening to music).</li> </ul>
How to deal with insomnia/sleep problems	<ul style="list-style-type: none"> <li>Avoid caffeine in the late afternoon/evening.</li> <li>Exercise.</li> </ul>

## E. HEALTH EFFECTS DURING AND AFTER PREGNANCY

<b>During pregnancy</b>	<b>After pregnancy</b>	
	<b>Baby</b>	<b>Child</b>
<ul style="list-style-type: none"> <li>Premature birth</li> <li>Low birth weight</li> <li>Stillbirth</li> </ul>	<ul style="list-style-type: none"> <li>Ear infections</li> <li>SIDS</li> <li>Birth defects (cleft lip or palate)</li> </ul>	<ul style="list-style-type: none"> <li>Ear infections</li> <li>More frequent and severe asthma attacks</li> <li>School absenteeism</li> </ul>

# 6

## Arrange follow-up with patients who are trying to quit.

- If possible, follow up either in person or by telephone within a week of her quit date. A second follow-up is recommended within the first month. With pregnant patients, monthly or biweekly visits are excellent opportunities for follow-up counseling.

*"How is it going?"*

*"How are you feeling?"*

- If the patient has not smoked, offer congratulations and encouragement.

*"You're doing a great job. This is such an important step to take for you and your baby."*

- If the patient has smoked, consider revisiting *Tables B through E*.

*"Quitting can be very difficult. It can often take someone several tries to successfully quit. Would you like to try again?"*

# 7

## Assess for relapse in patients who have quit.

- Postpartum relapse rates are high; about 30% of NYC women who quit during pregnancy start smoking again shortly after giving birth. Postpartum visits are ideal times to screen for relapse.

*"The first few weeks with a new baby can be very stressful, and many former smokers are tempted to smoke again during this time. Have you felt the urge to smoke?"*

- If your patient has felt the urge to smoke, but resisted, congratulate her. Reiterate the benefits of remaining abstinent. Consider revisiting *Tables C and D*.

*"You're doing a great job. This is such an important step to take for you and your baby."*

- If your patient has smoked, encourage her to make another quit attempt. Consider revisiting *Tables B through E*.

*"Quitting can be very difficult. It can often take someone several tries to successfully quit. Would you like to try again?"*

- Emphasize the harmful effects of secondhand smoke on infants. This message can motivate new mothers who have remained abstinent, as well as those who may have relapsed.

*"It's important that no one smokes around your baby or in rooms where your baby spends lots of time. Babies who breathe secondhand smoke are more likely to have ear and lower respiratory infections. They are also more likely to die from SIDS—Sudden Infant Death Syndrome. To protect your baby's health, keep him/her away from smoke."*

## RESOURCES FOR PROVIDERS

### New York City Department of Health and Mental Hygiene

- **Information on free in-person and on-line trainings, Medicaid benefits, and publications**
  - Visit [nyc.gov](http://nyc.gov) and search Tobacco Clinicians
- **Tobacco Free Hospital Campaign**
  - [nyctobaccofreehospitals.org](http://nyctobaccofreehospitals.org)

### New York State Department of Health

- **Don't Be Silent About Smoking**
  - [talktoyourpatients.org](http://talktoyourpatients.org)

### Smoking Cessation for Pregnancy and Beyond: A Virtual Clinic

- **Earn up to 4.5 Continuing Education Credits**
  - [smokingcessationandpregnancy.org](http://smokingcessationandpregnancy.org)

## RESOURCES FOR PATIENTS

### New York City Department of Health and Mental Hygiene

- **Patient support and education**
  - Visit [nyc.gov](http://nyc.gov) and search NYC Quits
  - [Facebook.com/nycquits](https://www.facebook.com/nycquits)

### NYC Smoking Cessation Programs

- **Visit** [nyc.gov](http://nyc.gov) **and search** Smoking Cessation Programs **or call** 311

### New York State Department of Health

- Smokers' Quit Line: 1-866-NY QUILTS or [nysmokefree.com](http://nysmokefree.com)

### Smoking Cessation Text Message Support

- [Smokefree.gov/smokefreetxt](http://Smokefree.gov/smokefreetxt)