Smoking Cessation for Pregnant and Post-partum women: A Toolkit for Health Professionals

Accompanying Documents:
- Why Do We Care?
- Opportunities and Challenges
- Smoking Cessation During Pregnancy
- Desktop Laminate for Health Care Professionals
- Patient Resource Card
- The 5 A’s Tool
- Pro’s and Con’s Tool
- ETS and Children Bingo and Bingo Card

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Last Updated: August 31, 2005

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I INTRODUCTION

This toolkit has been developed for health care providers, educators and researchers and provides the essential components to address smoking cessation among pregnant and postpartum women. The PREGNETS team have reviewed existing resources and summarized the key components. Some simple tools were also developed to help deliver the interventions easily and effectively.

This is not an exhaustive list of resources and information. It is meant to provide health care professionals with the basic tools to screen and provide brief interventions.

Smoking and Pregnancy
Pregnant women who smoke face a very difficult challenge when they decide to quit smoking. Most pregnant women hope to have healthy pregnancies and to give their child the best start possible. Health care professionals offer women support in making positive changes to nutrition, exercise, breastfeeding and other important issues. These women should also get support with their smoking. Pregnancy might increase a woman’s concerns about smoking and thoughts about quitting but it does not necessarily give her the confidence or the ability to quit. Exploring smoking among your pregnant clients is important yet challenging since they may not feel comfortable disclosing their smoking status due to feelings of guilt and shame. By offering a brief, nonjudgmental approach, you not only screen for smoking but also provide the help and support pregnant women need. You can offer more intensive and ongoing counselling or refer them to appropriate cessation resources.

How to Use This Toolkit
The toolkit is divided into different sections, providing information about smoking and its negative consequences on health, current information about smoking cessation interventions, information on brief interventions to help women quit smoking, and listing some of the available resources on supporting these interventions.

It is helpful to go through the entire kit, section by section, for a comprehensive understanding of the issues and what is needed to deliver these interventions. You can also click on the section that is most relevant for your work and use the tools provided. The kit is designed so that you can download
the pdf file and print each section and create your own manual. You can photocopy and share the information with all your colleagues.

One of the sections of the toolkit provides you with the opportunity to give us feedback on this toolkit and how useful it is for your practice. You can also contact us to request more information or to discuss the possibility of training for your practice/staff. We encourage a multidisciplinary team approach and suggest all staff in your practice be familiar with the information in this kit to support the women in their efforts to address their overall health.
II. EFFECTS OF SMOKING & BENEFITS OF QUITTING

Smoking during pregnancy is a major public health problem because it can lead to serious health problems in the newborns and children and can also harm a woman’s health. There are many negative consequences of smoking and many benefits to quitting smoking at any time before, during and even after the pregnancy.

When discussing the increase in risk of developing negative health effects because of smoking, some will argue that they have many examples of people in their lives that smoked and never suffered any health issues. It is helpful to understand what we mean by risk.

RISK means that the chance of suffering negative consequences is increased but does not mean that it will definitely occur. The question to ask those who challenge the information about the effects of smoking is how much of a risk are they willing to take with their health.

Effects of smoking and second-hand smoke on the woman
Increased risk of developing:
- Cancers including cancers of the lung, mouth, throat, kidney, bladder, cervix, breast, etc.
- Heart disease, stroke and circulatory problems
- Respiratory illnesses such as chronic obstructive pulmonary disease (COPD, emphysema), chronic bronchitis, flu, colds, or pneumonia
- Other health problems such as stomach ulcers, tooth loss, gum disease, osteoporosis, thyroid disease and menstrual problems

Effects of smoking and second-hand smoke on the pregnancy and the fetus
Increased risk of:
- Miscarriage
- Stillbirth
- Vaginal bleeding
- Premature delivery (premature babies can have complications)
- Abruptio placenta (placenta breaks away from the uterus) and placenta previa (placenta covers part or entire cervix). Both of these conditions can cause serious complications and even death in the mother and the fetus.
- Low birth weight baby
- Sudden Infant Death Syndrome (SIDS)
- Difficulty feeding – smoking can decrease the quality of the breast milk as well as the quantity by 30%
• Smoking during pregnancy has also been linked with behavioural and mental health problems (ADHD, Depression) in the child\(^1\).

**Second-hand smoke**\(^2\)
Second-hand smoke is a combination of the smoke exhaled by a smoker (mainstream smoke) and the smoke that goes into the air from the burning end of a cigarette, pipe or cigar (sidestream smoke).

**There is NO safe level of exposure to second-hand smoke.**

There are more than 4000 chemical compounds in second-hand smoke including carbon monoxide, ammonia (household cleaner), hydrogen cyanide (poison), lead, acetone (nail polish remover), benzene and formaldehyde.

The United States Environmental Protection Agency has declared second-hand smoke a Class A cancer-causing agent (Class A is the most dangerous of cancer agents).

Second-hand smoke has more than twice as much nicotine and tar as the smoke inhaled from the filter end of cigarettes. It also has five times the carbon monoxide.

Exposure to second hand smoke for even short periods of time can cause eye, nose and throat irritation, headaches, dizziness, nausea, coughing and wheezing. It can severely aggravate symptoms in people with allergies or asthma. Long-term exposure has been linked to heart disease, cancer and death.

Ventilation systems do not remove all the harmful chemicals found in second hand smoke. There is only one way to eliminate second hand smoke from indoor air – remove the source.

**Effects of second-hand smoke**\(^3\)
Increases risk of:
- Sudden Infant Death Syndrome
- Acute middle ear infections (otitis media)
- Upper respiratory tract infections (colds, sore throats)
- Lower respiratory tract infections (croup, pneumonia)
- Developing asthma and allergies

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\(^3\) Physicians for a Smoke-free Canada [http://www.smoke-free.ca/factsheets](http://www.smoke-free.ca/factsheets)
• Additional episodes of asthma and increased severity of asthmatic symptoms
• Causally linked to meningococcal infections, cancers and leukemia in childhood
• Babies are more likely to be colicky and more likely to cry
• Children are more likely to be smokers themselves when they grow up.

Benefits of quitting
The woman:
• Will be less likely to develop lung cancer, heart disease, stroke, respiratory diseases and other smoking-related illness
• Will have more energy and breathe more easily throughout her pregnancy as well as after the baby is born
• Will be able to save money to spend on other important items for herself or her family
• Will feel good about what she accomplished for herself and her baby

The baby:
• Will get more oxygen, lungs will work better and may be healthier
• Will more likely have a normal birth weight
• Will more likely be born at term
• Will less likely have colds and ear infections
• May cough and cry less
• May have fewer asthma and wheezing problems
• Will have a better chance of going home with the mother from hospital.
III. SMOKING CESSATION

Smoking cessation interventions include a variety of methods and techniques that can help a smoker to quit and stay quit. There are many interventions available for smokers, from self-help, counselling, groups, and pharmacotherapy (nicotine replacement therapy and bupropion (Zyban™). Many of these interventions can be used to help pregnant smokers quit as well. However, to increase the success of the intervention, it is helpful to understand the challenges that pregnant women may face when thinking about quitting and how to tailor interventions to address these issues.

Challenges pregnant women face
Most women know that smoking can cause problems for their own health, their pregnancy and their baby’s health. But quitting smoking may not be easy and pregnancy can introduce other challenges that may make quitting more difficult. Here are some issues to consider.

• Smoking is an addiction
  Women must learn to deal with the psychoactive and reinforcing effects of nicotine, as well as the behavioural conditioning and the social reinforcement
• Concurrent mental health problems
  Many smokers face issues such as depression, anxiety, stress, and other major life changes
• The stigma associated with smoking during pregnancy
  Help women deal with society’s negative views on pregnant women who smoke. These views can drive a woman to become a “closet” smoker to avoid the shame and guilt.
• Feelings of guilt for not being able to quit and “do the right thing”
• High risk of relapse
  Particularly if women quit because of the pregnancy and/or if their partners, family and friends are smokers.
• Partner/family/friends who continue to smoke
  These can trigger the woman to want to smoke.
• Dealing with other factors and urgent needs such as poverty, housing, other substance use, etc.

Efficacy of interventions
Despite the importance of quitting smoking, there is a maximum quit rate of about 20% regardless of the best intervention. Traditional approaches are more useful for highly motivated, light smokers with social support but not as effective in heavily nicotine dependent smokers. Therefore more effective treatment is necessary for pregnant smokers. Here are some statistics:

• 20 – 30% of pregnant women smoke
• 13 – 21% of female smokers quit and 50% cut down when planning to become pregnant or upon finding out that they are pregnant
• An additional 2 – 22% may quit later in their pregnancy
• Relapse during pregnancy is substantial – 50 – 60% of those that quit during pregnancy relapse to smoking within 6 months postpartum.\(^4\)
• Self-help materials and telephone quit lines tend to have good quit rates and are a cost-effective way to reach smokers
• Brief treatment does not appear to be less beneficial than intensive counseling\(^5\)

**Possible reasons for modest success**
Most cessation attempts are based on interventions for smokers who are ready to quit. Therefore there is a gap for those who must still make the commitment to quit smoking. Interventions for those not yet ready to quit should focus on increasing their commitment and confidence to quit. Interventions should be tailored to the specific needs of the person. Because pregnant women face many issues in their pregnancy, some of which may determine their smoking behaviour, interventions must take these issues into account.

**Your role**
As a health care provider, you already provide crucial services to your pregnant clients many of which help increase the likelihood of having a healthy pregnancy and baby. Some of these efforts may be minimized if she continues to smoke during her pregnancy. You can still have a tremendous impact by following the simple algorithm in order to screen your clients for smoking (see accompanying Toolkit element: Desk Reference for Professionals). Providing tailored interventions to pregnant smokers may seem overwhelming and time constraints may make them impossible to do. But by asking the client if she smokes, you can refer her to the appropriate resources if you cannot provide the intervention yourself.

**The Brief Intervention – 5A’s**
1. **ASK** all pregnant women how many cigarettes they smoke.
2. **ADVISE** them to quit smoking as soon as possible. Ask them if they are interested in learning more about the benefits of quitting smoking on their health, on the pregnancy and the benefits to their children.
3. **ASSESS** their readiness to quit smoking. If the woman wants to quit, you can provide the support yourself or refer her to resources that can assist her.
4. **ASSIST** the woman in quitting smoking. Set up follow up appointments to provide her with support.

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\(^5\) Ershoff (1999)
5. **ARRANGE** for the appropriate referrals. Pregnant smokers can be referred to the Smoker’s Helpline, Motherisk or other health care professionals for more support on quitting smoking.

If you are not able to provide the 5A’s, even ASKING, ADVISING and referring them on to the helplines can be helpful.

**Pharmacotherapy**

More research is needed to clearly establish the safety and efficacy of using nicotine replacement therapy and/or bupropion during pregnancy. However, many women may not be able to quit on their own, particularly those that are heavily dependent.

**Nicotine Replacement Therapy**

Those that are interested in using NRT during pregnancy can be referred to Motherisk for the latest information. You can also help your client decide by providing more information. NRT in Canada includes the patch, gum, and inhaler.

- Nicotine is not the most harmful substance in cigarettes. Most of the health effects are caused by the other chemicals found in cigarettes and second-hand smoke. However, some animal studies suggest that nicotine reduces blood flow to the fetus. More research is needed on humans.

- It is believed that the negative effects of nicotine are associated with faster uptake of nicotine into the body. This means that the more quickly the nicotine is delivered, the more negative effect it will have. Nicotine delivery systems ranked by speed (fastest to slowest) are smoking a cigarette, followed by gum, inhaler and lastly the patch.

- Carbon monoxide (CO) is one of the substances that affects the fetus. CO reduces the supply of oxygen delivered to the baby. Smoking cigarettes exposes pregnant women to carbon monoxide.

- By continuing to smoke, the pregnant woman is exposed to nicotine and all the other chemicals found in cigarettes. By using NRT, she continues her exposure to nicotine but has eliminated at least 4,000 chemicals.

Some of research recommendations include:

- Encourage pregnant women to initially use behavioural strategies to quit. If they are unable to quit on their own, they should then consider NRT.
- Women should start with the lowest effective dose of NRT.
- The patch should be removed overnight for a nicotine-free period.

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• NRT is safer during breastfeeding than smoking. Breastfeeding also provides protective factors against respiratory illnesses caused by smoking.

**Bupropion/Zyban™**
Bupropion is an antidepressant and is also used to help people quit smoking.
• The safety of Bupropion use during pregnancy is still being established but recent research suggests that it is safe8.
• Bupropion also appears safe for breast-feeding because the amount transferred in the breast milk are small.

**Partner/family support and involvement**
Having a partner who smokes is one of the biggest reasons for a woman’s relapse to smoking. Being around anyone who smokes increases the risk of relapse for a woman because she smells and sees the cigarette and because the behaviour is “acceptable” to others.

It may be helpful to encourage members of her support system to quit as well. If they also quit, it increases her chances of quitting and staying quit. If they choose not to quit, they can still be helpful by not smoking around her and supporting her efforts to quit. Family and friends can be supportive by:
• Not smoking around the woman
• Being patient with the woman while she quits and experiences withdrawal and urges to smoke, making her feel grumpy and stressed
• Helping the woman with daily chores to help her focus on taking care of herself
• Reminding the woman of her progress and not focusing on her slips

**Tips for reducing and/or eliminating second hand smoke**
• Ask others not to smoke around the woman, before and after the pregnancy
• Ask others not to smoke around the baby and the children
• Make her home smoke free – that means no one is allowed to smoke in the home or in the family vehicle, even when she is not a passenger
• Remove all ashtrays or paraphernalia from the home
• Woman can leave a room or area when someone smokes
• Help the woman plan ways to distract herself if she must be in the company of smokers
• Find ways to keep mouth and hands busy
• Choose smoke-free places (restaurants, shops, etc)
• Support smoke-free by-laws covering public places, including workplaces. And encourage others to support smoke-free public places.

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What about harm reduction/reducing amount smoked?

Harm reduction policy is well established and successful in many areas of substance use. However, in smoking, harm reduction remains controversial.

There is NO known safe level of smoking and NO known safe level of exposure to second hand smoke. Therefore the best option is stopping smoking completely and avoiding exposure to second hand smoke. There are many effective ways of reducing the exposure to second hand smoke: smoking outside the family home and vehicle, asking others to smoke outside as well, leaving a room when others are smoking, choosing smoke-free places to socialize, etc. But what do you do with that person that is not yet ready to quit?

As a first step, discuss the pros and cons of quitting and the pros and cons of reducing. Ask the client to fill in each section (see accompanying Toolkit element: PROS AND CONS).

Although you know that the safest choice is total abstinence from cigarettes, her goals may be different. If you “force’ her to choose abstinence when she is not ready, she may refuse your assistance and stop discussing her smoking with you. However, by helping her meet her goals, you will develop a trusting and ongoing relationship, which may eventually help her move toward healthier behaviours and eventually quit smoking completely.

Remember to congratulate her on her progress and accomplishments along the way.

Light and mild cigarettes

Labelling cigarettes as ‘light’ and ‘mild’ offers smokers a false sense of security based on slick marketing and the misuse of words. Many smokers may choose brands labelled “light” or “mild” mistakenly believing that the smoke from these cigarettes is healthier. But smokers may consciously or unconsciously adjust their way of smoking by inhaling deeper and longer or covering the filter ventilation holes to get enough of a nicotine “hit”. But by increasing their intake of nicotine in this way, smokers also inhale more tar and other carcinogens. Smokers are also still exposed to the side stream smoke, which contains the same 4000 chemicals. Visit [http://www.hc-sc.gc.ca/hecs-sesc/tobacco/facts/mild/quick.html](http://www.hc-sc.gc.ca/hecs-sesc/tobacco/facts/mild/quick.html) for more information.

So what is the best advice?

Although the best advice for pregnant smokers is to quit smoking completely as soon as possible, not all pregnant smokers are ready to quit. If they don’t feel ready or confident to quit, you can help them increase their confidence and find ways to reach their goal. It is important to offer a non-judgmental approach to quitting and reminding your clients that quitting is a process. Their journey may involve reducing smoking but their ultimate goal should be abstinence. The only way to eliminate risks associated with smoking and second hand smoke is total abstinence.
IV TOOLS TO HELP YOU HELP YOUR CLIENTS

The following companion tools, designed to assist you and your clients, are included in this toolkit. If you did not receive the following tools when you received this toolkit you can download them by visiting http://www.pregnets.org/.

Desk Reference for Professionals (see: Desk References for Professionals) This reference contains the benefits of quitting smoking for a woman and her pregnancy, and the effects of second hand smoke. It also provides a simple algorithm that will guide your brief intervention.

Patient Resource Card (see: Patient Resource Card)  
This business-sized card is available to hand out to clients. It contains the telephone numbers and websites that provide assistance with smoking cessation.

The 5A’s Tool (see: The 5A’s)  
Adapted from: Quick Reference Guide for Clinicians: Treating Tobacco Use and Dependence  
http://www.surgeongeneral.gov/tobacco/

The Pros and Cons Tool (see: Pros and Cons)  
Clients can complete the chart of the pros and cons of quitting smoking and the pros and cons of reducing or continuing to smoke. This can help them address ambivalence in goal setting.
V RESOURCES

PowerPoint Presentations

1. PREGNETS Training Presentation (see: Smoking Cessation in Pregnancy)

2. PTCC Presentations:
   • Smoking Cessation in Pregnancy: Opportunities and Challenges (see: Opportunities and Challenges)
   • Smoking Cessation During Pregnancy (see: Smoking Cessation During Pregnancy)
   • Environmental Tobacco Smoke: Why do we care? (see: ETS – Why Do We Care)

3. Second hand smoke and children (see: ETS Bingo Game)

Resources for the Pregnant Woman

Smokers' Helpline: 1-877-513-5333 and/or www.smokershelpline.ca
The Canadian Cancer Society's Smokers' Helpline is a free, confidential telephone service anyone can call for easy access to a trained Quit Specialist. The quit specialists can help develop a structured 'Quit Plan', answer questions about quitting and refer to services in a caller's community. For more information, call the helpline or consult their website.

Motherisk Helpline - 1-877-327-4636 and/or www.motherrisk.org
Motherisk is a helpline that provides a source for evidence-based information about the safety or risk of drugs, chemicals and disease during pregnancy and lactation. Their mandate includes providing authoritative information and guidance to pregnant or lactating clients and their health care providers regarding the fetal risks associated with drug, chemical, infection, disease and radiation exposure(s) during pregnancy. They are also involved in researching unanswered questions on the safety of drugs, chemicals, infection, disease and radiation during pregnancy and lactation. For more information, call the helpline or consult the website.

Centre for Addiction and Mental Health – Nicotine Dependence Clinic
Not everybody changes their smoking behaviour in quite the same way and this program offers a variety of treatment options, based on your stated needs. These options include time limited one to one counselling, initial and on-going medical consultation with a nurse and physician, and the opportunity to join an ongoing weekly support group. In addition, our clinic offers specialized treatment for women who are pregnant, and for people with chronic mental illness and addiction issues, and serious health concerns.
416-535-8501 extension 6128 to book an assessment

St. Joseph’s Health Centre – Quit for Life Clinic
416-530-6860

Start Quit, Stay Quit & Preventing Smoking Relapse
Start Quit, Stay Quit is a self-help guide for pregnant women who are learning to quit
smoking. It explains how to stay committed, make and follow a plan, cope with cravings, create and maintain a smoke-free environment, cope with situations that make you want to smoke and cope with slips. The companion booklet, Preventing Smoking Relapse, is a support guide for partners of pregnant women. The guides were developed by the Ottawa-Carleton Health Department in partnership with the University of Ottawa and Health Canada in 1997. To order this resource online, visit [www.ptcc.on.ca](http://www.ptcc.on.ca) or call the PTCC at 1-800-363-7822.

**Stopping When You're Ready:**

A 5-part series for quitting smoking during pregnancy

This is a smoking cessation program for pregnant women, based on the stages of change. The Ottawa-Carleton Health Department in partnership with the University of Ottawa and Health Canada developed the resource in 1995. To order this resource online, visit [www.ptcc.on.ca](http://www.ptcc.on.ca) or call the PTCC at 1-800-363-7822.

**Helplines**

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Motherisk is a helpline that provides a source for evidence-based information about the safety or risk of drugs, chemicals and disease during pregnancy and lactation. Their mandate includes providing authoritative information and guidance to pregnant or lactating clients and their health care providers regarding the fetal risks associated with drug, chemical, infection, disease and radiation exposure(s) during pregnancy. They are also involved in researching unanswered questions on the safety of drugs, chemicals, infection, disease and radiation during pregnancy and lactation. For more information, call the helpline or consult the website.

**Websites**

**Gosmokefree.ca:** [www.gosmokefree.ca](http://www.gosmokefree.ca)

Health Canada’s website has information on the Canadian tobacco reduction strategy, smoking statistics, e-quit and various other resources for both health care professionals and smokers.

**StopSmokingCenter.net:** [www.stopsmokingcenter.net](http://www.stopsmokingcenter.net)

This website and support community can help those who have recently quit, or those who are thinking about quitting smoking. People can talk to experienced quitters in an expert moderated Support Group, find a Quitting Buddy, or create their own free customized quit program that will track their progress and give them the help when they need it most. There is no cost to participate in the program.
American College of Obstetrics and Gynaecologists - Tool Kit for Providers: http://www.acog.org/from_home/departments/dept_notice.cfm?recno=13&bulletin=1863
Smoking Cessation During Pregnancy: A Clinician's Guide to Helping Pregnant Women Quit Smoking Smoking during pregnancy is the most modifiable risk factor for poor birth outcome. This guide provides the background and tools necessary for clinicians to implement the “5 A’s” - an effective, evidence-based intervention - in the office.

Program Training and Consultation Centre: www.ptcc.on.ca
Most health units have developed and implemented smoke-free homes campaigns over the past few years, either on their own or in partnership with adjacent health units. Each campaign conducted its own research, developed its own materials, and delivered the program in its own way.

Clinical Tobacco Intervention - Important tips for helping pregnant patients who use tobacco: www.ctica.org/pregnantTobacco_users.pdf and www.omacti.org
This document answers some frequently asked questions (FAQ's) about tobacco use and cessation during pregnancy. You may print this document for future reference. Click on to download the document or visit the website for other information.

Smokefreefamilies.org:
http://www.rwjf.org/reports/grr/034317s.htm and http://www.ptcc.on.ca/
The Robert Wood Johnson Foundation established the program in 1994. The National Program Office (NPO) at the University of Alabama at Birmingham was charged with overseeing development and evaluation of new, evidence-based interventions to help women quit smoking before, during and after pregnancy. Eleven Phase I research projects were funded to develop and test innovative, effective quit smoking treatments. The overall program goal was to increase the number of women who quit smoking and remained smoke-free, improving their health and the health of their children and other family members. The website also offers background papers on the use of nicotine and other smoking cessation medications in pregnant and adolescent smokers.

Breathing Space: http://www.city.toronto.on.ca/health/breathingspace/index.htm
Community Partners for Smoke-free Homes combines catchy advertisements and community-based education to inform people about the dangers of second-hand smoke and encourage them to make their homes 100% smoke-free. This campaign, which began in the summer of 2000, is comprised of outdoor, radio and newspaper advertising.

The National Clearing House on Tobacco and Health: www.ncth.ca
The Canadian Council for Tobacco Control (CCTC) manages a Clearinghouse Program on Tobacco and Health with a central information function for the tobacco control community. It is a "one-stop portal for tobacco control information".

Ontario Tobacco Research Unit: http://www.health.gov.on.ca and www.otru.org
The Ontario Tobacco Research Unit (OTRU) was established in 1993 with funding from the Ontario Ministry of Health and Long-Term Care to foster and conduct research, monitoring and evaluation contributing to programs and policies to eliminate tobacco-related health
problems in Ontario.


Presents prescribing information on their website about Zyban (category B) and its impact on pregnancy and breastfeeding.

**Print Resources for the Pregnant Woman**

**A Pregnant Woman’s Guide to Quit Smoking**

Developed by Richard Windsor, PhD, the Guide is the most thoroughly evaluated smoking cessation tool for pregnant women in the United States. Over 15 years of extensive, peer-reviewed studies have been performed on the Guide, which has been used by more than 100,000 pregnant women. The patient education program for pregnant smokers, which includes the Guide, received the prestigious C. Everett Koop National Health Award (1998) because of its thorough process, impact and cost effectiveness evaluations. Additionally, the Guide is the only patient education method/program (SCRIPT) model cited by the Agency for Healthcare Research and Quality’s 2000 Smoking Cessation Clinical Practice Guidelines (dhhs/2000). To order this resource, visit [http://www.sophe.org/Acrobat/SOPHEPregBro.pdf](http://www.sophe.org/Acrobat/SOPHEPregBro.pdf) or call the Society for Public Health Education (SOPHE) at (202) 408-9804.

**How Not to Smoke: A program for women who want to quit smoking**

Developed by Council for a Tobacco Free Metro Toronto. This self-help manual and accompanying video can be ordered from: Canadian Public Health Association, Health Resources Centre, (613) 725-3769 or e-mail at hrc/eds@cpha.ca. Available in English only.

**Need help putting out that cigarette?: [www.smokefreefamilies.org](http://www.smokefreefamilies.org)**

A booklet written by an ex-smoker and mother of two and by experts who help pregnant women stop smoking. Published by Smoke-Free Families and adapted by the Kingston, Frontenac and Lennox & Addington Health Unit, January 2003.

**Start Quit, Stay Quit & Preventing Smoking Relapse**

Start Quit, Stay Quit is a self-help guide for pregnant women who are learning to quit smoking. It explains how to stay committed, make and follow a plan, cope with cravings, create and maintain a smoke-free environment, cope with situations that make you want to smoke and cope with slips. The companion booklet, Preventing Smoking Relapse, is a support guide for partners of pregnant women. The guides were developed by the Ottawa-Carleton Health Department in partnership with the University of Ottawa and Health Canada in 1997. To order this resource online, visit [www.ptcc.on.ca](http://www.ptcc.on.ca) or call the PTCC at 1-800-363-7822. Available in English or French.

**Stopping When You're Ready: A 5-part series for quitting smoking during pregnancy.** Stopping When You're Ready is a smoking cessation program for pregnant women, based on the stages of change. The Ottawa-Carleton Health Department in partnership with the University of Ottawa and Health Canada developed the resource in 1995. To order this resource online, visit [www.ptcc.on.ca](http://www.ptcc.on.ca) or call the PTCC at 1-800-363-7822. Available in English or French.
Print Resources for the Health Care Professional

Asking to Listen: Helping Pregnant and Postpartum Women and Their Families to Quit or Reduce Smoking
Asking to Listen is for perinatal care providers who wish to help their clients quit smoking. The training video, booklet of information and strategies, and handouts that make up this resource can help providers to carry out this important work. This resource is distributed by Canadian Public Health Association (Ottawa) 613.725.3769 or email at hrc/cds@cpha.ca.

A report submitted to Health Canada (not yet available).

Kick Butt for Two: Available through www.ptcc.on.ca
Kick Butt for Two is a smoking cessation reduction and prevention support program for pregnant adolescents and young single parents in the 14 to 24 age group. The program is designed to be delivered in a group setting over the course of eight 2 hour sessions.

Tobacco Basics Handbook
Designed to provide a strong base of tobacco-related information that can be adapted for any audience. The handbook provides up-to-date, Alberta-specific information on smoking rates, health effects of tobacco use, second-hand smoke, spit tobacco, smoking and pregnancy, and the economic costs of tobacco use. A .PDF version is available for download at:
http://tobacco.naadac.com/about_tobacco/tobacco_research/tobacco_basics_handbook.pdf

Treating Tobacco Use and Dependence
This Quick Reference Guide summarizes the guideline strategies for providing appropriate treatments for every client. Effective treatments for tobacco dependence now exist, and every client should receive at least minimal treatment every time he or she visits a clinician. The first step in this process—identification and assessment of tobacco use status—separates clients into three treatment categories: Clients willing to quit, clients unwilling to quit, and clients who have recently quit. Printed copies of Treating Tobacco Use and Dependence are available from any of the following Public Health Service clearinghouses: the Agency for Healthcare Research and Quality (800-358-9295); Centers for Disease Control and Prevention (800-CDC-1311); and the National Cancer Institute (800-4-CANCER).
http://www.surgeongeneral.gov/tobacco/tobaqrg.htm

First Nations Resources
Health Canada Website: http://www.hc-sc.gc.ca/fnihb-dgspni/fnihb/


Catching Our Breath: A Journal About Change for Women Who Smoke:
www.cwhn.ca/resources/breath/
This is a unique approach to helping women overcome some of the problems they face with their use of tobacco. Catching our Breath is for women who to reduce the amount they smoke, quit smoking, learn more about why they smoke and learn ways to relax and cope without smoking.


Pauktuutit (Inuit Women’s Association): [http://www.pauktuutit.on.ca](http://www.pauktuutit.on.ca)
When visiting the Pauktuutit website, click the “Tobacco Reduction Resources” link to access the following tools:

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VI LITERATURE / BIBLIOGRAPHY

Reviews

Study identifies long-term effects of smoking during pregnancy
Farm Family Health Spring 1999, Volume 7, Number 1
http://www.hc-sc.gc.ca/pphb-dgspsp/publicat/fhhsa/vol7-1/fh7-1j_e.html

Sleeping With A Killer: The Effects of Smoking on Human Health
Effects of active and passive smoking on human reproduction and pregnancy
A total of 62 scientific articles on the possible role of active and passive smoking on human reproduction and pregnancy published between 1966 and 2002 were reviewed. A summarized conclusion of different outcomes related to smoking (active and passive) is presented.
http://www.hc-sc.gc.ca/healthycanadians/publicat/tobacco/facts/swak/05_effectsof.htm

Journals

Tobacco Control is a quarterly scientific journal launched in 1992 to consider all aspects of tobacco prevention and control. The journal aims to study: The nature and consequences of tobacco use worldwide; The effect of tobacco use on health, the economy, the environment and society; The efforts of the health community and health advocates to prevent and control tobacco use; The activities of the tobacco industry and its allies to promote tobacco use,
http://tc.bmjjournals.com/

Monographs and Discussion Papers

See: http://www.uottawa.ca/academic/med/epid/healthybabies.htm


• (Publication: #M99-12) The development and validation of measures to assess partner support for smoking cessation during pregnancy

• (Publication: #M99-11) Predictors of household no-smoking rules & their enforcement by pregnant and postpartum women (under review)

• (Publication: #M99-9): Smoking relapse prevention among pregnant and postpartum women

• (Publication: #M99-8): Perceived partner support and teamwork: Living with tobacco use in childbearing families

• (Publication: #DP99-2): Smoking relapse prevention: Pregnant and postpartum women
• (Publication: #M98-10): Motivational enhancement therapy: Smoking cessation treatment manual

• (Publication: #M98-9): Smoking cessation in pregnancy: A faceted literature review of the current research from the perspective of the transtheoretical model

• Publication: #M98-3 Smoking behaviour during pregnancy and postpartum: Living with tobacco use in childbearing families

• (Publication: #M96-3) Evaluation of a postnatal hospital liaison referral system for immigrants

• (Publication: #M96-2) Pre- and postnatal smoking: A review of the literature

Articles

Breastfeeding

Interventions/Cessation

Environmental Tobacco Smoke/Second hand smoke
Relapse

Smoking Addiction

Nicotine Replacement Therapy
VII YOUR EVALUATION OF THIS TOOLKIT

Please take a few moments to tell us your reactions to the Toolkit. The information you supply will enable us to assess the value and success of the Toolkit, and ensure that this resource is practical and useful.

You can access this evaluation on the PREGNETS website by visiting this link: http://www.pregnets.org/evaluation. If you do not have access to the Internet, please print off this evaluation form and fax your answers to (416) 595-6821. Please note that we respect your privacy. We do not collect, review or distribute names, email address or any other confidential information.

EVALUATION:

1. To which professional group do you belong?
   __ Medicine
   __ Pharmacy
   __ Dentistry
   __ Nursing
   __ Counselling
   __ Social Work
   __ Psychology
   __ Health Professional Student
   __ Other Health Profession
   __ Pregnant woman
   __ Not professional – Other

2. How did you hear about the toolkit?
   __ Link from Pregnets Website
   __ Link from another Website
   __ Referred by a colleague
   __ Pregnets training workshop
   __ Other

3. Did you have any problems navigating the Toolkit, following links, or downloading materials?
   __ Yes    __ No

3a. If Yes, Please tell us what problems you had.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
4. What element of the Toolkit did you find most useful?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

4a. Why was this most useful to you?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

5. Was any element of the Toolkit not useful to you?    __ Yes  __ No

5a. If Yes, What was not useful and why?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

6. Was there any information you would have liked that you didn’t find? __ Yes  __ No

6a. If Yes, What should be added?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

7. Do you think the Toolkit contents will be useful to you in your practice?
   __ Extremely Useful
   __ Somewhat Useful
   __ Not very Useful
   __ Not at all Useful

8. Please rate the aspects of the Toolkit listed below on the following scale of 1 – 5:
   1 = Excellent; 2 = Very Good; 3 = Good; 4 = Not Very Good; 5 = Not Good at all

   Rating
   __ Relevance of the subject matter to your work
   __ Quality of resources and information
   __ Usefulness of resources and information
9. Please indicate whether the Toolkit met each of the following objectives, by marking one box beside each:

Yes  No

__ __       Increased awareness and understanding of delivering smoking cessation interventions to pregnant women

__ __       Improved knowledge of brief interventions for smoking cessation

__ __       Increased knowledge of strategies to deal with second hand smoke in homes

__ __       Strategies presented in the Toolkit can be easily incorporated into your practice

11. Will you recommend this Toolkit to your colleagues?

__ Yes   __ No
INTERESTED IN MORE TRAINING?

1. To which professional group do you belong?
   _ Medicine  
   _ Pharmacy  
   _ Dentistry  
   _ Nursing  
   _ Counselling  
   _ Social Work  
   _ Psychology  
   _ Health Professional Student  
   _ Other Health Profession  
   _ I am not a health care professional but I am pregnant  
   _ I am not a health care professional and I am not pregnant or breastfeeding currently

2. Do you want training for:
   _ Yourself  
   _ Others  (Specify) ____________________________________________________

3. Is there a specific topic on which you would like more information? __ Yes __ No

3a. If Yes, what is the topic? ______________________________________________

4. How would you like to receive further training?
   _ Workshop or Seminar [Remember that web users can be from anywhere]  
   _ Additional materials by e-mail  
   _ Information added to the Toolkit  
   _ Additional materials for downloading  
   _ Interactive e-mail advice  
   _ Other (Specify)

5. Would you like to train your colleagues to help pregnant women who smoke?  
   _ Yes __ No

5a. If Yes, please give us your contact information:
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

THANK YOU!