

Standard Treatment Programme for Pregnant Women

A guide to providing behavioural support for smoking cessation during pregnancy and the post-partum period



NCSCCT

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A guide to behavioural support for smoking cessation during pregnancy and the post-partum period

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With thanks to the staff of the NCSCT for their help and all of the smokers who quit with local stop smoking services.

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About the National Centre for Smoking Cessation and Training

The National Centre for Smoking Cessation and Training (NCSCT) is a social enterprise set up to:

- help stop smoking services to provide high quality behavioural support to smokers based on the most up-to-date evidence available
- contribute towards the professional identity and development of stop smoking practitioners and ensure that they receive due recognition for their role
- research and disseminate ways of improving the provision of stop smoking support

www.ncsct.co.uk

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Introduction

The National Centre for Smoking Cessation and Training (NCSCT) has identified the competences (knowledge and skills) necessary to deliver evidence-based behaviour change techniques to all smokers, including pregnant women who smoke. These knowledge and skills competences have been incorporated into our comprehensive online and face-to-face training resources (see www.ncsct.co.uk) and are embedded within the content of the smoking cessation sessions described in this Standard Treatment Programme for Pregnant Women.

The Standard Treatment Programme for Pregnant Women

This NCSCT Standard Treatment Programme for Pregnant Women describes the components of a structured individual face-to-face smoking cessation intervention with a pregnant woman who smokes. The document reflects the latest evidence in terms of how best to support women during pregnancy with quitting and maintaining cessation during the post-partum period, acknowledging the special considerations that may affect a pregnant woman's motivation and ability to quit smoking.

Overview

The basic model of service delivery is outlined below and consists of a pre-quit assessment and weekly sessions until four weeks after the Quit Date. Following the first six sessions, subsequent appointments can be scheduled based on the individual needs of the woman.

Session 1: Pre-quit Assessment

Session 2: Quit Date (set as soon as possible)

Session 3: 1 week post Quit Date

Session 4: 2 weeks post Quit Date

Session 5: 3 weeks post Quit Date

Session 6: 4 weeks post Quit Date

The Standard Treatment Programme for pregnant women differs from that used for other groups of smokers, in that there is a greater urgency during pregnancy to support women unable to quit on their own. Pregnant women may require a more flexible approach and longer periods of support than the general population of smokers. As such, the timing and number of sessions can be adapted to the individual needs of the pregnant woman.

Women should be encouraged to set a quit date as soon as possible after the first consultation with their stop smoking practitioner or maternity care provider. For pregnant women who are ready and motivated to quit, the first session may be also the quit date session and women should not be dissuaded from setting a quit date, as long as all the tools for quitting are readily accessible (e.g. nicotine replacement therapy). Following the quit date, the post-quit sessions (i.e. weeks one, two and three), are similar in content and they are described in one section in this guide.

This document is designed to complement the NCSCT's online resources and training workshops. There are specialty training modules and briefings for practitioners that address smoking and smoking cessation during pregnancy. These resources can be accessed from the NCSCT website.

Background

We provide here a brief overview of the importance of stop smoking support for pregnant woman, established principles for working with pregnant women who smoke and general background information that will guide delivery of the Standard Treatment Programme.

Benefits of quitting

Smoking is the leading preventable cause of pregnancy related complications that can extend into childhood illness (see appendices). It is very important for a woman to quit smoking as early as possible in her pregnancy to reduce these risks. While quitting smoking at any stage of pregnancy will have benefits, evidence has shown that women who stop smoking before 15 weeks of pregnancy cut the risk of spontaneous premature birth, and having low birth weight babies, to the same as a non-smoker. We also know that there is no safe level of smoking during pregnancy and while some women cut down the amount that they smoke, the goal should be to quit completely.

Research has shown that many pregnant women in the UK do not recognise that smoking can harm their baby and additional education is required to improve understanding.

Challenges to quitting during pregnancy

Quitting smoking is not easy for most people, in particular those who are heavily dependant or experiencing anxiety, depression or other mental health conditions. Nicotine metabolism increases during pregnancy and can lead to increased urges to smoke. For many, pregnancy can be a stressful time and smoking is often identified by women as being a method of 'coping' with stress. The myth that smoking reduces stress should be challenged, as it is proven that smokers who quit are less anxious and depressed and happier than those who continue to smoke.

Importance of support

One of the most important factors that can help a pregnant woman who smokes to quit is a positive relationship with her stop smoking practitioner or other health care professional (e.g. midwife, practice nurse, physician) supporting her quit attempt. Pregnant women often feel that they will be judged for not being able to quit, likewise many women do not believe they will be able cope without smoking. Helping pregnant women through their quit attempt in a non-judgmental and supportive manner, and helping normalise the feelings and challenges that they may be experiencing, is an important part of a stop smoking practitioners role.

Opt-out referral

An 'opt-out' referral system for pregnant women who smoke has been introduced in the UK. This ensures all women who smoke have the opportunity to receive expert support with quitting. The 'opt-out' system may result in an increased number of referrals for pregnant women who may not be 100% ready to quit. Helping to increase motivation and confidence of pregnant women who are not ready to quit will be an important part of the support provided.

Optimum support (behavioural support plus nicotine replacement therapy)

We know from research that pregnant women who smoke will benefit from behavioural support for smoking cessation. Pregnant women who smoke often require more intensive individualised support to remain quit. Support throughout pregnancy, up to the date of delivery is recommended, as relapse is common and often occurs late into pregnancy. Pregnant women can also benefit from the use of nicotine replacement therapy (NRT) or the use of an electronic cigarette (e-cigarette). These products are safer than continuing to smoke and can be particularly beneficial to pregnant women with high levels of tobacco dependence, significant cravings to smoke, and/or smoking triggers.

The role of family and friends

Having a spouse or living with someone who smokes can also make quitting smoking during pregnancy challenging. Addressing smoking in the family and household will be an important part of the behavioural support you provide. In some cases, family members or friends may wish to use this as an opportunity to stop smoking, and support can be provided to family alongside the woman or arranged for them.

The post-partum period

It is very common for women to return to smoking following delivery. Preventing relapse is an important secondary goal of stop smoking support provided to women. Some women who quit smoking during pregnancy do so with the intention of resuming smoking after the birth of their child; others simply return to smoking without planning to, often as a way to relax, 'deal with stress' of having a new baby, or returning to their social circle of friends who smoke. Likewise, post-natal depression, concerns about weight gain and having a smoking partner and lower socio-economic status are also known to contribute to relapse.

Session 1:

Pre-quit Assessment

Clinical Checklist

Done

1	Learn about the pregnancy and assess current readiness to quit	<input type="checkbox"/>
2	Assess current and past smoking	<input type="checkbox"/>
3	Assess physiological and mental functioning	<input type="checkbox"/>
4	Discuss importance of quitting with support and inform about the treatment programme	<input type="checkbox"/>
5	Establish understanding of how smoking affects pregnancy	<input type="checkbox"/>
6	Explain and conduct carbon monoxide (CO) monitoring	<input type="checkbox"/>
7	Establish personal reasons for quitting and confidence in ability to quit	<input type="checkbox"/>
8	Discuss smoking contacts and available support	<input type="checkbox"/>
9	Assess past quit attempts	<input type="checkbox"/>
10	Explain how tobacco dependence develops and assess nicotine addiction	<input type="checkbox"/>
11	Explain the importance of abrupt cessation and the 'not a puff' rule	<input type="checkbox"/>
12	Inform about withdrawal symptoms	<input type="checkbox"/>
13	Discuss the use of nicotine replacement therapy and electronic cigarettes	<input type="checkbox"/>
14	Set a Quit Date	<input type="checkbox"/>
15	Prompt and elicit commitment	<input type="checkbox"/>
16	Discuss preparations and provide a summary	<input type="checkbox"/>

Communication skills used throughout this session

Boost motivation and self-efficacy	<input type="checkbox"/>	Build rapport	<input type="checkbox"/>
Use reflective listening	<input type="checkbox"/>	Provide reassurance	<input type="checkbox"/>

This session also covers general preparations for quitting and it should aim to enhance motivation and boost self-confidence throughout.

Specific elements, such as completion of questionnaires and other stop smoking service paperwork; have not been included as they vary according to local protocols and procedures.

1 Learn about the pregnancy and current readiness to quit

Building rapport allows you to communicate to the women that you 'care' about their quit attempt. It also serves to make sure that the woman is receptive to the information that you are going to provide them, so that they feel comfortable asking you questions.

Welcome the woman to the appointment, and emphasise the importance of quitting in pregnancy, communicate your understanding that she may be nervous, which is very common.

If you do not already have this, spend a few minutes gathering information on the women's pregnancy and her current situation including: how many weeks pregnant she is, if this is the first pregnancy, any current or previous pregnancy-related complications (particularly any that may be smoking related), and if she is experiencing any pregnancy-related symptoms (e.g. morning sickness or changes to mood).

*"Tell me about how your pregnancy is going so far? Is this your first?
How are you feeling? Have you been feeling stressed at all?"*

Ask her how she feels about quitting smoking.

"How do you feel about stopping smoking?"

If the woman sounds nervous or ambivalent about quitting:

- Reassure and empathise with her that it is normal and understandable to feel nervous about stopping smoking
- Reinforce to her how important stopping whilst pregnant is to ensure that she has a healthy pregnancy and baby
- Inform her that with the support of a trained practitioner, and by using effective medication, her chances of quitting will be greatly improved

If the woman sounds positive:

- Congratulate her and emphasise how important stopping smoking is to ensure that she has a healthy pregnancy and baby, and that the benefits of quitting begin the moment she stops smoking
- You might need to make sure that the woman has realistic expectations of how difficult quitting might be but that you are there to ensure that she is prepared and supported throughout.

Communicate empathy and understanding about the difficulty some women can experience in quitting during pregnancy and discuss the role of stress and how it can make quitting at this time challenging, and, if necessary explain the myth that smoking relieves stress.

It is important to congratulate pregnant women on small things like seeking support and acknowledging any achievements so far (e.g. attempts to reduce their smoking prior to seeing you).

Women not ready to quit

If the woman does not feel that they are ready to make a serious attempt to quit, acknowledge her feelings (i.e. it sounds like you are not feeling ready to quit smoking right now?), explore worries or reasons for not being ready, provide encouragement and communicate the support that will be provided to her. It is important for the woman to feel like she is in control. You can reassure her that while it is important to quit early in the pregnancy she will select a quit date that works for her. You can suggest that you use today's session to get to know one another and give her some information and reassess how she is feeling at the end of today's session. Communicating with the woman's maternity care provider on her decision is vital and should be documented to ensure appropriate antenatal care is planned by them.

2 Assess current and past smoking

“What age were you when you first started smoking?”

*“How many cigarettes a day do you usually smoke now?
Is that always the same or do you sometimes smoke more or less?”*

*“Has your smoking changed since you discovered you were pregnant?
How many cigarettes a day were you smoking before?”*

Assessing cigarettes smoked per day is a question that gives you an early indication of what level of support they might need. It can be helpful to assess both how many cigarettes women are smoking now and how many they smoked previously (prior to finding out they were pregnant). The stigma around smoking in pregnancy means that some women find it difficult to disclose that they smoke and may under report how much they smoke.

Explain importance of quitting vs. cutting down on smoking

It is not uncommon for women to have cut down on the number of cigarettes they smoke since learning they are pregnant. **Acknowledging the women has made changes to her smoking is important;** however, be clear that there is no safe level of smoking in pregnancy and stopping completely should be the goal.

For women who report current smoking this is also an opportunity to show that you understand how difficult it can be to stop smoking and communicate you are not here to judge but rather to support them with quitting.

This is also a good time to explain the concept of compensatory smoking (also discussed on page 23). Smokers who cut back tend to compensate by taking more puffs, inhaling deeper and longer, smoking more of the cigarette, which means baby is still being exposed to carbon monoxide.

“It’s good you’ve made some change to your smoking – it shows that you are making an effort to ensure your baby is healthy. We know however, there is no safe level of smoking during pregnancy. Additionally, it’s often the case that you smoke the remaining cigarettes more intensely (e.g. taking more puffs, inhaling deeper and longer, smoking more of the cigarette). Smoking even just a few cigarettes a day continues to place your baby at risk and so the goal really is to stop completely.”

3 Assess physiological and mental functioning

Knowing how well the smoker can function, both physically and mentally, will allow you to plan an appropriate behaviour support programme and to inform, and in some cases involve, other health professionals.

If you don't have the pregnant woman's medical records in front of you, ask whether the woman has any physical condition that may affect their quit attempt with a question like:

"Do you suffer from any physical illness or disorder?"

You can ask whether the smoker has any mental health condition that may affect their quit attempt with a question like:

"Are you currently experiencing any mental health problems?"

If yes, ask:

*"Are you currently receiving any care or treatment for it?
If so, are you taking any medication?"*

Any pregnant woman receiving treatment for a mental health problem will have a psychiatrist or community psychiatric nurse who you should liaise with. Note that a current mental illness is no reason for pregnant women not to stop smoking. However, it is recommended that women with mental health illness receive more intensive support and receive appropriate treatment for their mental health condition.

4

Discuss the importance of quitting with support and inform about the treatment programme

Tell her that she is increasing her chances of stopping smoking for good by receiving behavioural support and medication, and that weekly contact with you is extremely important for the full duration of the course including the final visit.

"You have taken an important first step by coming along to see me. We know that women who get support and use stop smoking medication is by far more likely to stop and stay stopped than those who try to quit on their own."

Explain that you will be able to provide support throughout her pregnancy and that the programme is weekly visits for six or seven weeks (or whatever your service treatment programme is) and that weekly contact is extremely important.

"Involving a trained practitioner throughout your quit attempt will greatly improve the chances of success. I will provide guidance on strategies that can make it easier to quit, the use of quit smoking aids like NRT might be a good option for you and in general give the support you need to be successful. If we do decide to use nicotine replacement therapy I will also be able to give you information on how to obtain the medication free of cost and the most effective way to use it."

I will be here to support you throughout your pregnancy as sometimes problems come up. We will have regular face to face appointments and we can also connect by phone or text messages."

Inform her that:

- You will provide her with accurate information about what to expect during the quit attempt and how to deal with difficult situations
- Weekly contact is extremely important. She will see you for six sessions initially: once before quitting, on her quit date and then once a week for four weeks after the quit date
- A check will be made on her progress using a simple carbon monoxide breath test at every visit

5 Establish understanding of how smoking affects pregnancy

It is important to establish if the expectant mother understands why smoking is harmful in pregnancy and how quitting will give immediate benefits to her baby's growth and development.

"We know that stopping smoking is by far the most important thing you can do to ensure your baby is healthy and you have a smooth pregnancy."

Enquire about the woman's understanding of the health risks and ask if she has any personal worries. As appropriate, relate to any previous poor pregnancy outcomes or complications (e.g. low birth weight, inter uterine growth restriction, prematurity, bleeding, etc.).

"Can I ask if you understand why we worry about women who continue to smoke in pregnancy?"

"Is there anything that worries you about your smoking (now that you are pregnant)?"

Some women may have the perception that there are some benefits of smoking during pregnancy (e.g. smaller babies are easier to deliver) or that the risks to baby are exaggerated or minimal (e.g. previous birth of healthy child when smoking). It is worth acknowledging that these are views on smoking that you've heard before from other woman; but then you need to provide evidence as to why it is not the case.

6 Explain and conduct carbon monoxide (CO) monitoring

Explain that carbon monoxide (CO) is a poisonous gas contained in cigarette smoke; it affects the oxygen available to your body and importantly to the baby. CO is the main reason that smoking results in serious complications during pregnancy and increases the risk of miscarriage and slows the baby's growth and development. Even low levels of CO from a couple of cigarettes per day can be harmful to the baby.

Explain that there is a simple breath test that can be carried out to determine CO levels. For pregnant women the recommended cut-off for detecting CO is 4 parts per million (4ppm) or above, this is to ensure that smokers are not 'missed'.

CO monitoring is a good measure of recent tobacco smoke exposure; however, it will not usually detect smoking from over 48 hours ago, or even the day before. CO readings will typically be lower in the morning than the afternoon.

Explain that CO levels rapidly return to normal, for both the mother and baby once you quit smoking completely.

“Carbon monoxide is a poisonous gas and is very harmful to you and your baby. It’s found in exhaust fumes, faulty gas appliances and cigarette smoke. When you smoke, carbon monoxide passes from your bloodstream to the baby and deprives the baby of oxygen and nutrients. It also slows the baby’s growth and development. Fortunately, carbon monoxide levels return to normal very quickly once someone stops smoking, which means your baby will benefit almost immediately.

This machine measures the amount of carbon monoxide in your lungs. It’s a simple breath test and we can give you the results immediately. The machine measures the carbon monoxide in parts per million and if you have not been smoking then we would expect it to be below 4 parts per million.”

Explain that CO tests are carried out at each weekly session to show her objective proof of improved health after they have stopped smoking completely, and to check whether they really have stopped smoking.

Explain she will be required to hold her breath for 15 seconds before exhaling (breathing out) into the CO monitor. This allows the pressure in the lungs to equalise and for the carbon monoxide in the blood to pass into the air in the lungs, which the monitor will measure.

“We will repeat this each week to see how your levels of CO are reduced once you stop smoking. This gives you real feedback on how you are reducing the harm to you and your baby.

What I am going to ask you to do in a minute is to take a big deep breath in and hold for 15 seconds; and then exhale into this machine. After you have taken your breath I will hand the machine to you, the machine will count down from 15 and I will then tell you when to exhale into it.”

And then whilst conducting the testing say:

“I’d like you to take a nice big breath... well done... keep holding your breath, only 10 seconds left now... OK, take hold of the machine... place your mouth firmly around the tube and 5, 4, 3, 2, 1,... blow now.”

It is worth establishing how many cigarettes the woman has smoked prior to carrying out a CO test. If she has not smoked that day, it is worth mentioning that you would not expect her reading to be very high at all. A low reading can give a false belief her baby has a low risk.

TIP

There are a number of CO monitors available and you should follow the instruction accompanying these machines. However, the following procedure is fairly common to all monitors:

1. Both the woman and the stop smoking practitioner should use sanitiser gel (non-alcohol) on their hands before the test
2. Attach a clean, disposable, mouthpiece (a fresh one for each woman) to the monitor
3. Turn the machine on
4. Ask the woman to take a deep breath
5. The monitor will count down 15 seconds and beep during the last 3 seconds
6. The woman needs to blow slowly into the mouthpiece aiming to empty her lungs completely
7. The parts per million (ppm) of carbon monoxide in the lungs will be displayed on the screen
8. The mouthpiece should be removed by the woman herself (for infection control reasons) and disposed of in a refuse sack, which is tied before being placed in another bag for collection (double bagging) to prevent domestic staff touching the mouthpieces
9. The CO monitor should be cleaned between tests using a non-alcoholic wipe

After the test:

- If the test wasn't completed adequately (i.e. the woman did not hold her breath for the required time or did not place her lips around the tube properly) then politely advise the pregnant woman that the test needs to be repeated. Allow them a couple of minutes to get her breath back before repeating the test.
- If reading was **below 4 parts per million:**

"The reading is X. This reading is in the normal range, between 1 and 4 parts per million (ppm) and is what we would expect from a non-smoker. Your baby is already benefiting from this."

If the woman **admits to being a smoker but blows a reading below 4 parts per million** then tell her:

“However, carbon monoxide accumulates in the body. Any cigarettes you have from now on will cause the level of carbon monoxide to rise quickly and will place your baby at risk. The good news is that if you do not smoke at all after you have quit then you can get this permanently down to the levels of somebody who doesn’t smoke.”

■ If reading was **4 parts per million or above:**

“Your reading is X and so is over 4 parts per million which indicates that you are a smoker or exposed to carbon monoxide from some other source. It is what we would expect from you as you are still smoking. The normal range for a non-smoker is between 1 and 4 ppm and so you can see that your reading is ... times higher than what we would expect from a non-smoker. This is particularly harmful to the baby. The good news is that if you do not smoke at all after your quit date then you can get this down to the levels of a non-smoker and ensure your baby is getting the oxygen and nutrients it needs to develop and grow as we would expect.”

Our bodies produce small amounts of carbon monoxide and there is also carbon monoxide in the atmosphere around us, e.g. in car exhaust fumes, so the reading will almost never be zero; it will also fluctuate slightly depending upon what air you have been exposed to. For pregnant women a reading of below 4 ppm is for testing purposes and is considered to be that of a non-smoker.

It is possible that exposure to secondhand smoke may be reflected in the CO reading. This is why a CO reading of 1 to 4 ppm is expected rather than 0. Readings above 10 ppm are not normally caused by being in the company of smokers; this can increase exposure to carbon monoxide, but does not normally push the reading above 10. For women who report that they are not smoking it's worth double checking and if they are reporting they are not smoking examine what other sources of CO may be affecting their reading.

7 Establish personal reasons for quitting and confidence in ability to quit

In addition to the improved health outcomes for her baby, there are many reasons for quitting smoking and it is worth taking the opportunity to assess the woman's personal reasons for quitting. These may include a sense of accomplishment, setting an example for her kids, keeping her home smokefree after baby's arrival, saving money, the women's own health, reducing wrinkles etc.

Ask the women about her personal reasons for quitting.

"Your baby's health is a really important reason for quitting smoking. There are also a lot of other good reasons to quit smoking. I'd really like to know more about why you want to quit?"

Reinforce her reasons for quitting and you may wish to reflect back to her at a later point in this session and future sessions.

8 Discuss smoking contacts and available support

If partners or significant others can also make a quit attempt then the pregnant woman stands a better chance of quitting herself. If both are successful then the home will also be smokefree for the newborn baby.

Ask the woman who they know who smokes and the nature of their relationship with them.

*“Can I ask you if your partner or anyone you live with smokes?
What about anyone who you spend a lot of time with?”*

Woman does not live with a smoker:

- Tell her that this is good news as having cigarettes around them or seeing people smoking could put a strain on her quit attempt;
- Explain that other friends or family members who smoke also pose a risk; ask whether they can ask these smokers to not smoke around them.

Woman does live with a smoker:

- It is important that she understands that living with a smoker or being around smokers will present an extra challenge for her;
- Explain the dangers of exposure to cigarettes and smokers after the quit date and ask whether she can ask these smokers to not smoke around them and not leave their cigarettes in view;
- Provide support with establishing “rules” in terms of no smoking in the home and car.
- Assess interest of spouse or significant other in quitting and arrange support as appropriate.

Support can be arranged for spouses and family members interested in quitting. Even if they are not interested in quitting at this time, 100% smoke-free environments should be a priority during pregnancy for all women and ideally maintained during the post-natal period for new-borns and children.

If spouse, other family member, or significant other smokes:

“Would they be interested in stopping smoking with you? If so, we can arrange for support to be provided to them as well. The arrival of this new baby can be a good motivation for everyone to quit.”

However, be mindful that quitting as a couple can also create tension in their relationship, and you should emphasise the importance of avoiding conflict or acting in competition, which would not be helpful.

Discuss the dangers of being around people who smoke and consideration for avoiding these situations when possible in particular in this early period.

9 Assess past quit attempts

It is helpful to find out whether she has made any previous quit attempts and if there are any experiences, including withdrawal symptoms experienced and medication used, that she could draw upon.

“Have you ever tried to quit smoking in the past?”

If none:

- Inform the woman that not having tried to quit before will not harm her chances of success;
- Boost her motivation by congratulating her that for her first quit attempt she has chosen to maximise her chances of success by getting help.

If the woman has made previous quit attempts:

- Reassure the woman that having tried to quit and failed, and then tried again, shows what commitment she obviously has to stopping smoking;
- Many people who smoke take a number of quit attempts before they quit for good and each previous attempt can be used to help with this one.

"What is the longest time you have successfully stopped smoking in the past?"

For woman who have never made a serious quit attempt before, and may have only quit for a day or so, or even less:

- Boost her motivation by stressing that for regular smokers even managing a short time without a cigarette is an achievement, and one that can be built upon.

For longer periods of weeks or months:

- Ask her how she managed to not smoke for so long and whether there are any strategies that she could use for this quit attempt? *"What did you find helped you?"* and/or *"What did you find difficult?"*

Someone who has gone several weeks or months without smoking will have experienced the withdrawal symptoms getting less severe and frequent; someone who has managed only a few days of abstinence will not have experienced this and may not have had the experience of overcoming urges to smoke.

"Have you ever used any medication to help you with a quit attempt in the past?"

If the answer is "Yes"

- Ask her what medication she has tried and how she got on with it;
- Answers to this question will allow you to assess whether she has used medication properly in the past and what expectations they have of the medication;
- It can also be useful to define the current quit attempt as a serious one (made with the aid of effective medication and expert behavioural support) and to distinguish this from previous ones if appropriate to do so.

If the answer is "No"

- You can inform her that there are free and effective stop smoking medications available that will significantly improve her chances of quitting that can be used during pregnancy.

10 Explain how tobacco dependence develops and assess nicotine addiction

Explaining how tobacco dependence develops and assessing nicotine addiction is useful to provide the woman with an understanding of what they need to overcome and to assist with advising on the effective use of stop smoking medications and by providing expert behavioural support.

Inform her about the nature of nicotine addiction and how it develops.

“When you first start smoking regularly your brain changes so that it expects regular doses of nicotine. This need for nicotine from cigarettes can undermine your motivation to stop smoking, especially when linked to the temporary withdrawal symptoms smokers can experience at first when they do not smoke.”

Reassure her that with effective support and the use of proven medications like nicotine replacement therapy they will have a good chance of overcoming this.

To quickly assess tobacco dependence, ask her how many cigarettes per day she smokes now and how soon after waking does she have her first cigarette (known as the Heaviness of Smoking Index (HSI)). Alternatively, conduct the Fagerström Test for Tobacco Dependence (FTTD).

Since women may have recently reduced or modified their smoking since learning that they are pregnant, it is useful to use past smoking behaviour as an indicator of tobacco dependence.

Heaviness of Smoking Index (HSI)

1. On the days that you smoke, how soon after you wake up do you have your first cigarette?

- | | |
|--|--|
| <input type="checkbox"/> Within 5 minutes (3 points) | <input type="checkbox"/> 6–30 minutes (2 points) |
| <input type="checkbox"/> 31–60 minutes (1 point) | <input type="checkbox"/> After 60 minutes (0 points) |

2. How many cigarettes do you typically smoke per day?

- | | |
|---|--|
| <input type="checkbox"/> 10 or fewer (0 points) | <input type="checkbox"/> 11–20 (1 point) |
| <input type="checkbox"/> 21–30 (2 points) | <input type="checkbox"/> 31 or more (3 points) |



11 Explain the importance of abrupt cessation and the 'not a puff' rule

Explain that stopping smoking completely and not cutting down is important. Explain that even though just a few cigarettes might seem okay, research has shown that there is still significant risk to smoking even just a few cigarettes per day or week to your baby's health.

Explain that after the quit date there is a **'not a puff'** rule as this reduces any ambiguity about what they are about to achieve (stopping smoking completely).

Explain compensatory smoking.

"The problem with trying to stop by cutting down gradually is that it can end up being so gradual that the smoker never actually stops. Additionally, it has been found that smokers may smoke the remaining cigarettes more intensely. The only real way of stopping smoking is to stop abruptly. This allows your body to begin to adjust to not smoking and you to adjust to life without cigarettes."

12 Inform about withdrawal symptoms

"Because your body is used to regular doses of nicotine, it has to adjust to being without it (or having much less of it if you are using NRT). Within the first few hours of stopping smoking your body will start getting used to life without nicotine – this adjustment results in withdrawal symptoms."

Enquire about any previous experience of withdrawal symptoms. Since many women have already cut down on their smoking it can also be helpful to ask about any withdrawal symptoms or cravings they may be experiencing now.

"When you have stopped smoking before, or have had to go without a cigarette for a long time, did you notice any symptoms that you may have had because of this? Was there anything that worked for you in dealing with these that could be useful this time?"

Respond appropriately reinforcing that this knowledge is going to be helpful during this quit attempt. Being aware of what to expect in terms of withdrawal symptoms will help the woman to be prepared on how to cope with them.

Remind her that proper use of stop smoking medication will help reduce withdrawal symptoms, but will probably not get rid of them completely.

Reinforce that most of the withdrawal symptoms gradually disappear in the first four weeks of a quit attempt as long as she does not smoke a cigarette.

Respond appropriately to any concerns and reinforce that these symptoms are all normal and will pass with time as long as they do not smoke.

Importantly, there are several pregnancy-related symptoms that may be confused with withdrawal symptoms. Discuss symptoms specific to pregnancy that can be confused with withdrawal symptoms e.g. stress, increased appetite (leading to excessive weight gain), sleep disturbances, constipation, and irritability/restlessness.

It is important to recognise that for some women pregnancy related symptoms (e.g. morning sickness/nausea, indigestion, fatigue and headache) can be severe and can make quitting smoking a bigger challenge. Discussing with women how they are feeling at follow-up appointments and understanding how symptoms may be affecting them at each follow-up is an important part of showing your understanding and providing reassurance. Acknowledging at the same time that smoking will not assist with managing symptoms and these are likely to peak between weeks 6–12 of the pregnancy and then should subside.

Common tobacco withdrawal symptoms:

- Urges to smoke or cravings (usually reduce over time as long as the client does not smoke, but can appear for a long time after quitting)
- Increased appetite and weight gain (can persist for three months or longer)
- Depression, restlessness, poor concentration, irritability/aggression (these usually last less than a month)

Less common symptoms:

- Light-headedness (usually lasts less than 48 hours)
- Waking at night (usually for less than a week)
- Mouth ulcers (can last over a month)
- Constipation (can last over a month).

FACT

13 Discuss the use of nicotine replacement therapy and electronic cigarettes

The most effective way to quit for pregnant smokers is with a combination of support and treatment. However, pregnant women are often reluctant to use medication in pregnancy because they incorrectly think that it is neither safe nor effective. As practitioners, we need to be clear on the role that NRT has in a quit attempt and explain correct usage to ensure adherence and optimum effectiveness.

Nicotine replacement therapy (NRT)

Give information and guidance on the nicotine replacement therapy (NRT) products so that the woman can make an informed choice about using NRT as part of this quit attempt. Some women may have heard of, or previously used, varenicline (Champix) and bupropion (Zyban) but these stop smoking medications are not licenced for use in pregnancy.

“There are medications that make quitting smoking easier. In fact, people who use these medicines when they quit smoking are twice as likely to be successful than those who try and quit without their use. There are three main types of medications: nicotine replacement therapy (shortened to NRT), Champix and Zyban. During pregnancy we do not recommend using Champix or Zyban.

Nicotine replacement therapy is however widely used to help people stop smoking and is a safe form of treatment, including during pregnancy. We know women who have used NRT to quit smoking have greater success. NRT is free on prescription during pregnancy. We can discuss if using NRT is something we should include as part of your plan for quitting.”

Long-term studies have found no harm to the fetus from using NRT in pregnancy. Unlike smoking, NRT delivers a clean form of nicotine and no carbon monoxide.

“NRT works by reducing urges to smoke and other withdrawal symptoms, thereby making stopping smoking a bit easier. It is not a magic cure – but it will help.

They contain a small amount of the pure nicotine that you are currently getting from cigarettes. It is important to remember that NRT does not produce carbon monoxide or contain the 4,000 other chemicals in cigarette smoke. NRT is not like the nicotine you get from smoking: it provides cleaner nicotine in smaller doses that is absorbed more slowly and is much safer than smoking.”

Describe the different NRT products available.

“There are currently seven different products to choose from and all are effective in helping smokers to stop: patches, nasal spray, gum, lozenge, inhalator, microtab and mouth spray. They differ in the amount of nicotine that they contain, how it is delivered and how quickly it acts.”

Inform women that NRT products are used for a minimum of 12-weeks and longer if required. After the first 6 weeks of the therapy you will examine together reducing the dose of NRT based on how they are coping.

Pregnant women metabolise nicotine 60% faster than a non-pregnant woman. Because of this we need to be careful about pregnant women 'under-dosing' with NRT. Importantly, pregnant women who use two or more nicotine products (combination NRT) are more successful at quitting than those who use a single NRT product.

It is recommended that pregnant women use a 16 hours patch in combination with a shorter acting product (e.g. gum, lozenge or spray).

It is common for women to have sensitive skin during pregnancy, which may be exacerbated by the use of nicotine patches, this can be discussed if it occurs and addressed with simple strategies such as rotating the location of the patch and using a topical cream. The use of oral NRT products may not be suitable for women who are suffering from nausea or 'morning' sickness particularly in early pregnancy. In this case an NRT inhalator or mouth spray may be preferred.

If a woman is more dependent on nicotine (based on the HSI or the FTTD), then a higher dose product such as the 25mg patch, 4mg chewing gum, 4mg lozenge or nicotine nasal spray will help them more.

Combination NRT (patch plus oral NRT) is the most effective medication option and is suitable for pregnant women.

“A combination of two nicotine products – often the patch to deliver a background dose and the nicotine gum or lozenge to provide extra help when needed. Do you have any thoughts about this?”

“Studies show that using two products together gives you an increased chance of success compared with using one product. Combining products is also very safe: there is no need to worry about overdosing on nicotine. If you are unsure about using two products you could start off with the patch and if you find you are having difficulty in dealing with your urges to smoke then try adding another product.”

Allow the woman time to ask questions.

“Now that I’ve told you that NRT is not only safe for you and your baby, but will increase your chances of quitting, are there any questions that you have for me?”

Discuss use of NRT as part of her plan for quitting.

“Do you know which stop smoking medication that you want to use to help with your quit attempt?”

If the woman is positive:

- Review available forms of NRT and ask if she has a preference.
- Review briefly instructions for use and discuss supply.
- Ask her to repeat her understanding in terms of how she will be using the NRT product.
- Ensure that she has realistic expectations of NRT and fill in any gaps in knowledge.

If the woman is uncertain or not positive:

- If she states that she is not planning on using NRT then ask her reasons for this and encourage women who report higher rates of addiction (HIS), low confidence with quitting, or are currently experiencing significant withdrawal or cravings to consider its use.
- Clarify any misunderstandings about the safety or NRT and the role it can play in helping them quit.
- Let her know that it’s also something that can be discussed next time you meet and if she finds she is struggling.

They should be encouraged to use the therapy for the full duration and to discuss with you any concerns or difficulties they may have with using the medication.

Electronic cigarettes (e-cigarettes)

Some women will choose to use e-cigarettes during pregnancy or may be already using e-cigarettes. Unlike cigarettes, e-cigarettes do not burn tobacco and do not produce tar or carbon monoxide, which is particularly harmful to developing babies.

E-cigarettes are very popular with smokers and the evidence to date indicates that they are significantly (at least 95%) less harmful than cigarettes. If using an e-cigarette helps the woman stay smokefree, it is much safer for both she and her baby than continuing to smoke.

“Many smokers find electronic cigarettes or e-cigarettes helpful for quitting smoking, and evidence shows that they can be effective. If you do choose to use an electronic cigarette and if that helps you to quit and stay smokefree, it is far safer for you and your baby than continuing to smoke. Specifically, e-cigarettes do not produce carbon monoxide which is the poison produced when you smoke cigarettes that is most harmful to the baby.”

While licensed NRT products are the recommended option, if the expectant mother is interested in using an e-cigarette as part of her quit attempt, you may provide basic guidance on how to use the e-cigarette and discuss using in combination with NRT as appropriate. E-cigarette liquids, which contain nicotine, are a form of nicotine replacement and dosing guidelines generally follow the same principles as with NRT.

Some women may be concerned about stigma or judgement should they be seen using an e-cigarette. This can be addressed as part of your support.

“Some women tell me they are concerned that if people see them using an e-cigarette they may be criticised (including your spouse or family members). If you encounter this situation you can let the person know that it’s something you have discussed with your stop smoking practitioner and it is far safer for the baby than smoking.”

14 Set a Quit Date

Set the quit date with the woman. Given the importance of quitting, women should be encouraged not to delay quitting. Some women may choose to quit the same day as their appointment or over the next week.

“What I’d like to do is have you set a date for quitting smoking. Its important not to delay quitting and so ideally I would love to see you choose a quit date over the next week. Have you considered when to set your quit date?”

Explain that the goal from the quit date onwards is not to have a single puff of a cigarette. It can be helpful to solidify plans for having their last cigarette.

*“Have you considered what time your last cigarette will be on your quit date?
Some people like to smoke their last cigarette on the night before their quit date, others in the afternoon. Whatever the time of day that you have your last cigarette it is vitally important that after this point you live by the ‘not a puff’ rule and do not smoke any cigarettes, not even one puff.”*

Note: If the woman is planning to quit prior to your next appointment it maybe helpful to cover some information from session 2 to ensure the woman is as prepared as possible for the first few days of her quit attempt.

15 Prompt and elicit commitment

It is important that the woman hears herself commit to not smoking at all after their quit date. Declarations such as this contribute to the building of rapport and leave no room for misunderstanding as to what is the aim of the quit attempt.

FACT

Ask her to tell you that she will commit not to have a cigarette, not even one puff, after her quit date.

“Having explained the ‘not a puff’ rule to you I would really like to hear you say that your aim is not to smoke at all after your quit date. Can you do that for me?”

16 Discuss preparations and provide a summary**Provide a summary and ask the woman to:**

- Confirm her reasons for quitting;
- Confirm quit date and understanding of the 'not a puff' rule;
- Confirm choice of NRT or e-cigarette, plans to obtain supplies and plans for immediate use;
- Bring NRT or e-cigarette with her to the next appointment (or make NRT available for the quit date if you are supplying it);
- Confirm the need for an arrangement with and support from partners, family and friends who may smoke, to reduce the women's exposure to smoking and the availability of cigarettes;
- Confirm plans to get rid of all remaining cigarettes, plus lighters and ashtrays, in preparation for her quit date;
- Advise that preparing for the quit date and planning ahead for times when she will be tempted to smoke.

"In the week before you stop smoking it is worth thinking about the times you are going to miss cigarettes the most. You won't necessarily have your worst cravings at these times, but it helps to think about what you are going to do to try and make things a little easier for yourself.

We can talk about this with you when we speak on your quit date."

A summary of what has been discussed in this session allows the woman to review the plans; it also crystallises these plans in the woman's mind. An accurate summary also helps build rapport. It should include the following:

- Confirm with the woman her quit date, NRT or e-cigarette choice and supply, and preparations she will undertake prior to her quit date;
- Summarise the reasons why she wants to stop smoking, what support is available to her and what barriers she may face; reflect this back to her to check that this summary is correct;
- Confirm the date of your next appointment and how to contact you if any questions or concerns arise. Let them know that its important to you that they come to all their appointments no matter if they're struggling or not;
- Ask if she has any questions;

"Are there any questions that you have for me about the preparations you need to make or what you are going to do on your quit date?"

- Congratulate and reinforce her decision and effort to quit. Reiterate that you will be there to support her throughout her quit attempt along the way.

"It's so important that you have made the decision to quit, well done... you and your baby will benefit immediately. I will be here to support you every step of the way and I want you to feel comfortable to ask any questions and confide in me if you are struggling."

Or

"It's fantastic that you're making such an important change for you and your baby, I'll be here to support you throughout your pregnancy."

Session 2:

Quit Date

Clinical Checklist

Done

1	Check on how pregnancy is progressing	<input type="checkbox"/>
2	Confirm readiness and ability to quit	<input type="checkbox"/>
3	Confirm availability of NRT or e-cigarette supplies and discuss expectations of products	<input type="checkbox"/>
4	Discuss withdrawal symptoms and cravings / urges to smoke and how to deal with them	<input type="checkbox"/>
5	Advise on changing routines	<input type="checkbox"/>
6	Discuss who will be able to offer support during quit attempt	<input type="checkbox"/>
7	Revisit smoking contacts and available supports	<input type="checkbox"/>
8	Address any potential high-risk situations in the coming week	<input type="checkbox"/>
9	Conduct carbon monoxide (CO) monitoring	<input type="checkbox"/>
10	Confirm the importance of abrupt cessation	<input type="checkbox"/>
11	Prompt commitment	<input type="checkbox"/>
12	Discuss plans and provide a summary	<input type="checkbox"/>

Communication skills used throughout this session

Boost motivation and self-efficacy	<input type="checkbox"/>	Build rapport	<input type="checkbox"/>
Use reflective listening	<input type="checkbox"/>	Provide reassurance	<input type="checkbox"/>

This session also covers strategies for avoiding smoking and should aim to enhance motivation and boost self-confidence throughout.

Specific elements, such as completion of questionnaires and other stop smoking service paperwork, have not been included as they vary according to local protocols and procedures.

1 Check on how pregnancy is progressing

Welcome back the woman and demonstrate that you are genuinely excited that her quit date has arrived and that she is about to stop smoking for good. Ask how she is feeling about quitting and if she has any pregnancy related symptoms such as nausea/sickness that may affect her quit attempt.

2 Confirm readiness and ability to quit

Ensure that the woman has discarded all of her cigarettes after her final one. If the woman has had her last cigarette then have her discard the remaining cigarettes whilst with you. Some women also like to bring their ashtrays and lighters with them to throw away.

"So can I ask you whether you are ready to stop smoking?"

If the woman sounds nervous or ambivalent:

- You can reassure her that it is completely understandable and very common to be nervous about stopping smoking;
- Inform her that by getting support from trained practitioners such as you, and by using NRT or e-cigarettes effectively they are greatly improving their chances of success;
- You may wish to explore further at this time any specific concerns she may have (e.g. *"Is there something that is worrying you most about quitting?"*)

If the woman sounds positive:

- You can congratulate her for being so positive as motivation to quit successfully is really important;
- You might need to make sure that she has a realistic expectation of how difficult quitting might be if you think that they are overconfident.

3

Confirm availability of NRT or e-cigarette supplies and discuss expectations of products

Make sure that the woman has sufficient NRT product to last for the next two weeks. If not, discuss arrangements for her to obtain a further supply. For women who will be using an e-cigarette, confirm that they have purchased their device and supplies and check to see if they have a good understanding of how to use the device.

For women using NRT:

- Remind about the rationale for use (reduces withdrawal symptoms and increases success);
- Reassure about initial unpleasant effects (will get used to the taste etc.);
- Encourage use of sufficient amounts of combination NRT to avoid unnecessary nicotine withdrawal;
- Reassure about any safety concerns;
- Enquire about any questions they may have about use.

"It is probably worth remembering that nicotine does not cause cancer and that it is the tar and carbon monoxide in cigarette smoke that are harmful. Also, nicotine products tend to give you less nicotine than from cigarettes and so your chances of getting addicted to them are slim. In fact the biggest problem with NRT use is not that people become dependent upon the products, but that people do not use enough of it for long enough."

For women using e-cigarettes:

- Remind and reassure her of the rationale for use (reduces withdrawal and increases success);
- Check usage;
- Enquire about any questions they may have about use.

Get women who are using NRT or e-cigarettes to start using the products straight away.

With all women discuss correct use and possible side effects or considerations when using.

If the woman is using an oral NRT product:

- Reinforce the need to use oral NRT products and the nicotine nasal spray regularly throughout the day, on the hour, every hour and to avoid having liquid or food 15 minutes before or after.

"Make sure you take your NRT with you wherever you go, always keep a supply handy; perhaps where you used to keep your cigarettes. The NRT does not work as well if you use it 15 minutes before or after eating or drinking so you will want to try to plan with that in mind."

If the woman has chosen to only use one NRT product, take the opportunity to encourage combination use again.

"I mentioned last week that single NRT products typically give about half the nicotine that you would have got from cigarettes and that research has shown that using two products (often a combination of patch plus one of the oral products) increases your chances of quitting. Have you thought any more about this?"

If the woman is not intending to use NRT or an e-cigarette, take the opportunity to re-visit this now.

4

Discuss withdrawal symptoms and cravings /urges to smoke and how to deal with them

"When you have stopped smoking before, or have had to go without a cigarette for a long time, did you notice any symptoms that came on? Was there anything that worked for you in dealing with these that could be useful this time?"

Respond appropriately reinforcing that this knowledge is going to be helpful during this quit attempt.

Remind the woman that proper use of the NRT will help with withdrawal symptoms (including cravings /urges to smoke) but will probably not get rid of them completely.

Reinforce that most of the withdrawal symptoms gradually disappear in the first four weeks of a quit attempt as long as she does not smoke a cigarette.

Discuss cravings /urges to smoke and how to deal with them.

"When a person who smokes gets a craving they normally have a cigarette and the craving goes away. This is not an option when stopping smoking as the only permanent way to get rid of cravings is to not smoke at all."

“At first the cravings can feel overwhelming, especially if they take you by surprise. In the first few days and weeks these cravings can be very strong and can occur a lot – but cravings do pass and can be controlled. As long as you do not smoke after your Quit Date then over the next few weeks they will get less strong and less frequent and you will get better at dealing with them.”

Discuss strategies for dealing with cravings when they occur. Cravings generally are at their worst for 3 to 5 minutes and then they will lessen.

Strategies, which can be helpful to recommend, include:

- Do something to distract yourself until the craving passes
- Drink plenty of water
- Take deep breaths from the belly
- Use short acting NRT

“Cravings generally are usually at their worst for 3 to 5 minutes, so it can be helpful to have a plan of what to do if you get a strong craving or urge to smoke. Having something to distract you (this can be something simple like getting on the phone, keeping busy with another activity) as well as using the oral NRT can be really helpful. Likewise drinking plenty of water and taking deep breaths from your belly when you have a particularly bad craving helps it pass.”

You may wish to demonstrate or practice breathing techniques with the woman as well as discuss ideas for keeping herself distracted when a craving hits.

“So let’s imagine for a minute that you get a craving to smoke. What do you think might be helpful for you to keep yourself distracted until it passes.”

Discuss common triggers for cravings: seeing someone smoke; being in a situation where the expectant mother used to smoke; being with people who the woman used to smoke with; feeling stressed; wanting to celebrate.

“The nature of giving up smoking means that there are going to be times after your Quit Date when you really want a cigarette. Experience tells us that it is worth having a few strategies to deal with these times when you experience strong urges to smoke.”

Encourage the woman to come up with some ideas on what they can do when they experience the urge to smoke that you can expand on / add to if necessary.

If the woman is struggling to come up with ideas of her own then it is appropriate for you to suggest some. However, remember to provide a range of options that she can choose from or consider rather than telling her what she should do. For example:

“You mentioned that first thing in the morning might be a tricky time for you. This is common and some of my clients have committed to change their routine by having breakfast, getting out of bed 10 minutes later or keeping their medication by their bed (where they used to keep their cigarettes). You might want to try one or more of these or think about whether there is anything else that you can do that might help.”

Example strategies could include: ensuring that cigarettes are not available; using NRT properly; avoiding situations in which common triggers occur; distraction; short periods of exercise; reminding yourself of motivations to quit; imagining telling people you have started smoking again; thinking about your baby growing inside you and that you are doing this for them.

5 Advise on changing routines

“Last week I asked you to consider which cigarettes you think that you might miss the most – now nicotine is a tricky drug and there is no guarantee that those cigarettes will actually be the ones that you miss the most, but have you been able to identify these?”

Respond appropriately and make note of these cigarettes / times / situations so that you can address them at future appointments.

“You are probably going to have times over the next couple of weeks when you are desperately going to want to smoke, small changes in your routine may help you to cope with ‘smoking situations’ and to establish a new pattern of living without cigarettes. Have you thought what you will do in place if you feel tempted to smoke at these times?”

Attempt to get the woman to come up with any changes that they might make.

6 Discuss who will be able to offer support during quit attempt

The support of family and friends, particularly partners who share the home, is crucial in any attempt to stop smoking especially for pregnant women. Research has found that support from the woman's partner, family members, colleagues or friends can be very helpful.

Reinforce the role of support from family and friends during her quit attempt. Ask about who might be able to be a positive source of support.

"There are going to be times during your quit attempt, especially in the first few weeks, where the support and encouragement of friends, family and colleagues is going to be really helpful. This is one of the reasons why we suggest that you tell as many people as possible that you will be quitting smoking and that you are going to need their support. Are there any people from whom you think would support your quit attempt?"

7 Revisit smoking contacts and available supports

Follow-up your discussion from session 1 about smoking contacts. Revisit the opportunity to arrange stop smoking support for spouses or significant others. Arrange support as appropriate.

Confirm plans for keeping the home and car smokefree and reducing time spent in places where secondhand smoke exposure is likely.

8 Address any potential high-risk situations in the coming week

"High-risk situations for most people who smoke are linked to times when their barriers are down and where cigarettes are available and being smoked – your motivation will have to be at its strongest at these times."

Ask the women if there are any times in the coming week when they think that they might be at particular risk.

Attempt to get the expectant mother to come up with possible strategies for dealing with these situations. Reinforce the importance of using her NRT or e-cigarette properly and of reminding themselves about their reasons for quitting and how these can be used during high risk situations or when strong urges strike.

"Your frame of mind is important: being positive about stopping smoking and knowing that there will be hard times when you feel like smoking, but these will pass."

If the woman displays confidence:

- Praise her for her motivation and advise that the support and NRT they are going to receive means that their confidence is well placed;
- You might need to make sure that she has a realistic expectation of the challenge ahead and the need to plan what they are going to do when the urge to smoke is very strong if you think they may be overconfident.

If the woman displays a lack of confidence:

- Be positive and advise her that it is probably better for them to be under-confident rather than overconfident;
- Tell her that although stopping smoking can be difficult (as they may know from previous attempts) that with your help and the medication they have every chance of success. Advise that it is still worth planning what they are going to do when the urge to smoke is very strong.

"Strong motivation can overcome lack of confidence. For example, let me ask you to imagine being offered £100 as a substitute every time you want a cigarette. What would you do?... Now the £100 is an imaginary motivation, but you have very real reasons to give up smoking and to refuse to smoke."

"It is also worth remembering that although quitting smoking is difficult, thousands of people stop successfully every year despite having similar fears."

Concern about weight gain is a common reason for smoking during pregnancy. Women can be provided with basic advice to maintain a healthy weight during pregnancy that does not involve smoking.

9

Conduct carbon monoxide (CO) monitoring

Remind the woman that CO tests are carried out routinely during the quitting process to show her objective proof of improved health after they have stopped smoking completely, and to identify any possible lapses.

Conduct the CO test as described in the Pre-quit Assessment on page 14.

After the test:

- If reading was **below 4 parts per million:**

“The monitor is showing a reading of X. This reading is in the normal range and what we would expect from a non-smoker. However, carbon monoxide accumulates in the body and I’m sure that if we were to repeat the test soon after you have smoked it would be much higher. The good news is that if you do not smoke at all after your Quit Date then you can get this permanently down to the levels of somebody who doesn’t smoke and ensure your baby is getting the oxygen and nutrients it needs.”

- If reading was **4 parts per million or above:**

“The monitor is showing a reading of over 4 parts per million which is what we would expect from you as you are still smoking. The normal range for a non-smoker is between 1 and 4 ppm and so you can see that your reading is ... times higher than what we would expect from a non-smoker. The good news is that if you do not smoke at all after your Quit Date / today then you can get this down to the levels of a non-smoker and ensure your baby is getting the oxygen and nutrients it needs.”

10 Confirm the importance of abrupt cessation

"The only way that the withdrawal symptoms will start to get better, and that you will begin to learn how to live without cigarettes, is for you to not smoke at all after today – not a puff.

In these next couple of days, you will probably find that each day without a cigarette feels like a week. Often, after only a few days people feel like they have been stopped for ages and deserve a 'treat'. Just one cigarette is incredibly risky and usually leads back to regular smoking so plan another treat that you can give yourself."

"Set yourself small targets. Set yourself the target of getting through the morning, afternoon or evening without smoking, and be determined not to smoke, whatever life throws at you. Aim to get through your quit day without smoking. Once you have done that aim to double the length of your quit attempt by going a second day without smoking. Take it step-by-step, day-by-day (even hour-by-hour if necessary) so that you can get through the next week."

11 Prompt commitment

Ask the woman to tell you that she will commit not to have a cigarette, not a single puff, after her quit date.

"I would really like to hear you say that your aim is not to smoke at all. Can you do that for me?"

12 Discuss plans and provide a summary

"Are there any questions that you have about getting through today and the next week without smoking? How are you feeling?"

Respond appropriately.

Summarise the woman's plans and ask her to:

- Confirm plans for NRT or e-cigarette use and sufficient supply for the coming week;
- Describe what the woman plans to do to deal with the urges to smoke;
- Confirm how the woman is going to change her routine, including the need for an arrangement with smoking partners, family, friends and colleagues to reduce her exposure to smoking and the availability of cigarettes;
- Describe where and from whom the woman will get support during her quit attempt in this coming week and what she is going to do in any of the high-risk situations that she has identified;
- Remind the woman of the 'not a puff' rule and say that you expect to see her back next week having not smoked at all so that they can get a nice low reading on the carbon monoxide monitor;
- Confirm any specific plans made to offer support to her partner or other significant others with quitting and/or review plan for reducing smoking in the home and places where the women spends a lot of time (e.g. discuss establishing a no smoking rule in the home with partners / spouse and visitors);
- Congratulate on making this commitment to quitting; provide positive reinforcement about the importance of quitting (reference any personal reasons for quitting) and your belief in her ability to quit (build self-confidence);
- Reinforce the importance of the support program. Let her know that it's important that she come to all appointments no matter if she is struggling;
- Communicate that you will be there to support her along the way and confirm your next appointment. Let her know you understand this first week may be difficult and to take it day by day and to get in contact with you if she is struggling or has any questions (provide flexible options by phone, email or text).

"Quitting smoking is not easy so be prepared for a bit of a rough ride, remind yourself that the discomfort won't last forever and tell yourself that you can do it."

"It's important not to be too hard on yourself in the early days of quitting and reward yourself for going without smoking."

"It's fantastic you're making such an important change. Your baby will benefit immediately and I'll be here to support you throughout... you can do this!"

Session 3, 4, 5:

Weekly post Quit Date

Clinical Checklist	Done
1 Check on progress	<input type="checkbox"/>
2 Measure carbon monoxide (CO) levels	<input type="checkbox"/>
3 Enquire about NRT or e-cigarette use and ensure sufficient supply	<input type="checkbox"/>
4 Discuss any withdrawal symptoms and cravings / urges to smoke and how to deal with them	<input type="checkbox"/>
5 Discuss any difficult situations experienced and methods of coping	<input type="checkbox"/>
6 Address any potential high-risk situations in the coming week	<input type="checkbox"/>
7 Confirm the importance of the 'not a puff' rule and prompt commitment	<input type="checkbox"/>
8 Provide a summary	<input type="checkbox"/>

Communication skills used throughout this session

Boost motivation and self-efficacy <input type="checkbox"/>	Build rapport <input type="checkbox"/>
Use reflective listening <input type="checkbox"/>	Provide reassurance <input type="checkbox"/>

This session also covers strategies for avoiding smoking and it should aim to enhance motivation and boost self-confidence throughout.

Specific elements, such as completion of questionnaires and other stop smoking service paperwork; have not been included as they vary according to local protocols and procedures.

1 Check on progress

Welcome the woman back and convey your eagerness to find out how she has got on since her last appointment. Ask about her pregnancy and any pregnancy related symptoms.

Ask about smoking status and discuss the response.

“How are you getting on, have you managed to stay smokefree since our last appointment?”

To get an accurate response it is often useful to clarify the woman’s response by offering them the following options or by asking them to confirm that they have not had even one puff on a cigarette:

- No, not even a puff
- Yes, between 1 and 5 cigarettes
- Yes, just a few puffs
- Yes, more than 5 cigarettes

If the woman has remained abstinent:

- Congratulate and praise her;
- Reinforce the ‘not a puff’ rule by advising that most people who lapse go back to smoking in the first few days of their quit attempt and that managing not to smoke at all makes their chances of becoming a permanent ex-smoker much higher.

If the woman has had a slip(s):

- You can acknowledge the effort made but you need to reinforce the rationale of complete abstinence as having the occasional cigarette makes withdrawal worse and reduces the likelihood of quitting;
- Advise woman that each cigarette puts her quit date back and having the occasional cigarette will make the withdrawal worse;
- Let them know they will find it easier if they don’t have a single puff on a cigarette.

If the woman has cut down:

- You can acknowledge that you understand why they might think it is a good idea to cut down rather than stop abruptly but you need to explain why it doesn't work;
- Reinforce the rationale for complete abstinence and the not a puff rule;
- Enquire about when, where, with whom and why they smoked;
- Advise that it may be possible to put this past week down to experience and to learn from what went wrong and get it right this time round. Let her know that they need to commit to not having one puff of a cigarette for the next week;
- If the woman is smoking daily suggest setting a new quit date and start a new treatment episode.

If the woman has not made an attempt to quit enquire as to the reasons why and establish whether they still want to stop smoking; but emphasise the importance of quitting smoking now that she is pregnant. Learn more about what might be going on and offer counselling accordingly.

2**Measure carbon monoxide (CO) levels**

Remind her that CO tests are carried out routinely during the quitting process to show the woman objective proof of improved health after they have stopped smoking completely, and to identify any possible lapses.

Conduct the CO testing.

After the test:

- If reading was **below 4 parts per million:**

"Congratulations! This reading is that of a non-smoker; you and your baby are already benefitting from not smoking and you should be very proud of your achievement."

- If reading was **4 parts per million or above:**

"The monitor is showing a reading of over 4 parts per million, which is above the level we would expect for a non-smoker. Your carbon monoxide levels is X times higher than what we would expect from a non-smoker and this places your baby at risk."

If she has reported she is still smoking:

"This is not surprising since you are currently still smoking. This number will drop as soon as you quit smoking."

If the woman is a current smoker she may be reluctant to admit this; and so any further questions should be phrased sensitively to encourage a frank discussion.

Our bodies produce small amounts of carbon monoxide and so the reading will probably not be zero; it will also fluctuate slightly depending upon what air they have been exposed to. For pregnant women a reading of below 4 parts per million is considered to be that of a non-smoker.

CO readings above 10 parts per million are not normally caused by being in the company of smokers; this can cause a small increase in exposure to carbon monoxide but it does not normally push the reading above 10.

Occasionally women may self-report that they are not smoking but, on testing, exhibit an abnormally high-expired CO reading. It is worth checking on her work environment e.g. do they work in a garage, and they should also be given advice about other possible sources of CO exposure and about CO poisoning. They can be advised to call the free Health and Safety Executive (HSE) gas safety advice line on 0800 300 363.

"Now if you haven't been smoking there are a number of other possible reasons for this: that you have been exposed to carbon monoxide fumes from a faulty gas boiler, car exhaust or from paint stripper (it might be worth you checking if they have a carbon monoxide detector in the home as exposure to carbon monoxide is dangerous); that you are lactose intolerant (most people know if they are), because if you are, eating dairy products can produce gases that affect your carbon monoxide reading."

3

Enquire about NRT or e-cigarette use and ensure sufficient supply

- Verify women is correctly using the NRT;
- Review proper NRT or e-cigarette use and stress its importance;
- Enquire about side effects;
- Ensure she has an adequate supply of NRT product.

Assess any concern she may have and check her commitment to continuing with NRT. Explore any questions or concerns she may have.

Addressing the importance of continuing to use NRT for the full treatment duration can be valuable for increasing compliance.

For those using e-cigarettes, ask how the woman is getting on with her e-cigarette and review proper use.

Women may benefit from trying different NRT products. For example women who are missing the 'hand-to-mouth' action of smoking may wish to try the NRT inhalator or an e-cigarette. Likewise women can use NRT alone or combination with e-cigarette.

4

Discuss any withdrawal symptoms and cravings /urges to smoke and how to deal with them

*"How difficult has it been not to smoke over the past week?
Have you experienced any withdrawal symptoms?"*

Respond appropriately, reminding her that it is usually toughest in the first few days of a quit attempt but that it will get better over time. For women who are not completely abstinent stress that the withdrawal symptoms will continue unless they stop fully.

Ensure that you help her distinguish between genuine withdrawal symptoms, medication side effects and 'coincidental' symptoms.

Remind the woman that proper use of NRT or e-cigarettes should help with withdrawal symptoms but will probably not get rid of them completely.

"Have there been any times since your Quit Date when you have felt really strong urges to smoke? What have you done to manage to resist these so successfully?"

Respond with reflective listening to any concerns she may have voiced to boost self-confidence.

"You should expect it to be tough in this first week and to experience some or all of the withdrawal symptoms. Using your medication properly is the best way of reducing the withdrawal symptoms and making it a little easier for yourself."

5

Discuss any difficult situations experienced and methods of coping

Ask the woman whether there have been any times in the past week, perhaps those identified by them on the quit date that have caused them to feel at risk of going back to smoking.

Review with the woman how they dealt with these situations and discuss whether new or modified methods of coping are required.

"Have there been any times in the past week when you have felt at risk of smoking?"

If abstinent and high-risk situations have been dealt with well:

- Praise the strategies used and advise her she is doing really well;
- Also remind her that it is still early days and that they should continue to 'expect the unexpected'.

If the woman has had a few slips or high risk situations have proved difficult:

- Ask her where she got the cigarettes or tobacco from and review what the high-risk situations were;
- Revisit the woman's motivation and self-confidence and check that she is committed to quitting;
- Emphasise the importance of quitting smoking now that she is pregnant and important benefits to baby;
- You can let her know that many other people have been in similar situations and have managed to turn it around and that you can help them look at what they can do over the next few days to make sure that they do not smoke.

"You are probably going to have times over the next couple of weeks when you are desperately going to want to smoke, small changes in your routine may help you to cope with 'smoking situations' and to establish a new pattern of living without cigarettes."

You may wish to raise specific concerns the woman had previously identified in order to offer more tailored support.

6 Address any potential high-risk situations in the coming week

Attempt to get her to come up with possible strategies for dealing with any identified high-risk situations. Reinforce the importance of using her medication properly and of reminding themselves about her reasons for quitting, especially now they are pregnant, and how these can be used during high-risk situations or when strong urges strike.

7 Confirm the importance of the 'not a puff' rule and prompt commitment

Reinforce the importance of the 'not a puff' rule.

Ask her to tell you that they will commit not to have a cigarette, not even one puff, during the coming week.

"I would really like to hear you say that your aim is not to smoke at all this week, not even one puff on a cigarette. Can you do that for me?"

8 Provide a summary

"Are there any questions that you have about getting through the next week without smoking? How are you feeling?"

Respond appropriately.

"Be easy on yourself. Stopping smoking can be a stressful time, as well as being pregnant. You should try and relax as much as possible, eat well and get a good night's sleep. Avoid stressful situations as much as you can and do not expect too much of yourself. Also, do not be afraid to ask for support from the people around you – even if it is just asking them to be tolerant of you."

Summarise the woman's plans and get her to:

- Confirm how she is going to use her NRT or e-cigarette and that she has a sufficient supply for the coming week;
- Describe what she plans to do to deal with the urges to smoke that she will experience;
- Describe where and from whom she is going to get support for her quit attempt in this coming week and what she is going to do in any of the high-risk situations that she has identified;
- Remind her of the 'not a puff' rule and say that you expect to see them back next week having not smoked at all so that they can get a nice low reading on the carbon monoxide monitor;
- Confirm the date of your next appointment and how to reach you if any questions or concerns arise between now and her next appointment. Let her know that it's important that she come to all appointments no matter if she is struggling or not;
- Remind her of her goal, how well she is doing, and your support.

Session 6:

4 weeks post Quit Date

(4-week follow-up appointment)

This final session is very similar to Sessions 3, 4 & 5.

Clinical Checklist	Done
1 Check on progress	<input type="checkbox"/>
2 Measure carbon monoxide (CO) levels	<input type="checkbox"/>
3 Advise about continued NRT or e-cigarette use and where to obtain further supplies	<input type="checkbox"/>
4 Discuss cravings / urges to smoke that the woman has experienced and how she can deal with them in the future	<input type="checkbox"/>
5 Discuss any difficult situations experienced and methods of coping and address any potential high-risk situations in the future	<input type="checkbox"/>
6 Assess risk of relapse, provide motivation and support	<input type="checkbox"/>
7 Assess woman's individual needs for ongoing and agree to plan for follow-up support and/or next appointment	<input type="checkbox"/>
8 Confirm the importance of the 'not a puff' rule and prompt commitment	<input type="checkbox"/>
9 Provide a summary	<input type="checkbox"/>

Communication skills used throughout this session

Boost motivation and self-efficacy <input type="checkbox"/>	Build rapport <input type="checkbox"/>
Use reflective listening <input type="checkbox"/>	Provide reassurance <input type="checkbox"/>

This session also covers strategies for avoiding smoking in the long term and it should aim to enhance motivation, boost self-confidence and promote the ex-smoker identity throughout.

Specific elements, such as completion of questionnaires and other stop smoking service paperwork; have not been included as they vary according to local protocols and procedures.

1

Check on progress

Welcome the expectant mother back and find out how she has got on.

Ask about how pregnancy is progressing and any pregnancy related symptoms.

Ask about smoking status and discuss the response.

"How are you getting on, have you managed to stay smokefree since our last appointment?"

If abstinent since quit date:

- Congratulate her and give praise;
- Reinforce the ongoing need for the 'not a puff' rule.

If abstinent for the previous two weeks:

- Congratulate her and give praise;
- Reinforce the on going need for the not a puff rule.

If woman has not managed to stop smoking:

- Encourage the woman not to let this throw her off track. Learn more about the situation and the circumstances that have resulted in her not quitting or relapsing;
- Ask about how she is feeling and normalise any feelings of self-doubt;
- Remind her of the importance of quitting for her baby and explore her own personal beliefs in the importance of quitting smoking;
- Encourage her to recommit to not smoking;
- Use the remainder of the session to develop a plan for quitting including as appropriate setting a new quit date;
- Ask about her feelings about using an e-cigarette as a harm reduction strategy and/or attempting a future quit attempt;
- Ensure the 'door' is left open for her to return for support when she is ready to quit again if and when her circumstances change and that she has contact details;
- Document and inform her lead maternity care provider that she is still smoking to enable her to provide individual management of her antenatal care.

"How are you feeling now having gone four weeks without smoking?"

Listen actively to what she is telling you and respond appropriately in a manner that boosts her motivation and confidence. Try to help her come up with her own solutions to concerns and barriers.

2 Measure carbon monoxide (CO) levels

Remind woman that CO tests are carried out to show her objective proof of improved health after she has stopped smoking completely, and to check whether they really have stopped smoking.

Conduct the CO testing.

After the test:

- If reading was **below 4 parts per million:**

"Congratulations, your carbon monoxide levels are down to that of a non-smoker and will remain that way as long as you stick to smoking 'not a puff' on a cigarette. Your baby is benefiting from the clean air, which is so important. Let's not forget your own health will continue to improve as long as you remain a non-smoker."

- If reading was **above 4 parts per million:**

Remind her of the need to not smoke 'not a puff' if they want to ensure the baby is not put at risk.

3 Advise about continued NRT or e-cigarette use and where to obtain further supplies

Review NRT or e-cigarette use and stress its importance. Enquire about side effects. Ensure the woman has an adequate supply and plan for a continued supply now that they are not receiving weekly support.

"It is common for medication use to tail off as the quit attempt progresses, has this been the case with you?"

"Many people who use medicines such as NRT, to help them stop smoking do not use them for long enough. They often think that after a few weeks of not smoking that things are going well, and that there is no need for them to keep on taking their medication. This is risky, because it is likely that the reason things have gone so 'well' is because the medicines are helping! Do not be tempted to reduce or stop your medication before it is time (at least 12 weeks for NRT)."

4**Discuss cravings /urges to smoke that the woman has experienced and how she can deal with them in the future**

"Most of the withdrawal symptoms will be much less severe, or even have disappeared, over the next week or so. Increased appetite and urges to smoke will probably continue, but will become less frequent as time goes by."

Remind her that continued abstinence ('not a puff' on a cigarette) will result in the withdrawal symptoms disappearing completely and more quickly.

*"How have you been dealing with urges to smoke this past week?
Are things getting any easier?"*

Respond appropriately.

Advise her that strong urges to smoke can occur for many weeks, months or even years into the future and that she should expect this to happen occasionally. She should try not to be caught off guard by these urges and should have a plan in place to deal with them.

"You might already have noticed that although the urges to smoke can remain quite strong, they do become less frequent the longer you go without smoking at all. You have managed to deal successfully with the urges to smoke so far and these strategies can be used again in the future if the urge to smoke strikes."

5

Discuss any difficult situations experienced and methods of coping and address any potential high-risk situations in the future

Ask her whether there have been any times in the past week that have caused her to feel at risk of going back to smoking.

Review with her how she dealt with these situations and discuss whether new or modified methods of coping are required.

"You have managed to cope with a lot during the past four weeks but there are a number of common situations, which are high-risk for ex-smokers and some of which you might not have encountered."

Discuss continued risks, for example:

- Stress or anxiety related to baby's arrival;
- Stress or anxiety for caring for new baby (e.g. sleep deprivation);
- Being in the company of smokers;
- After arguing with partners or family;
- Stressful work pressures;
- Reducing or stopping the use of NRT too soon.

Mention also:

- Christmas / New Year;
- Bereavement;
- Holidays (especially ones abroad where smoking is more common and cigarettes cheaper).

"How are you feeling about your ability to cope in the coming weeks?"

Respond appropriately with reflective listening.

Emphasise the strategies that have worked well for her and encourage confidence in approaching the coming week.

"Are there any questions that you have about getting through the next few weeks without smoking?"

Respond appropriately.

*"Do you feel any different now that you are not smoking?
Do you see yourself any differently?"*

Attempt to get her to come up with possible strategies for dealing with any identified situations. Reinforce the importance of continued NRT or e-cigarette use and reminding herself about her reasons for quitting and how these can be used during high risk situations or when strong urges strike.

"You might like to consider always keeping a small supply of oral NRT with you (like the gum, lozenge, microtab or inhalator) and commit to using this if ever you feel likely to have a cigarette. How do you feel about that?"

Respond appropriately and discuss long-term plans.

Or

"You might like to consider writing down the reasons why you wanted to stop in the first place, keeping this with you at all times and/or displaying it somewhere at home and commit to reading this if you ever feel likely to have a cigarette. How do you feel about that?"

Respond appropriately and discuss long-term plans.

Or

"You might like to consider always carrying this card with the NHS Smoking Helpline number on it and commit to calling this number if you ever feel likely to have a cigarette. How do you feel about that?"

Respond appropriately and discuss long-term plans.

6 Assess risk of relapse, provide motivation and support

Risk of relapse remains high in particular in the early weeks after quitting.

Antenatal problems may emerge during pregnancy and the woman may be unaware of the link between the problem and her own smoking, or the immediate health benefits to baby and pregnancy outcomes of stopping smoking.

7 Assess woman's individual needs for ongoing support and agree to plan for follow-up support and/or next appointment

While staying smokefree for 4-weeks is an important milestone, risk of relapse remains high. Continuing contact and support throughout the duration of the pregnancy is important.

Judgment can be used to determine the frequency of visits based on the expectant mother's personal situation and risk of relapse. Extending the support throughout pregnancy and beyond can initially be fortnightly, then monthly dependant on need and contact method can be offered through a combination of face-to-face, telephone calls, motivational text messages or email as appropriate.

Emphasise the value of continued contact throughout her pregnancy and agree to next appointment.

8 Confirm the importance of the 'not a puff' rule and prompt commitment

Reinforce the 'not a puff' rule and warn her that having a cigarette will only act to remind her mind and body about smoking.

Ask her to tell you that they will commit to not have a cigarette, not even one puff, in the future.

"I would really like to hear you say that your aim is not to smoke at all, not even one puff on a cigarette. In fact, why don't you promise me now that no matter how tempted you are to smoke in the future you will use some NRT or your e-cigarette / reasons for quitting / NHS Smoking Helpline first?"

How do you feel about that? Can you do that for me?"

9 Provide a summary

“Are there any questions that you have about getting through the next few weeks without smoking? How are you feeling?”

Respond appropriately.

Summarise the woman’s plans and ask her to:

- Confirm how she will continue to use her NRT or e-cigarette and that she knows how to get further supplies;
- Describe what she plans to do to deal with the urges to smoke that she will experience;
- Describe what she is going to do in any of the high-risk situations that might occur in the future;
- Remind her of the ‘not a puff’ rule and that it will continue to get easier over time;
- Say that you fully expect them to be determined not to smoke again;

“Often when people have quit smoking for a number of months there is the expectation that they should be completely free from the desire to smoke. Although this is sometimes the case, many people still find that there are times when they miss smoking or find themselves in a situation where they are tempted to smoke because they truly believe that smoking will help them to cope or feel better. This is understandable when you think about how long people have been smoking for but having a cigarette at these times nearly always results in a return to smoking and a huge disappointment.

It is always worth remembering why you quit and how much your baby will have benefitted from you not smoking whilst you’re pregnant (especially if you are tempted to have that fatal ‘just one cigarette’) that you were once a smoker, and what you had to go through to stop. You don’t want to have to go through this again, and now is the time to look forward to the rest of your life as a non-smoker and that your baby will be living in a smokefree environment, which is so important.”

