



The _____
National
Partnership
to help Pregnant
Smokers Quit

Pregnancy and Post-partum Quitline Toolkit

January 2007

Pregnancy and Post-partum Quitline Toolkit

A product of the Healthcare Working Group of the National Partnership to Help Pregnant Smokers Quit

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The full text and updates of the toolkit are available at:
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On behalf of the Healthcare Working Group of the National Partnership to Help Pregnant Smokers Quit, we are pleased to present our *Pregnancy and Post-partum Quitline Toolkit*. All states now have quitline services for people who use tobacco, but many do not include information that is specific for both pregnant and post-partum callers and their family members. Using the resources from our partnership, we assembled materials that you may wish to consider integrating into your already existing quitline service. The toolkit is divided into four sections:

The Rationale for Pregnancy and Post-partum Quitline Services

This section contains information to help state and local professionals advocate for enhanced quitline services when communicating with policy-makers, funders, and other decision-makers. We have included facts sheets on the health benefits of smoking cessation during pregnancy and post-partum, the effectiveness of quitlines in addressing tobacco addiction, and the cost savings from treating tobacco use.

The Best Practice Quitline Protocols and Operations Issues

This section contains information on the types of enhancements that could be included in a quitline to address pregnant and post-partum populations, along with the associated costs. We have included a sample pregnancy-specific quitline protocol and scripts from Smoke-Free Families, recommendations from experienced quitline counselors on working with pregnant and post-partum callers, links to training opportunities for quitline staff, and financial expenditures associated with tailoring quitline services for the perinatal period.

Promoting Pregnancy and Post-partum Counseling Services in Your State

This section contains information on how to increase the number of quitline calls from pregnant and post-partum women. We have included information on media and marketing tips and proactive referral options for increasing the number of pregnant women who contact your quitline.

Materials and Resources

This section contains samples of materials that can be sent to pregnant and post-partum callers, additional resources for providers, and a fact sheet on the Great Start Quitline.

We will update our website as new information becomes available.

Catherine L. Rohweder and Dottie Schell
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HEALTH BENEFITS OF ADDRESSING SMOKING

TALKING POINT: Tobacco use is the single most preventable cause of poor birth outcomes.

BENEFITS FOR THE MOTHER

LIVE LONGER

- Former smokers live longer than continuing smokers. People who stop smoking before age 50 cut their risk of dying in the next 15 years in half compared with those who continue to smoke (US DHHS, 1990). Quitting smoking increases the likelihood that women will be able to see their infants grow up and take care of them throughout their lifetime.

LOWER DISEASE RISK

- Quitting smoking decreases the risk of lung cancer, other cancers (e.g., oral, pancreatic, bladder, and cervical), high blood pressure, heart attack, stroke, and chronic lung disease (US DHHS, 1990).
- Quitting smoking also lowers the odds of developing negative health conditions, such as gestational diabetes during pregnancy (Carr & Gabbe, 1998).

LOWER RISK FOR ECTOPIC PREGNANCY & SPONTANEOUS ABORTION

- Smoking cessation among pregnant women also decreases the risk of ectopic pregnancy. A pregnant smoker is 1.8 times more likely to have an ectopic pregnancy versus a non-smoker (Castles et al., 1999).
- Women who quit smoking during pregnancy decrease their risk of spontaneous abortions. A pregnant smoker is 1.6 times more likely than a non-smoker to have a spontaneous abortion (Castles et al., 1999).

BENEFITS FOR THE BABY

INCREASE OXYGEN FLOW TO BABY

- Smoking cessation among pregnant women increases the blood flow from the mother to fetus, increasing oxygen transport (US DHHS, 2001).

HAVE A NORMAL BIRTHWEIGHT BABY

- Women who stopped smoking before pregnancy or during the first three to four months of pregnancy reduce their risk of having a low birth weight baby to that of women who never smoked. Babies born at low birth weight are at increased risk of serious health problems throughout their life (US DHHS, 2001).

LOWER RISK OF EARLY DELIVERY & COMPLICATED BIRTH OUTCOMES

- Smoking cessation during pregnancy decreases the risk of premature births, the number of admissions to the neonatal intensive care unit, infant deaths from perinatal disorders and sudden infant death syndrome (SIDS) (US DHHS, 2001).

BENEFITS FOR THE FAMILY

IF BREASTFEEDING – IMPROVE QUALITY OF MILK

- Smoking cessation appears to alter the composition of breast milk by increasing the amount of Vitamin C and Vitamin E while also lowering the presence of toxins (Ortega et al., 1997; Ortega et al., 1998).

LOWER RISK FOR ASTHMA

- Smoking cessation during pregnancy decreases the chance of the baby having asthma or wheezing problems (CA EPA, 1997).

LOWER RISK FOR SECONDHAND SMOKE EXPOSURE

- Infants exposed to secondhand smoke are at twice the risk of SIDS than unexposed infants (Gavin et al., 2001).
- Children and adolescents with at least one smoking parent have a 25-40% increased risk of chronic respiratory symptoms such as cough, wheeze and breathlessness (CA EPA, 1997).



EFFECTIVENESS OF QUITLINES

TALKING POINT: When implemented correctly, quitlines are an effective component of comprehensive tobacco treatment services.

EFFECTIVENESS OF QUITLINES FOR ALL SMOKERS

The Public Health Service Guideline, “Treating Tobacco Use and Dependence” recommends telephonic cessation-counseling services because of the potential to reach a large number of smokers (US DHHS, 2000). Using quitlines to assist smokers through the quitting process is a common component of many comprehensive tobacco control programs. Many callers represent smokers that have a greater need for assistance in quitting. Studies of proactive quitline counseling have demonstrated positive outcomes.

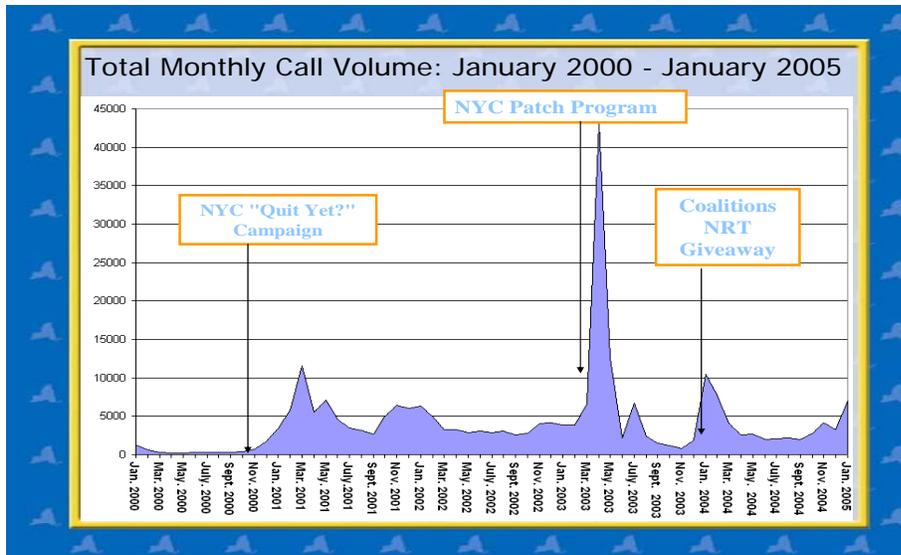
A meta-analysis conducted for the Public Health Service Guidelines found that:

1. Proactive telephone counseling (defined as the process wherein once a smoker makes an initial call to a quitline, all subsequent calls are made on a proactive, outbound basis) **increases the odds of quitting by 20 percent** (US DHHS, 2000).
2. Proactive telephone counseling has an estimated **abstinence rate** (defined as abstinence at least 5 months after designated quit day) **of 13.1 percent**.
 - a. This estimated abstinence rate is higher than the estimated abstinence rate calculated for assistance given with no format (10.8%) and for self-help counseling (12.3%); about the same as group counseling (13.9%), but lower than one-on-one counseling (16.8%) (US DHHS, 2000).

A sample of several quitlines in North America found that 1.1 to 1.7% of adult smokers called a quitline over the course of a year. Higher rates of utilization have been found among targeted populations (Ossip-Klein & Macintosh, 2003).

UTILIZATION CAN BE INCREASED WITH MEDIA AND PHARMACOTHERAPIES

Community-based promotion has been shown to increase quitline utilization (Stead et al., 2003). The graph below demonstrates that the number of calls to the New York State quitline significantly increased after a citywide cessation campaign, the NYC patch program and Coalitions giveaway of nicotine replacement therapy:



Graph courtesy of the New York State Smokers' Quitline, a program funded through the New York State Department of Health

EFFECTIVENESS OF QUITLINES FOR PREGNANT SMOKERS

There have been three published studies that have looked at smoking cessation rates among pregnant women who have used a quitline. Solomon et al. (2000) looked at the impact of physician/midwife advice to stop smoking accompanied by printed materials, with and without proactive telephone peer support.

- The **confirmed abstinence rate in the experimental group was 18.2%**, which is consistent with outcomes observed in other smoking cessation trials with pregnant women.
- Nearly 90% of the women considered the telephone counselors useful in helping them change their smoking habits.

The second study conducted by Solomon et al. (2005), included pregnant smokers attending the Women, Infants, and Children (WIC) program who accepted an offer to receive support by telephone from a woman ex-smoker.

- Of the 948 pregnant smokers who were referred for telephone peer support, **25% reported they were abstinent** at their last telephone contact (defined as had not smoked in the past 24 hours).
- Of the smokers who attended their post-partum WIC visit (n=625), **20% reported not smoking in the last 3 months of their pregnancy** and 14.6% reported they were currently abstinent (defined as smoking zero cigarettes per day).

In a large trial conducted by Zhu et al. (2003), pregnant callers (n=1,195) to the California Smokers' Helpline, a statewide quitline, were randomized into self-help or counseling intervention. Intervention consisted of one pre-quit, 8 follow-up calls, and scheduled mailings through 6 weeks post-partum.

- Preliminary results show that at the 3rd trimester evaluation **21% of the counseling group had been quit for 30 days**, compared to 13.5% of the self-help group (p=0.002)
- Although there was no significant difference in the quit attempt rate (56.8% and 52.1% for counseling and self-help, respectively), counseling subjects were more successful than self-help subjects in avoiding relapse.



COST SAVINGS FROM TREATING TOBACCO USE

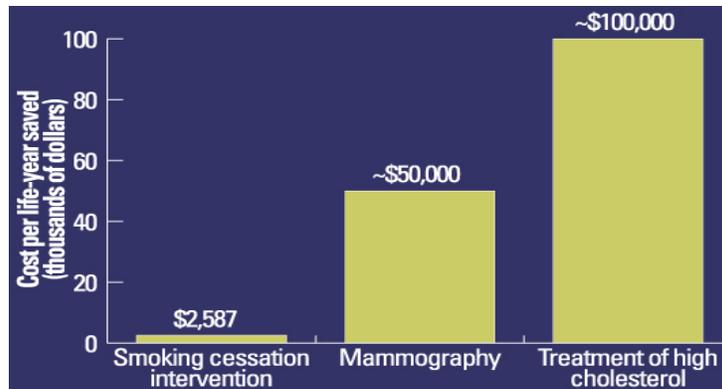
TALKING POINT: During and after pregnancy is an optimal time to invest in smoking cessation services because the cost savings are quickly realized.

SMOKING CESSATION INTERVENTIONS ARE COST EFFECTIVE

- For employers, tobacco use is the single greatest cause of excess healthcare expenditures and productivity losses (US DHHS, 2001). Tobacco cessation coverage is among the most cost-effective health insurance benefits employers can provide, especially for pregnant women whose employers can recoup costs savings within nine months.
- Programs that encourage women to stop smoking before, during and after pregnancy and not to take up smoking ever again deserve high priority for two reasons: 1) during pregnancy women are highly motivated to stop smoking and 2) these women still have many remaining years of potential life (US DHHS, 2001).

If the national prevalence of smoking before or during the first trimester of pregnancy was decreased by one percentage point annually, it would prevent 1300 babies from being born at low birth weight and save \$21 million (in 1995 dollars) in direct medical costs in the first year alone (US DHHS, 2001).

- Compared with other common preventive measures, smoking cessation intervention is cost-effective. According to a cost analysis of the 1996 US Public Health Service clinical practice guidelines, smoking cessation intervention costs \$2,587 per life-year saved. In comparison, mammography screening costs approximately \$50,000 per life-year saved, and treatment of high cholesterol approximately \$100,000 (Cromwell et al., 1997).



- Telephone counseling nearly doubled a smoker's odds of quitting and maintaining cessation for one year. The estimated direct cost for each case of maintained (one year) smoking cessation attributable to counseling availability was approximately \$1300 (McAlister et al., 2004).

If 25% of pregnant smokers on Medicaid received smoking cessation counseling and 18% of these women quit smoking, Medicaid could save almost \$10 million in neonatal healthcare costs (CDC, 2002b).

QUITLINES REDUCE COSTS/BURDENS FOR THE SMOKER (Zhu et al., 2000)

- Quitlines offer confidentiality.
- Quitlines require no transportation.
- Quitlines are available at the smoker's convenience.
- Quitlines bring services to smokers in rural areas, where there may be few resources.
- Quitlines can be tailored for diverse language and cultural needs.



SAMPLE PREGNANCY-SPECIFIC QUITLINE PROTOCOL

This protocol is an example of how counseling can be tailored specifically to pregnant women's situation. It can also be integrated into already existing protocols for smokers in general.

OVERVIEW OF THE PREGNANT SMOKERS QUITLINE PROTOCOL

PURPOSE: The Pregnant Smokers quitline protocol is designed for quitlines serving **pregnant women who are currently smoking or who have recently quit smoking in anticipation of their pregnancy or after learning that they are pregnant.** This protocol is the one used by the Great Start quitline.

CONTENT: The protocol incorporates the 5 A's approach (Ask, Advise, Assess, Assist and Arrange) recommended by the 2000 Public Health Service Guideline, the Smoke-Free Families National Dissemination Office, and partners including the American College of Obstetricians and Gynecologists.

SOURCE: Sample scripts are drawn, in large part, from those developed by Dr. Laura Solomon for the Vermont Department of Health. Revisions to these basic scripts include the addition of more information about maternal harms associated with smoking, the short and long-term benefits of quitting, the temporary nature of withdrawal symptoms and motivational messages to encourage cessation and prevent relapse. The following scripts are contained in the appendix to the Toolkit:

[Intake Call](#)

[Initial Contact](#)

[Preparation for Quitting Contact](#)

[Quit Day and Subsequent Contact](#)

[Problem-Solving](#)

[Preparation for Quitting Smoking](#)

[Being Around Others While They Smoke](#)

[Coping with Negative Feelings](#)

[Coping with Urges for a Cigarette](#)

[Coping with Withdrawal Symptoms](#)

[Weight Gain](#)

[How to Handle "Slips"](#)

[How to Help the Woman Who Has Relapsed Get Back on Track](#)

[How to Deal with Difficult Situations](#)



TIPS FOR QUITLINE COUNSELORS

These tips were collected from interviews of key staff members at the following agencies: Mom's Quit Connection, American Legacy Foundation, American Cancer Society, Mayo Clinic, First Priority Health/Blue Cross Northeast Pennsylvania, and Free and Clear.

RECOGNIZE THAT PREGNANT CALLERS MAY DIFFER FROM NON-PREGNANT CALLERS

- Pregnant callers tend to be younger and poorer than non-pregnant callers.
- They may have increased levels of stress due to the pregnancy itself and be under increased pressure to quit smoking for the health of the child.
- Pregnant women are more likely to have already cut down on their smoking, prior to time of their call.
- The pregnancy may have initiated their first serious attempt to quit smoking.
- The woman may be ambivalent about the pregnancy.

ENGAGE THE PREGNANT WOMAN OVER THE PHONE

- Get to know her personal situation – discuss her past quit attempts, specifically what worked and what did not work.
- Be sensitive to each caller's unique circumstances.
- Use critical listening skills and remain aware of changes in her voice, tone, sighs, and pauses and respond accordingly. Telephone counseling is like working "blind" – you must rely on all of your senses.
- Ask open-ended questions to encourage her to explain her answers.
- Use reflection and the five principles of motivational style of counseling: express empathy, develop discrepancy, avoid argumentation, roll with resistance and support self efficacy.
- If you hear background noise or the woman appears to be busy, offer to call back at a more convenient time.

DISCUSS THE BENEFITS OF QUITTING SMOKING

- Find out what the caller knows about the rewards of quitting and the risk of smoking.
- Talk about the benefits of quitting for the baby's health (e.g., increased blood flow, which leads to increased oxygen delivery to fetus, decreased risk of miscarriage, decreased risk of baby being born early and/or at a low birth weight).
- Talk about benefits of quitting for the mother's health (e.g., safer pregnancy, decreased risk of many cancers, more energy, improved appearance).
- Point out that quitting smoking saves money, which instead can be used for her baby.
- Talk about the importance and benefits of remaining smoke-free post-partum.

Benefits Over Time To Quitting Smoking (US DHHS, 1988; US DHHS, 1990):

Within 20 minutes	Blood pressure drops to a level close to that before the last cigarette. Temperature of hands and feet increase to normal.
Within 12 hours	The carbon monoxide level in your blood drops to normal.
Within 24 hours	The chance of heart attack decreases.
Within 2 to 3 weeks	Circulation improves and lung function increases up to 30%.
Within 1 to 9 months	Coughing, sinus congestion, fatigue, and shortness of breath decrease.
Within 1 year	The excess risk of heart disease is half that of a smoker's.
Within 5 years	The risk of stroke reduces to that of a non-smoker's.
Within 10 years	Risk of many cancers decrease, including lung, mouth, and throat cancer.
Within 15 years	The risk of heart disease reduces to that of a non-smoker.

ADDRESS THE ISSUE OF PARTNERS AND HOUSEHOLD MEMBERS WHO SMOKE

- Do not assume that the woman is in a stable relationship, even though she is pregnant.
- When possible, involve partners in the quit attempt; if feasible, use a speaker phone to include partner/household members to be included in counseling calls.
- Discuss with partners/household members the dangers of secondhand smoke to the health of the pregnant woman and her baby.
- Explain the importance of maintaining a smoke-free home and create a plan to remove ashtrays and other triggers that may cause relapse.
- Send literature on ways to help support someone who is trying to quit and information on secondhand smoke to the woman and her family members.

UNDERSTAND BARRIERS SPECIFIC TO PREGNANT WOMEN

- Recognize that most pregnant women feel extremely guilty about smoking. Allow the women to talk about their guilt and tell them that calling the quitline is an important step in quitting and demonstrates their strength.
- Emphasize what the women can do to quit smoking and don't focus on the difficulties of quitting.
- Realize that counseling can be hard for women who live with smokers.
- The women's physical and mental health during the pregnancy may be a barrier to quitting – let the women talk about this.
- Discuss cravings and challenges she may experience while quitting and tell her that a slip is not a failure.
- She may have little to no support.
- If the woman has been pregnant before and had a healthy baby, she may not comprehend the need to quit.
- Listen for signs of depression, domestic violence, or other crisis. Refer her to appropriate community resources and/or urge her to talk to a healthcare provider.



POST-PARTUM SUPPORT AND RELAPSE PREVENTION

RATIONALE FOR OUTLINES TO INCLUDE POST-PARTUM SUPPORT

- Up to half of all women who quit smoking during pregnancy resume smoking within 6 months of delivery and up to 80% start smoking again within 12 months (Roske et al., 2006).
- Most of these women will not seek help to stay smoke-free – this implies a necessity for proactive relapse prevention interventions for all women who successfully stopped smoking during pregnancy (Roske et al., 2006).
- The significance of a return to smoking is its detrimental effect on both maternal and infant health.
 - The risks, including chronic cardiovascular and respiratory problems, posed by maternal smoking on the woman’s health are well-documented.
 - Furthermore, there is increasing evidence on the negative effects of maternal tobacco use on the infant’s health. Recent reviews indicate a multitude of poor health outcomes, including otitis media, exacerbations of asthma, respiratory infections and gastrointestinal dysregulation (Gaffney, 2000; Gaffney, 2001; Shenassa & Brown, 2004).
- To reduce the harmful health effects of tobacco use on moms and infants, tailored interventions are needed to support and encourage women who quit during pregnancy to stay smoke-free after delivery (Gaffney, 2006).
- Evidence suggests that smoking relapse in the first few months after delivery may be a different process than that experienced by other smokers who have quit (Gaffney, 2006). Although the research on preventing post-partum relapse is not as strong as the research on smoking cessation during pregnancy, there are still techniques that can be used to promote ongoing cessation and a smoke-free environment for the family.

SYSTEMS FOR MAINTAINING LINKAGES TO THE QUITLINE POST-PARTUM

- Make the quitline number available in all labor and delivery suites in hospitals and birthing centers, with an emphasis on services for preventing post-partum relapse.
- Tailor second-hand smoke information with the state quitline number or 1-800-Quit-Now to encourage new mothers to call.
- Create quitline fax referral systems in pediatric and family planning offices for those women who are at risk of relapse or who want to further discuss second-hand smoke.
- Make sure the quitline offers cessation support to household members as well as the woman.
- Distribute the EPA’s Smoke-Free Home Pledge kit and the quitline number at community events where there are young families.
- Train counselors on how to discuss pharmacotherapy and breastfeeding, and refer to the woman’s primary care physician.

TIPS FOR QUITLINE COUNSELORS

DURING THE LAST TRIMESTER

- Begin discussion of her intentions to stay quit or resume smoking after the birth.
- Continue discussion of benefits to her and benefits to the baby if she stays quit.
- Continue discussion of value of a smoke-free home and smoke-free cars.
- If at all possible, call 1 month prior to birth as well as 1 month, 3 months and 6 months after birth.
- Invite her to call at any time.

BEFORE AND AFTER BIRTH DISCUSSION TOPICS

- Remind her of the benefits of remaining quit for her and her baby.
- Emphasize the risks of resuming smoking for her and her baby.
- Discuss strategies for dealing with the following:
 - remaining smoke-free post-partum
 - issues and temptations of living with other smokers
 - talking to other smokers about the risks to the baby's health
 - the increase in stress after the baby is born
 - sleep deprivation
 - being offered cigarettes or being tempted to smoke "just one" now that she is not pregnant
 - recognizing that those that supported her in pregnancy may now be tempting her to smoke or just be less supportive
 - old triggers and cues that may be revived after birth
 - social situations that may be more difficult as the "protective" factor of being pregnant may be gone
 - cigarettes tasting or smelling good now, whereas they smelled or tasted bad during pregnancy
 - signs of post-partum depression and feelings of isolation

AFTER THE BABY IS BORN

- Provide ongoing quitline support.
- Refer to quit smoking groups, new mother support groups, parenting classes.
- Listen for cues of depression or domestic abuse: be prepared to refer as appropriate.
- Discuss the option of pharmacotherapy.
- Promote breastfeeding.



SAMPLE POST-PARTUM RELAPSE PREVENTION QUITLINE PROTOCOL

PURPOSE

The post-partum quitline protocol is designed for counseling women who have recently given birth and who are former smokers. Women who have quit smoking in the past twelve months prior to pregnancy or women who quit during pregnancy are particularly vulnerable to returning to smoking. The sample scripts emphasize topics such as relapse prevention, risks of secondhand smoke exposure and the health benefits of quitting for mother and infant. There is an emphasis on potential and underlying issues such as post-partum depression, stress and miscarriage. In addition to quitlines, the content can also be applied to face-to-face counseling sessions with a healthcare provider.

CONTRIBUTING ORGANIZATIONS

The protocol was supported by the American Legacy Foundation in collaboration with the American Cancer Society, the Environmental Protection Agency, the American Academy of Pediatrics, the American College of Obstetricians and Gynecologists, and the National Partnership. The following four scripts are included as an appendix to the Toolkit:

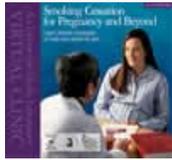
Initial Counseling Contact
Second Counseling Contact
Third Counseling Contact and All Subsequent Contacts
Counseling Tips



LINKS TO TRAINING OPPORTUNITIES

PREGNANCY AND POST-PARTUM TRAINING RESOURCES

Smoking Cessation for Pregnancy and Beyond – An Interactive Media Laboratory Virtual Clinic. Web cast produced by the Dartmouth-Hitchcock Medical Center.



This is a virtual “mini-fellowship” that provides professionals with techniques to assist pregnant women in smoking cessation. Providers who complete the mini-fellowship using this software can earn up to 5 CME credits. The virtual clinic can be downloaded for free via the Dartmouth Interactive Media Library at:

<http://iml.dartmouth.edu/education/cme/Smoking/install.html>

Smoking Cessation During Pregnancy: A Clinician's Guide to Helping Pregnant Women Quit Smoking. Manual produced by The American College of Obstetricians and Gynecologists. This educational program provides the background and tool necessary for clinicians to implement an effective, evidence-based intervention, called the 5 A's in the office. The manual includes a monograph on the 5 A's, office tools, case studies, a workbook, a pocket guide, and a PowerPoint presentation. Three hours of CME are available for completion of the program. To order a single copy of the guide, e-mail smoking@acog.org

Prenatal Smoking Cessation Training. On-line training produced by Healthcare Education and Training (HCET).

This learning module was designed to empower clinicians, health educators and counselors to provide the best behavioral modification strategy for smoking cessations with prenatal clients using The Robert Wood Johnson Foundation's Smoke Free Families: Innovations to Stop Smoking During and Beyond Pregnancy. The prenatal smoking cessation module is located at: <http://www.hcet.org/training/psc.html>

Make Yours a Fresh Start Family. Program materials produced by the American Cancer Society.

This program is based on the Agency for Healthcare Policy and Research (AHCPR) Clinical Practice Guidelines on Smoking Cessation. The program package includes training for healthcare professionals to help tailor cessation counseling to patients according to their readiness to quit smoking, and a guide for integrating the intervention into an office setting. The training is available in both train-the-trainer and self-study format. For more information on receiving training and/or program materials, please contact your local division office of the American Cancer Society, which can be found by typing your zip code into the home page of the national American Cancer Society: <http://www.cancer.org/docroot/home/index.asp>

Clean Air for Healthy Children. Training program produced by the American Academy of Pediatrics, Pennsylvania Chapter.

The Clean Air for Healthy Children program is a smoking cessation counseling training program primarily targeted to healthcare professionals that care for pregnant women, mothers and caregivers of young children, and teens. For information on training opportunities, visit their website at www.cleanairforhealthychildren.org

GENERAL TRAINING RESOURCES

University of Wisconsin - Center for Tobacco Research and Intervention (CTRI)

A free web-based CME program for physicians, nurse practitioners, physician's assistants, pharmacists and allied health professionals. The Treating Tobacco Use and Dependence course is taught by Dr. Michael Fiore, author of the Public Health Service Guidelines. Registration for this course is located at: <http://www.medscape.com/viewprogram/8840>

TobaccoCME.com

TobaccoCME.com provides a comprehensive suite of courses on clinical tobacco interventions and the health effects of tobacco. Content is evidence-based and reviewed by tobacco control experts. Courses are available in case-based or didactic formats and feature clinically relevant information, key points, interactive questions, patient handouts, clinical forms, and helpful links. Visit <http://www.tobaccocme.com/>

University of Massachusetts – Center for Tobacco Prevention and Control

Basic Skills for Working with Smokers is a web-based training format designed as an introduction to the basic concepts needed by professionals working with tobacco users. It is intended for health workers who want to be well grounded in the theory and practice of working with clients who have tobacco dependence. Learners must successfully complete eight modules, exercises and a short test at the end. The online cost is \$125, and CEUs are available. Registration can be accessed at: <http://www.umassmed.edu/behavmed/tobacco>

Pennsylvania Area Health Education Center Program

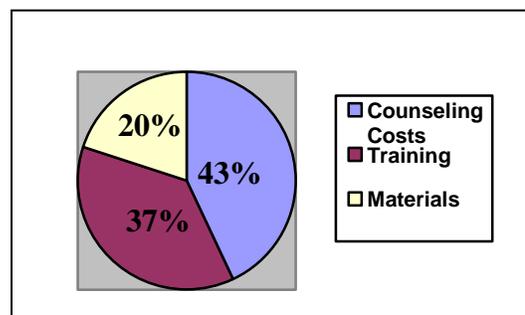
The Pennsylvania Tobacco Cessation and Intervention website provides information for healthcare professionals including Smoking 101, Behavior Counseling, Pharmacology, Treatment for Dependency, and Reimbursement for Treatment. Visit: http://www.paahec.org/professional_development/tobacco/healthcare/health_01.asp



COSTS OF ENHANCING QUITLINE SERVICES

INCORPORATING A PREGNANCY AND POST-PARTUM PROTOCOL

- Agencies wishing to add a pregnancy and post-partum protocols to their quitline should expect to allocate funding to:
 - Counselor training on special pregnancy and post-partum issues
 - Pregnancy-specific materials (e.g. the “Need Help Putting Out That Cigarette?” booklet developed by Smoke Free Families costs \$12 for a pack of 10) and materials on second-hand smoke
 - Media for reaching pregnant and post-partum women and their families
 - Efforts aimed at increasing the number of pregnant and post-partum callers
 - A proactive fax referral system in healthcare settings where pregnant women and families are seen
- Adding the average costs of counseling, training, and materials, one study calculated that the total cost per pregnant smoker for implementing the 5 A’s intervention via a quitline is \$30.10.
 - The breakdown of costs is depicted in the pie chart below (Ayadi et al., 2006):



- Since training costs are a large proportion of total costs seen in this setting, a key aspect of lowering costs is to increase the volume of callers to the quitline in order to reduce the training costs per woman served (Ayadi et al., 2006).
- A new state quitline is highly dependent on mass media. A rule of thumb is to allocate \$1 for quitline operations for every dollar spent on promotion (Coffield et al., 2006).



MEDIA AND MARKETING TIPS

The below media and marketing ideas were developed by Porter Novelli, Inc.

A quitline with a pregnancy specific smoking cessation protocol is only as effective as its ability to reach pregnant smokers. By promoting your quitline, you can increase the number of women who call for pregnancy specific information and help them improve their health and the health of their baby.

Below are marketing ideas for promoting your pregnancy specific quitline to key audiences – the local community, the media, and healthcare providers. These groups may not be the entire focus of your promotion efforts but are a good starting point for getting your quitline information to pregnant smokers and those who want to support their quit attempt.

COMMUNITY OUTREACH

Pregnant smokers are a segmented population and are often difficult to reach directly. By informing the members of your community about the pregnancy specific information offered through the quitline, you enable them to serve as advocates for the quitline and help in promotion.

OUTLINE FLYER

- Create a one-page flyer for posting to bulletin boards in community centers, baby product stores, and other locations frequently visited by pregnant women. Include information about the types of services offered to pregnant smokers when they call the quitline number.

COMMUNITY EVENTS

- Distribute your flyer at community events such as local sporting events, street fairs, or other celebrations. Offer to speak at these events as well. Events like these allow people who are interested in quitting smoking or helping a loved one quit smoking ask questions about the quitline.

COMMUNITY MEETINGS

- Volunteer to speak or arrange for a speaker at town hall meetings, chamber of commerce meetings, or church groups. Speaking about the benefits of quitting smoking while pregnant brings the topic into the public dialogue and provides more people with a way to help those around them.

MEDIA OUTREACH

The media are an effective tool to inform the public, including pregnant smokers, about news that directly affects them. Local media outlets are often eager for content to print or air, especially if they feel it will interest their readers or viewers and provide a service to the community at the same time.

LOCAL OR COLLEGE RADIO STATIONS

- Contact the station manager of your local radio station. Ask if they would be willing to mention the quitline number on the air or even have one of their on-air personalities talk about the quitline during their show. Another way to promote your quitline on the radio is by calling in to radio talk shows.

LETTERS TO THE EDITOR

- Letters to the editor are a simple way to share important information and provide feedback to your newspaper. When you read a story in the newspaper that is relevant to this topic, send a letter to the editor informing their readers about the quitline and its specific information for pregnant smokers.

PROVIDER OUTREACH

Healthcare providers have the most direct contact with pregnant smokers and can be some of the most effective influencers. Informing providers and others in the healthcare community about your quitline with pregnancy-specific smoking cessation information allows them to share and promote this information with their patients.

COMMUNITY HEALTH CLINICS/HOSPITALS

- Offer to meet with the person in charge of reproductive health issues, and tell them about the quitline and the type of services available to pregnant smokers. Provide them with flyers they can give to their patients.

THIRD PARTY ORGANIZATIONS

- Advocacy groups or non-profit groups like March of Dimes or Planned Parenthood, who have contact with pregnant smokers, can be effective messengers for your quitline information. Ask to leave copies of your flyers in their waiting rooms or have them distributed to their membership lists.

PROFESSIONAL MEETINGS

- If you are a healthcare professional, talk about the quitline with your colleagues. Speak at local professional meetings or conferences. Tell the attendees about quitline services available to pregnant smokers.

FAX REFERRAL FORMS

- Healthcare providers can use the fax referral provided in this toolkit to refer their patients to the quitline. Once their patient's contact information is received, a quitline counselor will call and offer her smoking cessation support.



FAX REFERRAL FOR PROACTIVE TELEPHONE COUNSELING

The below recommendations were given by key staff members of the Partnership for Smoke-Free Families in San Diego, the Mom's Quit Connection in New Jersey, Wisconsin Tobacco Quitline, and the Smoke-Free Families Prenatal Demonstration Projects. These organizations have developed fax referral systems as part of their programs to proactively assist pregnant women and/or parents with small children in quitting smoking.

Research has shown that people who use proactive tobacco cessation quitlines are **four** times more likely to quit smoking than if they had not received any counseling support (Perry et al., 2005).

Proactive telephone counseling is a method wherein once a smoker makes an initial call to a quitline; all subsequent calls are made on a proactive, outbound basis. Proactive services usually entail multiple follow-up counseling sessions. A well-designed fax referral system can take the proactive telephone counseling approach a step further by adding a ***proactive recruitment*** strategy whereby smokers, identified by their clinician, are contacted by counselors from the state quitline, rather than waiting for them to make the initial call to the quitline. A proactive fax referral system allows the clinician to fax the contact information for an identified smoker who gives consent directly to the quitline. Upon receipt and usually within 48 hours, a quitline counselor will make a proactive, outbound call to the smoker to encourage participation in a telephone-based cessation program. A fax referral system with proactive recruitment increases continuity of care, removes the clinician burden to “assist” smokers to quit and has been shown to significantly increase the number of smokers who receive cessation services (Hartigan et al., 2004).

Fax referral systems provide physicians with an evidence-based, easy-to-use referral source at the point of care for smokers who are willing to make a quit attempt. Below are some recommendations for creating a fax referral system for proactive recruitment of smokers. This system can be used in any clinician office including the prenatal and pediatric office setting.

ENGAGE HEALTHCARE PROVIDERS

- Promoters of quitline services should make efforts to engage the entire clinic staff in a systems approach using the 5 A's or a modified version of the 5 A's.
- Staff must be trained on how to implement the 5 A's; just reading about the method is not adequate.
- Encourage participation in the fax referral system; quitlines should provide feedback to physicians regarding the clients who have called.

IDENTIFICATION OF SMOKERS

- Ask open-ended questions or implement a standardized screening tool to determine smoking status. Ask smokers if they would like assistance in quitting.
- Consider using a screening tool for ALL patients; this method increases the likelihood of eliciting truthful responses about smoking status and readiness to quit.
- Healthcare professionals should advise all smokers to quit, inform smokers of a free program available to help them quit smoking and encourage them to participate.

LINKING SMOKERS WITH THE QUITLINE

- Assist smokers by linking them with the quitline. Smokers who are identified verbally and who would like help to quit (assess) should be asked to fill out a fax referral form that includes their contact information as well as permission for the quitline staff to contact them directly by phone. If using a standardized screening tool to identify smokers, contact information and consent statements can be included as part of the screening form.
- If the quitline staff is going to contact the patient's physician with outcome information, be sure permission for this is included in the consent statement. Also include contact information from the physician's office on the top of the fax referral form to make communication possible.
- Consider the need for consent forms in triplicate. The patient will need a copy of the consent, a copy will need to go into the patient's medical record, and the third copy should be handed to the person who does the faxing for the office.
- In most cases, clinic staff (not clinicians) will take responsibility for faxing information and consent forms directly to the quitline.
- Be sure to train clinicians to arrange follow-up with patients at all subsequent visits. Train them to ask the smokers if they have talked with a counselor at the quitline and to inquire about progress.

SUGGESTIONS FOR QUITLINE COUNSELORS

- Quitline staff should contact smokers within 48 hours to complete an intake, and assess stage of change. Materials should be sent to the client to help begin the quit plan process.
- After two phone attempts, if quitline staff is unable to reach an individual, ask them to send a letter to the patient, encouraging them to contact the quitline. Include some written information in the envelope about the hazards of smoking and pregnancy.
- Design a protocol that provides continuity of care. Have the quitline be presented as an extension of the clinician's office. When the quitline staff makes the initial phone call, they should remind the client that she signed a consent form with her doctor.

The Sample Pregnancy-Specific Counseling Protocol is contained in the Appendix.



MATERIALS

MATERIALS FOR CALLERS

Need Help Putting Out That Cigarette? Booklet produced by Smoke-Free Families.

A self-help booklet for pregnant smokers that includes benefits for the pregnant smoker and her baby, ways to prepare to quit, setting a quit date, how to handle "slips" and tips for after the baby is born. A single copy of the brochure is available without charge by emailing resources@acog.org. Packs of 10 pamphlets for \$12 may be purchased from the ACOG Distribution Center (800-762-ACOG X882) or online at http://www.acog.org/bookstore/Need_Help_Putting_Out_That_Cig_P206.

You Can Quit Smoking: Support and Advice from Your Prenatal Care Provider. Tear sheets produced by the U.S. Public Health Service and Smoke-Free Families.

This one pager, available in tear-off pads of 50, is intended for use in providers' offices, to be used in counseling pregnant smokers to quit. The information is taken from "Treating Tobacco Use and Dependence," A Public Health Service Clinical Practice Guideline. The guide is available in PDF format from the Agency for Healthcare Quality and Research at <http://www.ahrq.gov/clinic/tobacco/prenatal.htm>. Free copies can be ordered by contacting the Agency for Healthcare Research and Quality, 1-800-358-9295.

“The Facts About Pregnancy and Smoking” and/or **“Deje De Fumar; Para Que su Bebe Nazca Sano.”** Pamphlet produced by the March of Dimes.

This pamphlet also discusses risks to the baby's health, tips on quitting, and ways to avoid secondhand smoke. It is available in English and in Spanish. Packages of 50 pamphlets cost \$10. To order, call the March of Dimes Fulfillment Center at 1-800-367-6630.

Make Yours a Fresh Start Family. Magazines produced by the American Cancer Society. Two booklets, written at a 5th-grade reading level, are part of the Fresh Start counseling intervention: one for pregnant women and a second for mothers who smoke. These colorful, magazine-style guides address the unique concerns of pregnant/parent smokers and recent quitters. These magazines are also available in Spanish. To obtain these materials, contact your local ACS office, which can be found by typing your zip code into the home page of the national American Cancer Society: <http://www.cancer.org/docroot/home/index.asp>

MATERIALS FOR PROVIDERS AND OUTLINE COUNSELORS

Implementation of Pregnancy-Specific Practice Guidelines for Smoking Cessation. Manual produced by the Partnership for Smoke-Free Families (PSFF).

PSF has created a technical assistance manual for healthcare organizations considering the implementation of pregnancy-specific guidelines for smoking cessation. PSF is focused on smoking cessation for pregnant women and the reduction of environmental tobacco smoke exposure among infants and young children. The manual contains valuable lessons learned, recommendations for program implementation, and samples of program materials. Pages 14-17 describe their proactive fax referral system and protocol. A copy of the manual can be downloaded from: <http://www.smokefreefamilies.tobacco-cessation.org>.

Make Yours a Fresh Start Family. Program materials produced by the American Cancer Society.

This program is based on the Agency for Healthcare Policy and Research (AHCPR) Clinical Practice Guidelines on Smoking Cessation. The program package includes training for healthcare professionals to help tailor cessation counseling to patients according to their readiness to quit smoking, and a guide for integrating the intervention into an office setting. The training is available in both train-the-trainer and self-study format. To obtain these materials, contact your local ACS office, which can be found by typing your zip code into the home page of the national American Cancer Society: <http://www.cancer.org/docroot/home/index.asp>

PREGNETS.ORG. Provider toolkit produced with financial support from the Tobacco Control Programme/Prevention, Cessation and Education, Health Canada.

This Canadian organization developed a toolkit for healthcare providers, educators and researchers and provides the essential components to address smoking cessation among pregnant and post-partum women. The PREGNETS team have reviewed existing resources and summarized the key components. Some simple tools were also developed to help deliver the interventions easily and effectively. These tools are downloadable from their website: <http://www.pregnets.org/providers/downloads.aspx>

CEASE: Clinical Effort Against Secondhand Smoke Exposure. Tobacco control module produced by Mass General Hospital for Children.

Implementation strategies employed by the CEASE Module demonstrate how to link parents who want to quit smoking with state or national smoking cessation services through the use of a flexible set of materials. The CEASE Module guides child healthcare clinicians in each evidence-based step of addressing parental tobacco use. The CEASE Module also provides additional education and resources for those who want to go beyond implementing the essentials. The implementation kit and patient materials are available at <http://www.massgeneral.org/ceasetobacco/>.

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Appendices



SAMPLE PREGNANCY-SPECIFIC COUNSELING PROTOCOL

Intake Call

NOTE: Titles in *italicized bold font* refer to specific scripts.

The caller will hear a taped message with three options:

- Press 1 "para Español"
- Press 2 "if you are pregnant and thinking of quitting smoking, or want general information"
- Press 3 "if you wish to speak to a specific counselor"

For all callers who select option #2, the intake counselor will proceed with the following:

1. Thank the caller for calling the Quit Line (QL).
2. Ask the caller for their name, address, phone number, e-mail, and date of birth.
3. Ask how they heard about the QL and record response
 1. Great Start TV ad
 2. Great Start poster
 3. Other Great Start material(s)
 4. Heard about it from _____ (ask and record source).
4. If the caller is a health care provider, refer them to SFF NDO or ACOG. If the caller is a male consumer, ask how you may assist them and refer appropriately. If the caller is a female consumer, ask: "Are you calling for yourself or someone else?"
5. If she is calling for someone else, ask how you may assist her, and refer appropriately. If she is calling for herself, ask the following demographic questions:
 1. educational level
 2. marital status
 3. ethnicity
 4. pregnancy status
6. If the caller is not pregnant, ask how you may assist her and refer appropriately. If the caller is pregnant, ask her to choose the statement that best describes her smoking status:

- a. I have NEVER smoked or have smoked LESS THAN 100 cigarettes in my lifetime.
 - b. I stopped smoking BEFORE I found out I was pregnant, and I am not smoking now.
 - c. I stopped smoking AFTER I found out I was pregnant, and I am not smoking now.
 - d. I smoke some now, but I have cut down on the number of cigarettes I smoke SINCE I found out I was pregnant.
 - e. I smoke regularly now, about the same as BEFORE I found out I was pregnant.
7. Handle the caller according to her response to question #6:
- Response **a (non-smoker)**: Congratulate the caller on being smoke-free, ask how you can assist her, and refer appropriately. End the call by asking: "Is there anything else I can help you with today?" and thanking her for calling.
 - Response **b or c (spontaneous quitter)**: Congratulate her on her decision to quit and on her success in quitting, ask her what help you might give, and ask if she would like help in staying smoke-free.
 - i. If **yes**, ask if she is interested in speaking to a counselor now.
 - a. If **yes and a counselor is available**, begin with either the *How to Handle "Slips"* or *How to Help a Woman Who Has Relapsed Get Back on Track* scripts. During this session, the counselor will also ask the caller's permission to send her quit smoking materials and to schedule a second follow-up call.
 - b. If **yes and a counselor is not available** or no, schedule an appointment with the caller, ask permission to send quit smoking materials and end by asking if there is anything else you can help her with today.
 - ii. If **no**, ask if she has other issues or concerns that she would like to discuss. Make appropriate referrals. Thank her for calling.
8. Response **d or e (current smoker)**: Ask her how many cigarettes she smokes per day and record. Ask if she would like assistance in quitting smoking.
- 1. If **yes**, ask if she is interested in speaking to a counselor now.
 - a. If **yes and a counselor is available**, begin with an *Initial Contact* counseling session and ask if it is OK to send her materials to help her quit. In the *Initial Contact* counseling session, she will be asked about previous quit attempts. If she has attempted to quit since learning of her pregnancy and relapsed, she will receive counseling on *How to Handle*

"Slips" or How to Help a Woman Who Has Relapsed Get Back on Track.

- b. **If yes and a counselor is not available**, schedule an appointment with the caller, ask permission to send her quit smoking materials and end by asking if there is anything else you can help her with today.
 - c. If **no**, ask if she would like to make an appointment on another day to speak with a counselor.
 - If **yes**, schedule an appointment and ask permission to send her quit smoking materials. End by asking if there is anything else you can help her with today.
 - If **no**,
 - a. Ask permission to send her quit smoking materials.
 - b. Ask if you could call her again in a week to see how things are going.
 - c. Advise her to quit and tell her about the benefits of quitting and the impact of smoking and quitting on her health and the health of her baby.
 - d. End by asking "Is there anything else I can help you with today?"
- 2. If **no**,
 - a. Ask permission to send her quit smoking materials.
 - b. Ask if you could call her again in a week to see how things are going.
 - c. Advise her to quit and tell her about the benefits of quitting and the impact of smoking and quitting on her health and the health of her baby.
 - d. End by asking "Is there anything else I can help you with today?"

Initial Contact

This script should be used with all pregnant smokers who have agreed to receive counseling.

There are two ways to begin this session: one, if the caller has been transferred to the counselor after calling the quit line and, the second, if the counselor has called at the appointed time.

Option #1: If the caller is directly transferred to you from intake, begin by asking if it's okay to call her by her first name then **ask how she's feeling and acknowledge her response.**

Option #2: If you are calling the woman, say "Hello, this is _____ with the _____; may I please speak to _____." Is this still a good time to have our appointment? (If not schedule another time.)
Do you mind if I call you by your first name?

For all callers:

- **Ask how she's feeling and acknowledge response.**

"Well, first of all, how are you feeling in general?"

(Acknowledge her feelings; establish rapport.)

- **Provide information on the program and clarify your role.**

Our program is entirely free and is designed specifically to help women who are pregnant, and thinking about quitting smoking. It consists of 5 to 7 counseling sessions where we call you at predetermined times. Each session takes about 10 to 15 minutes. It's important that you know any information you provide will be kept entirely private and confidential. However, we are required by law to report any reference of harm to yourself or others.

Today we will talk about your smoking and your feelings about quitting and the quitting process. After this session, we will schedule more sessions depending on the decision you make about quitting. Some sessions will help you set a quit date and prepare for it; others may help you get back on track if you've already tried to quit.

We have some materials to help you quit smoking. (Check to see if she has received the materials if this is a call back. If the call is a follow-on to the intake call, remind her that she will be receiving materials soon). The materials will help you remember what we talk about today and give you some tips on how to quit smoking.

Do you have any questions?

Describe Counselor Role

I am available to help you decide what to do about smoking during your pregnancy and would like to talk with you briefly on the phone about once a week to give you encouragement and a lot of support. How does that sound to you? (Acknowledge her response)

If at any time you want to stop these phone calls, you can just tell me and they'll end. Is that okay with you? Do you have any questions about how this works (Answer questions)

- **Ask about the pros and cons of smoking.**

"Can you tell me why you think you smoke?" or "What do you think are the main reasons why you smoke?"

(Write down her list, probe for more). "Anything else?"

"What concerns you about your smoking? What are you worried about?"

(Write down her list, probe for more). "Anything else?"

- **Assess her plans.**

(Repeat back to her what she's getting out of smoking and what worries her.)

"So, how are you feeling about quitting?" or "Have you thought about whether or not you'd like to quit smoking?"

If she is not interested in quitting, request permission to send her quit smoking materials if she has not received them already. Advise her to quit and tell her about the benefits of quitting and the impact of smoking and quitting on her health and the health of her baby. Ask if you can call her in a week or so to see how she is doing. End by asking "Is there is anything else I can help you with today."

If she is interested in quitting, ask about past history and discuss specific plans.

"I'm curious, have you ever tried to quit before?"

(Explore previous quit attempts: how she did it; how long she quit; what caused relapse. Acknowledge responses; emphasize advantage of having tried to quit before.)

If she has quit since learning of her pregnancy and is currently smoking, consider using the *How to Handle "Slips"* or *How to Help a Woman Who Has Relapsed Get Back on Track*.

If she quit prior to learning of her pregnancy and is currently smoking, proceed.

"Well, it sounds like you want to quit and that's terrific. Good things will start happening immediately. For example, your baby will start getting more oxygen after just one day of not smoking, and the sooner you stop smoking during your pregnancy, the better the effect on your baby. So you're doing the right thing

"Are you ready to set your quit date?"

If she sets a Quit Day: praise her and arrange to call a day or two before that date to discuss preparation for quitting, on the quit day to offer support and a few days after to see how she's doing. Encourage her to use the materials she has received (or will receive) to get ready for her quit day.

If she isn't ready to set a date: suggest that she read or review the materials she has received (or will receive) and just think about her reasons for wanting to quit for a few days; arrange to call her next week after she has given it some thought.

If she asks about using patches or other drugs to help her quit, advise her to talk with her prenatal care provider.

- **If she has said no to quitting, but has cut down or wants to cut down**

"I want to help you do what you want to do, and I understand that you'd like to cut down on your smoking. That's great. Quitting smoking completely is the best thing you can do for your baby, but smoking fewer cigarettes is probably better than smoking more cigarettes. So, can you think about how many cigarettes you would like to cut down to?"

(Acknowledge response; praise her for her plans to change; ask if she wants to start cutting back right away; if she wants to start, brainstorm things she can do to occupy her hands (doodle, crafts, rubber band), mouth (gum, straw, hard candy), and mind (distract self; think of baby); arrange to call her in a week to see how she's doing. Remind her to use the materials she has received (or will receive).

- **Assess her confidence in quitting**

On a scale of 0-100, where 0 is no chance and 100 is absolutely, what do you think your chances are for being able to quit for good this time?

(Write down number. Provide appropriate reinforcement per ACS protocol.)

- **Set appointments**

1. Schedule Quit Date appointments (1-2 days prior to Quit Date, on Quit Date, 3-4 days after Quit Date)
2. Request permission to send a reminder postcard
3. I've enjoyed talking with you and I look forward to helping you out with your smoking. I'll give you a call on _____ at _____.
4. Mention the callback policy and ask her to call us back if she doesn't receive the materials or if she needs to change an appointment. End with: "Keep up the good work. It's hard to get started, but you've already taken the hardest step, just by trying."

- **Record information on Telephone Support Log.**
-

Preparation for Quitting Contact

- **Introduce yourself and ask for the woman.**

"Hello, this is _____ with the _____; may I please speak to _____."

Once you have connected with the woman,

"Hi, this is _____ and I'm calling to check in with you to see how you're doing with your smoking. Is this a good time to talk?"

(If not, schedule another time.)

- **Ask how things are going and acknowledge response.**

"How are things going?"
(Acknowledge feelings)

- **Ask how she's feeling about her smoking and how much she's smoking.**

"How are you feeling about your smoking situation?"
(Acknowledge feelings; give her heavy reinforcement for desire to quit. Remind her to use her self-help booklet and video.)

"How many cigarettes a day are you smoking now?"
(Write this down. Praise her if she's cut down)

If she has not set a quit date, proceed to next section.

If she has set a quit date, ask "How are you feeling about your plans to quit smoking?" Do you have any questions or concerns?
(Problem-solve with her about perceived problems, use information in the fact sheets and refer to information in her booklet/video. Remind her that you are here to help and support her as she prepares for this quit attempt. Remind her that quitting smoking is the most important thing she can do for herself and her baby.)

- **Determine her support in her environment**

"How do you think the people around you feel about your plans to quit (cut down)?"

"Are you around other smokers?"
(Acknowledge advantages of having support from others and not having smokers around her **OR** problem-solve using the *Being Around Others While They Smoke* script.)

- **Identify high risk to smoke situations**

"What particular times of the day do you think might be hardest to get through without smoking?"
(Problem-solve around one high-risk time or situation)

- **Mention her reasons for quitting**

NOTE: The QL software can navigate to be specific to each woman
"Last time we talked you mentioned some pretty important personal reasons for quitting (cutting down) (list them for her). Some women like to write those down, stick them on the refrigerator and look at them when they need to remind themselves why they're doing this. The booklet you got in the mail has a page where you can write these reasons, too. Some women also like to talk to their

baby about the reasons. They tell their baby, 'Hey, this is what I'm doing for you.'

- **Review Preparation for Quitting**

"Have you thought about things you can do to prepare for your quit day?" (Ask if she wrote things in her book, reinforce her ideas; add suggestions: get rid of smoking materials so it's hard to get a cigarette; be clear on reasons for quitting; be ready for urges to smoke. Suggest that she may find it helpful to keep her hands, mouth, and mind occupied; encourage her to ask for help and encouragement from her family and friends, especially those who are ex-smokers).

- **Remind her of your appointment to talk on her Quit Date** (or in about a week, if cutting down).

"I'd like to be in touch with you on your Quit Date (in about a week) to see how you're doing and to talk about any concerns you may be having. We have an appointment at _____ (on your Quit Day). Is that time okay?"

- **Ask about confidence in quitting**

On a scale of 0-100, where 0 is no chance and 100 is absolutely, what do you think your chances are for being able to quit for good this time? (Write down number. Provide appropriate reinforcement per ACS protocol.)

- **End conversation**

"I've enjoyed talking with you, and I look forward to talking with you again on _____ at _____. Is there anything else I can help you with today?"

- **Record information on Telephone Support Log**

Quit Day Contact and Subsequent Contacts

NOTE: Throughout this call, remind the caller of the information in the materials she has received and ask if she has written things down in her booklet that she would like to share with you or discuss.

- **Ask for woman and introduce yourself.**

"Hello, this is _____, may I speak to _____?"

Once you have connected with the woman:

"Hi, this is _____. I'm calling to check in with you to see how you're doing with your smoking. Is this a good time to talk?"
(If not, schedule another time.)

- **Ask how things are going and acknowledge response.**

"How are things going?"
(Acknowledge feelings)

- **Ask about quitting, if she hasn't already brought it up.**

"Today is your quit day. Are you prepared to quit today? or Have you quit today the way you planned?"
(Acknowledge response. Give heavy praise for any positive changes she's made, especially if she's quit.)

- **If she has quit, ask about any difficulties she might be having.**

"What kinds of difficulties are you having staying quit?"
(Acknowledge responses. Use the *Problem-solving* script and process to help her deal with one of the difficulties she mentions.)

- **As her time and interest permit, ask about one or two of the following and problem-solve one situation she identifies.**

(Use the supplemental topics in the computer to help)

- How are you doing dealing with negative feelings, like stress, without smoking? (*Coping with Negative Feelings* script)
- Are you having difficulty dealing with others smoking around you? (*Being Around Others While They Smoke* script)
- Are you having strong urges or cravings for a cigarette? (*Coping with Urges for a Cigarette*)
- Have you noticed any strong withdrawal symptoms? (*Coping with Withdrawal Symptoms*)

- **For women who haven't yet quit smoking, but seem to be doing well cutting down: Ask if they'd be willing to set a Quit Date.**

"How many cigarettes a day are you smoking now?"
(Write this down.)

"You seem to be doing very well cutting down on your smoking and smoking fewer cigarettes is better than smoking more cigarettes. The best is to quit completely. I'm wondering if you'd be willing to set a quit date at this point?"
(If yes, give her heavy praise, write down her quit date, and help her prepare for quitting using the *Preparation for Quitting Contact* script. If no, ask if she would like for you to call again or if there is anything else you can help her with today.)

- **For all women: Give lots of praise and encourage her to pamper herself while she's trying to quit (or cut down).**

"I know that it's not an easy process to quit smoking (to cut down on the number of cigarettes you smoke), but I think it's great that you're working on it. Can you think of ways you can pamper yourself while you're changing your smoking?"

- (Suggest things other women have done to pamper themselves: go shopping; ask for a back rub; call someone you haven't talked to in a long time; take a bubble bath; buy yourself a plant or flowers; go for some ice cream)

- **Negotiate next contact.**

"I'd like to be in touch with you again in a few days (about a week). Is that okay? Could I call you on _____ at _____?"

(**If she has quit:** "Do you think you can make it to our next phone call without smoking?" If she is doubtful, arrange to call her sooner)

- **Ask about confidence in quitting.**

On a scale of 0-100, where 0 is no chance and 100 is absolutely, what do you think your chances are for being able to quit for good this time?

(Write down number. Provide appropriate reinforcement per ACS protocol.)

- **End conversation**

"I've enjoyed talking with you, and I look forward to talking with you again on _____ at _____. " Is there anything else I can help you with today?"

- **Record information on Telephone Support Log.**

Problem-Solving

Problem-Solving Process

- The **problem-solving process** is a way you can help a woman figure out how to handle situations or feelings that set the stage for having a cigarette.
- The **goal of problem-solving** is to come up with one or more practical, realistic ways to handle a high-risk for smoking situation or feeling without smoking so the woman will be prepared to handle the situation when it comes up in the future.

Steps of Problem-Solving

1. **Clearly define the problem:** Ask the woman to identify as specifically as possible what the situation or feeling was that created an urge to smoke. Get a clear, concrete, circumscribed definition of the problem.
Examples:
I was at a friend's house, and my friend lit up a cigarette.
I had an argument with my husband, and was feeling angry with him. The kids were driving me crazy, and I needed a break from them.
 2. **Come up with possible solutions:** Ask the woman to think of several different things she could do to handle the situation or feeling without smoking. Don't evaluate the solutions at this point, just ask her to come up with as many possibilities as she can. Acknowledge all of her suggestions no matter how crazy they may be.
 3. **Add to her list of possible solutions:** Suggest a couple of possibilities to add to the list. Still don't evaluate the solutions yet.
 4. **Choose one or two solutions from the list to try out:** Go over the list of solutions with the woman and ask her which ones could really be used in the situation described. Be sure that she feels that the solution or solutions chosen are practical and doable. If none are realistic, repeat Steps 2, 3, and 4.
 5. **Get agreement to try out solution:** Ask her if she would be willing to try out the solution the next time she is faced with the problem situation or feeling. Tell her you'd like to hear how it worked the next time you talk with her.
-

Preparation

Preparation for Quitting Smoking

1. 80% of successful ex-smokers quit "cold turkey" by setting a Quit Day and stopping completely on that day. If a woman is not ready to set a Quit Day, suggest that she cut down the number of cigarettes she smokes in preparation for quitting.
 2. If a woman has set a Quit Day, suggest the following as ways to prepare:
 3. Get rid of smoking materials before quitting (totally shred cigarettes to remove temptation; clean out ashtrays; give away lighters, matches; make it hard to access a cigarette)
 4. Be clear on reasons for quitting (state them and rehearse them regularly)
 5. Be ready for urges to smoke; plan some specific things to do when urges occur (see "Coping with Urges for a Cigarette" script; find ways to occupy hands, mouth, and mind)
 6. Ask for help and encouragement from others, preferably ex-smokers who know what you're going through
-

Being Around Others While They Are Smoking

- 30% of relapses occur when an ex-smoker is around someone while they're smoking. It's high risk because you see and smell cues to smoke and cigarettes are readily available.
 - How to handle?
 - Try to avoid the situation in the first place.
 - Ask friend or family member to quit with you
 - Ask others not to smoke around you, now that you're pregnant
 - Leave the room when others light a cigarette.
 - Plan ways to distract yourself when someone else is smoking (least preferred option because still in the presence of the cigarette). Distraction means finding ways to occupy your hands (knit or sew, play with a straw or rubber band, hold a pen or pencil, draw or doodle, squeeze a rubber ball, work on a craft project), your mouth (suck on hard candy, chew gum, use a toothpick or straw, sip water or juice, try a cinnamon stick, eat some fresh fruit), and your mind (think about the baby or a pleasant activity not involving smoking).
-

Coping with Negative Feelings

- Over 50% of relapses occur when an ex-smoker is feeling some sort of negative emotion. It can be a "high energy" negative emotion such as anger, stress, anxiety, frustration. Or it can be a "low energy" negative emotion such as loneliness, boredom, sadness, and depression. Many women have learned that a cigarette can help them cope with the negative emotion. Smoking doesn't take the negative feeling away completely, but it tempers it slightly, making it less aversive. When we stop smoking, we're taking away that coping strategy, leaving the full force of the negative feelings. Need to find other ways to reduce the negative emotions; ways that don't have negative side effects (other than smoking and drinking).
- What are some options on how to handle negative emotions?

Take a hard candy break: Sucrose (sugar) seems to have some soothing properties and is a good substitute for having a cigarette when you're experiencing a negative emotion. Like a cigarette, it is immediate, inexpensive, and portable, and it lasts for several minutes. Hard candies (such as sour balls, lemon drops, life savers, lollipops) that are purely sugar and no fat don't add many calories, but can help to temper a negative emotion. Try hard candy as a soothing cigarette

substitute. Remind the caller that if they have certain dietary restrictions, they need to follow their provider's advise about sugar consumption.

Do something physical: The idea here is to burn up some of the negative energy through physical activity. Take a walk; sweep or vacuum the floor; do some gardening; turn on music and dance; go up and down some stairs; go shopping.

Express our feelings: The idea is to modulate some of the negative emotions by expressing them. Write down your feelings; say them into a tape recorder; talk with a friend.

Try to relax yourself: The idea is to bring down the level of negative energy gradually. Take a hot bath or shower; listen to your favorite soothing music; take 10 slow, deep breaths; think about a favorite peaceful place; meditate; stroke a pet.

Redirect your thoughts: See if you can change your mood by thinking of something that made you feel good, or something you've accomplished or mastered, or something you enjoyed in the past.

Build your own support system: Ask others to be aware that this is a difficult time; prepare them for your irritability and moods; ask for some help in doing some of your routine tasks during this stressful time.

Coping with Urges for a Cigarette

- Most people get urges for a cigarette after quitting. Often the urges occur when you're doing something that you used to associate with smoking. What situations set the stage for having an urge? (**Examples:** Talking on the phone, riding in the car, finishing a meal, drinking coffee, taking a break, talking with friends, etc.)
- How to handle these situations associated with smoking?

Change your routine when possible: Hold the phone receiver in the other hand; play with a straw when riding in the car; get up from table after a meal; doodle, play with a rubber band, or knit when taking a break; eat hard candy when talking with friends, etc.

It helps to do something when you get the craving for a cigarette. **Try to distract yourself** in some way when you get a strong urge to smoke. Occupy your hands (knit or sew, play with a straw or rubber band, hold a pen or pencil, draw or doodle, squeeze a rubber ball, work on a craft project), your mouth (suck on hard candy, chew gum, use a toothpick or straw, sip water or juice, try a cinnamon

stick, eat some fresh fruit), and your mind (think about the baby or a pleasant activity not involving smoking).

Think your way out of the urge. Remind yourself why you decided to quit smoking; tell yourself how well you've done so far not smoking; think about how proud you'll feel getting through the day without a cigarette; figure out how much money you're saving by not smoking.

Change your environment: Remove things that might remind you to smoke, go somewhere else in the house or outside when you get the urge to smoke.

Withdrawal Symptoms

Coping with Withdrawal Symptoms

- Some people have withdrawal symptoms for several weeks after quitting. Withdrawal symptoms are normal, although they may be uncomfortable. It's helpful to remember that they don't last long, and they are positive signs that your body is recovering from smoking.
- What are the most common withdrawal symptoms?

Irritability: Prepare people around you to expect that you may be irritable for several weeks; decrease demands on self; drink lots of water or fruit juices to get the nicotine out of your system; avoid stimulants like caffeine in coffee and cola; take 10 slow, deep breaths to calm yourself down; do some physical activities.

Cough and sore throat: Don't worry if your cough gets worse shortly after quitting smoking; this is a good sign that your lungs are clearing; take cough drops for temporary relief.

Dizziness and headaches: Your body is getting used to living without nicotine; get some fresh air-take a walk; sit down if you feel dizzy; take a nap.

Hunger: You may have an increased appetite; eat healthy low-fat snacks that are high in texture and crunch like plain popcorn, pretzels, celery, carrots, fruit; suck on hard candy; drink lots of water.

Difficulty concentrating: Do something physical to burn off nervous energy (take a walk, clean the house, garden, dance); reduce work demands during this period if possible; work in short bursts rather than for extended periods; get lots of sleep.

Constipation: Increase the amount of fruit, vegetables, and bran in your diet; drink lots of water.

Restlessness: Do something physical (take a walk, clean the house, garden, dance); keep hands busy (doodle, knit, play with a straw, rubber band, worry beads, a craft); avoid caffeine.

Sleeplessness: Avoid caffeine at night; get more exercise during the day; go to bed only when tired; when you can't sleep at night, get out of bed and do something like read or work on some hobby until you're drowsy.

Weight Gain

Coping with Weight Gain

- Weight gain during pregnancy is normal – If you are worried about gaining weight when you quit smoking, now is an ideal time to quit.
- There are 3 possible ways to deal with the weight gain concern (in order of preference):

Recognize that it's normal: The weight you gain is far less harmful than the risk you're taking by smoking. You're supposed to gain weight during pregnancy anyway, so this is a great time to quit smoking. Accept the small amount of weight gain and deal with it later after you have your smoking under control.

Increase your physical activity: This way you will burn up more calories to help offset the decrease in metabolic rate associated with quitting smoking. You can do this by making some changes in your lifestyle: Walk instead of ride whenever possible. Take stairs instead of the elevator. Do something physical for recreation.

Make some changes in your diet:

- Avoid foods high in fats; these include certain dairy products (ice cream, cheeses, whole milk, cream), products made with butter, Crisco, coconut, palm, or "hydrogenated" oils, and certain snack foods like chips, nuts, and chocolate. Substitute low-fat dairy product alternatives (e.g., skim milk, sherbet or ice milk, light cheeses).
 - If you crave something sweet, eat something containing sugar but that's low in fat (e.g., hard candy, sherbet, fruit pops, graham crackers).
 - For snacks, consider hard candy, ice chips, fruit pops, lowfat yogurt, sherbet, plain popcorn, pretzels.
-

How to Handle "Slips"

Coping with Slips

- After quitting, it's best not to tempt yourself by smoking even one drag off one cigarette; however, people sometimes slip and smoke a cigarette after quitting.
 - People who are most successful in staying quit after they smoke one cigarette tell themselves that **this was a mistake, not a failure**.
 - Review your reasons for quitting.
 - Blame the situation, not yourself. Renew your commitment to staying quit.
 - Problem-solve how to avoid getting into that situation in the future.
 - Review your commitment to quitting.
 - Ask for help from others who want to see you succeed.
-

How to Help the Woman Who Has Relapsed Get Back on Track

- **Acknowledge her smoking status and her feelings.**

"Okay, I understand that you're smoking. How are you feeling?"
(Acknowledge her response)
- **Ask her to describe the situation in which she relapsed.**

"Can you tell me what was going on when you had that first cigarette?"
(Get a clear description of the situation or feeling. and acknowledge it)
- **Use the problem-solving process to generate possible ways she could have handled that situation or feeling.**

"What are some other ways you could have handled that situation without smoking?"
(Don't evaluate yet; add some suggestions from the tabbed sections; then ask her to choose from the list)
- **Reassure her that people often quit a number of times before they're successful.**

"It's important for you to know that people often quit a number of times before they're successful."
- **Ask if she'd be willing to set a new Quit Date**

"Would you be willing to set a new Quit Date? I'd be happy to help you."
(Acknowledge her response and plan accordingly)

If yes, "That's great. What day would you like to set as your Quit Day? Do you have a sense of how you'll prepare for quitting?"

(Review her plans, ask permission to send her materials and make arrangements to call her on her new Quit Day)

If no, "Okay, I realize that you're not ready to quit again right now. Would it be okay if I called you in a few weeks to see how you feel about it then?" (If yes, then make arrangements to do this and ask about sending materials. If no, tell her you've enjoyed talking with her.)

How to Deal With Difficult Situations

- **Acknowledge the problem and her feelings.**

"I understand that you're having some serious problems with _____ and that that's very upsetting to you."

- **Set clear limits on what you can do.**

"I'd like to be able to help you with that, but that's more than I'm able to do."

Make a referral if it's a medical problem (e.g., bleeding, cramping, anything she reports that's new,) refer her to her own doctor or her local hospital's emergency room.

"I think you should get that checked by calling your own doctor or your local hospital's emergency room."

If it's some other problem (e.g., depression, other substance use, financial, social, nutritional), refer her to her own doctor or to the public health nurse at WIC if she has no doctor.

"It sounds like something you might want to bring up with your own doctor (or with the public health nurse at WIC). They'll be able to help you with that or refer you to someone who can. Is that okay with you?"
(Acknowledge her response)

- **Redirect attention to the smoking issue.**

"I'm still interested in helping you with your smoking. Is there any other concern that you have about your smoking that I can help you with?"
(Respond to her concerns)

Handling Difficult Questions and Statements

Overview

Patients who smoke frequently present with challenging questions and statements. Pregnant women who smoke are particularly beset with complex emotions and conflicting feelings of “quitting for the baby.” The following dialogue provides examples of messages that can be used during such times, and can help you gain confidence in routinely addressing tobacco use during pregnancy.

****Disclaimer:** These examples are not meant to provide decision-making around using specific therapies. Individual clinician judgment should guide each clinical encounter.

SMOKERS HAVE NORMAL BABIES

“I have a lot of friends who smoked during pregnancy and have healthy babies.”
[Or, “I had two normal babies, and I smoked with them.”]

Response:

“All pregnancies are different and it’s hard to predict how any baby will be affected. However, we know that any smoking during pregnancy is a risk for the baby’s health, so the best thing you can do for your health and the health of the baby is to stop.”

LOW BIRTH WEIGHT

“Smoking can cause low birth weight, so I’ll have an easier delivery.”

Response:

“It can be dangerous for the baby to be smaller, and there can be more complications. Smokers can also have premature babies, and there’s less chance that the baby can go home with you from the hospital.”

CUTTING DOWN

“I used to smoke a pack a day. Isn’t it better now that it’s only half a pack? Isn’t it OK to cut down?”

Response:

“You should feel good about smoking less, but the *best* thing for your health and your baby’s health is no cigarette at all. Every cigarette gives your baby carbon monoxide. There is no safe cigarette. There are more and better ways these days to help people to stop smoking. We’d be happy to help you give it a try.”

WEIGHT GAIN

“I’ll gain weight if I quit, and that’s bad for the baby, right?”

Response:

“It sounds like weight is an important issue for you. Some smokers gain weight when they quit, but there are ways to make sure it’s temporary. You should focus on getting healthy, and quitting can really help you do that. Gaining weight during pregnancy is normal, and is less harmful than continuing to smoke during your pregnancy.”

STRESS

“I am so stressed with having this baby, and smoking helps me relax. Won’t the stress just get worse if I quit?”

Response:

“Smoking makes you *think* you’re more relaxed, but cigarettes actually increase your heart rate and blood pressure. Can you think of other ways to relax that you might try instead? (taking a walk, a bath, calling a friend)

IRRITABLE

“I get so irritable and crazy if I don’t have a cigarette.”

Response:

“It’s completely normal to feel that way – it’s your body’s reaction to not having the nicotine. It’s called nicotine withdrawal, and these symptoms will decrease over time. The important this is to make a plan, and figure out what you can do instead of smoke. Tell me about the last time you stopped smoking . . .”

CRAVINGS

“I get terrible cravings for cigarettes, like when my boyfriend is smoking.”

Response:

“These cravings are completely normal, and are a part of the dependence that happens with nicotine. It’s like a hunger pain, though, and it can go away in a few minutes. It’s important to distract yourself, and change your routine. What could you do differently when your boyfriend comes over and wants to smoke?”

PASSIVE SMOKE

“My mom and boyfriend smoke around me. Isn’t that bad for the baby?”

Response:

“Yes, secondhand smoke is harmful to pregnant women as well as to infants and children. It sounds like you’re thinking seriously about tobacco and smoking, which is great. What are your thoughts about asking them to not smoke at all inside the house or car?”

FRIENDS SMOKE

“All my friends smoke. What am I going to do, stop seeing them?”

Response:

“It sounds like it’s hard for you when your smoking friends are around. It’s OK to ask your friends not to smoke around you, for you and the baby. Most smokers don’t mind if they’re asked nicely to smoke somewhere else. It might also be a good idea to go to places where you can’t smoke, like stores or certain restaurants.”

AFTER PREGNANCY

“It wasn’t too bad to quit while I was pregnant. Smoking made me a little nauseous. But I am smoking, now that I had the baby.”

Response:

“You quit smoking during your pregnancy, and you should be very proud of yourself. It can be hard to stop smoking, but you did it. Now that you’re a mom, you have new responsibilities. But it’s really important that you not smoke, for you as well as for your baby. Are you interested in trying to stop smoking again?”

USING MEDICATIONS

“Last year I quit for awhile with the patch. Can’t I use that now?” (wants to quit)

Response:

“Nicotine patches and gum can be very helpful with quitting smoking. But now that you’re pregnant, I’d like you to try and quit without medications, if you can. As your provider, I would prefer you have no nicotine during the pregnancy.”

MULTIPLE RISK FACTORS

“You’re asking me to do so many things at once – eat better, exercise, stop smoking.”

Response:

“Actually, you’re right. It *is* hard to make changes at the same time. What’s important is that you plan for a change that’s realistic and practical. Do you think that you could seriously try to stop smoking in the next month?”

NEVER TOO LATE

“It’s really too late for me to quit now.”

Response:

“Your baby can benefit from quitting anytime, and it’s still important to think about quitting. And there are many benefits of being a smoke-free mom. You’ll be a better role model for your baby. Your own health will improve as well.”

DEPRESSED

“I’m afraid that when I quit smoking, like I did before, I’ll feel down and depressed.”

Response:

“Nicotine can have powerful affects on your brain, including your mood. This can be a normal reaction to not having nicotine. It’s important that we talk about this, and make sure we know how you’re feeling after you stop smoking. It would also be a good idea to get some help from some specialists who really know about quitting smoking. Have you heard of the state quitline?”

NICOTINE

“I bought some nicotine lozenges (7 to 8 per day), and they really help me during breaks at work and when I get home at night. But everyone’s telling me that nicotine is bad for my baby.”

Response:

“Nicotine replacement medication can help with cravings and quitting smoking. However, I’d like you to try and quit without any medications.



**Oregon DHS Health Services
Smoke Free Mothers and Babies Project
Quit Line Fax Referral System***



PROVIDER
CLIENT
QUIT LINE

Please use ONLY when client is ready to quit within 30 days.

1. Client name: _____ 2. EDD ____/____/____
(PLEASE PRINT) (LAST) (FIRST) MM DD YY

3. Gave quitting information? ___ yes ___ no 4. OHP ___ Health Plan _____

5. **MCM Provider:** _____ 6. Referral date: ____/____/____
(PLEASE PRINT) MM DD YY

7. MCM Provider phone: (____) ____ - _____ **FAX:** (____) ____ - _____

8. Prenatal Care Provider: _____ **If participating, include FAX:** (____) ____ - _____

Please give client NCR copy, before faxing to Oregon Quit Line (206) 988-7878.

- ◆ I am ready to quit smoking in the next 30 days.
- ◆ I give my permission to fax this information to the Oregon Tobacco Quit Line.
- ◆ I understand that a Quit Line Counselor will call me within the next week.
- ◆ I agree to have the results of that call returned to the provider(s) listed above.

Client Signature: _____ **Date:** _____

Mailing address: Street: _____ City: _____ OR Zip _____

(For information on how to quit)

The Quit Line will try to reach you within the next week. Please check the times you will be available over the next 6 days.

Phone: (____) ____ - _____	8am - 12pm	12pm - 3pm	3pm - 6pm	6pm - 9pm	Alternate phone number(s):
<input type="checkbox"/> Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (Until 5pm)		_____
<input type="checkbox"/> Saturday	<input type="checkbox"/>	<input type="checkbox"/> (Until 1pm)			_____

10. Contact date ____/____/____ 11. Specialist's initials _____ 12. (Circle) No. times called: 1 2 3
MM DD YY

13 Planned quit date: ____/____/____ 14. ___ Referral to Free & Clear 15. Other referral _____
MM DD YY

16. ___ Sent Quit Kit 17. Stage of readiness _____ 18. Insurance _____

Comments:

Quit Line: Please fax to number or numbers listed above.

*Developed in Collaboration with the Tobacco Free Coalition of Oregon

Provider or Clinic: Please Fax to Oregon Tobacco Quit Line (206) 988-7878.



**Oregon DHS Health Services
Smoke Free Mothers and Babies Project
Quit Line Fax Referral System***



PROVIDER

Please use ONLY when client is ready to quit within 30 days.

1. Client name: _____ 2. EDD ____/____/____
 (PLEASE PRINT) (LAST) (FIRST) MM DD YY

3. Gave quitting information? ___ yes ___ no 4. OHP ___ Health Plan _____

5. **MCM** provider: _____ 6. Referral date: ____/____/____
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<input type="checkbox"/> Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (Until 5pm)		_____
<input type="checkbox"/> Saturday	<input type="checkbox"/>	<input type="checkbox"/> (Until 1pm)			_____

What is the Oregon Tobacco Quit Line?

The Quit Line is a free telephone service that offers you quitting information, one-on-one telephone counseling, and referrals. The Quit Line is paid for with tobacco taxes.

How does telephone counseling work?

A counselor can help you with the support you need - answer your questions or concerns about quitting and help you make a plan to quit. Whatever it is you need, the Quit Line counselor is there for you.

What does the Quit Line do?

When you signed this form today, you agreed to have a Quit Line counselor call you sometime in the next six days to help you plan to quit. After the counselor talks to you, he/she will send information back to your providers listed above. If you want to, you can call the Quit Line yourself. The call is free.

The number is 1-877-270-STOP (1-877-270-7867).

*Developed in Collaboration with the Tobacco Free Coalition of Oregon

**PROVIDER
COPY**

**PROVIDER
COPY**

FAX REFERRAL FORM

****PROVIDER FAXES THIS COPY TO HELPLINE (800) 483-3114****

Helpline Patient Provider

1. Patient Name (Last, First) _____ 2. Today's Date ____/____/____
MM DD YY

3. DOB ____/____/____ 4. Check if pregnant _____ 5. Check if Spanish speaking _____

6. Health Care Provider _____ 7. Clinic Name _____

8. Health Care Provider Phone (____) _____ - _____ FAX (____) _____ - _____

Please give patient a PATIENT copy before faxing to the Oklahoma Tobacco Helpline (800) 483-3114

Patient Initials

I give my permission to my health care provider to fax this information to the Oklahoma Tobacco Helpline. I understand that a Helpline Counselor will call me within the next week. I understand this is a free service.

Patient Initials

I agree to let the Oklahoma Tobacco Helpline send information about my Helpline enrollment to my health care provider(s) listed above.

Patient Signature _____ Date _____

Print Patient Name (First, Middle, Last) _____

Patient Address Street _____ City _____ OK ZIP _____

The Helpline will call you. Please check the best times for the Helpline to reach you.

Phone (____) _____ - _____	8am-12pm	12pm-3pm	3pm-7pm	7pm-11pm	Alternative Phone#
<input type="checkbox"/> Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	_____
<input type="checkbox"/> Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	_____
<input type="checkbox"/> Sunday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	_____

If you are available when we call you, may we leave a message, identifying ourselves as the Oklahoma Tobacco Helpline? ____Y ____N

If we are unable to reach you after three attempts, may we send materials to you at the address above? ____Y ____N

(FOR HELPLINE USE ONLY)

1. Counselor Initials: _____ 2. Contact date: ____/____/____ or _____ Did not reach client
MM / DD / YY

3. Helpline Services Accepted: _____ Self-Help Materials _____ Free & Clear Enrollment
(Check all that apply) _____ Cessation Referral _____ Pharmacotherapy Referral

4. Cessation Referral: _____

5. Planned quit date: ____/____/____ 6. Sent Quit Kit: ____Y ____N

6. Stage of readiness: ____ Pre-contemplation ____ Contemplation ____ Preparation
 ____ Action ____ Maintenance/ Relapse Prevention

7. Comments: _____

Helpline: Please fill out the bottom portion of this form and fax back to the fax number of the health care provider listed in the top box of this form

Initial Counseling Contact

Scheduling initial contact two to three weeks after delivery

- Ask for the woman

“Hello, may I please speak to _____.”

- Remind her who you are and determine if this is a good time to talk

“Hi, this is _____. I’m calling you from the [state quitline]. You may recall that we talked with you earlier in your pregnancy about your cigarette smoking, and mentioned that we’d be in touch with you again near the end of your pregnancy or after your baby is born to see how you’re doing. Is this a good time to talk for a few minutes?”

(If not, schedule another time.)

- Clarify her pregnancy status

“Great. So, have you had your baby?”

- (* Note- Be prepared to respond if woman suffered a miscarriage, stillbirth or delivered a sick baby.)
If appropriate refer woman to resources in her state.

(If no: Skip to: WOMAN IS STILL PREGNANT below.)

(If yes: Skip to: WOMAN HAS HAD HER BABY on page 9.)

WOMAN IS STILL PREGNANT (continue here):

- Acknowledge pregnancy and clarify your role

“Okay, so when is your due date?”

“Do you remember talking with someone on the phone about your cigarette smoking earlier in your pregnancy?”

If no: “Okay, well, we are a program that is interested in helping pregnant women stop smoking and stay quit during pregnancy and after your baby is born. We can offer free support and assistance to you now about quitting smoking or staying smoke free now and after your baby is born. Our discussions are confidential, and you can end the calls at any time.

If yes: Okay, great. We’d like to offer some support and assistance now that you are near the end of your pregnancy and once you’ve had your baby. As you know, this is a free service, our discussions are confidential, and you can end the calls at any time.”

- Ask about her cigarette smoking

“Would it be OK if we talked about your cigarette smoking? (**If no: Thank her, give her the toll-free number for the Quit Line, and end the call**)

Are you currently smoking?

If yes: About how many cigarettes a day are you currently smoking?”

If no: Skip to Woman pregnant and Not Smoking Section

Do you currently use any other tobacco products? (Chewing tobacco or snuff)

- **If yes, assess reasons for using smokeless tobacco and her plans.**

“Tell me about your smokeless tobacco use? (acknowledge her response)

Emphasize that “like cigarette smoking, these products contain cancer causing substances that can cause serious health problems as well as produce dependency to nicotine in tobacco.” “Therefore, making them an unsafe alternative to smoking”

“So, what do you think you would like to do about your tobacco use?”

If she is interested in quitting or cutting back, Skip to Wants to Quit Section

If she is not interested in quitting, Skip to Wanting to Cut Down Section

(If smoking “0”: Skip to: WOMAN IS STILL PREGNANT AND NOT SMOKING below.)

(If smoking ≥ 1 : Skip to: WOMAN IS STILL PREGNANT AND CURRENTLY SMOKING on page 5.)

WOMAN IS STILL PREGNANT AND NOT SMOKING (continue here):

- Congratulate her on not smoking

“Congratulations, that’s great that you’re not smoking. Well done. When did you smoke your last cigarette?”

If > 1 month ago: “That’s excellent. It sounds like you’ve been quit for a good period of time.”

If < 1 month ago: “This is a great start! How is not smoking going for you now?”

- Ask about smoking plans

“Some women quit smoking just while they’re pregnant and then return to smoking after the baby’s born. Have you had some thoughts about going back to smoking after your baby is born?”

If yes: “What’s tempting you to go back to smoking?” (Record what she says; probe for more: “Anything else tempting you to return to smoking?”)

“What are some reasons for wanting to stay quit after your baby is born that are important to you?” (Record what she says; probe for more: “Any other reasons why you want to stay quit?”)

(Reinforce or add a few items to her list of reasons for wanting to stay quit postpartum from the tabbed section “Reasons to Stay Quit Postpartum”.)

(Repeat her list of temptations and (and other) reasons for wanting to stay quit and assess her plans)

“So, what would you like to do about smoking after your baby is born?”

- Heavily praise any positive commitment to remain quit. If no positive commitment to remain quit, emphasize that:
 - Not smoking is the single best thing she can do for her own health and the health of her baby
 - Confirm for her that the health benefits of continuing to not smoke are as great after the baby is born as they are now.) Refer to tabbed section, “Reasons to Stay Quit Postpartum”.

If no: “Okay, that’s excellent. I asked you that because some women quit smoking just while they’re pregnant and then return to smoking after the baby’s born, but it sounds like you want to stay quit. What are your reasons for wanting to stay quit?”

(Record what she says; probe for more; reinforce her reasons and elaborate on them (refer to tabbed section “Reasons to Stay Quit Postpartum”). If she mentions her own health or the baby’s, ask if that’s a change from what motivated her to quit initially and reinforce that. Let her know that it can really help her to have clarity on why she wants to stay quit, especially during times when she may be tempted to smoke.)

- Ask about any specific temptations to smoke she expects to have after the baby is born

“After your baby is born, can you think of any specific situations when you may be tempted to smoke?”

If yes: Identify one situation as clearly as possible. Problem-solve how she might handle it without smoking (refer to tabbed sections to help problem-solve).

Ask if there is another situation when she might be tempted to smoke after the baby is born. As time permits, problem-solve that situation as well.

If no: Acknowledge that she doesn't anticipate temptations to smoke. Ask if she is likely to be around any other smokers after the baby is born. If yes: Problem-solve how to handle it – refer to tabbed section “Being Around Others While They Are Smoking.”

- Reinforce her desire to stay quit and encourage her to reward herself

“It's great that you're planning on staying quit, especially after the baby is born. A lot of women are tempted to return to smoking then, but it's a critical time to stay quit for your own health and especially for your baby. I know it can be stressful being a new mom, so I'd like to encourage you to reward yourself for not smoking. Can you think of some ways that you can treat yourself now and after the baby is born that will make you feel good?”

How about stress? Do you have some ways to cope with stress?” (Have caller come up with ideas, add ideas)

- Ask about her exposure to secondhand smoke at home and in the car.

If she is still pregnant: It's great that you are still not smoking. Not smoking is one of the best ways you can keep yourself and your baby healthy. But, I was wondering if you have heard about the ways breathing cigarette smoke from others (i.e., secondhand smoke) can harm you and your baby?”

If “yes”, ask her to tell you about what she's heard and if accurate, reinforce this information and if inaccurate, clarify and let her know about at least two potential harms or risks.

If “no”, share with her at least two potential harms or risks.

“Now that you know about these dangers are you willing to think about ways to deal with others smoking around you?”

If yes: Can you think of any things you could do now that would help keep cigarette smoke from others away from you and your baby?

- **Discuss ideas** she may have and use tabbed section “Being Around Others While They Are Smoking”.
- **If she has no ideas:** One way other women have reduced the amount of secondhand smoke they breathe is to have rules about smoking in their house. Could you tell me about any rules you may have about smoking in your home now?”

Probe to find out if:

1. No one is allowed to smoke anywhere inside her home
2. Smoking is allowed in some rooms or at some times
3. Smoking is permitted anywhere inside her home

If yes to response 1: No one is allowed to smoke anywhere inside her home

- Let her know that this is an excellent rule and that having a smoke-free home is one of the best things she can do for her own health and the health of

her baby. Remind her of the benefits of a smoke-free home and encourage her to think about other places that could be smoke-free, like her car.

- “Do you think you will have any trouble keeping your home smoke-free after the baby is born?” Problem solve around issue(s) that she brings up. Use appropriate tabbed sections.
- If appropriate – Let her know that you understand that having a smoke free home may not be entirely her choice (cultural or domestic violence issues). Discuss ideas she may have and refer to tabbed section on “Being Around Others While They Are Smoking”.
If needed, provide referrals to other sources of care in her state.
- Thank her, wish her well and end the call. Before ending the call, arrange date and time for next call.

If yes to either response 2 or 3: Smoking is allowed in some rooms or at some times and/or smoking is permitted anywhere inside her home

Let her know that smoking by window or fan, opening a window or limiting smoking to certain rooms in the house will not completely protect the baby.

“It sounds like you and your baby are likely to breathe cigarette smoke once you’ve taken him or her home. Would you like to develop a plan for keeping you and your baby smoke-free at home?”

If yes: Discuss ideas she may have and refer to tabbed section on “Being Around Others While They Are Smoking”.

If no: End call if appropriate or go to next step in protocol.

- Set up next contact and end conversation (next call within two weeks)

“I’ve enjoyed talking with you, and I’d like to be in touch with you again after the baby is born. Is that okay with you? Could I call you on _____ at _____? (If no, negotiate a better time.) I look forward to talking with you again on _____.”

- Record information on Telephone Support Log.

WOMAN IS STILL PREGNANT AND CURRENTLY SMOKING:

- Acknowledge her smoking and ask how she feels about it

“Okay, I understand that you’re smoking. Would it be OK if we talked about more about your smoking?” (Acknowledge her response.)

If no: Thank her, give her the toll-free number for the Quit Line, and end the call)

If yes: Ask about the pros and cons of smoking

I’m wondering, what do you feel your smoking is doing for you?”

(Record what she says; probe for more: “Anything else?”)

“What concerns you about your smoking? What worries you about it?”

(Record what she says; probe for more; repeat lists of pros and cons back to her)

- Assess her plans

“So, what would you like to do about your smoking?”

If she wants to cut down, skip to pg. 8: Wanting to Cut Down Section.

If she is interested in quitting, skip to Wants to Quit Section below.

If she is not interested in quitting or cutting down, “I understand that you might not be interested in quitting or even cutting down right now. But, I was wondering if you have heard about the ways being exposed to cigarette smoke can harm you and your baby now and once he or she is born?”

If “yes”, ask her to tell you about what she’s heard and if accurate, reinforce this information and if inaccurate, clarify and let her know about at least two potential harms or risks. Refer to tabbed section “Reasons to Stay Quit Postpartum”.

If “no”, share with her know at least two potential harms or risks. Refer to tabbed section “Reasons to Stay Quit Postpartum”

“Now that you know about these dangers would you like to think about ways to keep cigarette smoke away from your baby?”

If yes: Can you think of any things you could plan to do now that would help keep cigarette smoke away from your baby once you bring your baby home?

- **Discuss ideas** she may have.
- **If she has no ideas:** One way that other women keep cigarette smoke away from their baby is to have rules about smoking in their house and car. Could you tell me about any rules you may have about smoking in your house and car?”

Probe to find out if:

1. No one is allowed to smoke anywhere inside her home
2. Smoking is allowed in some rooms or at some times
3. Smoking is permitted anywhere inside her home

If yes to response 1: No one is allowed to smoke anywhere inside her home

- Let her know that this is an excellent rule and that having a smoke-free home is one of the best things she can do for her own health and the health of her baby. Remind her of the benefits of a smoke-free home and encourage her to

think about other places that could be smoke-free, like her car. Refer to tabbed section “Reasons to Stay Quit Postpartum”.

- “Do you think you will have any trouble keeping your home smoke-free after the baby is born?” Problem solve around issue(s) that she brings up. Use appropriate tabbed sections.
- If appropriate – Let her know that you understand that having a smoke free home may not be entirely her choice (cultural or domestic violence issues). Discuss ideas she may have and refer to tabbed section on “Being Around Others While They Are Smoking”.
If needed, provide referrals to other sources of care in her state.
- Thank her, wish her well and end the call. Before ending the call, arrange date and time for next call.
-

If yes to either 2 or 3: Smoking is allowed in some rooms or at some times and/or smoking is permitted anywhere inside her home.

Let her know that smoking by window or fan, opening a window or limiting smoking to certain rooms in the house will not completely protect the baby.

“It sounds like your baby is likely to breathe cigarette smoke once you’ve taken him or her home. Would you like to develop a plan for keeping your baby smoke-free at home?”

If yes: Discuss ideas she may have and refer to tabbed section on “Being Around Others While They Are Smoking”.

If no: End call if appropriate or go to next step in protocol.

- Record information on Telephone Support Log.

Wants to Quit

If she has mentioned quitting:

- Ask about smoking history

“I’m curious, have you tried to quit smoking during this pregnancy?”

(Explore previous quit attempts: how she did it; how long she quit; what caused relapse. Acknowledge responses; empathize; stress advantage of having tried before)

“Well, it sounds like you want to quit and that’s terrific. What are your reasons for wanting to quit? (Reinforce) “Good things will start happening right away for you and your baby. For example, the carbon monoxide level in your body will drop after just one day of not smoking, and the sooner you stop smoking the sooner your body will begin to heal itself. You will have more energy, save money, fewer health problems and feel good about what you’ve done for yourself and your baby. So you’re doing the right thing.”

- Encourage her to set a quit date

“Most women who successfully quit smoking have good reasons why they want to quit, set a quit date, and get support from a trained counselor. I’m very willing to support and assist you in your efforts to quit, so I’m wondering if you’d be willing to set a quit date?”

(Encourage her to specify a quit date within the next week or two. Write this date down. Heavily praise her commitment to a quit date. Explore and reinforce her reasons to quit.)

- Discuss some plans for her quit day

“In preparation for your quit day, I just want to mention a few things other women have done to get through the first days; some of these things may be helpful to you.”

(Review tabbed section on “Preparation for Quitting Smoking”. Ask if she has any other ideas of ways she can get through the first days. Acknowledge these and reinforce her plan to quit.)

- Set up next contact and end conversation.

(Tie next call to quit date) “I’d like to call you in about a week to see how you’re doing. Is that okay? How is _____ at _____?” (If not good, negotiate a better time.) “I’ve enjoyed talking with you and look forward to talking to you again on _____.”

- Record information on Telephone Support Log.

Wants to Cut Down

If she has not mentioned quitting, but wants to cut down:

“Okay, so you are thinking about cutting down on your smoking. Is this in preparation for quitting?”

If yes: “Okay, I understand you’d like to cut down first. Some women find that is helpful step to eventually quitting for good.” Let her know that “although smoking fewer cigarettes is probably better than smoking more, quitting smoking completely is the best thing you can do for you and your baby.” “Setting a quit date can help you prepare to quit”.

How far would you like to cut down on your smoking before you quit?” (Get number of cigs/day)

“Okay, and when do you think you could be at that point (or reach that goal)?” (Get a date; praise)

“That sounds great. Do you want to go on to set a quit date for after you reach that point or goal?”

(If yes: Praise heavily and record her Quit Date.)

(If no: “Okay, I understand that you’re not ready to set a Quit Date yet. We can discuss this more in future calls.”)

- Discuss some aids to cutting down

“Some people find it helpful to find ways to occupy their hands, their mouth, and their mind as they go through the process of cutting down. Can you think of some ways to keep your hands busy instead of smoking? (mouth busy?) (mind busy instead of thinking about smoking?)”

(Use brainstorming process to come up with these options. Refer to tabbed section “Coping with Urges for a Cigarette”.)

“Those are great ideas! Just by cutting down you will start to see benefits for you and your baby.”

- Set up next contact and end conversation

“I’d like to call you in about two weeks to see how things are going and talk about any concerns you may be having. Is that okay? How is _____ at _____?” (If not good, negotiate a better time.) “I’ve enjoyed talking with you and look forward to talking to you again on _____.”

- Record information on Telephone Support Log.

WOMAN HAS HAD HER BABY:

- Acknowledge birth of the baby and clarify your role

“Congratulations. When was your baby born?”

“Do you remember talking with someone on the phone about your cigarette smoking earlier in your pregnancy?”

If no: “Okay, well, we are a program that is interested in helping women quit while they are pregnant and stay quit after the baby is born. We would like to offer some support and assistance now that you’ve had your baby. This is a free service, our discussions are confidential, and you can end the calls at any time.”

If yes: Okay, great. I’m just following up with women who we previously spoke with to offer some support and assistance now that you’ve had your baby. As you know, this is a free service, our discussions are confidential, and you can end the calls at any time.”

- **Ask how she’s feeling and acknowledge her response.**

“First of all, how are you feeling in general?”

(Acknowledge her feelings; if caller suggest she is experiencing depression like symptoms, that are affecting her well-being and keeps her from functioning throughout the day.

Recommend for her to immediately speak or visit her health care provider)

“It is usually normal for mothers to experience all types of emotions after delivering their baby. However, if your feelings are a concern to you and you are just not sure what to do don’t hesitate to ask for help. Get in touch with your health care provider or nurse as soon as possible.”

- Ask about her cigarette smoking

“Could I just ask you a few questions about your cigarette smoking? **(If no: Thank her, give her the toll-free number for the Quit Line, and end the call)**

Are you currently smoking?

If yes: About how many cigarettes a day are you currently smoking?”

(If smoking “0”: Skip to: WOMAN HAS HAD BABY AND IS NOT SMOKING below.)

(If smoking ≥ 1 : Skip to : WOMAN HAS HAD BABY AND IS CURRENTLY SMOKING on page 8.)

WOMAN HAS HAD HER BABY AND IS NOT SMOKING (continue here):

- Congratulate her on not smoking

“Congratulations, that’s great that you’re not smoking. Well done. When did you smoke your last recent cigarette?”

If > 1 month ago: “That’s excellent. It sounds like you’ve been quit for a good period of time.”

If < 1 month ago: “It’s great that you’re not smoking now. It sounds like you are on the right path. How is the not smoking going for you now?”

- Ask about smoking plans

“Are you thinking about going back to smoking?”

If no: “Okay, that’s excellent. I asked you that because some women quit just for the pregnancy and then return to smoking after the baby’s born, but it sounds like you want to stay quit. What are your reasons for wanting to stay quit?”

(Record what she says; probe for more; reinforce her reasons and elaborate on them (refer to tabbed section “Reasons to Stay Quit Postpartum”). If she mentions her own health and/or the baby’s health, ask if that’s a change from what motivated her to quit initially and reinforce that. Let her know that it can really help her to have clarity on why she wants to stay quit, especially during times when she may be tempted to smoke.)

“It’s great that you are still not smoking. Congratulations! We haven’t talked about whether there are other people smoking cigarettes around your baby. Could we spend just a few minutes talking about that?”

If no: Reinforce her for her desire to stay quit and encourage her to reward herself.

- Set up next contact and/or end conversation.

If yes: “Do any members of your home smoke? Do they smoke inside your home?”

If no: “This is great to hear. Your family is working hard to make sure that you and your baby are healthy. Can you think of any other situations where your baby might be exposed to cigarette smoke?”

If yes: Problem-solve about how to avoid cigarette smoke. Use tabbed section “Being around Others While They Are Smoking”.

If no: Reinforce decision to keep baby away from cigarette smoke.

- Specific suggestions in order of potential positive impact for the partner or other household members who smoke,
 - That they try to quit smoking themselves; give them the quit line number
 - That they use a form of nicotine replacement instead of smoking when they are in the house or car with the baby. Explain that these products are available over the counter
 - That they smoke outside the house
 - That they do not smoke in the baby’s room or in any room while the baby is present – let the woman know that this may help some but that it removes very little risk
- If appropriate – Let her know that you understand that having a smoke free home may not be entirely her choice (cultural or domestic violence issues). Discuss ideas she may have and use tabbed section on “Being around Others While They Are Smoking”.
If needed, provide referrals to other sources of care in her state.

If yes:

“What’s making you lean toward going back smoking again?” (Record what she says; probe for more: “Anything else tempting you to return to smoking?”)

“What are your reasons for wanting to stay quit?” (Record what she says; probe for more: “Any other reasons?”)

(Reinforce or add a few items to her list of reasons for wanting to stay quit from the tabbed section “Reasons to Stay Quit Postpartum”).

(Repeat back to her list of challenges and her (and other) reasons for wanting to stay quit and assess her plans)

“So, what would you like to do about smoking?”

(Heavily praise any positive commitment to remain quit; tell her it's the single best thing she can do for her own health and for her baby.)

- Ask about any specific situations that are leading her to back to smoking again.

“Since your baby was born, have you been in any specific situations where you were tempted to smoke?”

If yes: Identify one situation as clearly as possible. Problem-solve how it was handled without smoking. Ask if she feels like that or something like it could happen again. If yes: Problem-solve how to handle it in the future (refer to the tabbed sections on “Problem Solving-Process.”).

Ask if there is another situation where she was tempted to smoke. As time permits, problem-solve that situation as well.

If no: Acknowledge that she's had no temptations to smoke. Ask if she anticipates anything coming up in the next week or two that might tempt her to smoke or create a craving for a cigarette. If yes: Problem-solve how to handle it.

- Reinforce her for her desire to stay quit and encourage her to reward herself

“I want you to know that I think it's great that you're interested in staying quit, especially now that the baby is born. A lot of women are tempted to return to smoking once their baby is born, but it's a critical time to stay quit for your own health and especially for your baby. I know it can be stressful being a new mom, so I'd like to encourage you to reward yourself for not smoking. Can you think of some ways that you can treat yourself that will make you feel good?” (Add ideas) Do you have some ways to cope with stress?

- Set up next contact and end conversation

“I've enjoyed talking with you, and I'd like to be in touch with you again in a couple of weeks. Is that okay with you? Could I call you on _____ at _____? (If no, negotiate a better time.) I look forward to talking with you again on _____.”

- Record information on Telephone Support Log.

WOMAN HAS HAD HER BABY AND IS CURRENTLY SMOKING:

- Acknowledge her smoking and ask how she feels about it

“Okay, I understand that you're smoking. How are you feeling about that?” (Acknowledge her response.)

- Ask about the pros and cons of smoking

I'm wondering, what do you feel that your smoking is doing for you?
(Record what she says; probe for more: "Anything else?")

"What concerns you about your smoking? What worries you about it?"
(Record what she says; probe for more: "Anything else?")

(Reinforce or add a few items to her list of concerns from the tabbed section "Reasons to Stay Quit Postpartum".)

(Repeat back to her list of pros and cons)

- Assess her plans

"So, what would you like to do about your smoking?"

If she doesn't want to make any changes, skip to Page 16 for discussion of SHS.

If she wants to cut down, skip to Page 14.

If she is interested in quitting, continue here.

- Ask about smoking history (before and during pregnancy)

"Well, it sounds like you want to quit and that's terrific. Good things will start happening right away for you and your baby. For example, the carbon monoxide level in your body will drop after just one day of not smoking, and the sooner you stop smoking the sooner your body will begin to heal itself. You will have more energy, save money, fewer health problems and feel good about what you've done for yourself and your baby. So you're doing the right thing."

- Encourage her to set a quit date

"Most women who successfully quit smoking have clear reasons why they want to quit, set a quit date, and get support from a trained counselor. I'm very willing to support and assist you in your efforts to quit, so I'm wondering if you'd be willing to set a quit date?"

(Encourage her to specify a quit date within the next few days. Write this date down. Heavily praise her commitment to a quit date.)

- Discuss some plans for her quit day

“In preparation for your quit day, I just want to mention a few things other women have done to get through it; some of these things may be helpful to you.”

(Refer to tabbed section “Preparation”. Ask if she has any other ideas of ways she can get through the first day. Acknowledge these and reinforce her plan to quit.)

- Discuss possible use of medication to help with nicotine cravings

“One of the things other women have done to help them quit is to use medications that help with withdrawal symptoms and cravings. Would you like to hear about them?”

If no: “That’s fine, we’ve already talked about the other things you’ll be doing to get ready to quit.”

Go to the next section on setting up the next contact.

If yes: “There are two types of medications. One is called nicotine replacement therapy. These products replace your cigarettes with plain nicotine from a skin patch, a nasal spray, an inhaler, gum or lozenge. The other kind of medication is a non-nicotine pill named Zyban. To find out which medication might be best for you, please talk with your health care provider or pharmacist. Nicotine replacement products can be purchased over the counter but Zyban requires a prescription.

- Set up next contact and end conversation

“I’d like to call you in one week to see how you’re doing. Is that okay? How is _____ at _____?” (If not good, negotiate a better time.) “I’ve enjoyed talking with you and look forward to talking to you again on _____.”

- Record information on Telephone Support Log.

If she has not mentioned quitting, but wants to cut down:

“Are you thinking about cutting down in preparation for quitting?”

If yes: “Okay, I understand you’d like to cut down first. How far would you like to cut down to before you quit?” (Get number of cigs/day)

“When do you think you could be at that point/that goal?” (Get a date; praise)

“That sounds great. Do you want to go on to set a quit date for after you reach that lower level?”

(If yes: Praise heavily and record her Quit Date.)

(If no: “Okay, I understand that you’re not ready to set a Quit Date.”)

- Discuss some aids to cutting down

“Some women find it helpful to find ways to occupy their hands, their mouth, and their mind as they go through the process of cutting down. Can you think of some ways to keep your hands busy instead of smoking? (mouth busy?) (mind busy instead of thinking about smoking?)”

“Another way to cut down is having a smoke free home. This can also help protect the baby’s health.” I was wondering if you have heard about the ways breathing cigarette smoke can harm your baby?”

If “yes”, ask her to tell you about what she’s heard and if accurate, reinforce this information and if inaccurate, let her know about at least two potential harms or risks. Refer to tabbed section “Reasons to Stay Quit Postpartum”.

If “no”, let her know about at least two potential harms or risks. Refer to tabbed section “Reasons to Stay Quit Postpartum”.

“Now that you know about these dangers would you like to think about ways to keep cigarette smoke away from your baby?”

If no: End call or go to next appropriate section.

If yes: Can you think of any things you could do now to help keep cigarette smoke away from your baby?

- **Discuss ideas** she may have.
- **If she has no ideas:**
 - “One way that other women keep cigarette smoke away from their baby is to have rules about smoking in their house. Could you tell me about any rules you may have about smoking in your house?”

Probe to find out if:

1. No one is allowed to smoke anywhere inside her home
2. Smoking is allowed in some rooms or at some times
3. Smoking is permitted anywhere inside her home

If yes to response 1: No one is allowed to smoke anywhere inside her home

- Let her know that this is an excellent rule and that having a smoke-free home is one of the best things she can do for her own health and the health of her baby. Remind her of the benefits of a smoke-free home and encourage her to think about other places that could be smoke-free, like her car. Refer to tabbed section “Reasons to Stay Quit Postpartum”.
- “Do you think you will have any trouble keeping your home smoke-free now that the baby is born?” Problem solve around issue(s) that she brings up. Use appropriate tabbed sections.
- Thank her, wish her well and end the call.

If yes to either response 2 or 3: Smoking is allowed in some rooms or at some times and/or smoking is permitted anywhere inside her home

Let her know that smoking by window or fan, opening a window or limiting smoking to certain rooms in the house will not completely protect the baby.

“It sounds like your baby is likely to breathe cigarette smoke once you’ve taken him or her home. Would you like to develop a plan for keeping your baby smoke-free at home?”

If yes: Discuss ideas she may have.

If no: End call

- Set up next contact and end conversation

“I’d like to call you in a week to see how you are doing and talk about any concerns you may be having. Is that okay? How is _____ at _____?” (If not good, negotiate a better time.) “I’ve enjoyed talking with you and look forward to talking to you again on _____.”

- Record information on Telephone Support Log.

Smoking and not interested in quitting or cutting down:

Discuss SHS and the importance of not smoking around the baby. “I understand that you might not be interested in quitting or cutting down right now. But, I was wondering if you have heard about the ways breathing cigarette smoke can harm your baby?”

If “yes”, ask her to tell you about what she’s heard and if accurate, reinforce this information and if inaccurate, let her know about at least two potential harms or risks. Refer to tabbed section “Reasons to Stay Quit Postpartum”.

If “no”, let her know about at least two potential harms or risks. Refer to tabbed section “Reasons to Stay Quit Postpartum”.

“Now that you know about these dangers would you like to think about ways to keep cigarette smoke away from your baby?”

If no: end call or go to next appropriate section.

If yes: Can you think of any things you could do now to help keep cigarette smoke away from your baby?

- **Discuss ideas** she may have.
- **If she has no ideas:**
 - “One way that other women keep cigarette smoke away from their baby is to have rules about smoking in their house. Could you tell me about any rules you may have about smoking in your house?”

Probe to find out if:

1. No one is allowed to smoke anywhere inside her home

2. Smoking is allowed in some rooms or at some times
3. Smoking is permitted anywhere inside her home

If yes to response 1: No one is allowed to smoke anywhere inside her home

- Let her know that this is an excellent rule and that having a smoke-free home is one of the best things she can do for her own health and the health of her baby. Remind her of the benefits of a smoke-free home and encourage her to think about other places that could be smoke-free, like her car. Refer to tabbed section “Reasons to Stay Quit Postpartum”.
- “Do you think you will have any trouble keeping your home smoke-free now that the baby is born?” Problem solve around issue(s) that she brings up. Use appropriate tabbed sections.
- Thank her, wish her well and end the call.

If yes to either response 2 or 3: Smoking is allowed in some rooms or at some times and/or smoking is permitted anywhere inside her home

Let her know that smoking by window or fan, opening a window or limiting smoking to certain rooms in the house will not completely protect the baby.

“It sounds like your baby is likely to breathe cigarette smoke once you’ve taken him or her home. Would you like to develop a plan for keeping your baby smoke-free at home?”

If yes: Discuss ideas she may have.

If no: End call

- End conversation

“I realize that you’re not ready to make any changes right now. Would it be okay if I called you in a couple of weeks to see how you feel about it then?” (If yes, then make arrangements to do this. If no, tell her you’ve enjoyed talking with her.)

Second Counseling Contact

- Ask for the woman and introduce yourself

“Hello, may I please speak to _____. Hi, this is _____. I’m calling from the _____ program to see how you’re doing with your smoking. Is this a good time to talk?”

(If it’s not, schedule another time.)

- Ask how things are going and acknowledge response

“How are things going?” (Acknowledge feelings. If this is the first contact since the baby was born, congratulate her; ask when the baby was born.)

- Ask about smoking, if she hasn’t already brought it up

“How are you feeling about where you are with your smoking?” (Acknowledge response.)

“Have you smoked any cigarettes since we last spoke (ask her when that was)?

If no: Congratulate caller. (Acknowledge caller’s hard work and commitment – reinforce what a good thing she’s done for her and the baby) her if she hasn’t smoked and write “0” in cigs/day.

If yes: Ask how many cigarettes per day she is currently smoking and record that.

If she is smoking 1 or more cigs per day, skip to: IF WOMAN IS STILL SMOKING on page 2.

IF WOMAN IS CURRENTLY QUIT, continue here:

- Ask about any difficulties she might be having staying quit

“Are you having any difficulties with staying quit?”

(Acknowledge responses; empathize; use problem-solving process to help her with the difficulty.)

- If you have not already addressed this, ask her about others smoking around her and the baby.

“One of the riskiest situations for women trying to stay quit after the baby’s born is being around someone else who is smoking. I’m wondering if you have any smokers in your home.”

If yes: Acknowledge response; refer to tabbed section on “Problem-solving process” and “Being Around Others While They Are Smoking” to help her reduce her risk.

If no: Indicate that’s an advantage for her. Ask if she’s around any friends or family who smoke. If she is, acknowledge that risk and use the problem-solving process to help her reduce her risk.

Encourage others to call 1-800-QUITNOW

- Anticipate the risk of slips

“I want to mention to you some thoughts that women who have quit smoking sometimes have that can set the stage for going back to smoking. I mention them to you because I want you to be prepared for them if they occur to you. Sometimes a person who has quit smoking gets curious about what it would be like to smoke a cigarette or what a cigarette would taste like. Or sometimes a person believes that she can have a cigarette and easily stop with just one. The point I want to make is that because you’ve been a smoker in the past, your brain is now sensitized to nicotine, and if your brain gets a dose of nicotine, there’s a very good chance that it will want more. So, having just one cigarette is like playing with fire. Most people who smoke after quitting get hooked back in very quickly. So, I strongly encourage you to recognize those thoughts that might tempt you to have just a drag off a cigarette and resist them because they are very dangerous. Does that make sense to you?”

- Give lots of praise and encourage her to reward herself for not smoking

“I think it’s great that you’re not smoking. You’re doing a terrific job for yourself and your baby. Good things will start happening right away for you and your baby. For example, the carbon monoxide level in your body will drop after just one day of not smoking, and the sooner you stop smoking the sooner your body will begin to heal itself. You will have more energy, save money, fewer health problems and feel good about what you’ve done for yourself and your baby. So you’re doing the right thing.”

Are you finding ways to reward yourself for not smoking?” (As time permits, brainstorm some ideas with her.) Use tabbed section on “Reasons to Stay Quit Postpartum”

- Are you able to create a support system for yourself, such as friends, family members, or co-workers who are non-smokers or who have quit themselves who can give you support?

- Summarize call and negotiate next contact

“I’ve enjoyed talking with you, and I’d like to be in touch with you again in about two weeks to see how you’re doing. Is that okay with you? Could I call you on _____ at _____?” (If no, negotiate a better time.) “I look forward to talking with you again on _____.”

- Record information on Telephone Support Log.

IF WOMAN IS STILL SMOKING:

- Acknowledge smoking and ask how she feels about it

“Okay, I understand that you’re smoking. How are you feeling about that?” (Acknowledge her response.)

- Ask about the pros and cons of smoking

“What do you feel that your smoking is doing for you?”
(Record what she says; probe for more: “Anything else?”)

“Are there some things about your smoking that aren’t so good?”
(Record what she says; probe for more: “Anything else?”)

(Reinforce or add a few items to her list of concerns from the tabbed section “Reasons to Stay Quit Postpartum”.)

- Assess her plans

“So, what would you like to do about your smoking?”

If she doesn’t want to make any changes, skip to page 7.

If she wants to cut down, skip to page 5.

If she is interested in quitting, continue here.

- Encourage her to set a Quit Date

“The way most women successfully stop smoking is to be clear on their reasons for quitting, set a quit date, and get support from a trained counselor. I’m able to support and assist you in your efforts to quit, so I’m wondering if you’d be interested in setting a quit date?”

If no: Discuss secondhand smoke and the importance of not smoking around the baby. “I understand that you might not be interested in quitting or cutting down right now. But, I was wondering if you have heard about the ways breathing cigarette smoke can harm your baby?”

If “yes”, ask her to tell you about what she’s heard and if accurate, reinforce this information and if inaccurate, let her know about at least two potential harms or risks. Refer to tabbed section “Reasons to Stay Quit Postpartum”.

If “no”, let her know about at least two potential harms or risks. Refer to tabbed section “Reasons to Stay Quit Postpartum”.

“Now that you know about these dangers would you like to think about ways to keep cigarette smoke away from your baby?”

If no: end call or go to next appropriate section.

If yes: Can you think of any things you could do now to help keep cigarette smoke away from your baby?

- **Discuss ideas** she may have.
- **If she has no ideas:**
 - “One way that other women keep cigarette smoke away from their baby is to have rules about smoking in their house. Could you tell me about any rules you may have about smoking in your house?”

Probe to find out if:

1. No one is allowed to smoke anywhere inside her home
2. Smoking is allowed in some rooms or at some times
3. Smoking is permitted anywhere inside her home

If yes to response 1: No one is allowed to smoke anywhere inside her home

- Let her know that this is an excellent rule and that having a smoke-free home is one of the best things she can do for her own health and the health of her baby. Remind her of the benefits of a smoke-free home and encourage her to think about other places that could be smoke-free, like her car. Refer to tabbed section “Reasons to Stay Quit Postpartum”.
- “Do you think you will have any trouble keeping your home smoke-free now that the baby is born?” Problem solve around issue(s) that she brings up. Use appropriate tabbed sections.
- Thank her, wish her well and end the call.

If yes to response 2 or 3: Smoking is allowed in some rooms or at some times and/or smoking is permitted anywhere inside her home

Let her know that smoking by window or fan, opening a window or limiting smoking to certain rooms in the house will not completely protect children.

“It sounds like your baby is likely to breathe cigarette smoke. Would you like to develop a plan for keeping your baby smoke-free at home?”

If yes: Discuss ideas she may have.

If no: End call

If yes: Praise her commitment to quitting and reinforce benefits for her and her baby, write down the quit date, and continue here.

- Discuss some plans for her quit day

“Just getting through the first day of quitting can be tough, but it really helps to have a plan. I’m wondering if you have any thoughts about what would help you get through your quit day?”

(Reinforce her plans and add suggestions from the tabbed section on “Preparation for Quitting Smoking”)

- If she asks about using NRT’s or other medication to help her quit, advise her that

“There are two types of medications. One is called nicotine replacement therapy. These products replace your cigarettes with plain nicotine from a skin patch, a nasal spray, an inhaler, gum or lozenge. The other kind of medication is a non-nicotine pill named Zyban. To find out which medication might be best for you, please talk with your health care provider or pharmacist. Nicotine replacement products can be purchased over the counter but Zyban requires a prescription.

- Summarize call and set up next contact

“I’ve enjoyed talking with you, and I’d like to be in touch with you again in about two weeks to see how you’re doing. Is that okay with you? Could I call you on _____ at _____?” (If no, negotiate a better time.) “I look forward to talking to you again on _____.”

- Record information on Telephone Support Log.

If she has not mentioned quitting, but wants to cut down:

“Okay, are you thinking about cutting down in preparation for quitting?”

If yes: “Okay, I understand you’d like to cut down first. Let her know that “although smoking fewer cigarettes is probably better than smoking more, quitting smoking completely is the best thing you can do for you and your baby.” “Setting a quit date can help you prepare to quit”.

If no: Skip to next bulleted item (“Discuss some aids to cutting down”)

If yes: “Okay, I understand you’d like to cut down first. How far would you like to cut down to before you quit?” (Get number of cigs/day)

“Okay, do you think you might be interested in setting a quit date after you reach that level?”

If yes: Praise heavily and record her Quit Date.

If no: “Okay, I understand that you’re not ready to set a Quit Date.”

- Discuss some aids to cutting down

“Some women find it helpful to find ways to occupy their hands, their mouth, and their mind as they go through the process of cutting down. Can you think of some ways to keep your hands busy instead of smoking (doodle, crafts, rubber band)? Mouth (gum, straw, hard candy)?

“Another way to cut down is having a smoke free home. This can also help protect the baby’s health.” I was wondering if you have heard about the ways breathing cigarette smoke can harm your baby?”

If “yes”, ask her to tell you about what she’s heard and if accurate, reinforce this information and if inaccurate, let her know about at least two potential harms or risks. Refer to tabbed section “Reasons to Stay Quit Postpartum”.

If “no”, let her know about at least two potential harms or risks. Refer to tabbed section “Reasons to Stay Quit Postpartum”.

“Now that you know about these dangers would you like to think about ways to keep cigarette smoke away from your baby?”

If no: End call or go to next appropriate section.

If yes: Can you think of any things you could do now to help keep cigarette smoke away from your baby?

- **Discuss ideas** she may have.
- **If she has no ideas:**
 - “One way that other women keep cigarette smoke away from their baby is to have rules about smoking in their house. Could you tell me about any rules you may have about smoking in your house?”

Probe to find out if:

4. No one is allowed to smoke anywhere inside her home
5. Smoking is allowed in some rooms or at some times
6. Smoking is permitted anywhere inside her home

If yes to response 1: No one is allowed to smoke anywhere inside her home

- Let her know that this is an excellent rule and that having a smoke-free home is one of the best things she can do for her own health and the health of her baby. Remind her of the benefits of a smoke-free home and encourage her to think about other places that could be smoke-free, like her car. Refer to tabbed section “Reasons to Stay Quit Postpartum”.
- “Do you think you will have any trouble keeping your home smoke-free now that the baby is born?” Problem solve around issue(s) that she brings up. Use appropriate tabbed sections.
- Thank her, wish her well and end the call.

If yes to either response 2 or 3: Smoking is allowed in some rooms or at some times and/or smoking is permitted anywhere inside her home

Let her know that smoking by window or fan, opening a window or limiting smoking to certain rooms in the house will not completely protect children

“It sounds like your baby is likely to breathe cigarette smoke once you’ve taken him or her home. Would you like to develop a plan for keeping your baby smoke-free at home?”

If yes: Discuss ideas she may have.

If no: End call

(Use brainstorming process to come up with several strategies)

- Set up next contact and end conversation

“I’d like to call you in a week to talk about any concerns you may be having. Is that okay? How is _____ at _____?” (If not good, negotiate a better time.) “I’ve enjoyed talking with you and look forward to talking to you again on _____.”

- Record information on Telephone Support Log.

If she doesn’t want to make any changes:

“I understand you may not be interested in quitting or cutting back right now, but would you be interested in learning a little about the effects of secondhand smoke on you and your baby?”

If yes: “.Discuss secondhand smoke and the importance of not smoking around the baby. “I understand that you might not be interested in quitting or cutting down right now. But, I was wondering if you have heard about the ways breathing cigarette smoke can harm your baby?”

If “yes”, ask her to tell you about what she’s heard and if accurate, reinforce this information and if inaccurate, let her know about at least two potential harms or risks. Refer to tabbed section “Reasons to Stay Quit Postpartum”.

If “no”, let her know about at least two potential harms or risks. Refer to tabbed section “Reasons to Stay Quit Postpartum”.

“Now that you know about these dangers would you like to think about ways to keep cigarette smoke away from your baby?”

If no: end call or go to next appropriate section.

If yes: Can you think of any things you could do now to help keep cigarette smoke away from your baby?

- **Discuss ideas** she may have.
- **If she has no ideas:**
 - “One way that other women keep cigarette smoke away from their baby is to have rules about smoking in their house. Could you tell me about any rules you may have about smoking in your house?”

Probe to find out if:

1. No one is allowed to smoke anywhere inside her home
2. Smoking is allowed in some rooms or at some times
3. Smoking is permitted anywhere inside her home

If yes to response 1: No one is allowed to smoke anywhere inside her home

- Let her know that this is an excellent rule and that having a smoke-free home is one of the best things she can do for her own health and the health of her baby. Remind her of the benefits of a smoke-free home and encourage her to think about other places that could be smoke-free, like her car. Refer to tabbed section “Reasons to Stay Quit Postpartum”.
- “Do you think you will have any trouble keeping your home smoke-free now that the baby is born?” Problem solve around issue(s) that she brings up. Use appropriate tabbed sections.
- Thank her, wish her well and end the call.

If yes to response 2 or 3: Smoking is allowed in some rooms or at some time and /or smoking is permitted anywhere inside her home

Let her know that smoking by window or fan, opening a window or limiting smoking to certain rooms in the house will not completely protect children

“It sounds like your baby is likely to breathe cigarette smoke once you’ve taken him or her home. Would you like to develop a plan for keeping your baby smoke-free at home?”

If yes: Discuss ideas she may have.

If no: End call

If no: Thank caller and end call.

- Summarize call and set up next contact

“I’d like to call you in a week to talk about any concerns you may be having. Is that okay? How is _____ at _____?” (If not good, negotiate a better time.) “I’ve enjoyed talking with you and look forward to talking to you again on _____.”

- Record information on Telephone Support Log.

Third Counseling Contact and All Subsequent Contacts

- Ask for the woman and introduce yourself

“Hello, may I please speak to _____. Hi, this is _____. I’m calling from the _____ program to see how you’re doing with your smoking. Is this a good time to talk?”

(If it’s not, schedule another time.)

- Ask how things are going and acknowledge response

“How are things going?” (Acknowledge feelings; empathize.)

- Ask about smoking, if she hasn’t already brought it up

“How are you feeling about your smoking situation?” (Acknowledge response.)

“Have you smoked any cigarettes since we last spoke (tell her when that was)?”

If no: Praise her if she hasn’t smoked and write “0” in cigs/day.

If yes: Ask how many cigarettes per day she is currently smoking and record that.

If she is smoking 1 or more cigs per day, skip to: IF WOMAN IS STILL SMOKING on page 2.

IF WOMAN IS CURRENTLY QUIT, continue here:

- Ask about any difficulties she might be having staying quit

“Are you having any difficulties with staying quit?”

(Acknowledge responses; empathize; use problem-solving process to help her with the difficulty.)

- If you have not already addressed this, ask her about handling negative emotions without smoking

“A lot of women go back to smoking when they experience certain emotions like stress or anxiety. I’m wondering if you’ve noticed any temptation to smoke when you’ve felt any of these emotions.”

If yes: Acknowledge that it’s understandable because many women use smoking as a way to cope with emotions, so it’s not surprising that the thought of smoking comes to mind when you feel that way. Ask her about the specific emotion she was feeling when tempted to smoke, and problem-solve ways she can manage the emotions without smoking.

If no: “Great. I’m glad you haven’t been tempted to smoke. How have you been handling your stress without smoking?” Discuss various options for handling stress in the future.

- As time and interest permit, ask about one or two of the following issues and use the problem-solving process around any difficulty identified:

- Others smoking around her (check in on this repeatedly, as it is a very high risk situation)
- Use of alcohol or caffeine (resumption of use sometimes triggers a craving for a cigarette)
- Weight concerns (may be tempted to substitute smoking for food to manage weight)
- Cravings for a cigarette (may be tempted to smoke in situations where used to smoke in past)

- Give lots of praise and encourage her to reward herself for staying quit

“I think it’s great that you’re staying quit. Are you finding ways to reward yourself for not smoking?” (Add ideas)

- **If this is the third counseling call**, summarize call and negotiate final contact.

“I’ve enjoyed talking with you, and I’d like to be in touch with you in about a month. Is that okay with you? Could I call you on _____ at _____?” (If no, negotiate a better time.) “I look forward to talking to you again on _____.”

- **If this is the fourth counseling call**, tell her this is your last contact and wish her well

“I’ve really enjoyed talking with you. This is my last call to you, so I want to wish you much success with your efforts to remain a non-smoker. I really believe that you can do it. Again, I’ve enjoyed talking with you and wish you success.”

- Record information on Telephone Support Log.

IF WOMAN IS STILL SMOKING:

- Acknowledge smoking and ask how she feels about it

“I understand that you’re still smoking. How are you feeling about that?” (Acknowledge her response.)

- Assess her plans

“What would you like to do about your smoking at this point?”

If she doesn’t want to make any changes, skip to page 5.

If she wants to cut down, skip to cutting down section.

If she is interested in quitting, continue here.

- Encourage her to set a Quit Date

“Well, it sounds like your ready to quit and that’s terrific. Can I interest you in setting a quit date?”

(Acknowledge response. Praise agreement to a Quit Date and write it down. Ask her how she can prepare for that day. Use the tabbed section to help her prepare.)

- If she asks about using NRT’s or other drugs to help her quit, advise her to talk with a healthcare provider or a pharmacist.

- **If this is the third counseling call**, summarize call and negotiate next contact

“I’ve enjoyed talking with you, and I’d like to be in touch with you in about a month. Is that okay with you? Could I call you on _____ at _____?” (If no, negotiate a better time.) “I look forward to talking to you again on _____.”

- **If this is the fourth counseling call**, tell her this is your last contact and wish her well

“I’ve really enjoyed talking with you. This is my last call to you, so I want to wish you much success with your efforts to quit smoking. I’m hopeful that you can do it. Again, I’ve enjoyed talking with you and wish you success.”

- Record information on Telephone Support Log.

If she has not mentioned quitting, but wants to cut down:

“Okay, are you thinking about cutting down in preparation for quitting?”

If yes: “Okay, I understand you’d like to cut down first. Let her know that “although smoking fewer cigarettes is probably better than smoking more, quitting smoking completely is the best thing you can do for you and your baby.” “Setting a quit date can help you prepare to quit”.

If no: Skip to next bulleted item (“Discuss some aids to cutting down”)

If yes: “Okay, I understand you’d like to cut down first. How far would you like to cut down to before you quit?” (Get number of cigs/day)

“Okay and when do you think you could be at that lower level?” (Get a date; praise)

“That sounds great. “Okay, do you think you might be interested in setting a quit date after you reach that level?”

If yes: Praise heavily and record her Quit Date.

If no: “Okay, I understand that you’re not ready to set a Quit Date.”

- Discuss some aids to cutting down

“Some women find it helpful to find ways to occupy their hands, their mouth, and their mind as they go through the process of cutting down. . Can you think of some ways to keep your hands busy instead of smoking (doodle, crafts, rubber band) or mouth (gum, straw, hard candy)?

“Another way to cut down is having a smoke free home. This can also help protect the baby’s health.” I was wondering if you have heard about the ways breathing cigarette smoke can harm your baby?”

If “yes”, ask her to tell you about what she’s heard and if accurate, reinforce this information and if inaccurate, let her know about at least two potential harms or risks. Refer to tabbed section “Reasons to Stay Quit Postpartum”.

If “no”, let her know about at least two potential harms or risks. Refer to tabbed section “Reasons to Stay Quit Postpartum”.

“Now that you know about these dangers would you like to think about ways to keep cigarette smoke away from your baby?”

If no: End call or go to next appropriate section.

If yes: Can you think of any things you could do now to help keep cigarette smoke away from your baby?

- **Discuss ideas** she may have.
- **If she has no ideas:**
 - “One way that other women keep cigarette smoke away from their baby is to have rules about smoking in their house. Could you tell me about any rules you may have about smoking in your house?”

Probe to find out if:

1. No one is allowed to smoke anywhere inside her home
2. Smoking is allowed in some rooms or at some times
3. Smoking is permitted anywhere inside her home

If yes to response 1: No one is allowed to smoke anywhere inside her home

- Let her know that this is an excellent rule and that having a smoke-free home is one of the best things she can do for her own health and the health of her baby. Remind her of the

benefits of a smoke-free home and encourage her to think about other places that could be smoke-free, like her car. Refer to tabbed section “Reasons to Stay Quit Postpartum”.

- “Do you think you will have any trouble keeping your home smoke-free now that the baby is born?” Problem solve around issue(s) that she brings up. Use appropriate tabbed sections.
- Thank her, wish her well and end the call.

If yes to either response 2 or 3: Smoking is allowed in some rooms or at some times and/or smoking is permitted anywhere inside her home

Let her know that smoking by a window or fan, opening a window or limiting smoking to certain rooms in the house will not completely protect the baby.

“It sounds like your baby is likely to breathe cigarette smoke. Would you like to develop a plan for keeping your baby smoke-free at home?”

If yes: Discuss ideas she may have.

If no: End call

(Use brainstorming process to come up with several strategies.)

- **If this is the third counseling call**, summarize call negotiate next contact

“I’ve enjoyed talking with you, and I’d like to be in touch with you in about a month. Is that okay with you? Could I call you on _____ at _____?” (If no, negotiate a better time.) “I look forward to talking to you again on _____.”

- **If this is the fourth counseling call**, tell her this is your last contact and wish her well

“I’ve really enjoyed talking with you. This is my last call to you, so I want to wish you much success with your efforts to reduce your smoking. I’m hopeful that you can do it. Again, I’ve enjoyed talking with you and wish you success.”

- Record information on Telephone Support Log.

If she doesn’t want to make any changes:

“OK, I understand that you don’t feel ready to quit or cut down. Until you do there are still some important steps you can take to protect your baby”.

Discuss Secondhand smoke and the importance of not smoking around the baby. “I understand that you might not be interested in quitting or cutting down right now. But, I was wondering if you have heard about the ways breathing cigarette smoke can harm your baby?”

If “yes”, ask her to tell you about what she’s heard and if accurate, reinforce this information and if inaccurate, let her know about at least two potential harms or risks. Refer to tabbed section “Reasons to Stay Quit Postpartum”.

If “no”, let her know about at least two potential harms or risks. Refer to tabbed section “Reasons to Stay Quit Postpartum”.

“Now that you know about these dangers would you like to think about ways to keep cigarette smoke away from your baby?”

If no: End call or go to next appropriate section.

If yes: Can you think of any things you could do now to help keep cigarette smoke away from your baby?

- **Discuss ideas** she may have.
- **If she has no ideas:**
 - “One way that other women keep cigarette smoke away from their baby is to have rules about smoking in their house. Could you tell me about any rules you may have about smoking in your house?”

Probe to find out if:

1. No one is allowed to smoke anywhere inside her home
2. Smoking is allowed in some rooms or at some times
3. Smoking is permitted anywhere inside her home

If yes to response 1: No one is allowed to smoke anywhere inside her home

- Let her know that this is an excellent rule and that having a smoke-free home is one of the best things she can do for her own health and the health of her baby. Remind her of the benefits of a smoke-free home and encourage her to think about other places that could be smoke-free, like her car. Refer to tabbed section “Reasons to Stay Quit Postpartum”.
- “Do you think you will have any trouble keeping your home smoke-free now that the baby is born?” Problem solve around issue(s) that she brings up. Use appropriate tabbed sections.
- Thank her, wish her well and end the call.

If yes to either response 2 or 3: Smoking is allowed in some rooms or at some times and/or smoking is permitted anywhere inside her home

Let her know that smoking by a window or fan, opening a window or limiting smoking to certain rooms in the house will not completely protect the baby.

“It sounds like your baby is likely to breathe cigarette smoke. Would you like to develop a plan for keeping your baby smoke-free at home?”

If yes: Discuss ideas she may have.

If no: End call

- **If this is the third**, summarize call and negotiate next contact

“I’ve enjoyed talking with you, and I’d like to be in touch with you in about a month. Is that okay with you? Could I call you on _____ at _____?” (If no, negotiate a better time.) “I look forward to talking to you again on _____.”

- **If this is the fourth counseling call**, tell her this is your last contact and wish her well

“I’ve really enjoyed talking with you. This is my last call to you, so I want to wish you much success in your efforts to keep your baby free from exposure to cigarette smoke. I’m hopeful that you can do it. Again, I’ve enjoyed talking with you and wish you success.”

- Record information on Telephone Support Log.

Problem-Solving Process

- The problem-solving process is a way you can help a woman figure out how to handle situations or feelings that may set the stage for having a cigarette.
- The goal of problem-solving is to come up with one or more practical, realistic way to handle a high-risk smoking situation or feeling without smoking so the woman will be prepared to handle the situation when it comes up in the future.

Steps of Problem-Solving

1. Clearly define the problem: Ask the woman to identify as specifically as possible what the situation or feeling was that created an urge to smoke. Get a clear; concrete definition of the problem.

Examples:

- I was at a friend's house, and my friend lit up a cigarette.
- I had an argument with my husband, and was feeling angry with him.
- The kids were driving me crazy, and I needed a break from them.

2. Come up with possible solutions: Ask the woman to think of several different things she could do to handle the situation or feeling without smoking. Don't evaluate the solutions at this point, just ask her to come up with a couple of possibilities.
3. Add to her list of possible solutions: Suggest a couple of possibilities to add to the list (use your tabbed sections as guides). Still don't evaluate the solutions yet.
4. Choose one or two solutions from the list to try out: Go over the list of solutions with the woman and ask her which ones could really be used in the situation described. Be sure that she feels that the solution or solutions chosen are practical and doable. If none is realistic, repeat Steps 2, 3, & 4.
5. Get agreement to try out solution: Ask her if she would be willing to try out the solution the next time she is faced with the problem situation or feeling. Tell her you'd like to hear how it worked the next time you talk with her.

Preparation for Quitting Smoking

Most successful ex-smokers quit by setting a Quit Day and stopping completely on that day. If a woman is not ready to set a Quit Day, suggest that she cut down the number of cigarettes she smokes in preparation for quitting.

If a woman has set a Quit Day, suggest the following as ways to prepare:

- Get rid of smoking materials at home and in the car before quitting (totally shred cigarettes to remove temptation; clean out ashtrays; give away lighters, matches; make it hard to access a cigarette)
- Be clear on reasons for quitting (state them and rehearse them regularly)
- Be ready for urges to smoke; plan some specific things to do when urges occur (see “Coping with Urges” tabbed section; find ways to occupy hands, mouth, and mind)
- Ask for help and encouragement from others, preferably ex-smokers who know what you’re going through
- Focus on getting through one day at a time

Reasons to Stay Quit Postpartum

There are many reasons to remain smoke-free after the baby is born. Here are a few of them:

- You'll reduce your own risk for heart disease and stroke, various forms of cancer (lung, bladder, pancreas, kidney, larynx and esophagus), chronic obstructive pulmonary disease (emphysema and chronic bronchitis), and early death.
- You'll reduce your baby's risk for respiratory and ear infections, problems with asthma and wheezing, pneumonia and/or bronchitis and SIDS (crib death).
- You'll reduce the chances that your child will become a smoker.
- You'll look and smell better, get fewer facial wrinkles, have whiter teeth.
- You'll save a lot of money.
- You won't ever have to go through the process of quitting again.
- You'll have more energy and endurance.
- You'll set a good example for others around you.
- You'll accomplish something you can feel proud of.

You'll have fewer doctor's visits and missed work days

Being Around Others While They Are Smoking

The majority of relapses after having a baby occur when the woman is around someone who is smoking. It's a high risk situation because the cues to smoke are present, and because the cigarettes are readily available. How to handle?

- Try to avoid the situation in the first place by asking others not to smoke around you (especially in the house, car, or near the baby due to second-hand smoke effects); people respond to being asked please don't smoke for the baby's health.
- Ask the friend or family member to quit with you;
- Leave the area when others light a cigarette;
- Plan ways to distract yourself when someone else is smoking (least preferred option because still in the presence of the cigarette). Distraction means finding ways to occupy your hands (play with a straw, rubber band, silly putty, marbles, string; doodle, work on a craft), your mouth (hard candy, gum, toothpick, straw, water), and your mind (think about an upcoming fun event, something you've accomplished in the past, plans for the baby).

Coping with Negative Feelings

A large number of relapses occur when an ex-smoker is feeling certain emotions. It can be “high energy” emotions such as anger, stress, anxiety and frustration. Or it can be “low energy” emotions such as loneliness and boredom. Many women have learned that a cigarette can help them cope with overwhelming emotions. Smoking doesn’t take the feeling away completely, but it tempers it slightly, making it less difficult. When we stop smoking, we’re taking away that coping strategy, leaving the full force of the negative feelings. Need to find other ways to reduce the emotions; ways that don’t have negative side effects (other than smoking and drinking). What are some options on how to handle negative emotions?

- Do something physical: The idea here is to burn up some of the negative energy through physical activity. Take a walk; do some gardening; turn on music and dance; go up and down some stairs; do some cleaning.
- Express your feelings: The idea is to moderate some of the emotions by expressing them. Write down your feelings; say them into a tape recorder; tell a friend how you feel.
- Try to relax yourself: The idea is to bring down the level of negative energy gradually. Take a hot bath or shower; listen to your favorite soothing music; take 10 slow, deep breaths; think about a favorite peaceful place; meditate; rock the baby; stroke a pet.
- Redirect your thoughts: See if you can change your mood by thinking of something that made you feel good, or something you’ve accomplished or mastered, or something you enjoyed in the past.
- Build your own support system: Ask others to be aware that this is a difficult time; prepare them for your irritability and moods; ask for some help in doing some of your routine tasks during this stressful time.
- Take a hard candy break: Sucrose (sugar) seems to have some soothing properties and is a substitute for having a cigarette when you’re experiencing a negative emotion. Like a cigarette, it is immediate, inexpensive, and convenient, and it lasts for several minutes. Hard candies (such as sour balls, lemon drops, life savers, lollipops) that are purely sugar and no fat don’t add many calories, but can help relieve a tense emotion. Try hard candy as a soothing cigarette substitute. (If she doesn’t want sugar, consider a sugar-free candy substitute.)
- Try to resolve the cause of the negative emotion: Depending on the nature of the cause, this may or may not be feasible. If the cause of the negative emotion is something you have control over (i.e., can change), then think about ways to resolve the problem at its source so that it doesn’t reoccur. If the problem is large, then you may need to suggest that the woman get additional assistance (see tabbed section “Difficult Situations”).

Coping with Urges for a Cigarette

Most people get urges for a cigarette after quitting. Often the urges occur when you're doing something that you used to associate with smoking. What situations set the stage for having an urge? (Examples: Talking on the phone, riding in the car, finishing a meal, drinking coffee or alcohol, taking a break, etc.)

How to handle these situations associated with smoking?

- Change your routine when possible: Hold the phone receiver in the other hand; play with a straw when riding in the car; get up from table after a meal; doodle, play with a rubber band, or knit when taking a break; avoid alcohol or caffeine if it triggers a craving to smoke.
- It helps to do something when you get the craving for a cigarette. It's not a great strategy to just "wait it out" because a craving can last for awhile. Instead, try to distract yourself in some way when you get a strong urge to smoke. Occupy your hands (play with a straw, rubber band, silly putty, marbles, string; doodle, work on a craft), your mouth (hard candy, gum, toothpick, straw, water), and your mind (think of a future fun event or a pleasant activity not involving smoking).
- Think your way out of the urge. Remind yourself why you decided to quit smoking; tell yourself how well you've done so far not smoking; think about how proud you'll feel getting through the day without a cigarette; figure out how much money you're saving by not smoking.

Coping with Withdrawal Symptoms

Some people have withdrawal symptoms for several weeks after quitting. Withdrawal symptoms are normal, although they may be uncomfortable. It's helpful to remember that they don't last long, and they are positive signs that your body is recovering from smoking. What are the most common withdrawal symptoms?

- **Irritability**: Prepare people around you to expect that you may be irritable for several weeks; decrease demands on self; drink lots of water or fruit juices to get the nicotine out of your system; avoid stimulants like caffeine in coffee and cola; take 10 slow, deep breaths to calm yourself down; do some physical activities.
- **Cough and sore throat**: Don't worry if your cough gets worse shortly after quitting smoking; this is a good sign that your lungs are clearing; take cough drops for temporary relief.
- **Dizziness and headaches**: Your body is getting used to living without nicotine; get some fresh air; take a walk; sit down if you feel dizzy; take a nap.
- **Hunger**: You may have an increased appetite; eat healthy low-fat snacks that are high in texture and crunch like plain popcorn, pretzels, celery, carrots, fruit; suck on hard candy; drink lots of water.
- **Difficulty concentrating**: Do something physical to burn off nervous energy (take a walk, clean the house, garden, dance); reduce work demands during this period if possible; work in short bursts rather than for extended periods.
- **Constipation**: Increase the amount of fruit, vegetables, and bran in your diet; drink lots of water.
- **Restlessness**: Do something physical (take a walk, clean the house, garden, dance); keep hands busy (doodle, knit, play with a straw, rubber band, worry beads, a craft); avoid caffeine.
- **Sleeplessness**: Avoid caffeine; get more exercise during the day; go to bed only when tired; when you can't sleep at night, get out of bed and do something like read or work on some hobby until you're drowsy.

Coping with Weight Gain

Most people gain some weight when they quit smoking, usually less than 10 pounds. However, for after having a baby it is impossible to separate out the weight gained from the pregnancy versus the weight gained from quitting smoking. Many women are eager to lose weight after having a baby. The most important thing is that they not turn to cigarettes as a way to regulate their weight. Instead, it's important to find healthier ways to manage weight. How can you handle this?

There are 3 possible ways to deal with the weight concerns after having a baby (in order of preference):

- Recognize that it takes awhile to lose the weight gained during pregnancy: The weight you gained is far less harmful than the risk you take by returning to smoking; accept that your weight loss will be gradual over time.
- Increase your physical activity: This way you will burn up more calories; you can do this by making some changes in your lifestyle:
 - Walk instead of ride whenever possible
 - Take stairs instead of the elevator
 - Do something physical for recreation
- Make some changes in your diet:
 - Avoid foods high in fats; these include certain dairy products (ice cream, cheeses, whole milk, cream), products made with butter, Crisco, coconut, palm, or "hydrogenated" oils, and certain snack foods like chips, nuts, and chocolate. Substitute low-fat dairy product alternatives (e.g., skim milk, sherbet, low-fat yogurt, fat free cheeses).
 - If you crave something sweet, eat something containing sugar but that's low in fat (e.g., hard candy, sherbet, fruit pops, graham crackers).
 - For snacks, consider fruit and raw vegetables, fruit pops, low fat yogurt, sherbet, plain popcorn, pretzels, hard candy.

Activities Resumed Postpartum that Might Trigger Cigarette Cravings

There are some activities that pregnant women stop or reduce during pregnancy, but may resume after having a baby. If these activities were previously associated with smoking, resumption may put her at risk for returning to smoking. Some of these activities include the following:

- Resumption of consumption of alcohol or caffeine
- Return to work outside the home
- Return to social activities that put her around other smokers
- Resumption of full load of household chores

Use the problem-solving process to help her prepare for possible risky situation.

Coping with Slips

- After quitting, it's best not to tempt yourself by smoking even one puff off one cigarette; however, people sometimes slip and smoke a cigarette after quitting.
- People who are most successful in staying quit after they smoke one cigarette tell themselves that this was a mistake, not a failure.
- Blame the situation, not yourself. Renew your commitment to staying quit.
- Problem-solve how to avoid getting into that situation in the future.

How to Help Woman Who Has Relapsed Get Back on Track

- Acknowledge her smoking status and her feelings

“Okay, I understand that you’re smoking. How are you feeling?”
(Acknowledge her response)

- Ask her to describe the situation in which she relapsed

“Can you tell me what was going on when you had that first cigarette?”
(Get a clear description of the situation or feeling and acknowledge it)

- Use the problem-solving process to generate possible ways she could have handled that situation or feeling

“What are some other ways you could have handled that situation without smoking?”
(Don't evaluate yet; add some ideas from the tabbed sections; then ask her to choose from the list)

- Reassure her that people often quit a number of times before they're successful

“It’s important for you to know that people often quit a number of times before they're successful.”

- Encourage her to set a new Quit Date

“The best way to get back on track is to set a new Quit Date. I’m wondering if you’re ready to do that? I’d be happy to help you.”

- Acknowledge her response and plan accordingly

If yes: “That’s great. What day would you like to set as your Quit Day? Do you have a sense of how you’ll prepare for quitting?” (Review preparation for quitting ideas and make arrangements to call her at the next scheduled contact.)

If no: “Okay, I understand that you're not ready to quit again right now. I’d like to check back with you [at next scheduled contact] to see how you feel about it then.”

How to Deal With Difficult Situations

- Acknowledge the problem and her feelings

“I understand that you're having some serious problems with _____, and that that's very upsetting to you.”

- Set clear limits on what you can do

“I'd like to be able to help you with that, but that's more than I'm able to do.”

- Make a referral

- If it's a medical problem, refer her to her own health care provider.

“I think you should get that checked by calling your own doctor.”

- If it's some other problem (e.g., depression, other substance use, financial, social, nutritional), refer her to her own health care provider or other sources of care in her state.

“It sounds like something you might want to bring up with your own doctor or nurse. They'll be able to help you with that or refer you to someone who can. Is that okay with you?”
(Acknowledge her response)

- Redirect attention to the smoking issue

“I'm still interested in helping you with your smoking situation. Is there any other concern that you have about staying quit that I can help you with?” (Respond to her concerns)