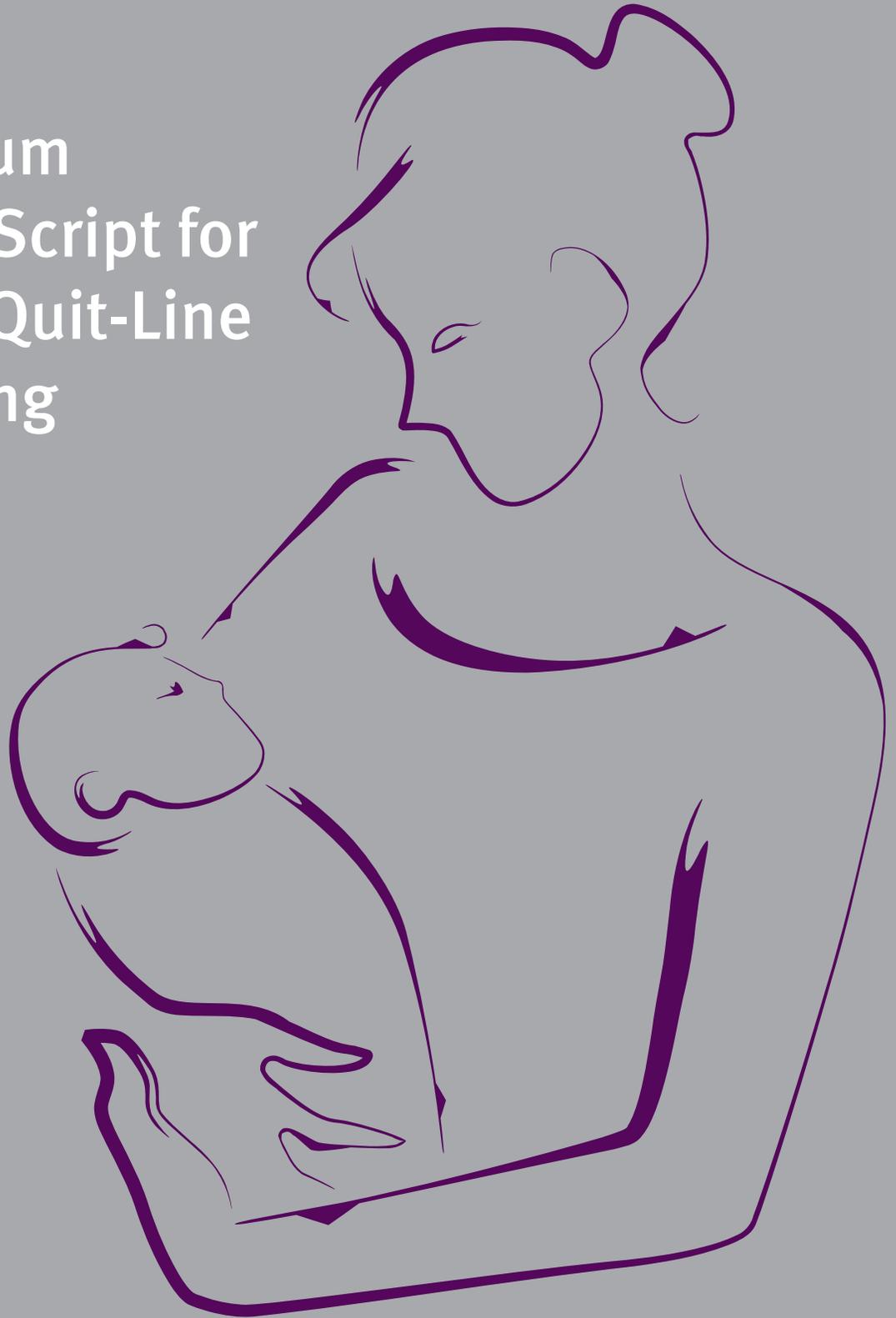


# Postpartum Protocol Script for Tobacco Quit-Line Counseling



DEVELOPED IN COLLABORATION WITH THE AMERICAN LEGACY FOUNDATION®, AMERICAN CANCER SOCIETY, ENVIRONMENTAL PROTECTION AGENCY, AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS, AGENCY FOR HEALTHCARE RESEARCH AND QUALITY, AMERICAN ACADEMY OF PEDIATRICS, PENNSYLVANIA CHAPTER OF THE AMERICAN ACADEMY OF PEDIATRICS, CENTERS FOR DISEASE CONTROL AND PREVENTION, UNIVERSITY OF VERMONT, AND THE NATIONAL PARTNERSHIP FOR SMOKE FREE FAMILIES.

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For more information about this publication, email [postpartum@americanlegacy.org](mailto:postpartum@americanlegacy.org).

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# Introduction

This protocol is designed to be used as a practical tool by tobacco quit-line counselors during their sessions with postpartum women. The protocol offers a detailed counseling guideline for counselors to use as they encourage and support postpartum mothers to quit smoking or remain quit after delivery and eliminate exposure to secondhand smoke.

Up to half of all women who quit smoking during pregnancy resume smoking within 6 months of delivery, and up to 80 percent start smoking again within 12 months<sup>1</sup>. Smoking after giving birth can be detrimental to both the mother's and the infant's health. Infants exposed to smoke are more likely to suffer from sudden infant death syndrome (SIDS), bronchitis, pneumonia, asthma, and ear infections<sup>2</sup>. With such high relapse rates among postpartum women and the serious health effects of secondhand smoke on infants, it was imperative for the American Legacy Foundation® (Legacy) and its partners to develop a protocol that encourages and supports women to quit or remain quit after delivery and to protect infants from secondhand smoke exposure.

The protocol includes easy-to-use counseling scripts in the following areas:

- › Relapse prevention
- › Risks of secondhand smoke exposure
- › Health benefits of quitting smoking for mother and infant
- › Addressing potential or underlying issues such as postpartum depression and stress management

It also features an appendix for the counselors to use as a reference tool to address related issues that may surface during the counseling sessions.

Legacy and its partners, who were involved in putting this protocol together, hope that the protocol provides an opportunity for quit-line counselors across the country to effectively support women with their cessation efforts during such a critical time in their lives, while at the same time helping create a smoke-free environment for infants and families.

This protocol is an extension of the *Great Start* campaign. Launched in 2001, *Great Start* was the first national quit-line and media campaign to help women quit smoking during pregnancy. The protocol continues the effort to address tobacco addiction and secondhand smoke exposure during the postpartum period.

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1 Roske K, Hannover W, Grempler J, et al (2006). Post partum intention to resume smoking. *Health Educ. Res.*, 21:386-392

2 National Cancer Institute. *Smoking and Tobacco Control Monograph No.10*, 1999

# 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 Quit Line]. 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.**

## 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  $\geq$  1: Skip to: WOMAN IS STILL PREGNANT AND CURRENTLY SMOKING.)**

## 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  $\geq$  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 section “Reasons to Stay Quit Postpartum.”)

(Repeat her list of temptations 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 the 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 the 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 the sections in the appendix 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 the 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 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 the 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 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 the section "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 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 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 the 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 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 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;

if inaccurate, clarify and let her know about at least two potential harms or risks. (Refer to the section “Reasons to Stay Quit Postpartum.”)

- » **If “no,”** share with her at least two potential harms or risks. (Refer to the 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 the 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 the appropriate sections in the appendix.
- 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 the 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 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 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. (Refer to the 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.

## 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 section on “Preparation for Quitting Smoking.” Ask if she has any other ideas of ways she can get through the first days. Acknowledge these ideas 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.

## 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 a helpful step toward 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 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? (keep mouth busy?) (keep mind busy instead of thinking about smoking?)”

Use brainstorming process to come up with these options. (Refer to the 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 keep her from functioning throughout the day, recommend for her to immediately speak to 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.)**

## 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 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 the 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 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. (Refer to the 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 the section on “Being Around Others While They Are Smoking.” If needed, provide referrals to other sources of care in her state.

- » **If yes, she is thinking about going back to smoking:**

“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 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 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 **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.)

How about stress? Do you have some ways to cope with stress? (Have caller come up with ideas or share ideas.)

- › 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 section “Reasons to Stay Quit Postpartum.”)

Repeat back to the caller 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 “smoking and not interested in quitting or cutting down” for a discussion of secondhand smoke.**

- › **If she wants to cut down, skip to next section.**

- › **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, have 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 week or two. Write this date down. Heavily praise her commitment to a Quit Date. Explore and reinforce her plan 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.”

(Refer to the 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. Some women find that a helpful step toward 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.)

“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 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? (keep mouth busy?) (keep mind busy instead of thinking about smoking?)” Brainstorm

ideas. (Refer to the section “Coping with Urges for a Cigarette.”)

“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 the section “Reasons to Stay Quit Postpartum.”)
- » **If “no,”** let her know about at least two potential harms or risks. (Refer to the 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 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 the 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 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 the 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.

**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 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 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 the section “Reasons to Stay Quit Postpartum.”
  - » **If “no,”** let her know about at least two potential harms or risks. (Refer to the 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 or car. Could you tell me about any rules you may have about smoking in your house or 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 the 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 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 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,** 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 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.)

- › **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**: page 19.

### 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 the “Problem-Solving Process” section on “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, have 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. (Refer to the section “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 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 23.**

- » **If she wants to cut down, skip to next section.**

- » **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 very willing 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; if inaccurate, let her know about at least two potential harms or risks. (Refer to the section “Reasons to Stay Quit Postpartum.”)
  - **If “no,”** let her know about at least two potential harms or risks. (Refer to the 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 or car. Could you tell me about any rules you may have about smoking in your house or 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 the 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 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 a 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 section on “Preparation for Quitting Smoking.”)
- › If she asks about using NRTs 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:** “I understand you’d like to cut down first. Some women find that a helpful step toward 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.”
  - » **If no:** Skip to next bulleted item.
- › 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 or mouth busy instead of smoking (doodle, crafts, rubber band; 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; if inaccurate, let her know about at least two potential harms or risks. (Refer to the section “Reasons to Stay Quit Postpartum.”)
  - » **If “no,”** let her know about at least two potential harms or risks. (Refer to the 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 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 or car. Could you tell me about any rules you may have about smoking in your house or 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 the 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 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 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.  
  
(Use brainstorming process to come up with several strategies.)
  - **If no:** End call.

- › 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,”** 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 the section “Reasons to Stay Quit Postpartum.”)

- » **If “no,”** let her know about at least two potential harms or risks. (Refer to the 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 or car. Could you tell me about any rules you may have about smoking in your house or 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 the 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 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 a 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.

- › 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 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 27.**

- › **IF WOMAN IS CURRENTLY QUIT, continue here:**

### IF WOMAN IS CURRENTLY QUIT:

- › 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 30.**

» **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 you’re 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 appropriate section to help her prepare.)

- › If she asks about using NRTs 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. Some women find that a helpful step toward 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.”
- » **If no:** Skip to next bulleted item.
- › 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 or mouth busy instead of smoking (doodle, crafts, rubber band; 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;

if inaccurate, let her know about at least two potential harms or risks. (Refer to the section “Reasons to Stay Quit Postpartum.”)

- » **If “no,”** let her know about at least two potential harms or risks. (Refer to the 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 or car. Could you tell me about any rules you may have about smoking in your house or 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 the 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 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.

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

- **If no:** End call.
- › **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; if inaccurate, let her know about at least two potential harms or risks. (Refer to the section “Reasons to Stay Quit Postpartum.”)
- » **If “no,”** let her know about at least two potential harms or risks. (Refer to the 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 the 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 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 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 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.

# APPENDIX

## THE 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 the sections of the appendix 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(s) chosen are practical and doable. If none is 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 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 the section “Coping with Urges”; 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 the 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 should you 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 three possible ways to deal with the weight concerns after having a baby (in order of preference):

- › **Recognize that it takes a while 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 A 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 sections in the appendix; 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.)

In March 2008, the American Legacy Foundation® took *Great Start* messages to a broader audience with the launch of **EX**®. **EX**® is a comprehensive national campaign that provides free resources designed to help smokers create their own plan to quit smoking. **EX**® encourages smokers to approach quitting smoking by “re-learning life without cigarettes.”

For more information about relearning your life without cigarettes, please visit [www.BecomeAnEx.org](http://www.BecomeAnEx.org).