



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

The Smoking Cessation Counseling Benefit for patients enrolled in Medicaid, Medicaid Managed Care, or Family Health Plus covers up to 6 counseling sessions for pregnant women and women up to 6 months postpartum. This coaching guide contains instructions and suggested language to help you effectively counsel patients to stop smoking.

# 1

## Screen every patient for tobacco use.

- Ask your patient if she currently or has ever smoked cigarettes or used other tobacco products. Document the response in the patient's chart.

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

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

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

# 2

## Assess nicotine dependence for current smokers using the Heavy Smoking Index (HSI), consisting of 2 simple questions:

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

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

1-10 (score 0)

11-20 (score 1)

21-30 (score 2)

31+ (score 3)

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

Within 5 minutes (score 3)

6-30 minutes (score 2)

31-60 minutes (score 1)

61+ minutes (score 0)

- Document the HSI score in the patient's chart. An HSI score  $\geq 4$  indicates a high level of nicotine dependence and the need for specific strategies to combat acute nicotine withdrawal symptoms (see Section C).

HSI Score:  0  1  2  3  4  5  6

# 3

## Advise your patient to quit smoking.

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

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

- Discuss some of the specific risks associated with smoking during and after pregnancy: miscarriage and stillbirth, low birthweight, preterm delivery, infant mortality, and SIDS—Sudden Infant Death Syndrome. Point out that quitting early in pregnancy provides the greatest benefit to the fetus, but that quitting at any point in pregnancy or after giving birth is beneficial.

## 4 Assess readiness to quit.

- Ask your patient whether she would like to quit. Most smokers would like to stop smoking, but fear they will be unable to quit. Pregnancy or the presence of a newborn may be a strong motivator.

*“Would you like to quit smoking?”*

- Let your patient know that you would like to help her quit. Document the patient’s response in her medical chart.
- ▶ If a patient is ready to quit, provide counseling (see Step 5 below).
- ▶ If a patient is not ready to quit, reassess her smoking status at her next prenatal/postnatal visit and all subsequent visits. During each visit, the provider should complete Steps 1 through 4 above – screen, assess for tobacco dependence, advise to quit, and assess readiness to quit.

## 5 Counsel patients to quit.

- Just 3 to 5 minutes of firm, specific counseling by a clinician can double quit rates. Physician counseling should include practical suggestions for quitting, managing withdrawal symptoms, and getting support.

*During counseling, use motivational interviewing techniques, including:*

- \* *Open-ended questions: “What are some of the reasons you would like to quit smoking?”*
- \* *Affirming statements: “It’s great that you are motivated to quit smoking.”*
- \* *Reflective listening: “It sounds like trying to quit smoking has been frustrating for you.”*

- Below are 4 topic areas you may want to explore with your patient during counseling sessions. These areas represent major steps in the quitting process; use this information to individualize discussions with your patient according to where she is in the quitting process. The left side of each section offers issues to explore, while the right side offers specific help strategies.

### A. NOT READY TO QUIT

<i>Issues to Explore</i>	<i>Strategies</i>
Smoking is an addiction that affects individuals physically and psychologically	<ul style="list-style-type: none"><li>▪ Explain how smoking affects the brain (dopamine).</li><li>▪ Discuss health risks associated with smoking.</li></ul>
Smoking during and after pregnancy puts your baby at risk	<ul style="list-style-type: none"><li>▪ Discuss some of the specific health effects associated with smoking (see the Advise section).</li></ul>
Quitting is hard, especially when you’re pregnant or caring for a newborn	<ul style="list-style-type: none"><li>▪ Remind your patient that it often takes a smoker several quit attempts to succeed.</li></ul>
There are many benefits to quitting	<ul style="list-style-type: none"><li>▪ She will immediately smell better.</li><li>▪ She will immediately breathe better.</li><li>▪ She will save money.</li></ul>

## B. PREPARING TO QUIT

<i>Issues to Explore</i>	<i>Strategies</i>
Ridding your home/office/car of smoking paraphernalia and the smell of smoke	<ul style="list-style-type: none"><li>▪ Encourage your patient to rid her home, workplace, and car of all cigarettes, lighters, ashtrays, and matches.</li><li>▪ Suggest washing carpets, drapes, and clothes, which often trap smoke.</li><li>▪ Suggest she have her teeth cleaned.</li><li>▪ Encourage her to buy flowers, plants, and other items that beautify her environment.</li></ul>
Planning for challenges that may arise while quitting	<ul style="list-style-type: none"><li>▪ Help your patient identify events, emotional factors, or activities that increase the risk of smoking.</li><li>▪ Have her write a list of cravings and occasions that are smoking triggers. Together, brainstorm coping strategies for each situation and trigger.</li><li>▪ Have her pick a quit date. Note this date in her chart for follow up.</li></ul>
Establishing a support network	<ul style="list-style-type: none"><li>▪ Let her know you believe in her ability to quit.</li><li>▪ Encourage her to find a quit buddy.</li><li>▪ Have her tell friends and family that she is quitting and ask them for their support during the quitting process.</li></ul>
Being clear on the main reasons for quitting (what the patient hopes to gain)	<ul style="list-style-type: none"><li>▪ Have her carry a reminder of why she is quitting (eg, sonogram, picture of an older child, note about the money she'll save).</li></ul>

## C. DEALING WITH WITHDRAWAL SYMPTOMS

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

## D. DEALING WITH SMOKING TRIGGERS

<i>Issues to Explore</i>	<i>Strategies</i>
People who make you want to smoke	<ul style="list-style-type: none"><li>▪ Avoid people who smoke.</li><li>▪ Avoid smoke breaks at work or school.</li><li>▪ Establish friendships with nonsmokers.</li></ul>
Places and situations that make you want to smoke	<ul style="list-style-type: none"><li>▪ Avoid the store where you usually buy cigarettes. Find a different route so that you don't have to walk past it.</li><li>▪ Avoid locations and situations where you usually smoke.</li></ul>
Things that make you want to smoke	<ul style="list-style-type: none"><li>▪ Stay away from coffee and alcohol, as they may trigger a desire to smoke.</li></ul>

# 6

## Follow up with patients who are trying to quit.

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

*"How is it going?"  
"How are you feeling?"*

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

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

- If the patient has smoked, consider revisiting Sections B, C, and D above.

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

# 7

## Assess for relapse with patients who have quit.

- Postpartum relapse rates are high, even if a woman has maintained abstinence throughout pregnancy. Postpartum visits are ideal times to screen for relapse.

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

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

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

- If your patient has smoked, encourage her to make another quit attempt. Consider revisiting Sections B, C, and D above.

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

- You can also emphasize the harmful effects of second-hand smoke on infants. This message can motivate new mothers who have remained abstinent, as well as those who may have begun to smoke again.

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

# RESOURCES FOR PATIENTS

## New York State Smokers' Quitline

1-866-NY QUILTS (1-866-697-8487) [www.nysmokefree.com](http://www.nysmokefree.com)

The New York State Smokers' Quitline is a free and confidential program providing evidence-based smoking-cessation services to New York residents who want to stop smoking or using other forms of tobacco.

## Smoking Cessation Programs in New York City

[www.nyc.gov/html/doh/html/smoke/smoke2-cess.shtml#5](http://www.nyc.gov/html/doh/html/smoke/smoke2-cess.shtml#5)

Provides listing by borough of quit-smoking programs throughout New York City.

## Resources and Educational Materials from the New York City Department of Health

- **How to Quit Smoking:**

[www.nyc.gov/html/doh/html/smoke/smoke2-cess.shtml](http://www.nyc.gov/html/doh/html/smoke/smoke2-cess.shtml)

- **The Dangers of Smoking:**

<http://www.nyc.gov/html/doh/html/smoke/smoke1.shtml>

- **Health Bulletin: Still Smoking?**

[www.nyc.gov/html/doh/downloads/pdf/public/dohmhnews5-12.pdf](http://www.nyc.gov/html/doh/downloads/pdf/public/dohmhnews5-12.pdf)

*Available in English, Spanish, Chinese, and Russian*

- **Health Bulletin: How to Make Your Home Smoke-Free**

[www.nyc.gov/html/doh/downloads/pdf/public/dohmhnews7-08.pdf](http://www.nyc.gov/html/doh/downloads/pdf/public/dohmhnews7-08.pdf)

*Available in English, Spanish, and Chinese*