VOICES FROM THE FIELD -
Tobacco Cessation for Pregnant Women

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Smoking cessation program for pregnant women

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Service perspective

The greatest challenge to working with pregnant women is recruitment. I agree with Melvin that the rate of deception is very high with regard to self-reported smoking status during pregnancy.[5] How can we help pregnant women feel comfortable talking about their smoking?

The decision was made to recruit women into our program by working with our Public Health Information Line. When a pregnant woman calls the line to sign up for prenatal classes (before her twentieth week of pregnancy), she is asked whether she smokes or not. If she does, she is asked whether she would be willing to talk with a public health nurse about her smoking. It is made very clear that no pressure will be put on the woman during this phone conversation. In my experience, women who use tobacco in pregnancy often feel very guilty. Every effort must be made to make the woman feel comfortable while engaging in practical counselling on the phone. All women are offered practical problem-solving/skills training (see Melvin[5]), such as how to anticipate smoking triggers and how to deal with other smokers in the household. All clients in counselling are also offered a package of self-help pregnancy-specific quitting materials mailed to them upon request.[5]

Many women feel they require a home visit for a one-on-one counselling session to quit smoking. During these home visits, which usually last for one hour, I use incentives such as sugarless gum, water bottles, toothbrushes and toothpaste to help the woman quit smoking.[8] All clients receive follow-up one month after their initial phone call or home visit.

I counsel women on the phone or at home and also offer smoking cessation groups. All clients who wish to attend a group are offered free bus tickets to get to and from the group. They are also offered subsidized nicotine-replacement therapy nicotine gum or the patch (with a doctor's certificate) if they are unable to quit smoking on their own (Ontario Medical Association 1998).

Experience has shown me that a woman who shows no signs of wanting to quit smoking is often at least willing to reduce her cigarette consumption.[8] She may also be willing to

make her home and car smoke-free. This is a very important step in harm reduction and we always encourage the women, saying that their efforts are very important and that one day they may have success with cessation as well.[8]

I agree with Hennrikus and Lando that pregnancy provides an opportunity for a mother to extend stopping smoking for the baby into quitting for life.[8] I disagree with the authors, however, about the lack of materials on relapse prevention. All of our clients who quit smoking are given a copy of *Start Quit, Stay Quit*, a relapse prevention guide for women who have quit smoking in pregnancy. Their partners receive a separate resource on how to support their partner's cessation efforts. All clients are also encouraged to breastfeed for as long as possible, since cessation of breastfeeding has been linked with relapse of cigarette smoking.

In my opinion, the main gap between research and practice is the area of tobacco consumption in pregnancy and its impact on child development. The area of study that I do not incorporate in my work is the link between women who smoke in pregnancy and potential problems with psychosocial development in their children. Fried states that it is important for service providers to be aware of the long-term problems associated with smoking in pregnancy.[3] It would be interesting to learn how we can give pregnant women effective counselling on smoking cessation and discuss potential behaviour problems in their future children, such as aggression, conduct disorders, hyperactivity and crime.[3] In terms of planning future programs, I feel this information would be ideal to share with women of reproductive age before they ever become pregnant, rather than during pregnancy. With that in mind, I plan to use this information in the future when planning presentations to high schools on preconception health.

REFERENCES

1. Brennan P. Tobacco consumption during pregnancy and its impact on psychosocial child development. Rev ed. In: Tremblay RE, Barr RG, Peters RDeV, eds. *Encyclopedia on Early Childhood Development* [online]. Montreal, Quebec: Centre of Excellence for Early Childhood Development; 2005:1-5. Available at: http://www.child-encyclopedia.com/documents/BrennanANGxp_rev.pdf. Accessed October 31, 2007.
2. Fergusson, David. Tobacco consumption during pregnancy and its impact on child development. In: Tremblay RE, Barr RG, Peters RdeV, eds. *Encyclopedia on Early Childhood Development* [On line]. Montreal, Quebec: Centre of Excellence for Early Childhood Development; 2002:1-5. Available at: http://www.child-encyclopedia.com/documents/FergussonANGxp.pdf. Accessed June 15, 2004.
3. Fried PA. Tobacco consumption during pregnancy and its impact on child development. In: Tremblay RE, Barr RG, Peters RDeV, eds. *Encyclopedia on Early Childhood Development* [online]. Montreal, Quebec: Centre of Excellence for Early Childhood Development; 2002:1-5. Available at: http://www.child-encyclopedia.com/documents/FriedANGxp.pdf. Accessed June 15, 2004.
4. Wakschlag LS. Tobacco consumption during pregnancy and its impact on child development: Comments on Fergusson and Fried. In: Tremblay RE, Barr RG, Peters RDeV, eds. *Encyclopedia on Early Childhood Development* [online]. Montreal, Quebec: Centre of Excellence for Early Childhood Development; 2002:1-6. Available at: http://www.child-encyclopedia.com/documents/WakschlagANGxp.pdf. Accessed June 15, 2004.
5. Melvin CL. Treating tobacco use among pregnant and parenting smokers. In: Tremblay RE, Barr RG, Peters RDeV, eds. *Encyclopedia on Early Childhood Development* [online]. Montreal, Quebec: Centre of Excellence for Early Childhood Development; 2003:1-8. Available at: http://www.child-encyclopedia.com/documents/MelvinANGxp.pdf. Accessed June 15, 2004.
6. McBride C. Tobacco cessation programs for pregnant women and mothers of young children. In: Tremblay RE, Barr RG, Peters RDeV, eds. *Encyclopedia on Early Childhood Development* [online]. Montreal, Quebec: Centre of Excellence for Early Childhood Development; 2003:1-8. Available at: http://www.child-encyclopedia.com/documents/McBrideANGxp.pdf. Accessed June 15, 2004.
7. Quinn VP. Tobacco cessation programs for pregnant women and mothers of young children. Commenting: McBride and Melvin. In: Tremblay RE, Barr RG, Peters RDeV, eds. *Encyclopedia on Early Childhood Development* [online]. Montreal, Quebec: Centre of Excellence for Early Childhood Development; 2003:1-7. Available at: http://www.child-encyclopedia.com/documents/QuinnANGxp.pdf. Accessed June 15, 2004.
8. Hennrikus DJ, Lando HA. Smoking cessation interventions for pregnant women and mothers of young children. Commenting: McBride and Melvin. In: Tremblay RE, Barr RG, Peters RDeV, eds. *Encyclopedia on Early Childhood Development* [online]. Montreal, Quebec: Centre of Excellence for Early Childhood

Development; 2003:1-6. Available at: http://www.child-encyclopedia.com/documents/Hennrikus-LandoANGxp.pdf. Accessed June 15, 2004.

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