

Approaches for Health Care Providers

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Expecting to Quit

A Best-Practices Review of Smoking Cessation Interventions
for Pregnant and Postpartum Girls and Women

Second Edition

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5 Ways to Change Your Practice: It can take only 5 minutes...



When it comes to prenatal care, many health care providers believe that they don't have adequate time to address smoking, or that the stress of stopping smoking may negatively affect the fetus or the mother's ability to care for her child after birth.

In fact, evidence-based recommendations for engaging smokers are designed to be implemented in as little as 5 to 10 minutes. Having all the necessary tools to engage your patients can greatly enhance your efficiency in delivering appropriate intervention. While pregnancy can increase women's stress level, there is no evidence to suggest that quitting smoking during pregnancy increases stress or negatively impacts the health or well being of the woman or the fetus. On the contrary, there is a wealth of evidence to suggest that stopping, reducing, or quitting smoking has great health benefits for woman, fetus and baby.

Further Reading

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1. Remember that Quitting is a Process Not an Event



Close to half of pregnant women who smoke either seriously consider or take steps towards stopping during pregnancy. Pregnant smokers vary in their readiness to quit and life situations and will require various interventions to cope with symptoms of withdrawal. Tailored approaches to smoking cessation take into account both the patient's readiness to quit and other life circumstances, such as socioeconomic status, cultural backgrounds, level of social support, level of nicotine addiction, and other substance-use issues.

Motivation to quit is a dynamic factor that changes throughout pregnancy and postpartum. Factors associated with early pregnancy may influence motivation. For example:

- *Nausea*

Women may lose the desire to smoke if they are experiencing nausea. However, the desire may return when this sickness has passed.

- *Not feeling pregnant*

Women who do not feel pregnant may be less inclined to quit or think about quitting.

- *Unplanned pregnancy*

Women who have not planned to get pregnant may not have thought about quitting smoking.

For patients who find it difficult to even think about giving up tobacco, it may be helpful to suggest stopping during pregnancy or cutting down, as opposed to quitting altogether. Cutting down to fewer than 10 cigarettes per day may be a practical alternative for women who are not able to quit altogether. The “Start Thinking About Reducing Secondhand Smoke” (STARSS) program, which focuses on supporting mothers in tobacco-reduction efforts, found that when women attempt to reduce smoking, they often quit smoking or become more confident and interested in quitting smoking.

Practice Tips

- *Ask the woman questions about her smoking history and her motivations for quitting or reducing*

What is her smoking history? Has she ever tried quitting before? For how long did she quit last time?

Can she suggest any reasons for past relapses? What things are happening in her life right now that could make it easy or difficult to quit?

- *Don't assume expectant mothers know that tobacco is harmful to the fetus*

Some women are not necessarily well-informed about the health effects of smoking on the fetus. Ask her what she knows about the harmful health effects of tobacco and then what her concerns are, if any. Offer to provide her with information about the health effects of smoking for herself.

- *Remember that it's never too late to quit smoking*

If a woman comes to your practice late in pregnancy, she may feel that damage has already been done to the fetus and that it's too late to quit smoking. Remind the woman that quitting at any time has immediate health benefits for both herself and the fetus, regardless of previous smoking or future relapse.

- *Encourage harm reduction among pregnant smokers who are not ready to quit*

Discuss a range of options for changing smoking behaviours with women and assess readiness and opportunities for change. You can suggest decreasing the number of cigarettes smoked, brief periods of cessation at any point in pregnancy and around delivery, and encourage other health-promoting behaviours such as exercise and improved nutrition.

- *Nicotine replacement therapy is an option*

NRTs are not completely free of risk, but evidence suggests that NRTs are less harmful than smoking during pregnancy because both the woman and fetus receive less nicotine and no exposure to carbon monoxide and other toxic substances. For some groups of women, where other avenues to quit or reduce have not been successful, NRTs may be an option to discuss further.

- *Continue to encourage women who have quit smoking when they found out they were pregnant*

Further Reading

Action on Women's Addictions, Research and Education (AWARE). (2007). *National rollout of STARSS (Start Thinking about Reducing Secondhand Smoke) final report*.

Ebert, L., van der Rieta, P., and Fahya, K. (2009). What do midwives need to understand/know about smoking in pregnancy? *Women and Birth*, 22(1): 35-40. PMID: 19117827 doi:10.1016/j.wombi.2008.11.001

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2. Acknowledge Personal and Social Pressures to Quit



Women often feel intense pressure to stop smoking when they become pregnant. This pressure comes from partners, family members, and society at large. Pregnant women who are unable to reduce or stop smoking often feel guilty and ashamed about their smoking. Women in disadvantaged or marginal circumstances are less likely to be able to consider quitting when other pressures are affecting their lives and behaviour.

Approaches to smoking cessation that focus on the health of the fetus focus the motivation for quitting away from woman's own health and can lead to feelings of guilt and fear. While focusing on the fetus can be a key motivator for many women, other internal and longer-term motivators have been shown to be more effective for long-term cessation and relapse prevention.

Helping women to understand the role of smoking in their lives can assist them to manage personal and social pressures to quit. Research has shown that there are five major reasons for why women smoke:

1. To organize social relationships

To balance, support, distance, or end relationships with partners, children, co-workers, and others.

2. To create an image

An image of independence, uniqueness, sophistication, acceptance, and thinness.

3. To control emotions

To suppress or numb negative emotions, or to bring out positive emotions

4. To feel in control

Smoking is seen as a source of support that is both predictable and controllable

5. As a source of identity

Women say they smoke to cope with the day-to-day reality of their lives. For example, they see stopping for a cigarette as a legitimate break in their lives – a break that they may otherwise have difficulty justifying.

Greaves, L. (1996). *Smoke screen: Women's smoking and social control*. Halifax, NS: Fernwood.

Practice Tips

• *Acknowledge the social pressures on pregnant women to quit smoking*

Women value hearing: "I'm here to help you if you want to quit;" "I won't be disappointed in you for smoking cigarettes;" "If you slip up, it doesn't matter – come back to see me no matter what;" "I'm not here to tell you to quit."

- *Don't stay fetus-centric*

Help mothers to find their own reasons for quitting smoking (rather than just focusing on the benefits for the fetus) and to take steps towards their own goals in their own time and in their own way.

- *Help women to understand the role of smoking in their life*

Increased awareness of her reasons for smoking can help a woman manage the personal and social pressure she may feel to quit smoking even if she's not ready.

- *Emphasize the positive things women are doing for their health and the health of the fetus*

For example, getting enough rest, preparing the home for the baby, eating regularly.

- *Highlight to new mothers the positive things they do for their children*

Ask if they would like ideas on how to help protect their kids from secondhand smoke.

- *Encourage women to continue breastfeeding*

Even if they smoke or are using NRTs to aid their cessation.

Further Reading

Greaves, L., Kalaw, C., and Bottorff, J. L. (2007). Case studies in power and control related to tobacco use during pregnancy. *Women's Health Issues*, 17(5), 325-332. PMID: 17692535 doi:10.1016/j.whi.2007.06.001

Ingall, G. and Cropley, M. (2010). Exploring the barriers of quitting smoking during pregnancy: A systematic review of qualitative studies. *Women and Birth*, 23(2): 45-42. PMID: 19879206 doi:10.1016/j.wombi.2009.09.004

3. Engage in relapse prevention



Helping pregnant women to quit or reduce smoking is different from helping other smokers. Pregnant smokers have unique cessation issues (e.g., social pressures to quit, high rates of relapse, physiological changes, brief time period) compared to other women. High postpartum relapse rates demonstrate that we need to treat pregnant and postpartum women differently than other smokers. Pregnant women often appear to experience the “quitting” process, but end up returning to smoking behaviour.

Given the high likelihood of relapse after the baby is born, it is very important to continue to engage with women regarding their smoking throughout pregnancy and in the postpartum period. Things to consider:

- *Cessation during pregnancy may really be a temporary abstinence from smoking, rather than a permanent behaviour change.*
- *Some women may be experiencing a “suspended identity” as a non-smoker.*
- *No actual shift in identity from smoker to non-smoker may have occurred, particularly if cessation is externally motivated (i.e., for the fetus/baby).*
- *Relapse is often viewed as a reward after pregnancy and may have been planned.*

Practice Tips

- *Normalize cessation as a journey or process*
For women who have “slipped,” tell them you understand that it is hard to quit and stay quit.
- *Re-visit women’s reasons for smoking and quitting*
Focus on the woman’s health and the continued benefits of staying quit. Discuss the additional stressors in her life after the birth. Discuss the harmful effects of ETS to the baby’s health and to the woman’s own health.
- *Monitor and support “spontaneous quitters,” especially in the postpartum period*
The majority of women who quit during pregnancy report doing so on their own without formal intervention. Spontaneous quitters tend to be older, more highly educated, less addicted, and less likely to have partners who smoke.
- *Encourage women to continue breastfeeding*
Even if they smoke or are using NRTs to aid their cessation. Health Canada recommendations state that smoking is not a contraindication to breastfeeding.

- *If a woman has relapsed, ask her about her goals*

For example,

- *At this time, which of the following best describes your personal goal with regard to smoking after pregnancy?*
 - *To stay off cigarettes;*
 - *To control where and when you smoke;*
 - *To go back to smoking;*
 - *You are not sure what your goal is right now)*

- *How likely are you to smoke in the first six months after the baby is born?*
 - *Extremely likely to smoke;*
 - *Very likely;*
 - *Somewhat likely;*
 - *Not very likely;*
 - *Not at all likely to smoke.*

- *Since your prenatal visit, have you smoked a cigarette, even a puff?*
 - *Yes*
 - *No*

From: Stotts, A. L., DiClemente, C. C., Carbonari, J. P., & Mullen, P. D. (2000). Postpartum return to smoking: Staging a "suspended" behavior. *Health Psychology, 19*(4), 324-332.

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Mullen, P.D., (2004). How can more smoking suspension during pregnancy become life long abstinence? Lessons learned about predictors, interventions, and gaps in our accumulated knowledge. *Nicotine and Tobacco Research 6*(Suppl. 2), 217-238. doi: 10.1080/14622200410001669150

4. Explore partner smoking



There is evidence that partners and family members play a powerful role in influencing whether pregnant women quit smoking and are able to maintain abstinence in the postpartum period. Compared to pregnant women who live with non-smokers, those who live with a partner who smokes are less likely to stop smoking during pregnancy and more likely to relapse during the postpartum period.

If a partner is resistant to quitting smoking, encouraging the woman to ask her partner to quit with her may cause tension in the relationship. In other cases, the woman is pressured by her partner to quit, making her process more difficult. Considering the possible stress that smoking cessation may put on a woman's relationship (with the possibility for elevated frustration and anger), partner cessation should be considered and supported separately from the woman's own attempt to quit.

Practice Tips

- *Address partner smoking, but separately from the woman*

You might ask: Is your partner thinking about quitting or modifying smoking behaviour? How does your partner feel about your present decision to try to quit smoking?

- *Don't assume that the pregnant woman's partner will want her to quit smoking*

Remember that the woman may or may not have a partner present in her life, and if present, the partner may not be supportive about the pregnancy or about the woman's attempt to quit smoking.

- *Remember that a partner may be male or female*

Further Reading

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Gage, J.D., Everett, K.D., and Bullock, L. (2007). A review of research literature addressing male partners and smoking during pregnancy. *Journal of Obstetric, Gynecologic, and Neonatal Nursing*, 36(6): 574-580. PMID: 17973701 DOI: 10.1111/j.1552-6909.2007.00188.x

5. Know when to refer



It is important to recognize that for many women smoking is a secondary issue—to poverty, trauma, violence, lone motherhood, and other factors. Most pregnant smokers in Canada, especially those who do not spontaneously quit, are often experiencing multiple social and economic pressures. In these cases, tobacco cessation is not only a low priority, but smoking serves multiple purposes or “benefits” the woman in mediating her existence.

For many pregnant women in “high priority” or “hard-to-reach” groups, these issues tend to blur or bury the importance of tobacco cessation and other health-seeking behaviours while pregnant. It is important to recognize that smoking cessation does not occur in a vacuum. For example, studies show that between 2 and 20% of women experience domestic violence during pregnancy.

While these issues should not be considered a barrier to engaging with women regarding their smoking, they should inform practice. In these situations, you may need to make a referral to other services and supports.

Resources

Local resources vary across the country and are constantly changing. However, the following websites are a good starting place to get a sense of the range of programs that exist and to which you might refer your patients.

[BC Association of Pregnancy Outreach Programs](http://www.bcapop.ca/)

Information about programs that provide prenatal and early parenting support to women who experience health or lifestyle challenges during pregnancy, birth, and the transition to parenting.

<http://www.bcapop.ca/>

[BC Mental Health and Addiction Services](http://www.bcmhas.ca)

Programs include Adult Tertiary Psychiatry, Geriatric Psychiatry, Forensic Psychiatric Services, Child and Adolescent Mental Health, Women’s Reproductive Mental Health, and the Provincial Specialized Eating Disorders Program.

<http://www.bcmhas.ca>

[Canadian Centre on Substance Abuse-Information about Canadian addictions treatment services and programs](http://www.ccsa.ca/Eng/KnowledgeCentre/OurDatabases/TreatmentServices/Pages/default.aspx)

Database on substance-use-treatment programs by province. Information on programs specializing in tobacco and addiction support, both in outpatient and residential treatment settings.

<http://www.ccsa.ca/Eng/KnowledgeCentre/OurDatabases/TreatmentServices/Pages/default.aspx>

[Canadian Centre on Substance Abuse](http://www.ccsa.ca/Eng/Topics/Treatment/default/Pages/default.aspx)

Helplines and contact numbers for addictions treatment by province or territory

<http://www.ccsa.ca/Eng/Topics/Treatment/default/Pages/default.aspx>

Centre for Addictions and Mental Health

Treatment Programs

http://www.camh.net/Care_Treatment/Program_Descriptions/

Connex Ontario Health Services

Information about alcohol and drug treatment, problem gambling helpline, and mental health services and supports across Ontario.

<http://www.connexontario.ca/>

Further Reading

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Greaves, L., Johnson, J., et al. (2004). *Reducing harm: A better practices review of tobacco policy and vulnerable populations*. Vancouver, BC: BC Centre of Excellence for Women's Health. Full-text »

Nevala, J., Sears, K., and Steibelt, E. (2010). *Women and tobacco info pack*. Program Training and Consultation Centre (PTCC), a resource centre of the Smoke-Free Ontario Strategy (Download PDF from www.ptcc-cfc.on.ca)

Websites and Resources for your Practice

BEST START

This Ontario-based resource centre supports health care providers with implementing health promotion programs, including tobacco reduction, for new parents. Resources include brochures, posters, and displays with information on creating a smoke-free environment.

<http://www.beststart.org/resources/tobacco/index.html>

PERINATAL SERVICES BC

Perinatal Services BC has developed a guideline entitled Tobacco Use in the Perinatal Period, designed to assist practitioners in evidence-based assessment and provision of care for pregnant and postpartum women.

<http://www.perinatalservicesbc.ca/sites/bcrpcp/files/Guidelines/SubstanceUse/TobaccoGuidelines.pdf>

CANADIAN ACTION NETWORK FOR THE ADVANCEMENT, DISSEMINATION AND ADOPTION OF PRACTICE-INFORMED TOBACCO TREATMENT (CAN-ADAPTT)

CAN-ADAPTT is a practice-based research network designed to facilitate knowledge exchange in the area of smoking cessation.

<http://www.can-adaptt.net/>

INTERNATIONAL NETWORK OF WOMEN AGAINST TOBACCO (INWAT)

INWAT is a global network of women dedicated to preventing and reducing tobacco use among women and girls, increasing women's leadership in tobacco control and improving women's status and women's health.

<http://www.inwat.org/>

PREGNETS

This Ontario-based website has information for health care providers, including downloadable documents: a desk reference, patient resource card, info sheets, etc.

<http://www.pregnets.org/>

REGISTERED NURSES ASSOCIATION OF ONTARIO

This best-practices guideline is not specific to pregnancy but provides a thorough overview of smoking cessation. Integrating Smoking Cessation Practice into Daily Nursing Practice (2003, reviewed 2007).

http://www.rnao.org/Storage/29/2338_Final_-_revised_smoking.pdf

SMOKING CESSATION FOR PREGNANCY AND BEYOND

Interactive web-based "virtual practicum" program with simulated patient interviews and case-based learning developed by American College of Obstetricians and Gynecologists and a coalition of smoking-cessation experts.

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

YOUR BODY WILL FORGIVE YOU

Don't ever think it's too late to quit smoking. Remember, your body will forgive you no matter how long you've been at it.

30 minutes after you quit: blood pressure, heart rate and temperature of hands and feet become normal

12 hours after you quit: carbon monoxide and oxygen levels in the blood return to normal.

48 hours after you quit: your sense of taste and smell start to return to normal levels

72 hours after you quit: bronchial tubes relax and breathing is easier

1 week after you quit: nicotine is flushed from your body

2 weeks after you quit: circulation, breathing, and lung function improve

1 month after you quit: coughing, sinus congestion and shortness of breath decrease

2 years after you quit: risk of heart attack drops to that of a woman who has never smoked

5 years after you quit: risk of stroke drops to normal; risk of lung cancer decreases by half

10 years after you quit: risk of most types of cancer drops to normal

20 years after you quit: risk of dying due to smoking-related causes is similar to that of women who have never smoked!



MY WORLD WITHOUT SMOKING

Visualizations can be a way to remind yourself of all your reasons for deciding to quit smoking, act as a distraction when you have a craving, be a break from the busy-ness of daily life and help keep you on your path.

Find a quiet place to sit down. Close your eyes, take a deep breath in and step into...

My world without smoking. What a crazy idea. Or so it seemed....

They say a journey begins with a single step. What was my first step on this journey? I can't remember the hour or the day exactly, but I remember when something inside me shifted and said "This is the path you now need to take. A world without smoking is possible."

Every day I move a step closer to this new world. It's something that is both far away and something that I create every moment of every day. With every breath, I get closer to living in a world without smoking.

In a world without smoking....

- I don't have to organize my day around needing to smoke
- I have more choices about how I spend my money
- My body reminds me all the time of how much easier it is to breathe and move
- It's easier to make healthier decisions for myself in terms of exercise and eating
- My kids are smoke-free, too
- I help to make the world a greener place
- I am part of a group of women who are changing the world for the better everyday

In my world without smoking, I can relax a little more than I could before. I can find a little more space to be me. I can just take the time to breathe and catch my breath.



HOW DO I WANT TO BE SUPPORTED?

Many women find that quitting smoking is hard because smoking is part of so many aspects of their lives. It's important to not feel like you have to figure out how to change things all on your own. Think about who in your life can support you, in tiny ways and in big ways.



Consider:

- Who in my life will support my decision to cut back or quit smoking?
- Do I need a "quit smoking" buddy?
- Who can I call or see regularly that I can check-in with?
- Do I need someone to talk to or someone to relax and watch a movie with?
- Do I need a reward or something to work towards (e.g., a weekend away)?
- Who can I celebrate my successes with? Who can I turn to on a bad day?

Make a list of who you think can support you and how they might be able to support you. (Don't be afraid to change your mind, if necessary!). Some possibilities could be: a friend, a parent, a partner, nurse, doctor, Quitline, support group.

Who?	How?

COUPLES AND SMOKING: TIPS TO HELP YOU QUIT AND GET YOUR PARTNER INVOLVED



START WITH YOU: TIPS TO HELP YOU QUIT SMOKING

- Being in smoke-free surroundings makes it easier for you not to smoke. Seek the help of family and friends to create a smoke-free environment.
- Find alternative ways of dealing with stress, anxiety and anger. For example, try breathing exercises, meditation, physical activities or get counseling.
- Proper nutrition and exercise can help reduce withdrawal symptoms and help you to manage your weight.
- Get busy. Occupy yourself with other activities to relieve boredom. You might even try chewing gum to replace the habit of smoking.
- Recognize that smoking is a powerful addiction and that you might need professional support. Get professional advice about medication and counseling programs that can help you to quit and deal with withdrawal.

HOW TO GET YOUR PARTNER INVOLVED

- Women who live with a partner who smokes find it harder to quit. Ask your partner to quit with you or not to smoke in your presence.
- You can ask your partner to help distract you from activities or habits that act as triggers for you to smoke. For example, if you usually smoke after supper while watching TV, you could both go for a walk or a drive instead.
- If at all possible, try and quit together. Couples who stop smoking together may be able to help each other remain smoke-free.

HOW TO GET YOUR PARTNER INVOLVED CONT'D

- If you smoke because of stress, tell your partner you need time to relax. If your partner asks how they can help, ask them to help with tasks such as household chores, taking care of the new baby or children. This way they can help to reduce your stress.

WHAT TO DO IF YOUR PARTNER IS PRESSURING YOU TO REDUCE OR STOP SMOKING

- You can tell your partner that you do not want to discuss your smoking and that you are working on this issue on your own
- Remind your partner that your smoking is influenced by a lot of things - stress, how you feel about yourself, being in certain situations, etc. Ask your partner to support you in these areas rather than focusing on your smoking.
- Ask your partner to help you celebrate your successes (no matter how small!) rather than remind you of the harms of smoking



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GETTING READY TO QUIT

Women often feel intense pressure to stop smoking when they become pregnant. This pressure comes from partners, family members, the media, etc. Pregnant women who are unable to reduce or stop smoking often feel guilty and ashamed about their smoking.

Remember, it's your decision if you want to smoke, reduce or quit. There are lots of paths to quitting smoking - you can find yours in your own time. In the meantime, here are some ideas on what to do until you're ready to take that first step.

WAYS TO REDUCE THE HARMFUL EFFECTS OF SMOKING:

- Get into the habit of smoking outside. Then, when the baby comes home, you'll be used to smoking outdoors not inside.
- Talk with your doctor about using nicotine replacement therapy
- Try smoking only part of each cigarette - such as three-quarters of it - instead of the whole cigarette
- Work towards reducing or quitting smoking in the last three months of your pregnancy

WHAT TO SAY IF PEOPLE TELL YOU THAT YOU SHOULDN'T BE SMOKING BECAUSE YOU ARE PREGNANT:

You can remind them that there are many things you do for your health in general and for a healthy pregnancy in particular. Some of the healthy things that women do because they are pregnant include:

- getting enough rest
- eating regularly
- learning how to better deal with stress
- exercising
- going for regular health check-ups
- beginning to prepare the home for baby
- staying emotionally healthy



POSITIVES AND NEGATIVES OF SMOKING - BLANK -



WHAT I <i>LIKE</i> ABOUT SMOKING	WHAT I <i>DON'T LIKE</i> ABOUT SMOKING
WHAT I <i>LIKE</i> ABOUT QUITTING	WHAT I <i>DON'T LIKE</i> ABOUT QUITTING

POSITIVES AND NEGATIVES OF SMOKING - *SAMPLE* -



WHAT I <i>LIKE</i> ABOUT SMOKING	WHAT I <i>DON'T LIKE</i> ABOUT SMOKING
<p>It's something I have control over.</p> <p>It gives me a break, five minutes to relax.</p> <p>It helps me calm down when I get frustrated or mad (sometimes this helps me to be a better parent).</p>	<p>It's harder to breathe.</p> <p>The smoke is bad for my kids.</p> <p>Money!</p>
WHAT I <i>LIKE</i> ABOUT QUITTING	WHAT I <i>DON'T LIKE</i> ABOUT QUITTING
<p>My kids aren't exposed to second-hand smoke.</p> <p>Money!</p> <p>My health will be better.</p> <p>My day doesn't revolve around when I need another cigarette.</p>	<p>All my friends smoke - smoking is an easy way to connect.</p> <p>I love smoking a cigarette while drinking coffee.</p>

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