

YARNING ABOUT QUITTING

Fact sheet - Guidelines for treatment of smoking in pregnancy

General principles

Encourage quitting early in pregnancy for best outcomes for mother and baby. Ask about smoking and offer quit support **from the very first visit**.

Encourage quitting rather than cutting down – can use ‘cutting down to quit’ with NRT
If smokers try to cut down without substituting oral NRT, they tend to take big drags on the cigarette, which means more carbon monoxide, and tar goes deeper into the lungs and does more damage. Remember, people smoke to get the nicotine, but it’s the smoke that does the damage.

Provide foundation knowledge by using simple educational materials to explain about smoking and pregnancy and NRT.

Talk about stress in a way that is easily understood.

Stress is a common reason for smoking in Aboriginal women and is often cited as barrier to quitting. The stress caused by smoking is often not understood as being due to nicotine withdrawal effects.

Talk about withdrawal symptoms – name them so people know what to expect.

Work with a woman to **identify triggers for smoking** and **provide practical strategies** that are captured in a **personal Quit Plan**.

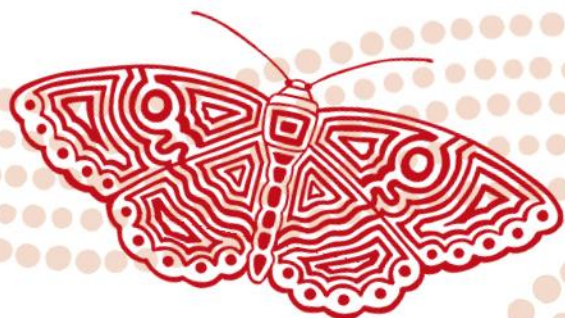
Offer **support to other cohabitants** who smoke rather than expecting the woman to quit in isolation.

Check back in with the woman at the end of the session to ensure she is clear about what has been said and that she is feeling comfortable.

Nicotine Replacement Therapy (NRT)

NRT Guidelines in pregnancy vary internationally. Use of NRT in pregnancy has been controversial due to concerns around effectiveness and safety. However, the consensus of opinion among experts is that: **NRT is much safer than continuing to smoke during pregnancy.**

Royal Australian College of General Practitioners (RACGP) Guidelines and NSW Health Guidelines are in agreement – in the event that quitting with behavioural support alone is unsuccessful and a pregnant woman requires additional support, NRT should be considered and offered.



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Intermittent forms of NRT (gum, lozenge, inhalator, mist, spray) are preferred to patch in the first instance. Higher dose NRT (4mg gum not 2mg) is required due to a pregnant woman's increased metabolism.

Nicotine patch may be used in the event that oral NRT is problematic (nausea) or if combination therapy is required (e.g. for highly dependent smokers).

Refer to page 11 of 'Managing Nicotine Dependence: A Guide for NSW Health Staff' for simple steps to assess nicotine dependence.

Practical tips about NRT and pregnancy

If initial attempt to quit 'cold turkey' is not successful (not abstinent for 2-3 days) either in this attempt or in a previous attempt – **move swiftly on to NRT.**

Explain in simple terms how NRT works – don't assume people know and don't leave it up to the client to read the instructions on the pack.

Have samples of NRT on hand so that you can show clients how to use it. You want the client to feel confident about using the form of NRT.

Check in with a woman daily (especially for first 5 -7 days) when she starts on NRT to ensure it is well tolerated and that she is using enough to control symptoms – move to combination NRT if oral is not enough.

Be prepared to alter the NRT type or dosage if it is not working for the client.

How to explain what NRT is and how it works

NRT products contain nicotine but in much lower amounts than you get from regular smoking. The nicotine is the substance that keeps you addicted to smoking but it is not the main component that causes damage to your health.

So, as a regular smoker when you suddenly stop smoking, you are likely to experience some unpleasant nicotine withdrawal symptoms (for example, cravings, feeling anxious, upset or angry, sleeping difficulties and trouble concentrating etc.) These symptoms can make it hard to stay off the smokes.

That's where NRT can really help. The NRT gives your brain the hit of nicotine that it craves which helps to dampen down the nicotine withdrawal symptoms. The good news is that while using NRT your body is not getting any of the thousands of harmful chemicals it gets from tobacco and this gives your body a chance to recover and also buys you time to work on changing your habits and routines around smoking.

References

Gould, G. S., Bittoun, R., & Clarke, M. J. (2014). A pragmatic guide for smoking cessation counselling and the initiation of Nicotine Replacement Therapy for pregnant Aboriginal and Torres Strait Islander smokers. *Journal of Smoking Cessation*, pp. 1-10. doi: 10.1017/jsc.2014.3

NSW Ministry of Health. (2015). *Managing nicotine dependence: a guide for NSW Health staff*. North Sydney: NSW Ministry of Health. To download or order a copy go to:
www.health.nsw.gov.au/tobacco/Pages/managing-nicotine-dependence.aspx