Quit for new life is an initiative of the Centre for Population Health, NSW Ministry of Health in partnership with NSW Kids and Families

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1. Purpose of the handbook

This handbook has been written to assist Local Health Districts (LHDs) to plan and implement the Quit for new life program. It describes the program and documents the background to its development.

It is intended that this information be used to assist in the development of localised implementation plans. It is acknowledged that LHDs have existing and varied programs, networks and partnerships already in place which will assist in the implementation of the Quit for new life program. Rather than being prescriptive, this handbook should be considered a guide for implementation.

2. Background Information

2.1 Policy context

In 2009, the New South Wales Government committed $2.42 million in funding to the National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes to develop and implement the Quit for new life program to reduce smoking rates in pregnant Aboriginal women. Since 2009, a further $4.58 million was committed by NSW Ministry of Health for the implementation and evaluation of the Quit for new life program over a four year period (2012/13 – 2015/16). In 2014, a decision was made to extend the program funding by a further two years ($3.2 M additional funding) to ensure adequate time and resources are available to services involved in Quit for new life to embed the program into routine clinical care.

In 2011, the NSW Government released the new State Plan, NSW 2021. Within this plan there is the target to reduce the number of pregnant Aboriginal women who smoke by 2% each year. The NSW Tobacco Strategy 2012-2017, which was launched in February 2012, aligns to the targets within the NSW 2021 plan and describes the portfolio of activities that the NSW Government will undertake to reduce the harm associated with smoking. Within the Strategy there is a focus on particular population groups, including pregnant Aboriginal women.

NSW Health is responsible for meeting the NSW 2021 target related to reducing the number of pregnant Aboriginal women who smoke. It is anticipated that the Quit for new life program will have an impact on this target over time as Aboriginal women quit smoking during pregnancy, stay quit and present as non-smokers at subsequent pregnancies. LHDs have been engaged to facilitate the implementation of the Quit for new life program at the local level.

2.2 Tobacco use in Aboriginal people

Tobacco smoking is the single biggest killer and cause of disease in Australia. Smoking prevalence differs significantly between Aboriginal and non-Aboriginal people and smoking has been estimated to account for approximately 17% of the gap in life expectancy between these two groups. There are likely to be many factors contributing to the high prevalence of
smoking among Aboriginal peoples and these include the ongoing effects of colonisation and dispossession, socioeconomic disadvantage, poorer access to health services and resources and the relative normalisation of smoking in some Aboriginal communities. In NSW in 2014 approximately 37.4% of adult Aboriginal people reported they were current smokers compared with 15.6 % of the NSW population overall (Refer to HealthStats NSW www.healthstats.nsw.gov.au/)

2.3 Rates of smoking and quitting among pregnant Aboriginal women

Of particular concern is the high smoking rate among women having an Aboriginal baby. In 2013, the smoking prevalence among these women in NSW was 46.6% compared with just 8.3% in non-Aboriginal pregnant women (Refer to HealthStats NSW www.healthstats.nsw.gov.au/). This represents a 5.6 times higher prevalence of smoking among women having an Aboriginal baby than non-Aboriginal women. While the smoking rate for Aboriginal women has decreased from 49.9% in 2012 to 46.6% in 2013, the gap between Aboriginal women and non-Aboriginal women has remained much the same.

Smoking while pregnant contributes to an increased risk of a broad range of obstetric and infant complications, including spontaneous abortion, pregnancy and labour complications, stillbirth, low birth weight and sudden infant death syndrome. Low birth weight has been associated with developing chronic disease later in life including cardiovascular disease, diabetes mellitus and overweight and obesity. In addition to these risks from maternal smoking, exposure to environmental tobacco smoke is also a risk during pregnancy, and harms both the mother and fetus.

Pregnancy is considered to be a 'teachable moment' - a life stage when women are more motivated to modify harmful behaviours than other times.

In 2011, the Perinatal Data Collection (PDC) was modified to record Aboriginality for both the mother and baby. This information was collected reliably from July 2011 onward. Prior to 2011 Aboriginal status was recorded for mothers only.

From 2011 onward, maternal smoking status can be disaggregated for Aboriginal mothers and non-Aboriginal mothers of Aboriginal babies. It is of note that the rates of smoking during pregnancy for the period July – December 2011 are 17% higher in Aboriginal mothers than in non-Aboriginal mothers of Aboriginal babies (Table 2 below).

Table 2: Number and proportion of Aboriginal mothers and mothers of Aboriginal babies who quit smoking during first half of pregnancy: July – December 2011.

<table>
<thead>
<tr>
<th>Smoking Status</th>
<th>Aboriginal mothers (n = 1478)</th>
<th>Non-Aboriginal mothers of Aboriginal babies (n = 839)</th>
<th>Total (n=2317)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smoke during pregnancy</td>
<td>767 (51.9%)</td>
<td>291 (34.7%)</td>
<td>1058 (45.7%)</td>
</tr>
<tr>
<td>Smoke in first half of pregnancy</td>
<td>713 (48.2%)</td>
<td>280 (33.4%)</td>
<td>993 (42.9%)</td>
</tr>
<tr>
<td>Quit smoking during first half of pregnancy</td>
<td>107 (15.0%)</td>
<td>49 (17.5%)</td>
<td>156 (15.7%)</td>
</tr>
</tbody>
</table>
2.4 Evidence-based smoking cessation interventions during pregnancy

Smoking cessation interventions in pregnancy have been shown to be successful in increasing quit rates as well as reducing low birth weight and preterm births. A range of smoking cessation interventions have been trialled in pregnant women including cognitive behaviour therapy, motivational interviewing, offering incentives, nicotine replacement therapy and providing feedback on fetal health.

Providing support to quit smoking during antenatal care is an appropriate and accessible mode of delivery. There is good evidence that Aboriginal women expect to be asked and provided with advice about smoking when they attend antenatal care. Evidence suggests that smoking cessation interventions in pregnancy should be comprehensive, incorporate a variety of approaches, and focus on both supporting quitting early in pregnancy and addressing relapse following delivery of the child. Such evidence also suggests interventions should address smoking behaviours of partners, friends and family to reduce triggers for the woman to smoke as well as exposure to environmental tobacco smoke.

There have been very few well-controlled studies evaluating the effectiveness of smoking cessation interventions for pregnant Aboriginal people. However it is likely that what works for non-Aboriginal women is likely to work for Aboriginal women if interventions are culturally appropriately, well funded, implemented over the longer term and include a range of strategies that support each other.

In 2012, the University of Newcastle undertook a systematic review to examine the effectiveness and methodological quality of smoking cessation interventions targeting pregnant Aboriginal women, and where there was little evidence, pregnant women and non-pregnant Aboriginal women. Based on the review the authors suggest the following strategies for reducing smoking in pregnant Aboriginal women:

- Assessing smoking from the first antenatal care appointment
- Providing information to women on the harms of smoking
- Using brief interventions as well as more intensive cessation support
- Repeating assessments, advice and support at each antenatal visit
- Following up women regularly and within three to seven days of quitting
- Providing advice and support to quit to partners, family members and other household members
- Addressing concurrent alcohol and cannabis use
- Providing intensive support after birth to minimise the high risk of relapse in the postpartum period
- Providing nicotine replacement therapy for women who are unable to quit with behavioural support alone

Tobacco cessation brief interventions have been shown to increase quitting rates and quit attempts among smokers. A brief intervention includes asking about smoking and providing advice and supports to quit smoking. Brief interventions can take anywhere from 3 to 20 minutes.
The 5As approach is an evidence-based framework for providing brief interventions to health care clients. The 5As approach includes the following actions:

1. **Ask** - Ask all pregnant women about their smoking
2. **Assess** – Assess the woman’s willingness to change and nicotine dependence
3. **Advise** – Advise all pregnant women who smoke about the risks of smoking and the benefits of quitting in a way that is clear and non-confrontational
4. **Assist** - Provide assistance to all pregnant women who smoke that is targeted at individual needs
5. **Arrange follow-up / Ask again** – Offer all clients follow-up support and ask again at each subsequent visit.

This 5As approach is detailed in the NSW Health resource ‘Managing nicotine dependence: a guide for NSW Health staff’. This resource can be viewed, downloaded and ordered from the NSW Health website: [www.health.nsw.gov.au/quittingsmoking/Pages/managing-nicotine-dependence.aspx](http://www.health.nsw.gov.au/quittingsmoking/Pages/managing-nicotine-dependence.aspx)

**Project overview**

### 3.1 Aims, objectives and outcomes

The *Quit for new life* program is a smoking cessation support initiative for pregnant and postnatal Aboriginal women. The program is an initiative of the Centre for Population Health, NSW Ministry of Health (MOH) in partnership with NSW Kids and Families.

The program is being delivered primarily through Aboriginal Maternal and Infant Health Services (AMMHS) and Building Strong Foundations for Aboriginal Children, Families and Communities (BSF) programs within Local Health Districts (LHDs). In some locations, other services are also involved in delivering the *Quit for new life* program such as mainstream hospital antenatal clinics, child and family health clinics and some Aboriginal Community Controlled Health Services (ACCHS).

The program has been informed by the evidence of what is likely to be most successful in supporting Aboriginal women to quit smoking during the antenatal period and to remain quit in the postnatal period. The program is delivered as part of routine clinical practice as women attend antenatal and postnatal care.

The *Quit for new life* program comprises two key components: provision of cessation support strategies to women and household members and practice change strategies for service providers. It is intended that the delivery of the *Quit for new life* program in each LHD will build on existing local infrastructure and investment.
**Overall program aim**

The *Quit for new life* program aims to contribute to a reduction in tobacco related harm from maternal smoking and environmental tobacco smoke among women who identify as having an Aboriginal baby.

**Objectives**

- Increased smoking cessation among *Quit for new life* mothers.
- Reduced exposure to environmental tobacco smoke for *Quit for new life* mothers and babies.
- Increased smoking cessation care provided through *Quit for new life* services.
- Build the capacity of participating *Quit for new life* services to provide evidence-based smoking cessation care to all clients who smoke as part of routine care.
- Reduce the risk of post-partum smoking relapse by clients being managed by participating *Quit for new life* services.

**Outcomes**

**Short term:**

- Increase the number of AMIHS/BSF staff (and staff of other services participating in *Quit for new life*) who provide smoking cessation care.
- Increase awareness, knowledge and confidence in providing smoking care among AMIHS/BSF staff (and staff of other services participating in *Quit for new life*).
- Integrate smoking care practices into AMIHS/BSF (and other services implementing *Quit for new life*) routine clinical practice.
- Increased access to and uptake of smoking cessation support among AMIHS/BSF clients (and clients of other services implementing *Quit for new life*).

**Medium term:**

- Increase quit attempts amongst AMIHS/BSF clients (and clients of other services participating in *Quit for new life*).
- Increase smoking cessation during pregnancy amongst AMIHS clients (and clients of other antenatal services implementing *Quit for new life*).
- Decrease passive smoking among AMIHS/BSF clients (and clients of other services implementing *Quit for new life*).
- Improve health outcomes for babies born to AMIHS clients (and clients of other antenatal services implementing *Quit for new life*).
Long Term:

- Reduced rate of smoking during pregnancy among mothers of Aboriginal babies.
- Improved maternal and child health outcomes in the Aboriginal population.

3.2 Scope and reach

The program is intended to be delivered primarily through AMIHS sites (antenatal) and BSF programs (postnatal) across NSW. In the 2011/12 financial year, 2,560 clients (ie Aboriginal mothers and mothers of Aboriginal babies) attended AMIHS sites in NSW (AMIHS 2011/12 Annual Report). Of these women, 1,191 (46.5%) smoked during pregnancy. It is estimated that 2,116 Aboriginal mothers and mothers of Aboriginal babies smoked during pregnancy in the 2011/12 financial year (Perinatal Data Collection). Therefore it is estimated that the Quit for new life intervention will reach approximately 56% (1,191 of 2,116) of all Aboriginal mothers and mothers of Aboriginal babies in NSW who smoke.

As mentioned earlier, in some locations, other services are involved in delivering the Quit for new life program. This may be due to the fact that most pregnant Aboriginal women in that area choose to have their antenatal care through a non-AMIHS site or are unable to access an AMIHS or BSF site because the service either does not exist in that location or the service has reached capacity. In these situations, LHDs have teamed up with non-AMIHS/non-BSF services to deliver Quit for new life. This is likely to mean that a greater proportion of pregnant Aboriginal women are able to be reached through Quit for new life.

3.3 Description of AMIHS and BSF

There are approximately 41 AMIHS across NSW. These services are coordinated and supported by NSW Kids and Families. The AMIHS aims to improve the health of Aboriginal women during pregnancy and decrease perinatal morbidity and mortality for Aboriginal babies. AMIHS is delivered through a continuity-of-care model, whereby midwives and Aboriginal Health Workers collaborate to provide a high-quality antenatal and postnatal maternity service, throughout pregnancy and up to eight weeks after the birth. AMIHS provide services to pregnant Aboriginal women and women who identify as having an Aboriginal baby.

The AMIHS philosophy is based on cultural respect, social justice, participation, equality, access, learning and collaboration. The guiding principles that make the Service unique include taking a broad social view of health, forming effective partnerships with Aboriginal communities, working within a primary health care framework and providing women-centred care. Flexible service delivery and the provision of transport are essential to ensure access to the AMIHS and to the services to which patients are referred.

BSF services are primary early childhood health services which are linked to the AMIHS and similar programs. NSW BSF services aim to reduce neonatal and early Aboriginal childhood morbidity and mortality by providing an effectively integrated and comprehensive early
identification, health promotion, prevention and early intervention program. The BSF program works with parents, carers, and most significantly, the local community to support the health, growth and development of Aboriginal children from 0 to 5 so they are healthy, and as a result, are ready to learn when they start school.

4. Program management and communication

Key stakeholders involved in program coordination and implementation

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Name</th>
<th>Title</th>
<th>Contact details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ministry of Health, Centre for Population Health (CPH)</td>
<td>Ms Rhonda Matthews</td>
<td>Senior Policy Officer, Strategic &amp; Regulatory Policy Branch, CPH Quit for new life Program Coordinator</td>
<td><a href="mailto:rhonda.matthews@doh.health.nsw.gov.au">rhonda.matthews@doh.health.nsw.gov.au</a> Phone: 9391 9951 Mob: 0402 319 335</td>
</tr>
<tr>
<td>Local Health Districts (LHD) Key Contacts</td>
<td></td>
<td>Key contacts per LHD are included in the Quit for new life Coordinator’s Network.</td>
<td>List of Quit for new life Coordinators on PopNet</td>
</tr>
<tr>
<td>Maternal, Child and Family Health Team, NSW Kids and Families</td>
<td>Ms Jane Raymond</td>
<td>Senior Analyst, Maternal, Child and Family Health Branch, NSW Kids and Families</td>
<td><a href="mailto:jane.raymond@doh.health.nsw.gov.au">jane.raymond@doh.health.nsw.gov.au</a> Phone: 9391 9535 Note: Jane has been seconded to HETI until October 2015. Vanessa Clements is relieving in this position until then.</td>
</tr>
<tr>
<td>NSW Health</td>
<td>Ms Tracey Greenberg</td>
<td>Statewide Tobacco Cessation Trainer</td>
<td><a href="mailto:tgreenberg@stvincents.com.au">tgreenberg@stvincents.com.au</a> Phone: 9361 8037 Mob: 0401 576 217</td>
</tr>
</tbody>
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5. Roles and Responsibilities

The Ministry of Health has provided funding to LHDs to deliver the Quit for new life program under a ‘purchaser provider’ model. The Ministry, LHDs and NSW Kids and Families have responsibilities under this model, as described in the table below.

5.1 Responsibilities

**MOH and NSW Kids and Families working together**

- Develop and approve the Quit for new life model of care
- Develop and approve brief intervention tools and protocols
- Develop and approve the NRT protocol
- Provide input to the smoking cessation training content
- Develop data recording systems/processes
- Input to the statewide evaluation design
- Ongoing collaboration to guide all aspects of program implementation

### LHD Responsibilities

- Deliver the *Quit for new life* model of care
- Tailor care delivery to local circumstances (i.e. existing services, policy, protocols and practices)
- Foster local partnerships
- Meet service delivery standards
- Meet performance targets
- Contribute to statewide evaluation

### MOH

- Provide funding to LHDs (5 years)
- Provide funding for free NRT
- Partnership/liaison with Quitline
- Develop and print state-wide resources
- Provide smoking cessation training to AMIHS, BSF and other key staff
- Manage the statewide evaluation
- Manage the *Quit for new life* Coordinator’s Network

### 5.2 Relevant networks / governance structures

<table>
<thead>
<tr>
<th>Network</th>
<th>Frequency of contact</th>
<th>Mode of communication</th>
</tr>
</thead>
</table>
| LHD *Quit for new life* Coordinator’s Network | Bi-monthly           | - 2 hour teleconference with all LHD *Quit for new life* Coordinators (plus one other rep from each LHD) chaired by the NSW *Quit for new life* Program Coordinator  
- Regular email contact to the Network from MOH between meetings                                        |
| AMIHS Manager’s Network                       | Quarterly            | - 1 hour teleconference with AMIHS managers and/or LHD contact officer for each AMIHS site. Chaired by NSW Kids & Families  
- NSW *Quit for new life* Program Coordinator attends the meeting or provides a written program update  |
| BSF Manager’s Network                         | Quarterly            | - 1 hour teleconference with BSF managers and/or LHD contact officer for each BSF site. Chaired by NSW Kids & Families  
- NSW *Quit for new life* Program Coordinator attends the meeting or provides a written program update  |
| Local Quit for new life Governance Structures |                      | - LHDs are encouraged to establish local governance structures (e.g. Steering Committees) to guide local implementation.                               |
5.3 Quit for new life PopNet page

PopNet is a wiki, a website that allows visitors to share information and edit and comment on documents. PopNet pages aim to make it easy for the public health workforce to access up-to-date information and to share information with each other.

The members of the Quit for new life Coordinator’s network will be given password access to the Quit for new life space on PopNet. This will allow members to view and download Quit for new life documents, protocols and resources and to communicate with each other. The PopNet space will also be used to load quarterly LHD data related to monitoring measures.
6. Quit for new life logic model

**Inputs**
- EXISTING:
  - NPA on Closing the Gap in Indigenous Health Outcomes
  - NSW 2021 Plan
  - NSW Tobacco Strategy
  - NSW Health policies and guidelines
  - Infrastructure

- NEW / ENHANCED:
  - Project funding
  - Training, resources etc
  - New resources for smoking care and service practice change

**Activities**
- Engage with health promotion and maternal and child health
- Identify regional and local executive sponsors
- Cessation services (Brief advice, referral to follow up support, Quitline, NRT)
- Training and professional development for AMIHS/BSF
- Resources including (brochures, clinical tools)
- Undertake evaluation and establish and implement monitoring and feedback
- Service practice change strategies

**Short-term Outcomes**
- AMIHS/BSF sites take up offer of support, participate in project activities
- Identify AMIHS/BSF sites
- AMIHS/BSF staff receives training, information and resources on smoking care relevant to pregnant Aboriginal women
- AMIHS/BSF clients receive support to quit smoking
- LHDs develop an implementation plan, governance arrangements

**Medium term Outcomes**
- All appropriate AMIHS/BSF clients receive:
  - Brief advice at every contact
  - Referral to Quitline
  - Extended follow-up support
  - NRT
  - Self help pamphlets
- Increased staff awareness, knowledge and confidence for providing smoking care
- Increased intentions among staff to routinely provide smoking cessation care
- Supporting systems in place (e.g. clinical tools adopted, organisational policies and procedures, access to NRT)
- Smoking care practices integrated into AMIHS/BSF routine clinical practices

**Long term Outcomes**
- Increase number of AMIHS/BSF staff who provide smoking cessation care
- Increased access to NRT for AMIHS/BSF clients and their families
- Increase proportion of smoke-free households among AMIHS/BSF clients
- Increased number of AMIHS/BSF staff who provide smoking cessation care
- Increased access to NRT for AMIHS/BSF clients and their families
- Increase proportion of smoke-free households among AMIHS/BSF clients
- AMIHS/BSF sites provide smoking cessation care as part of routine service delivery

Lower prevalence of smoking among AMIHS clients
- Reduced exposure to environmental tobacco smoke for pregnant Aboriginal women, their children and other household members
- Reduced tobacco related harm for mothers and babies

**Outputs**
- Engagement with health promotion
- Identify regional and local executive sponsors
- Cessation services
- Training and professional development
- Resources
- Undertake evaluation
- Service practice change strategies
7. *Quit for new life* model of care

The *Quit for new life* model of care underpins the *Quit for new life* program and guides implementation at the local level. The model is based on best practice approaches to smoking cessation care.

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Smoking care – antenatal</strong></td>
<td></td>
</tr>
</tbody>
</table>
| 1. Identification of smoking status | At first visit:  
- Identify smoking status of every woman  
- Identify smoking by other householders  
- Ask about smoking in the home  
A Smoking cessation brief advice form (woman) has been developed to guide this process. This forms acts as a tool for recording information about smoking status and care provided to the woman and also acts as a prompt for conducting a brief intervention (see below). |
| 2. Provision of brief intervention | Brief intervention is to be delivered by existing staff (midwife/child and family health nurse) to women at every visit.  
A Brief intervention protocol has been developed and is based on the 5A’s approach: Ask, Assess, Advise, Assist and Arrange follow up or Ask Again. |
| 3. Referral to Quitline | All smokers and recent quitters (including household members) should be offered a referral to Quitline using Quitline fax referral form or phone contact with Quitline while the client is in the room.  
Quitline counsellors will implement a specific pregnancy call back protocol which includes at least 3 calls during pregnancy and at least 5 calls during the post-partum period (up to 3 months). |
| 4. Provision of NRT to women and partners | Where clinically determined, women unable to quit (eg: repeated unsuccessful quit attempts in the past 12 months/unable to remain quit for 2 weeks) and assessed as being nicotine dependent, will be offered free NRT.  
12 weeks supply of NRT is available to women and household members.  
NRT is to be provided using the *Quit for new life* voucher scheme or via direct supply or a combination of both methods as determined by the local NRT protocol.  
A *Quit for new life* protocol for provision of NRT was developed and provided to LHDs to guide the use of NRT within this program. |
| 5. Extended cessation support and follow-up | All smokers (including household members) should be offered extended follow-up support.  
This support is more intensive than brief advice and should occur following each scheduled ante/postnatal appointment |
## Strategy

<table>
<thead>
<tr>
<th>Description</th>
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<tbody>
<tr>
<td>(at least 4 times).</td>
</tr>
<tr>
<td>- The cessation care provider will be determined locally.</td>
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<table>
<thead>
<tr>
<th>6. Self-help information pamphlets</th>
</tr>
</thead>
<tbody>
<tr>
<td>- There are 5 consumer brochures which cover information on:</td>
</tr>
<tr>
<td>- Why your baby needs you to quit</td>
</tr>
<tr>
<td>- How to quit</td>
</tr>
<tr>
<td>- Staying smoke-free</td>
</tr>
<tr>
<td>- How to protect baby from passive smoking</td>
</tr>
<tr>
<td>- How to support mum to quit and stay quit</td>
</tr>
<tr>
<td>- Relevant brochures should be provided to women/household members by staff during brief intervention and follow-up.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>7. Support for other household members</th>
</tr>
</thead>
<tbody>
<tr>
<td>- All of the above elements of care should be provided to the pregnant woman plus other household members.</td>
</tr>
<tr>
<td>- Smoking status of household members should be asked by relevant staff at first visit and an offer for referral to follow-up care made.</td>
</tr>
<tr>
<td>- A Smoking cessation brief advice form (household member) has been developed to guide this process.</td>
</tr>
<tr>
<td>- The follow-up care provider will deliver ongoing care, offer referral to Quitline and provide NRT.</td>
</tr>
</tbody>
</table>

### Smoking care- postnatal

<table>
<thead>
<tr>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Ongoing follow-up and support provided by AMIHS</td>
</tr>
<tr>
<td>- AMIHS continues to provide services to women for 6-8 weeks after delivery. During this period, AMIHS staff will continue to provide the above elements of smoking cessation support for relapse prevention for those women who are recent quitters and to encourage and support women who have yet to quit smoking to do so.</td>
</tr>
</tbody>
</table>

| 2. Ongoing support and follow-up provided by BSF staff (where available) |
| - AMIHS families are referred to BSF (where available) and to other child and family health service (where BSF is not available) at approximately 6 weeks post partum. |
| - All women attending BSF (or equivalent) will have their smoking status assessed and smokers and recent quitters will continue receiving brief advice to quit at each visit |

| 3. Ongoing cessation support and follow-up |
| - Cessation support from the Quitline, provision of NRT and extended follow-up care by local provider will continue for at least 3 months post partum and longer if required. |

### Service practice change

<table>
<thead>
<tr>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Policies, procedures and service redesign to ensure smoking cessation becomes part of routine care</td>
</tr>
<tr>
<td>- LHDs are expected to support service practice change strategies. The approach should be tailored to local needs and circumstances but is likely to include: review of current policies and procedures, partnerships, development of systems, protocols, monitoring and feedback.</td>
</tr>
</tbody>
</table>
## Strategy Description

### 2. Delivery of smoking cessation training for AMIHS/BSF staff and other stakeholders

- A smoking cessation training package is delivered to all LHDs by the NSW Statewide Tobacco Cessation Trainer. The training is designed for all AMIHS/BSF staff and other relevant staff who have direct involvement in the *Quit for new life* program.
- Training includes: facts about smoking and pregnancy, how to conduct a brief smoking cessation intervention, NRT, relapse prevention and how to incorporate smoking cessation into everyday work practices.
- The standard training is a full day with a half day option available for staff that have recently completed smoking cessation training.

### 3. Data collection and monitoring

- *Quit for new life* is considered a strategic priority and will be reported via LHD Service Agreement reporting as a service volume. LHDs are required to enter data on the provision of smoking cessation care into the ObstetriX (or equivalent data system) and are encouraged to use the Brief intervention form.
- A Guide to *Quit for new life* data collection and performance monitoring has been developed and disseminated to LHD program coordinators.

## 8. Phased approach to LHD implementation

LHDs interested in being part of the *Quit for new life* program were requested by the Ministry of Health to submit a detailed *Quit for new life* implementation/budget proposal for approval. LHD proposals addressed the following aspects:

- Program reach
- Engagement with clinical services, health promotion and other services in service planning and implementation
- Service delivery standards
- Budget

All LHDs (except Northern Sydney LHD) submitted proposals and all 14 were accepted by the Ministry and funded initially for three years (extended to five years) to deliver the program in their LHD.

LHDS were meant to commence the program in three phases. Five LHDs were identified in Phase 1 and expected to commence the program from 1 January 2013. These were Hunter New England, Illawarra Shoalhaven, Nepean Blue Mountains, Western Sydney and Central Coast LHDs.

The remaining nine LHDs were funded to commence in two further phases six months apart:
- Phase 2 Commencement expected from 1 June 2013 - Northern NSW, Mid North Coast, Western NSW, Sydney, and Sydney South West LHD.
- Phase 3 Commencement expected from 1 January 2014 – Murrumbidgee, South East Sydney, Southern NSW and Far West /Maari Ma Aboriginal Corporation.
In reality, the implementation process was fluid between the phases with some LHDs starting earlier than expected and others experiencing delays and starting later than expected. The table below indicates the commencement date for each LHD and the AMIHS services involved in the program.

<table>
<thead>
<tr>
<th>LHD</th>
<th>AMIHS services within the LHD providing Quit for new life</th>
<th>Commencement date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Illawarra Shoalhaven</td>
<td>Shellharbour Shoalhaven</td>
<td>1 January 2013</td>
</tr>
<tr>
<td>Hunter New England</td>
<td>Moree, Gunnedah, Tamworth, Narrabri, Inverell, Armidale, Quirindi, Hunter, Singleton &amp; upper, Maitland /Cessnock / Kurri, Newcastle/Lake Macquarie/Port Stephens</td>
<td>19 August 2013 – not all AMIHS started on this date – came on board in staggered way</td>
</tr>
<tr>
<td>Central Coast</td>
<td>Gosford</td>
<td>1 September 2013</td>
</tr>
<tr>
<td>Nepean Blue Mountains</td>
<td>Wel-leng-al-lie</td>
<td>1 October 2013</td>
</tr>
<tr>
<td>Northern NSW</td>
<td>Lismore, Casino, Grafton, Kyogle, Tweed</td>
<td>21 October 2013</td>
</tr>
<tr>
<td>Western Sydney</td>
<td>Bulbwul Werowe (Blacktown)</td>
<td>25 November 2013</td>
</tr>
<tr>
<td>Mid North Coast</td>
<td>Macksville, Coffs Harbour, Port Macquarie</td>
<td>6 January 2014</td>
</tr>
<tr>
<td>Far West</td>
<td>Broken Hill, Wilcannia, Menindee through Maari Ma’s AMIHS team</td>
<td>6 January 2014</td>
</tr>
<tr>
<td>South Western Sydney</td>
<td>Macarthur (through Campbelltown hospital)</td>
<td>3 March 2014</td>
</tr>
<tr>
<td>Southern NSW</td>
<td>Moruya, Queanbeyan</td>
<td>23 July 2014</td>
</tr>
<tr>
<td>Murrumbidgee</td>
<td>Wagga, Narrandera, Griffith, Lake Cargelligo</td>
<td>4 August 2014</td>
</tr>
<tr>
<td>Sydney</td>
<td>No AMIHS</td>
<td>6 October 2014</td>
</tr>
<tr>
<td>South Eastern Sydney</td>
<td>Malabar Community Midwifery Link Service Narrangy-Booris Maternal, Child and Family Health Service, Menai</td>
<td>28 October 2014 for Menai 2nd December 2014 Malabar</td>
</tr>
<tr>
<td>Western NSW</td>
<td>Bathurst (outreach to Orange, Blayney and Cabonne shire), Bourke (outreach to Brewarrina and Enngonia), Condobolin Dubbo (outreach to Narromine and Warren), Gilgandra (outreach to Gulargombone, unofficially) Parkes/Forbes (outreach to Peak Hill/Cowra)</td>
<td>2nd March 2015 Gilgandra and Cowra</td>
</tr>
</tbody>
</table>
9. Service delivery standards

A number of service delivery standards for the Quit for new life program are in place. LHDs funded to deliver Quit for new life are required to meet the following standards:

- Brief advice delivered by midwife/child and family health nurse at every visit
- Follow-up care offered following every scheduled ante/postnatal visit
- All AMIHS and BSF staff (or equivalent) to attend Quit for new life training
- Service delivery to comply with existing AMIHS/BSF(or equivalent) policy directives
- Data on provision of smoking cessation care during pregnancy (monitoring measures) to be entered into ObstetriX (or equivalent)
- Participation in statewide Quit for new life evaluation
- Staff minimum skills sets are:
  - Brief intervention - midwife/child and family health nurse
  - Follow-up care - completion of recognised smoking cessation course

10. Quit for new life resources and order form

10.1 Consumer brochures

Five consumer brochures were developed to support Quit for new life. These brochures are:
- Why your baby needs you to quit
- How to quit
- Staying smoke-free
- How to protect baby from passive smoking
- How to support mum to quit and stay quit

The brochures are available to pregnant and postnatal Aboriginal women and their household members during brief intervention and follow-up care. The brochures can be viewed, downloaded and ordered from the Quit for new life page on the NSW Health website.

10.2 Brief intervention forms

Two Quit for new life brief intervention forms (one for women clients and one for household members) were developed to support the recording of brief intervention given to pregnant and postnatal Aboriginal women and householders.

The brief intervention form records details of the woman’s and household members' smoking status at first appointment. It also records the smoking cessation care provided at the first appointment (ie. referred to Quitline, NRT provided and follow-up appointment booked) and subsequent appointments.

The forms were approved by the NSW Health forms Committee and can be included in the medical record. Forms can be ordered using the Quit for new life order form which is on PopNet.
10.3 Brief intervention protocol

A brief intervention protocol has been developed to guide health workers through the brief intervention process. The protocol follows the 5A’s approach.

It is suggested that several copies of the one page protocol be laminated and kept handy for quick reference in locations where clients/householders are seen for brief intervention.

A copy of the protocol has been provided to members of the Quit for new life Coordinator’s network and also uploaded to the PopNet page. In addition, a card to assist in assessing smoking status has also been uploaded to the PopNet page. This card contains the multiple options for asking about smoking status (Step 1 on the on the Brief intervention protocol) in larger font. It can be used to show the client rather than having to read out all the options.

10.4 Nicotine Replacement Therapy (NRT) voucher

If an LHD has chosen to administer the Quit for new life NRT through the voucher scheme, the appropriate health worker needs to complete relevant sections of the Quit for new life NRT Voucher for clients or cohabitants who accept an offer of NRT.

Guidance on the assessment and provision of NRT and use of the NRT vouchers through NSW community pharmacies can be found in the Quit for new life NRT protocol. The vouchers can be ordered by Quit for new life coordinators using the Quit for new life order form.

10.5 Quit for new life order form

A Quit for new life order form has been developed and provided to all members of the Quit for new life Coordinator’s network and loaded onto the PopNet page.

The order form lists all of the Quit for new life program resources, forms and protocols that can be ordered. Please note that the order form will change as new resources are created and added to the form. LHD Coordinators are advised to check the PopNet page for the latest version of the Quit for new life order form.

It is preferable for the Quit for new life Coordinators to put in a bulk order for resources required by AMIHS / BSF and other services involved in the program and distribute these to partner organisations rather than the warehouse receiving lots of small orders.

11. Artwork and Style Guide

During the development of the program, the Ministry of Health engaged with Aboriginal artist Bronwyn Bancroft to develop artwork for the program. The artwork is used on most of the Quit for new life resources.

To ensure the integrity of the brand and artwork a ‘Quit for new life Style Guide’ has been produced. The Style Guide will assist LHDS with the format and development of local Quit for new life resources and ensure that the artist is appropriately acknowledged.
The Style Guide also contains Quit for new life newsletter, letter, fax and PowerPoint templates for use by LHDs. A copy of the Style Guide, including the artwork in several formats, the templates and the branding has been sent to Quit for new life Coordinators on a USB stick. The Style Guide and templates will also be available on the Quit for new life PopNet page.

12. Data collection and performance monitoring

The Quit for new life program has been included as a service volume within the participating LHD Service Agreements and reporting against the program’s indicators is required.

The goal is to reach a proportion of pregnant Aboriginal women (smokers) attending a service which implements Quit for new life that are:

- Referred to the Quitline
- Provided NRT, if clinically appropriate
- Booked in for a follow-up appointment for smoking cessation care

A detailed ‘Guide to Quit for new life data collection and performance monitoring’ has been developed and a copy has been provided to all members of the Quit for new life Coordinator’s network. A copy has also been uploaded to the PopNet page.

13. Nicotine Replacement Therapy (NRT) protocol

An NRT protocol has been developed that describes the procedure for the provision of NRT to nicotine dependent antenatal and postnatal Aboriginal women and their cohabitants who are participating in the Quit for new life program.

The protocol is applicable to all participating AMIHS and BSF sites, and other antenatal and postnatal sites that are implementing the Quit for new life program.

The protocol provides guidance to those health care staff who are involved in assessing and providing NRT to women and their cohabitants as part of the Quit for new life program. Section 8 of the protocol details who can assess and provide NRT to clients and cohabitants.

It is recommended that all LHDs involved in Quit for new life read through the protocol carefully and use this as a basis for developing locally endorsed NRT policies and clinical practice guidelines.

A copy of the NRT protocol has been provided to all members of the Quit for new life Coordinators Network. The NRT Protocol can also be viewed and downloaded from the Quit for new life PopNet page.

14. Training workshop content and organisation

14.1 Workshop delivery

The date and location of the Quit for new life Smoking Cessation Care training workshop is negotiated between the LHD and the Statewide Tobacco Cessation Trainer. The standard
training is a full day (6 hour) workshop. This is the preferred option as it allows adequate time for delivery of all relevant information as well as time for questions and discussion.

A shorter (4 hour) training workshop option is also available for those who have recently undertaken smoking cessation training and don’t require as much time spent on background information.

The training is designed for all AMIHS and BSF staff and other relevant staff who will be involved in the Quit for new life program (e.g. midwives, child and family health nurses, Aboriginal health workers, health promotion staff and other allied health workers). The LHDs Ma are responsible for recruiting all relevant staff to the training workshop.

The Statewide Tobacco Cessation trainer facilitates the training workshop. One or more LHD support officers need to attend the training and are required to present a short segment within the workshop. This segment should focus on the specifics of how the Quit for new life program will be implemented within that LHD (local delivery model). It is preferable that the LHD also provides this information to workshop participants in written form including the LHD contact details.

### 14.2 Workshop content

The training workshop will introduce participants to the Quit for new life model of care that aims to help Aboriginal pregnant women and their householders quit smoking in order to improve health outcomes for Aboriginal mothers, babies and householders.

Participants will explore attitudes and myths about smoking and will learn about the prevalence and effects of smoking in pregnancy. The workshop will also cover nicotine dependence and withdrawal, and how to conduct a brief intervention, including assessment skills and appropriate use of nicotine replacement therapy.

Participants will also be introduced to the Quit for new life model of care specific to their LHD and how to use the program support materials. Participants will have the opportunity to ask questions, discuss issues and learn some new interviewing skills which will increase their clients’ motivation to quit smoking. The day will be a mix of PowerPoint presentation and interactive exercises in small and large groups.

All participants will receive a Certificate of Participation. Quit for new life training is a learning activity that can be recorded as Continuing Professional Development (CPD).

The LHD support officer needs to communicate with the Statewide Tobacco Cessation trainer prior to the workshop to tailor the workshop information to the LHD delivery model in relation to NRT (i.e. voucher versus direct provision) and follow-up care (i.e. who is the provider of smoking cessation follow-up care).
**15. Quitline**

The Quitline is a seven-day a week telephone service that offers free assistance to smokers and former smokers wishing to speak to a trained health professional about changing their smoking behaviour, quitting or staying quit. The Quitline also offers support to concerned family members, friends of smokers and other professionals working with health clients.

Quitline advisors are available from Monday to Friday, 7am – 10.30pm and Saturday and Sunday, 9am to 5pm. They can provide advice about quitting smoking, help to assess a smoker’s level of nicotine dependence, provide strategies on preparing to quit and assist a person to prevent relapse and to stay a non-smoker. The Quitline offers a free ‘call-back’ service to provide extra support and follow up to people during their quit attempt. Quitting smokers can enrol in this service free of charge and receive a series of calls tailored to meet their individual needs and to help them stay on track.

Quitline advisors have received cultural sensitivity and awareness training in order to provide a culturally accessible and approachable service for Aboriginal people seeking assistance with quitting. There is also an Aboriginal Quitline advisor available to support Aboriginal clients. The Quitline advisors are also available to assist Aboriginal health workers to provide a brief smoking cessation intervention to their clients through a ‘three-way’ counselling service involving the Aboriginal health worker, the client and the Quitline advisor.

Referrals to Quitline for *Quit for new life* clients can be done in one of two ways:

- Staff member completes the Quitline fax referral form and secures the client’s signature. The form is then faxed to Quitline.
- The staff member phones Quitline with the client present and arranges for follow-up calls to be made by Quitline.

It is important that Quitline are aware that the referral is from *Quit for new life*. This can be written or stamped on the referral form or mentioned on the phone to assist with identification of *Quit for new life* clients.

**16. Evaluation**

A detailed Evaluation Plan for Quit for new life has been developed by the Evaluation Plan Development Team led by the Centre for Epidemiology and Evidence (CEE) with input from Centre for Population Health. The proposed evaluation design includes four major components:

- analysis of routinely collected data (AMIHS Data Collection) to compare the impact of *Quit for new life* on smoking and smoking cessation rates between women who did and did not receive *Quit for new life*
- interrogation of program monitoring data such as NRT vouchers data, Quitline referral data and training data records
- surveys and interviews with those involved in the implementation of the program at state and local level to determine and compare implementation experiences barriers and enablers
- telephone survey of mothers of Aboriginal babies who did and did not receive Quit for new life

A competitive tender process took place to select an external evaluation team. The University of Newcastle team led by Laureate Professor Rob Sanson-Fisher were the successful tenderers and will conduct and report on the evaluation.

Due to the phased implementation approach of Quit for new life in LHDs and the relatively small numbers, the evaluation is expected to take place over an extended period (mid 2015 – mid 2016 with a final report due late 2016).