
Key Points

Counseling Women Who Smoke

- 1.** Counseling is most effective when you join with the woman as her partner to develop a personalized quitting plan. **Having a plan is the critical component in successful quitting.**
- 2.** Assess how ready each woman is to quit and tailor your counseling accordingly.
- 3.** Problem-solve together to break down each woman's barriers to quitting. Listen well. Help her come up with her own answers rather than imposing your ideas.
- 4.** Quitting is a process that may occur over a number of quit attempts. View these attempts as practice where she learns what her triggers are and what coping strategies work (or don't work).
- 5.** Women are most likely to succeed when they believe they can successfully quit or cut down. Your confidence in each woman's ability to quit successfully will increase her confidence in herself.
- 6.** Most women know that smoking is bad for them but they need support.
- 7.** Women place a high value on a personalized, one-on-one approach to receiving new information. They prefer receiving advice to stop smoking if it is provided in a caring, personal way by someone who offers support, avoids blame and guilt, and addresses their personal needs.
- 8.** It is important to take time to develop rapport and put each woman at ease. Use a conversational tone of voice, establish eye contact, sit next to her, and smile.
- 9.** Women with a lower educational level, who lack support, or who live with a smoker may have the most difficulty quitting.
- 10.** Regardless of whether a woman is pregnant, a new mother, or thinking about pregnancy, there are health benefits for both her and her baby/children when she quits smoking.

Suggestions

Reaching Pregnant Smokers

Points to Ponder Before Beginning to Counsel

Pregnancy is the ideal time to counsel smokers to quit. Women are often motivated to quit to protect the health of their unborn babies. However, it is important to address the benefits of quitting for both the mother and the baby. Otherwise, the mother may be able to quit during pregnancy but is likely to resume smoking after the baby is born.

Some women who smoked during an earlier pregnancy may already have a healthy baby/child or may have friends who smoked during their pregnancies and have healthy babies. Since all pregnancies are different, emphasize that she increases her chances of having a healthy baby this time if she stops smoking.

Note: Currently, use of the nicotine replacement therapy (the patch or gum) is not recommended for pregnant (or breastfeeding) women.

Counsel From Your as Well as Your Head

- 1. Take time to build rapport.** Be warm, friendly, and caring. Show respect for the woman and what she says and feels. Find out what she values and needs. Be concrete and specific in your responses.
- 2. Be positive and non-judgmental.** Some women fear you may criticize and lecture them about smoking. Acknowledge that it is not easy to quit but encourage her that she will be able to quit smoking and that you have confidence in her ability to do this. Suggest she talk to ex-smokers about how they quit. If she has tried to quit before, focus on the positive aspects of her previous “practice” quit attempts rather than on her feelings of failure.
- 3. Focus on other positive lifestyle changes she has made** (losing weight, wearing a seatbelt, or healthy eating) to build her confidence. Smokers who believe they can quit are the ones who succeed.
- 4. Focus on the woman’s feelings and behavior.** Every pregnant woman has some worries about her pregnancy, her bodily changes, and fatigue. Allow her to discuss her concerns and reassure her that such feelings are normal.
- 5. Remember that stressful situations in a woman’s home or worklife** (like violence, harrasment, etc.) may contribute to why she smokes or why she finds it hard to quit.
- 6. Encourage support from others.** Ask her to identify family members and friends who can help her stop smoking. Together, brainstorm ways to ask for help. Discuss whether her partner or close friends smoke. If they do, talk about things they can do to help her, like not smoking around her or quitting also (see Section “Getting Support”). If she has no other support, you may want to offer yourself as a support person.

Handling Difficult Questions

Question and Response

One of the most difficult parts of counseling smokers is responding to their objections to quitting. It's important to acknowledge their concerns and let them know it is normal to have mixed feelings about quitting.

The best way to build your confidence in answering the smoker's objections is to become familiar with the following typical questions and possible responses. The more familiar you are, the easier it will be for you to counsel smokers. Remember that most smokers really want to quit but don't feel they'll be able to do it. Your job is to help them believe they can quit for good.

Consider offering educational materials to your patients to help answer their questions. Resources on pages 57-58 are useful for all women who smoke.

Question: **Don't some women smoke during pregnancy and have healthy babies?**

Response: They are the lucky ones! When a woman smokes during pregnancy, she takes a big chance with her baby's health. And the more she smokes the greater the chance of harm. All pregnancies are different and it is impossible to predict which baby will be affected or how. The best bet is to quit smoking now.

Question: **You're asking me to do too many things at once. Can't I wait until later to quit smoking?**

Response: I know it's hard to change habits you've had for a long time. But if you can make one change, it will encourage you to make another. The sooner you quit, the better for yourself and your baby. I know you can do it.

Question: **Since smokers often have smaller babies, won't it be easier for me to deliver a small baby?**

Response: No. You risk having a baby that weighs too little, or is immature and has lots of health problems. Smaller babies are more likely to need special care, stay longer in the hospital, or die at birth or during the first year than normal size babies.

Question: **Will I gain extra weight if I quit smoking during pregnancy?**

Response: Some women gain weight, others lose weight, and some stay the same when they quit smoking. If you eat low fat, healthy foods; stay away from junk foods, and sweets; drink lots of water; and exercise several times a week, your weight will be fine. Remember to eat regular meals and be active. Walking is great.

Question: **How about cutting down on cigarettes rather than quitting for good?**

Response: Your goal needs to be quitting for good, but cutting down is better than smoking at your normal rate. If you cut down or switch to low-tar cigarettes, be careful not to inhale more deeply or take more puffs. Remember, there is no safe cigarette for you or your baby.

Handling Difficult Questions

Continued...

Question: Does it matter when I quit smoking during pregnancy?

Response: The sooner you quit the better. Quitting during the first three or four months can lower your baby's chance of being born too small and with lots of health problems. Even quitting near the end of your pregnancy gives your baby the chance to grow better and be healthy.

Question: What are the benefits of quitting for me, not just for my baby?

Response: No matter how long you've smoked, you will feel better and have more energy during your pregnancy and afterwards to care for your baby. You also reduce your risk for problems such as heart disease, excess wrinkles, cancer, and other lung conditions. Think of all the money you'll save that you can spend for your family.

Question: What if I get a really strong craving for a cigarette?

Response: The key to success is to plan ahead. The urge to smoke goes away in 3 - 5 minutes whether you smoke or not. When possible, avoid these high risk situations or decide ahead of time how you will handle the urge when it comes. Delay smoking, drink water, talk to a friend, do something else.

Question: I'll be so stressed. How can I relax without a cigarette?

Response: Smoking has given you temporary relief from the tension caused by your body's need for nicotine but it actually increases your heartbeat and blood pressure. I can help you learn to relax in ways that are much better for you - like deep breathing, walking, or meditating.

Question: Most of my friends smoke - I know I'll want to smoke if I see them smoking.

Response: It is difficult when people close to you smoke. You may have to avoid them or social situations for a short time until you feel strong enough in your non-smoking habit. Go to places where smoking is not allowed, hang around with non-smokers, talk to ex-smokers.

Question: Is there any danger if other people smoke around me?

Response: Yes, new studies show that being exposed to secondhand smoke during pregnancy increases the risks to your baby. You have a greater chance of having a baby that weighs too little and may have health problems. Ask others not to smoke near you.

Handling Difficult Questions

Continued...

Question: **Can I go back to smoking after the baby is born?**

Response: If you've been able to quit during pregnancy don't start smoking again when the baby comes. Babies exposed to secondhand smoke have more trouble breathing; get more ear infections, pneumonia, bronchitis, and colds; and have a greater risk of dying from Sudden Infant Death Syndrome (SIDS). Your child is more likely to become a smoker when she or he grows up if you or your partner smoke.

If you plan to breastfeed your baby, smoking can cause problems. Nicotine interferes with the let-down response, and may reduce your milk supply. It also passes into breast milk and can cause nausea, colic, cramping, or diarrhea in your baby.

Question: **How can you know how I feel if you've never smoked?**

Response: I don't know exactly how you feel but I think I have a pretty good idea of how hard this is for you. I've talked to many smokers and ex-smokers over the years. A (doctor/nurse, etc.) can understand and treat diseases without ever having them. In the same way, someone who never smoked can help a smoker. I have personal experience with making other lifestyle changes like...

Question: **Last time I quit I felt really sad and depressed.**

Response: Those are normal feelings because you are losing a habit or a "friend" that you've had for a long time. Smoking was an important part of your life that you did with all your daily activities. You will feel better with time, especially when you find other things to do.

Question: **Will the nicotine gum or patch help me quit?**

Response: **For pregnant or breast feeding women:**
The nicotine patch or gum cannot be prescribed.

For women who are not pregnant:

Both the gum and the patch relieve some of the physical withdrawal symptoms but these products are not magic. Quitting smoking involves changing two dependencies – physical and psychological. While the patch and gum reduce physical withdrawal symptoms, they do nothing to address the psychological dependency (habit) that smoking has become. You still need to prepare, make a plan for quitting, and have support while you are changing your habits associated with smoking.

The gum and the patch are safer than smoking because you get less nicotine without the poisonous gases that you do in cigarettes. Note: If you use either of these nicotine replacement methods, you must completely avoid all tobacco products.